

Incomprehensible Experience: A Psychological Analysis of Selected Characters in Barker's *The Eye in the Door*

Shakar Safir Abdullah

Department of English Education, College of Education, Al-Kitab University
Email: shkar.sa94@gmail.com

Abstract

This paper studies the impact of wartime experiences on combatants' psychological health in Pat Barker's *The Eye in the Door*. The war's atrocities negatively affect the combatants' mental wellbeing and, therefore, develop various psychological problems. One such psychological issue demonstrated in *The Eye in the Door* is post-traumatic stress disorder (PTSD). The theoretical underpinnings of PTSD are used to analyze Billy Prior and Charles Manning, major soldier characters in the novel. Prior and Manning's pre-war worlds are disrupted by wartime memories that, henceforth, find difficult to reconcile with unforgettable war zone memories in the present. This is mirrored in the general demonstration of both Prior and Manning characters as PTSD patients who need psychological support persistently.

Keywords: Post-traumatic stress disorder, *The Eye in the Door*, Barker, Prior, Manning

Introduction

The Eye in the Door is Barker's second novel of the *Regeneration* trilogy series (*Regeneration*, *The Eye in the Door* and *The Ghost Road*), published in 1993. It is a sequel to *Regeneration* and traces the psychological developments of soldier characters who served in the First World I trenches. War and its psychological consequences are the novel's major concerns. The events in *The Eye in the Door* are mostly in London and Birmingham, contradictory to the assumption of where a war novel is normally set. The reader learns about war through the characters' point of view and psychological status; this gives the novel a sense of personal exploration of how war causes massive bloodshed and negatively transforms people's psyches, societies, cities, etc. Therefore, Barker focuses extensively on the psychological wellbeing of the soldiers who fought in the war's trenches and beard the unbearable.

Originally, the term trauma was a Greek word that meant a physical wound; however, the word's contemporary meaning refers to a wound in mind rather than the body. At the beginning of the twentieth century, trauma was

exclusively a war-related concept. War terminologies such as war neurosis and shell shock were used to describe soldiers' mental status who suffered from shocks and nightmares, etc. Recently, trauma has broadened in scope as car accidents, rape, living in refugee camps, natural catastrophes, etc., also lead individuals to develop trauma-related symptoms.

Psychiatrists coined the term post-traumatic stress disorder to scientifically study individuals' mental status who have experienced a traumatic event. Trauma damages the pre-traumatic organization of a person's life the way the mind and brain perceive reality since it alters the person's total competency of thinking. A traumatic experience is not merely a bygone incident occurring and ending in the past; however, it leaves imprints on mind and body, which threatens the person's present survival due to the long-term repeated consequences of the trauma in the present time of the affected individual.

In *The Eye in the Door*, Barker blends fiction and psychology. She attempts to address a universal concern of how war damages

societies and individuals alike. War's atrocities and mercilessness leave soldiers in a state of wonder and cannot comprehend the events occurring. The soldiers endeavor to adapt to these experiences but mostly start suffering from many psychological issues. One of these issues is the trauma-related symptoms soldier characters suffer from in the novel. Hence, it is crucial to analyze the effects of traumatic experiences on two soldiers, namely, Prior and Manning, and how their mental capacities are altered due to the shocking experiences they witnessed.

Post-traumatic Stress Disorder: Definitions and Symptoms

Post-traumatic stress disorder (abbreviated PTSD) is a psychological disorder inflicting individuals who experience traumatic incidents. Allan Young (1995: 50) argues that trauma has triple distinguishing features; firstly, being exposed to a shocking event that causes neurobiological damages, then symptoms appear signaling impairments in the central nervous system functioning that ultimately leads to organic malfunctions.

Cathy Caruth (1996: 11) explains that PTSD is the appearance of uncontrolled repetitive hallucinations and other intrusive symptoms resulting from experiencing sudden destructive incidents. Therefore, PTSD consists of two parts: the first part is related to the external situation that involves the ultimate possibility of death or injury. The second is the individual's internal reaction of extreme fear, shock, and impotence.

