



## **Trauma, Memory, and Psychological Recovery in Selected War Novels: A Comparative Study of Erich Maria Remarque's *All Quiet on the Western Front* and Pat Barker's *Regeneration***

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### **Abstract**

Erich Maria Remarque's *All Quiet on the Western Front* (1929) and Pat Barker's *Regeneration* (1991). Drawing on Cathy Caruth's theory of trauma as "unclaimed experience," Judith Herman's three-stage model of trauma recovery (safety, remembrance and mourning, and reconnection), Dominick LaCapra's distinction between acting-out and working-through, and the historical scholarship of Paul Fussell, Eric Leed, Elaine Showalter, and Joanna Bourke on shell shock and combat masculinity, the study conducts a sustained, theory-guided close reading of both texts. It argues that the two novels stage fundamentally different relationships between memory and healing because they occupy different historical positions relative to the war they represent. Remarque's novel, narrated from within the war by a soldier who does not outlive it, renders trauma as an unresolved wound that forecloses recovery, producing what this paper terms arrested memory. Barker's novel, composed seven decades later and set inside the historical Craiglockhart War Hospital, reframes trauma through the emergent psychoanalytic vocabulary of the war years themselves, dramatizing recovery as a contested, gendered, and institutionally compromised process, since healed soldiers were required to return to combat. Beyond close readings of the two primary texts, the paper situates its argument within the broader historiography of shell shock, examines the gendered and classed politics of who was permitted to break down and be treated, compares the two novels' narrative structures as formal enactments of acting-out and working-through respectively, and considers the pedagogical implications of teaching these texts together. The paper concludes that reading the two novels comparatively illuminates both the historical evolution of trauma as a literary and clinical category and the persistent limits of recovery as a meaningful concept whenever psychological healing is instrumentalized by military and social institutions.

**Keywords:** *trauma theory; war literature; psychological recovery; memory studies; shell shock; First World War fiction; Cathy Caruth; Judith Herman; narrative form*

## 1. Introduction

War literature occupies a distinctive position within trauma studies because it is written, almost without exception, from the far side of an experience that resists ordinary narration. The First World War in particular produced a body of fiction, memoir, and poetry that both records and struggles against the unrepresentability of industrialized mass violence, a struggle that later trauma theorists would come to treat as constitutive of trauma itself rather than as a mere failure of literary technique. Two texts separated by more than sixty years of literary and clinical history illustrate this struggle with particular force: Erich Maria Remarque's *All Quiet on the Western Front* (1929), written by a German veteran within a decade of the armistice, and Pat Barker's *Regeneration* (1991), a historical novel that reconstructs the treatment of shell-shocked British officers at Craiglockhart War Hospital in 1917 through a blend of documented history and invention.

The two novels are separated not only by decades but by the very vocabulary available to describe psychological injury. Remarque wrote before the term post-traumatic stress existed and before shell shock had been theorized with any clinical consistency; his narrator, Paul Bäumer, has no framework, medical or otherwise, through which to understand what is happening to him, and the novel offers none on his behalf. Barker, writing at the end of the twentieth century, works self-consciously with the psychoanalytic and psychiatric discourse of the period she depicts, drawing on the historical case notes of the real army psychiatrist W. H. R. Rivers and on later trauma historiography by scholars such as Eric Leed and Elaine Showalter, whom she credits directly in her author's note to the trilogy (Loughran, 2011). This difference in vantage point, one novel written from inside an unfinished war and the other reconstructing that war retrospectively through the lens of psychiatric history, is the central premise of this paper's comparative method.

The choice of these two novels is not arbitrary. Both are widely taught, widely translated, and widely regarded as among the most historically significant literary responses to the First World War in their respective national traditions, German and British. Both are grounded in documented historical experience, Remarque's in his own service on the Western Front and Barker's in the documented medical practice of Rivers at Craiglockhart, which gives the comparison an unusual degree of historical traction rather than resting on purely fictional invention. And both, crucially, refuse to resolve their narratives into anything resembling a redemptive account of healing, which makes them ideal test cases for interrogating what recovery actually means, and for whom, in the literature of total war.

The paper poses four research questions. First, how does each novel represent the psychological structure of traumatic memory, and to what extent does that representation correspond to or depart

from later trauma theory developed decades after the novels' composition? Second, does either novel permit its traumatized characters a pathway toward the kind of recovery outlined in clinical models such as Judith Herman's three-stage framework, and if so, at what cost, and to whom is that cost distributed? Third, what does a comparative reading of a contemporaneous war novel against a retrospective historical novel reveal about the relationship between literary form, narrative distance, and the representability of trauma? Fourth, how do gender and class inflect each novel's account of who is permitted to break down, to be treated, and to be understood as traumatized rather than as merely weak or cowardly? In pursuing these questions, the paper argues that Remarque's novel enacts trauma as a closed loop, a present-tense entrapment that the death of the narrator renders literally unrecoverable, while Barker's novel opens trauma to narrative distance and institutional mediation, but only by exposing recovery itself as an instrument of the war machine rather than its opposite. The significance of the study lies in demonstrating that recovery in war fiction is rarely a neutral or purely therapeutic category; it is shaped by who is authorized to heal, for what purpose, and within what historical understanding of the mind, and it remains shaped, in both novels, by hierarchies of class, gender, and military rank that determine whose suffering is legible as trauma in the first place.

The paper proceeds in thirteen further sections. Section Two situates the two novels within the specific historical and medical context of shell shock as an emergent diagnostic category during and after the First World War. Section Three reviews the existing literary and historical scholarship on trauma and the Great War. Section Four elaborates the paper's theoretical framework, drawing on Caruth, Herman, and LaCapra. Section Five details the study's qualitative comparative methodology. Sections Six and Seven offer extended close readings of *All Quiet on the Western Front* and *Regeneration* respectively. Section Eight examines the gendered and classed politics of breakdown across both novels. Section Nine compares the two texts' narrative structures as differently positioned responses to the problem of representing trauma in time. Section Ten synthesizes these findings into a direct comparative discussion. Sections Eleven and Twelve consider, respectively, the pedagogical implications of the study and its limitations, before Section Thirteen concludes.

## **2. Historical and Cultural Context: Shell Shock and the Making of a Psychiatric Category**

To read either novel without attending to the historical status of shell shock as a diagnostic category is to risk anachronism in both directions: reading Remarque as though his soldiers ought to have access to a clinical vocabulary they could not have had, or reading Barker as though the psychiatric understanding she dramatizes was uncontested common sense in 1917 rather than a genuinely

contested and emergent field. Shell shock entered British medical and military discourse early in the war as clinicians struggled to classify soldiers presenting with tremor, paralysis, mutism, amnesia, and other symptoms that had no obvious physical cause. As Eric Leed's historical study *No Man's Land: Combat and Identity in World War I* (1979) documents, the medical response to these symptoms split, unevenly and often acrimoniously, between what Leed terms disciplinary therapies, which treated the symptoms as a form of malingering or moral weakness to be corrected through coercion, isolation, or punishment, and analytic therapies, associated with figures such as Rivers, which treated the symptoms as the legitimate psychological residue of unbearable experience, to be addressed through talk, interpretation, and the patient's own narrative reconstruction of the traumatic event (Leed, 1979).

Elaine Showalter's *The Female Malady: Women, Madness, and English Culture, 1830–1980* (1985) adds an essential gendered dimension to this history. Showalter demonstrates that the somatic symptoms associated with shell shock, tremor, paralysis, mutism, had for decades prior to the war been diagnosed almost exclusively in women under the label of hysteria, understood within Victorian and Edwardian medicine as an inherently feminine disorder linked to weakness of will and nervous constitution. The war forced a startling reclassification: the same cluster of symptoms, now appearing in male combatants by the tens of thousands, required a new, masculinized vocabulary that could accommodate breakdown in men who had, in many cases, already demonstrated combat courage. Shell shock, in Showalter's account, was in part a rebranding exercise, one that allowed medicine to keep treating essentially the same symptom picture while avoiding the culturally intolerable implication that brave soldiers were succumbing to a women's disease (Showalter, 1985). Joanna Bourke's *Dismembering the Male: Men's Bodies, Britain and the Great War* (1996) extends this argument further, showing through letters, diaries, and oral histories how the war forced a broader renegotiation of masculine embodiment, in which men's bodies, wounded, shaking, paralyzed, or amputated, became sites of public and medical scrutiny in ways that unsettled prewar assumptions about male stoicism and bodily control (Bourke, 1996).