The Gale Encyclopedia of Mental Disorder (2003: 776) defines PTSD as a complicated disorder. The traumatic incident negatively affects the person's cognitive and behavioral processes to react normally to experiencing abnormal incidents. The traumatized person re-experiences the intensive traumatic memory that appears belatedly in the forms of various psychological, biological, and social disturbances. This led some psychiatrists to define PTSD as a *biopsychosocial* disorder.

The Diagnostic and Statistical Manual of Mental Disorder specifies diagnostic criteria associated with PTSD symptoms on affected individuals. Anxiety-related symptoms such as

intense fear, phobia, intrusive thoughts, helplessness, horror, panic, and avoidance are common with PTSD patients (2013: 279). These may occur as a reaction to any stimuli that could remind the traumatic event. A traumatized person attempts to distance his inner thoughts and feelings from any activity, people, dialogues, or activities that trigger the traumatic event. Since the patients avoid conversing or thinking about a traumatic event, they are mostly unable to remember and narrate the time of the traumatic event. This leads the person to feel alienated and detached from others. Numbness, incoherent and intermittent conversations are all attempts to avoid trauma memories.

Personality and dissociative disorders symptoms result from the person's inability to grasp the moment of trauma, which causes de-realization, depersonalization and, dissociable identity. The person is divided between two selves struggling endlessly. One *self* imagines that he/she is in the war zone with shells, guns, dead bodies all around, and the other *self* persists in finding peace and relief from all these thoughts (C. Fred Alford, 2016: 250). Consequently, the person suffers from memory loss, flashbacks, nightmares, depression, delusions, and hallucinations disturbances.

Trauma causes dramatic changes in a traumatized person's sexual behaviors and desires. This fact is closely related to the atmosphere of war trenches and the sexual instincts of men serving it. War's traumatic effects caused veterans' recognition of traditional sexuality between men and women to be shattered and complicated (Jason Crouthamel: 2014, 1). The normal sex desires are being suppressed for a long period, and therefore the veterans attempted new ways to fulfill and relieve their depressed sexual desires. This has raised the percentages of homosexuality drastically in the battlegrounds that authorities undoubtedly criminalized. However, veterans homosexuality is regarded as a way to cope with the trauma of suppressed emotions and desires (et al., 8).

Continuous arousal and hyper-vigilance also define the characteristic symptoms of patients with PTSD. Stimuli of traumatic events cause sleep disturbances, such as difficulty sleeping or waking up constantly. Additionally, irritability, difficulty to focus, extreme anger,

and overreacting are all among the common symptoms of PTSD (David. J. Nutt et al., 2009: 2).

In conclusion, post-traumatic stress disorder is a mental disorder that happens in the aftermath of witnessing outrageous events. The affected individuals inevitably suffer from various psychological, social, and biological disturbances.

Billy Prior

Billy Prior is a lieutenant who fought in the First World War trenches; the series of experiencing war's gruesome incidents caused him to suffer from PTSD symptoms, specifically in the aftermath of seeing his friend's, Towers, body ripped apart. The disembodied Towers created crisis inside Prior's cognition and behavioral processes. The body image, the disembodied eye, to be exact, left him in a state of unknowing and bewilderment which made Prior develop PTSD symptoms severely. Therefore, he is sent to Craiglockhart mental hospital to be treated at the hand of Dr. William Rivers, a psychiatrist in the hospital. In the Ministry of Munitions, Prior is assigned to home service to work in the Intelligence Unit after being discharged from the hospital. However, during the novel course, Prior showed no signs of considerable improvements from PTSD symptoms and is back again to take treatments with Dr. Rivers.

Prior is intensely suffering from reliving trauma that is obviously seen in his social and professional interactions. The intrusion of past unlikeable memories with present life alters Prior's present situation and mostly finds it difficult to cope with or leave behind. *The Eye in the Door* opens with Prior going out on a date with a girl. However, the scenes around them remind Prior of the battlefield; he holds an imaginary gun and shoots heads as in wartime. Moreover, while visiting Beattie in jail, he remembers, "Towers' eye lay in the palm of his hand. 'What am I supposed to do with this gob-stopper?' Logan's hand reached out, grasped his shaking wrist, and tipped the eye into the bag." (Barker, 1993: 26). Then, Prior forces himself to stop thinking about the eye because he was at an official meeting.

Dr. Rivers follows Freud's talking cure method while treating his patients, including Prior. This method gives a good insight on the patients' linguistic abilities that are majorly affected by the traumatic experiences. In this regard, Caruth (1996: 3) describes a traumatic story as a story of a wound that shouts due to pain and fear; it is connected to what is known and what is left ambiguous in the individual's actions and language abilities. Prior's incomprehensibility of Towers' disembodied eye results in his inability to tell the story of trauma. Prior's responses, mainly, vary in length, incorrect in terms of grammatical rules, mostly silent, and sometimes aggressive. The following extracts from the text show Prior's conversational manner with Dr. Rivers:

'Whose eye was it?' he asked, when Prior had finished.

Prior shrugged. 'I don't know. How should I know?'

'It's your dream.'

Prior drew a deep breath, reluctant to delve into a memory that could still make his stomach heave. 'I suppose Towers is the obvious connection.'

'Had you been thinking about that?'

'I remembered it when I was in the cell with Beattie. I... I actually saw it for a moment.'

'I remember.'

A long silence. (Barker, 1993: 32)

The above dialogue clarifies Prior's attempts to forget the memory of Towers' eye, though his attempts fail; Halliday and Matthiessen (2004: 197) stated that the cognitive verbs are interpreted as mostly springing from the person's consciousness, or as affecting negatively on it and has nothing to do with the process of doing. The uses of cognitive verbs (know, suppose, remember, and saw) prove that Prior's actions are controlled by remembrance and memory intrusion. Moreover, Prior's tensed and hesitant mind is mirrored in the stops and silences he makes before and during responding. The following extracts show other aspects of Prior's conversational style:

After a pause, Rivers asked, 'Have there been any further episodes since then?'

‘Yes, but I don’t think any of them involved other people. I don’t think they did.’ Prior’s mouth twisted. ‘How would I know?’

‘Nobody’s said anything?’

‘No.’

‘How many?’

‘Seven.’

‘As many as that?’

Prior looked away.

‘How long do they last?’

‘Longest, three hours. Shortest... I don’t know. Twenty minutes?’ (Barker, 1993: 64)

The lines above illustrate Prior’s determined refusal to cooperate with Dr. Rivers and recall his memory. The negative, short, and sometimes ungrammatical responses demonstrate Prior’s mind style and his sense of denial to recover from the traumatic experiences.

The image of Towers’ disembodied eye haunts Prior in many ways, which most significantly appears in the form of nightmares; the repression of traumatic incidents causes intense sleep disturbances to Prior as Barker (1993: 93) states:

The nights were bad. He was still taking sleeping draughts, sometimes repeating the dose when the first one failed to work. Rivers strenuously advised him against it, but he ignored the advice. He had to sleep.

This situation is repeated with Prior and becomes more apparent if an incident triggers him to remember and relive war memories. Barker (1993: 27) explains in detail Prior’s attempts to fall asleep and have nightmares:

He was afraid to go to sleep, but he had learnt, from long experience, that to keep himself awake at night to fall asleep shortly before dawn made for the worst nightmare at all... he knew he was dreaming, and also that he had to wake up before something worse happened. He turned and saw the eye watching him, an eye not painted, but very much alive.

Later on, Prior recounts that that nightmare is strongly connected to his feeling of pity and sorry for Beattie and her son Williams whom he visited in prison and says that:

I don’t know. It was in the prison, but later... I don’t know... I felt sorry for Beattie. And then I started thinking about William ... naked in his cell, stone floor, snow outside...’ A burst of anger. ‘I lost three men with frost-bite. And so I started thinking about that (Barker, 1993: 32).