Both novels examined in this paper are historically situated at specific, and specifically different, points within this contested history. Remarque's *All Quiet on the Western Front* is set almost entirely at the front and offers essentially no institutional or medical framework for understanding Paul Bäumer's psychological state; the novel's silence on this point is itself historically accurate, since German frontline medicine, like its British counterpart, had only a partial and inconsistent capacity to recognize psychological injury as such in ordinary infantry soldiers, as opposed to officers, during the war's middle years. Barker's *Regeneration*, by contrast, is set specifically within the analytic wing of this history, dramatizing Rivers's practice at Craiglockhart in 1917, after shell shock had become

impossible for the military medical establishment to ignore but while its treatment remained genuinely divided between the coercive electrotherapy associated with doctors such as Lewis Yealland and the talking cure Rivers practiced, a division the novel stages directly and which Barker researched through the historical scholarship of Leed and Showalter (Loughran, 2011).

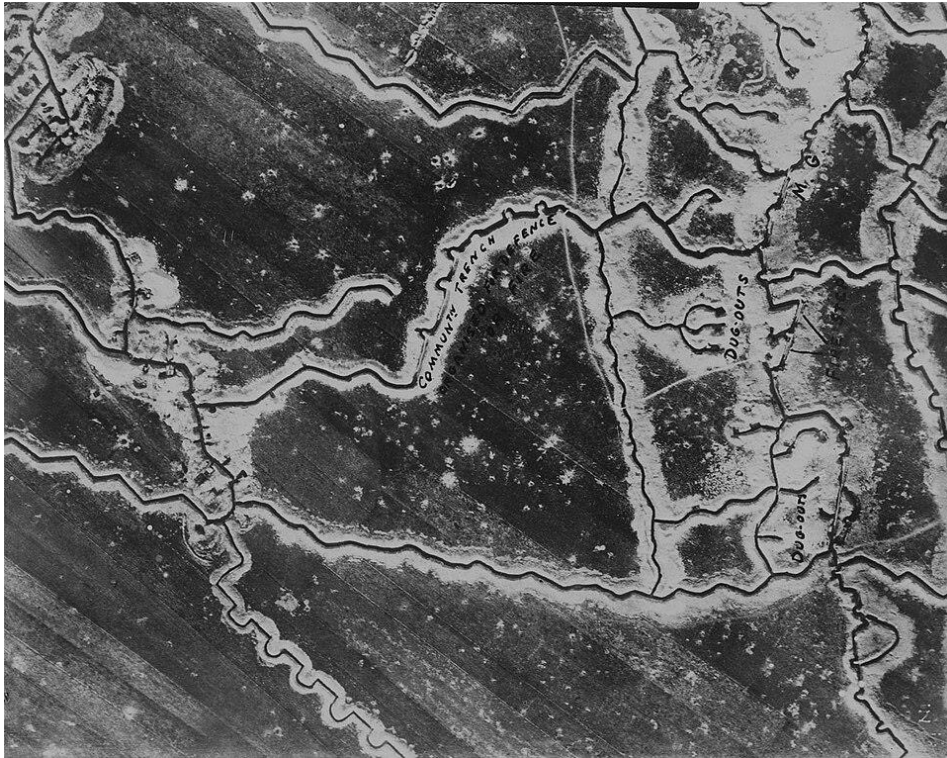


**Figure 1. Trench conditions on the Western Front, 1917.**

A representative photograph of the flooded, static trench environment that forms the physical setting of Paul Bäumer's war in *All Quiet on the Western Front*, useful for situating readers unfamiliar with the material conditions the novel describes



**Figure 2. Craiglockhart War Hospital, Edinburgh**

An exterior view of Craiglockhart, the historical institution where W. H. R. Rivers treated Siegfried Sassoon and other shell-shocked officers, and the primary setting of Barker's *Regeneration*.

### 3. Review of Literature

Scholarship on trauma and the First World War has developed along two broad and increasingly convergent tracks: cultural-historical studies of shell shock and combat identity, and literary-theoretical accounts of trauma and narrative. Paul Fussell's *The Great War and Modern Memory* (1975), still the foundational text in the first track, argues that the Great War inaugurated irony as the dominant mode of modern discourse, since the war's scale and senselessness discredited the melioristic myths that had organized British public consciousness for a century (Fussell, 1975). Fussell's account of the troglodyte world of the trenches and of the war's rupture with prior conceptions of historical time provides an essential cultural backdrop for reading both Remarque and Barker, even though Fussell's own study concentrates on British memoirists and poets rather than on Remarque's German perspective or on Barker's later historical fiction. Leed's and Showalter's historical work, discussed above, supplies the specific medical and gendered vocabulary through which Barker's novel can be read, while Bourke's study of masculinity and the male body extends this historiography into questions of embodiment that bear directly on both novels' treatment of wounded and traumatized male bodies.

On the literary-theoretical side, Cathy Caruth's *Unclaimed Experience: Trauma, Narrative, and History* (1996) reoriented trauma studies away from case history and toward the structure of narrative itself, proposing that trauma is constituted less by the event than by the belated, repetitive, and only partially assimilable way it returns in memory and language. Caruth's argument draws substantially on

Sigmund Freud's own turn to literature in *Beyond the Pleasure Principle* and *Moses and Monotheism*, texts in which Freud himself found narrative form necessary for articulating the psychoanalytic theory of trauma. Judith Herman's *Trauma and Recovery* (1992), written from a clinical rather than literary standpoint, offers the three-stage recovery model, safety, remembrance and mourning, and reconnection, that has become a widely used framework across both therapeutic practice and literary trauma criticism (Herman, 1992). Dominick LaCapra's *Writing History, Writing Trauma* (2001) adds a further distinction between acting-out, the compulsive reliving of trauma without critical distance, and working-through, the achievement of enough distance to differentiate past from present without denying the past's continuing weight (LaCapra, 2001).

Existing criticism on Remarque tends to read *All Quiet on the Western Front* primarily through the lens of the lost generation and antiwar sentiment, emphasizing Paul Bäumer's alienation from prewar civilian life and his generation's foreclosed future. This body of criticism has been less consistently engaged with the specific vocabulary of trauma theory, in part because the novel predates that vocabulary and offers few of the institutional or clinical markers, hospitals, doctors, diagnoses, that later trauma theory typically takes as its object. Criticism on Barker's *Regeneration* trilogy, by contrast, has focused heavily on its historiographic method and its dramatization of the Rivers-Sassoon relationship as a site where psychoanalysis, class, masculinity, and military authority intersect; scholars reviewing the novel have noted its extensive and deliberate use of primary historical sources, including Sassoon's actual wartime writing and Rivers's own clinical publications, alongside the secondary historiography of Leed and Showalter (Loughran, 2011).

What remains comparatively underexplored is a direct, theory-guided comparison of the two novels as differently positioned responses to the same historical catastrophe: one written in the immediate aftermath by a combatant with no clinical vocabulary for his experience, the other written at a substantial historical remove and saturated with exactly the psychiatric vocabulary the earlier novel lacks. Much existing scholarship treats the two novels, when it treats them at all, as belonging to separate critical conversations, Remarque within German antiwar literature and the lost-generation trope, Barker within British historical fiction and feminist or gender-critical approaches to war writing. This paper addresses that gap by reading the two texts together through a single, consistent theoretical apparatus, treating the sixty-two years separating their publication not as an obstacle to comparison but as itself a significant variable in how each novel is able to represent, or fails to represent, the possibility of psychological recovery.