The image of prison stimulated Prior to linking it with his past harsh memories, which ultimately led to Prior’s inability to fall asleep. Whether Prior sleeps, traumatic memories haunt him in the form of nightmares.

When Prior visits Mac in jail, the latter accuses Prior of his imprisonment as apparently nobody knows Mac’s whereabouts. Prior denies this in the first place; later, he is convinced to be the spy though he has no memory of his deed. Jackson (2003: 102) commented that the exact time of Prior’s betrayal to Mac is kept an enigma and is recorded as a symptom of Prior’s traumatized status. Additionally, Prior’s nightmares of Mac prove his betrayal. In answer to accusing him, Prior replies that:

I didn’t do it,’ he’d said automatically, with total assurance, for all the world as if he could answer for every minute of his waking life. Only on the train coming back to London had he forced himself to accept that it was possible he’d betrayed Mac. Or at any rate that it was impossible for him to deny it (Barker, 1993: 122).

Prior’s memory is likewise affected by trauma as memory lapses are repeated many times, and the period of forgetfulness varies; some gaps are as long as half an hour, others are five or six hours long, as the following extracts illustrate:

That night, at nine o’clock, Prior went out for a drink. He came to himself in the small hours of the morning, fumbling to get his key into the lock. He had no recollection of the intervening five hours.

In another instance, Prior leaves a pub and starts going to his desk. Once he arrives, the memory of leaving the pub and coming back is blank; although he struggles to remember, his efforts are fruitless. Even worse, Prior "...looked at his watch, and his brain struggled to make sense of the position of the hands" (Barker, 1993: 59). Lastly, he could discover that three hours have passed since he decided to go and have lunch, but how and what happened, Prior cannot remember.

The symptom of memory loss causes another sort of crisis inside Prior's mind; being trapped in the present without remembering the past leads Prior to developing a duality in his character. This duality is due to Prior's attempts to cope with the traumatic memories he is suffering from. Further, Prior's split self is created in war fronts and lives with him at home as he cannot separate his mind from war's painful and fearsome memories. In a meeting with Dr. Rivers, Prior reveals the split self and makes the following claims:

'Are you really saying he's not your father?'

'Of course, he isn't. How could he be?'

'How could he not be? In the end, one body begets another.'

Prior's expression hardened. 'I was born two years ago. In a shell-hole in France. I have no father.'

Rivers felt he needed time to think. A week would have been about right. He said, 'I met Mr Prior at Craiglockhart.'

'Yes, I know.' (Barker, 1993: 115)

Dr. Rivers intends to convince Prior to adapt to all the selves split inside him or reconcile with them. Rivers claims that recalling and talking about traumatic events is the first step in healing. The major part of Prior's healing resides in a moment of acceptance and recognition of his divided self.

Charles Manning

Due to his courageous acts in war, captain Charles Manning is rescued from being court-martialled for pacifist and homosexual tendencies. He is sent to Dr. Rivers as a mental health condition. During World War I, the

authority considered peace-seekers as mentally sick to undermine their purpose of encouraging soldiers to abandon fighting. In this way, the authority prevented the pacifists from shaping war resistance networks in the country. Manning, who has a life-long friendship with Robert Ross, is seen publically going to the then banned plays like *Salome* together; they are also seen in a police box being arrested for homosexual practices. Therefore, Manning is believed to be a mentally-ill man who needs psychological support to correct his ideas.

In *The Eye in the Door*, Manning is first described as a man with deep wounds on his body, his leg aching and producing sudden uncontrollable movements; however, not only physically, war wounded and altered Manning's mind and personality significantly. His sexual identity is changed from a sexually normal person to a homosexual. Crouthamel (2014: 1) argued that people at war and/or at home are traumatized, and he regarded war as a destructive force with gender and sexual traditions. Manning is arrested because he was found having sex with a man. The arrest does not affect his altered identity. Later on, while his wife and two children spend time in a village, Manning spends time at home with a man who are intimate to one another, and there is a pull of sexual tension between them (Barker, 1993: 5).