#### 4. Theoretical Framework

#### 4.1 Caruth's Unclaimed Experience

Caruth's central claim is that traumatic experience is not fully registered at the moment it occurs; it is instead unclaimed, returning belatedly through intrusive images, repetitions, and gaps in the survivor's own narrative (Caruth, 1996). Caruth develops this argument in part through a reading of Freud's engagement with literary texts, arguing that literature is uniquely suited to representing trauma precisely because literary language, like the traumatized mind, can hold together knowing and not knowing without resolving the tension between them into a single, coherent account. This framework is especially useful for a text such as *All Quiet on the Western Front*, whose narrator repeatedly describes his own experience as something happening to a self he can no longer fully recognize or narrate in continuous terms, and whose relationship to his own memories of peacetime becomes, over the course of the novel, increasingly unclaimed in exactly Caruth's sense.

#### 4.2 Herman's Three-Stage Model of Recovery

Herman's model proposes that recovery from trauma proceeds, however unevenly, through three overlapping stages: the establishment of physical and emotional safety, the remembrance and mourning of what was lost or endured, and finally reconnection with ordinary life and relationships (Herman, 1992). Herman is explicit that these stages are not strictly linear and that survivors may cycle back through earlier stages at moments of stress, a qualification that matters for reading *Regeneration* in particular, where characters such as Billy Prior move forward and backward through remembrance and mourning across multiple sessions with Rivers. The model provides this paper with a diagnostic vocabulary for asking, of each novel, which stages its characters are permitted to reach, and which stages are structurally denied to them by the plot, the war, or the institutions that surround them.

#### 4.3 LaCapra's Acting-Out and Working-Through

LaCapra's distinction between acting-out, a compulsive and repetitive reliving of the traumatic past that collapses the distinction between then and now, and working-through, a process that achieves enough critical distance to mourn the past without being dominated by it, offers a second diagnostic axis (LaCapra, 2001). Importantly, LaCapra treats these not as a strict binary but as tendencies that interact on a continuum, and he explicitly warns against treating working-through as a fully achievable endpoint that simply resolves acting-out; rather, the two remain in tension even in the most successful cases of historical or personal reckoning with trauma. This paper uses the acting-out and working-through distinction to examine narrative form as well as character psychology: Remarque's continuous

present-tense immersion in the trenches formally enacts acting-out, while Barker's retrospective, multiply focalized historical novel formally enacts an attempt, not always successful, at working-through.

Taken together, these three frameworks are not fully compatible in their disciplinary origins, Caruth writing from literary theory and deconstruction, Herman from clinical psychiatry, and LaCapra from intellectual history, and this paper does not attempt to force them into a single unified model. Instead, it treats them as complementary lenses, each illuminating a different dimension of the same textual problem: Caruth for the structure of traumatic memory itself, Herman for the possibility and stages of recovery, and LaCapra for the relationship between narrative form and historical distance. Used together, they allow the paper to move between close attention to sentence-level narrative technique and broader claims about what each novel implies about the possibility of healing from war.

## 5. Research Methodology

This study adopts a qualitative, comparative literary methodology combining close textual reading with theory-guided thematic analysis. The two primary texts, Remarque's *All Quiet on the Western Front* (1929, in A. W. Wheen's 1929 English translation) and Barker's *Regeneration* (1991), were selected through purposive sampling on the grounds that they represent, respectively, a contemporaneous soldier-authored novel and a retrospective historical novel addressing the same war, allowing a diachronic comparison of how trauma is narratively constructed across different historical distances from the event. Both novels were also selected because they are grounded in documented historical experience rather than purely fictional invention, which allows the analysis to move between literary and historical registers without straining the boundary between them.

Analysis proceeds through four coordinated readings of each text. The first identifies passages depicting traumatic memory, dissociation, and bodily symptom, treating these as the primary data of the study. The second maps these passages against Herman's three recovery stages to determine which stages, if any, characters reach, and under what conditions. The third applies LaCapra's acting-out and working-through distinction to both character psychology and narrative structure, attending in particular to tense, focalization, and the presence or absence of retrospective narrative distance. The fourth situates the findings of the first three readings within the gendered and classed historiography of shell shock supplied by Leed, Showalter, and Bourke, asking how each novel's account of *Trauma and Recovery* is inflected by the social position of the characters who suffer it. Secondary sources on trauma theory and First World War cultural history are used throughout to contextualize and support

the primary textual analysis, and all secondary claims are checked against at least one scholarly or historical source rather than asserted on the basis of general familiarity with the texts.

As a qualitative interpretive study, the paper does not claim statistical generalizability, and its findings should be understood as an argument about these two specific, historically significant texts rather than as a claim about First World War literature in general. Limitations include the restricted scope of two novels, the necessary selectivity of textual close reading, which cannot address every scene or character in either work, and the fact that the paper works with an English translation of Remarque's German original, which introduces an additional layer of mediation between the analysis and Remarque's own language. These limitations are discussed further in Section Twelve.

## **6. Arrested Memory and the Unclaimed Wound in *All Quiet on the Western Front***

Remarque's novel is narrated almost entirely in a continuous present tense, even when Paul Bäumer is recounting events that have already happened, a formal choice that enacts Caruth's model of trauma with unusual literalness. There is no retrospective narrator standing safely outside the war looking back; the telling and the experience remain collapsed into the same temporal plane until the novel's final paragraph, when an unnamed third-person narrator reports Paul's death in a single, flatly stated sentence. This structural refusal of narrative distance means that the novel never permits its protagonist to reach even the first of Herman's recovery stages, the establishment of safety, since no moment in the text is genuinely safe: front-line danger is replaced only by the disorienting non-safety of rest behind the lines or of home leave, and both of these are in turn replaced by return to the front.

Several specific scenes make this arrested structure visible in concrete detail. Early in the novel, Paul and his companions visit their dying schoolmate Kemmerich, whose leg has been amputated, and the scene turns on the other soldiers' barely concealed calculation of who will inherit Kemmerich's good boots once he dies, a detail that has become one of the novel's most frequently discussed images precisely because of how starkly it demonstrates the moral flattening that trauma and prolonged exposure to death produce. The boots pass from the dead to the living with an efficiency that horrifies precisely because it is not represented as callousness so much as adaptation, a psychic economy in which grief has been displaced by the practical necessity of survival. Later, in one of the novel's most sustained set pieces, Paul kills a French soldier, Duval, in a shell crater and is then trapped for hours with the dying man's body, an episode that produces in Paul an overwhelming and disproportionate guilt, disproportionate, that is, relative to the routine and largely unremarked killing that occurs elsewhere in the novel at a distance. The scene demonstrates precisely the belated and non-linear logic of traumatic memory that Caruth describes: it is not the objectively worst thing Paul does or witnesses,

but its immediate, embodied, face-to-face character short-circuits his usual psychic defenses and produces an intrusive, unmanageable grief that the rest of the novel's numbed register otherwise suppresses.

The most theoretically resonant scene for the question of recovery is Paul's period of home leave, during which he discovers that he can no longer inhabit his childhood bedroom, converse naturally with his parents, or find continuity between his prewar self and his present one. Rather than offering restoration, the return home intensifies his dissociation, since it exposes the gap between civilian language, still organized around patriotic abstraction, and the concrete, unspeakable knowledge the front has given him. This scene dramatizes precisely what Caruth describes as the unclaimed structure of trauma: the experience is not narratable to those who were not there, and its attempted telling produces further alienation rather than relief. Paul's generation, addressed throughout the novel as a collective rather than purely individual subject, is repeatedly described as severed from continuity with both the world that raised them and the future they might have had, a rupture that criticism has long associated with the trope of the lost generation, young men who, in Remarque's own prefatory framing, may have escaped the shells but were nonetheless destroyed by the war.