At Craiglockhart hospital, while conversing with Rivers, Manning's mental status is better explained, especially with Rivers' attempts to make him speak about his traumatic memories. Manning avoids strongly recalling his war memories, talking instead about the play of *Salome*. Barker (1993: 75) argues that:

So far Manning had found it impossible to talk about the war... This was all very well, Rivers thought, but Manning was ill, and it was not literary discussion that was going to cure him."

Manning denies his homosexual tendencies as a sign of identity dissociation, saying, "But then I'm not a repressed homosexual." (Barker, 1993: 76). Rivers attempted to convince Manning to talk about the war for recognizing and accepting his mental illness. Nevertheless, Manning falsely admits to Rivers that all the time, he has been talking about the war while, in fact, he never did. Moreover, the sense of

denial and irresponsiveness are apparent in the repetitive silences he produces while Rivers asks him questions. At last, Manning talks about the past memory that made him break down.

The first thing Manning recalls in detail is his nightmares; he admits that the nightmares result from his inability to comprehend and think about the traumatic event as it occurred. The result of his repressed memory is the grotesque nightmares he sees. Manning repeatedly sees a hand coming out from the mud in the nightmares and reaches him. Then, he hears a voice asking where Scudder is, and Manning stays irresponsive as the sound itself knows the answer. This nightmare is closely related to the story that Manning tells later. One day, in the battlefield, Manning shoots a fellow soldier, Scudder, stuck in mud up to his chest. He shot Scudder to save him from dying in the mud as they could not take him out. After this event- the moment he could not comprehend- Manning developed PTSD symptoms noticeably.

Nightmares are one form of re-experiencing and remembering Scudder's shooting. Moreover, this incident makes Manning's imagination distorted as he sees every red-colored object, flower, book, etc., like blood. The transformation of red into blood leaves Manning in a state of wonder and incomprehensibility as previously, this image never followed him. He has been a brave soldier fighting with blood pools all around with good mental health, stating that:

When I was out there, I could be in blood up to the elbows, it didn't bother me. It's almost as if instead of normal feelings being cut off, there aren't any divisions left at all. Everything washes into everything else. I don't know if that makes sense (Barker, 1993: 81).

Rivers concludes that nervous breakdown is related not to one traumatic incident but rather a reaction to a long period of being exposed to them (Barker, 1992: 93).

While Rivers asks Manning to transform war memories into language, the latter's linguistic abilities are transformed. This is quite apparent in Manning's particular linguistic choices, keeping or abandoning specific linguistic structures, taking shelter in muteness, etc.

(Busch and Mcnamara: 2020, 327). This fact is inevitable because the voices, the sounds, the words produced triggers Manning into reliving the events, having flashbacks mirrored in his stammering and unspontaneous responses. Memory hinders Manning from producing consistent spontaneous speech, as the following extracts from Manning's responses prove:

Ross is a... quite a dangerous man to know.

Manning looked shocked. 'I don't know that —

Manning stopped abruptly. 'You know I think I've lost the thread. No, that's it, I was trying... I was trying to be honest and think whether I hated bayonet practice more because... because the body that the sack represents is one that I... come on, Rivers.

No. Not exactly. I... er... I was picked up by the police. (Barker, 1993: 76)

In the above extract, memory and language are intertwined as whenever Manning is close to recounting a memory, he stops talking continuously and endeavors to arrange his thoughts for fluent talking.

As the novel closes, Manning is still suffering from PTSD symptoms; although Dr. Rivers marks some improvements in his case, Manning is endlessly irreconcilable with trauma memory.

Conclusion

It is concluded that *The Eye in the Door* is a good psychological account of soldiers' lives under the intensive strains of the destructive war. Prior and Manning developed PTSD symptoms because war mercilessly wounds their psyche in a way healing seems to be far-fetched. Quiet city life proved helpless to make Prior and Manning forget war experiences and persistently disturb their present. Symptoms, such as re-experiencing the trauma, hallucinations, muteness, identity dissociations, etc., evoke soldiers' non-understandable cognition of traumatic reality.

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