Bodily symptoms in the novel function less as isolated pathology than as the visible surface of a wound that has no interior language. Paul describes his own perception and feeling in terms of numbness, mechanical reflex, and a kind of learned animal alertness that keeps him alive precisely by suppressing conscious reflection; the veteran soldier Katschinsky, or Kat, functions throughout the novel as a figure of this survival competence, a man whose bodily instinct for danger and improvisation has almost entirely displaced ordinary emotional response. This numbing is not represented as a discrete psychiatric symptom to be diagnosed and treated, since the novel predates the clinical vocabulary Barker later draws on; instead it is presented as the ordinary condition of survival, which is itself the novel's most disturbing claim. Kat's own death late in the novel, from a shrapnel wound sustained while Paul is carrying him to safety, strips away even this last relationship, leaving Paul without the one remaining tether to communal meaning that the novel had allowed him.

Where Herman's model assumes an eventual movement toward remembrance, mourning, and reconnection, Remarque's narrative structure forecloses that movement by design: Paul dies on a day the military dispatch describes, with brutal irony, as one on which all is quiet, a phrase that epitomizes Fussell's account of the war's constitutive irony (Fussell, 1975). The novel thus stages what this paper terms arrested memory, a traumatic present that never converts into narratable past because the subject who might have narrated it does not survive to do so. Read through LaCapra's framework, the entire

novel can be understood as a formal enactment of acting-out with no working-through available, since the narrating consciousness is annihilated before any critical distance from the trauma becomes possible. The novel's famous final image, the calm on Paul's face reported by those who find his body, suggesting he might almost have been glad the end had come, offers not resolution but the closure of erasure: the war has not been survived, mourned, or understood, only ended, for this one soldier, by his own death.

## **7. Testimony, the Talking Cure, and the Politics of Recovery in *Regeneration***

Barker's *Regeneration* relocates trauma from the trench to the hospital ward, and in doing so it introduces precisely the institutional and clinical apparatus that Remarque's novel lacks. Set at Craiglockhart War Hospital in 1917, the novel follows the historical army psychiatrist W. H. R. Rivers as he treats officers suffering from shell shock, including the poet Siegfried Sassoon, sent to Craiglockhart after publicly declaring his opposition to the war's continuation in the document that came to be known as his Soldier's Declaration, and the fictional working-class officer Billy Prior, who arrives mute after finding a dead comrade's detached eye in the mud of the trenches. Rivers's method, an early form of psychoanalytic talking cure grounded in his historical interest in Freud, is explicitly contrasted within the novel with the more coercive electrotherapy of Dr. Lewis Yealland, whose treatment of a mute soldier through repeated electric shock the novel stages as a disturbing counter-model of cure. This contrast dramatizes, almost point for point, Leed's historical distinction between disciplinary and analytic approaches to shell shock (Leed, 1979).

Read through Herman's three-stage model, Rivers's Craiglockhart ward can be understood as an attempt to institutionalize the first stage of recovery, the establishment of safety, as a precondition for the second stage, remembrance and mourning. Sassoon's sessions with Rivers, and Prior's gradual recovery of speech through counselling and eventually through hypnosis, both stage processes that resemble Herman's remembrance and mourning stage: patients are encouraged to narrate rather than repress their combat memories, and Prior's hypnotic recovery of the specific memory that triggered his mutism functions in the novel as a moment of genuine, if partial, catharsis. Barker's cast of secondary patients extends this pattern in instructive directions: the character David Burns, so shattered by his experience that he cannot eat and is described in terms suggesting a kind of arrested childhood, illustrates a case where remembrance itself remains inaccessible, since Burns's reticence prevents him from narrating his trauma at all, foreclosing recovery in a manner that recalls, in institutional rather than mortal terms, the foreclosure Remarque's novel enacts through Paul's death. The character Anderson, a former battlefield surgeon who can no longer tolerate the sight of blood, illustrates a

related but distinct pattern, in which professional identity itself becomes the casualty of trauma, since Anderson's civilian vocation depended on precisely the bodily tolerance the war has destroyed in him.

Yet the novel insists, with sustained irony, that this therapeutic process serves an instrumental purpose that undercuts its apparent humanity: soldiers are healed not so that they may be reconnected with ordinary civilian life, Herman's third stage, but so that they may be certified fit to return to the front, very often to be killed. Rivers himself is depicted as uneasily aware of this contradiction, understanding his own compassionate methods as, in an important sense, more efficient at producing soldiers than Yealland's cruder coercion, since a man who has been genuinely helped to speak and to understand his own breakdown is, paradoxically, more reliably returned to functioning obedience than a man who has merely been shocked into silence. Recovery in *Regeneration* is therefore never allowed to complete Herman's sequence; it is arrested deliberately at the point where it becomes useful to the military institution, which constitutes a second, historically specific model of arrested memory distinct from Remarque's, one that operates not through the death of the traumatized subject but through the capture of his recovery by the apparatus that wounded him.

Barker's novel also extends its account of trauma beyond the hospital walls through the character of Sarah Lumb, a working-class munitions factory worker who becomes involved with Prior over the course of the narrative. Sarah's presence in the novel matters for two reasons relevant to this paper's argument. First, it demonstrates that Barker's model of institutionalized recovery is specific to the officer class housed at Craiglockhart, since Sarah and her fellow factory workers, whose labor and bodies are equally consumed by the war effort, have no equivalent institution devoted to their psychological welfare, a disparity that quietly reinforces the paper's broader argument about the classed and gendered distribution of recognized trauma. Second, Sarah's relationship with Prior offers the novel's only sustained image of something resembling Herman's third recovery stage, reconnection, though even this reconnection remains provisional and is repeatedly undercut by Prior's continuing psychological volatility and by the ever-present knowledge, shared by every character in the novel, that recovered officers will be returned to a front that is likely to kill them.

Barker's own method further complicates the acting-out and working-through distinction. Because the novel is written from a position of substantial historical distance, and because it self-consciously incorporates real documents, Sassoon's actual wartime declaration, the historical Rivers's clinical interests, and the scholarship of Leed and Showalter, its narrative form performs something closer to LaCapra's working-through than Remarque's does: the retrospective, multiply focalized structure allows readers to hold Sassoon's, Rivers's, and Prior's experiences in comparative relation rather than

trapped inside a single unresolved present. At the same time, the novel refuses to let this formal working-through stand in for genuine historical resolution, since its final irony, that psychiatric care in this context functions in the service of continued killing, prevents the novel from offering anything like a redemptive account of recovery.

## 8. Gender, Class, and the Politics of Breakdown

A comparative reading of the two novels must attend to who, within each text, is permitted to be recognized as traumatized, and who is not. Remarque's novel, focused almost entirely on a company of ordinary German conscripts, largely flattens differentiation among its soldiers; Paul, Kat, and their comrades share a broadly similar class background and a broadly similar fate, and the novel's collective address, its frequent use of a generational we rather than a purely individual I, reinforces this flattening. To the extent that the novel differentiates suffering at all, it does so along lines of age and length of service rather than class or rank: Kat's older, more experienced competence is set against the younger recruits' rawer, more visible terror, but neither is granted greater institutional legitimacy as a sufferer, since no institution in the novel is available to grant or withhold such legitimacy in the first place.

Barker's *Regeneration*, by contrast, makes the classed and gendered distribution of psychiatric legitimacy central to its plot. Craiglockhart, historically and in the novel, primarily treated officers, a class-restricted population reflecting the broader historical pattern Showalter documents, in which working-class soldiers were more often diagnosed with the less sympathetic label of neurasthenia or were simply returned to duty or discharged without the sustained psychiatric attention granted to shell-shocked officers (Showalter, 1985). Billy Prior's presence at Craiglockhart as a working-class officer, a man who has, in the novel's own terms, elevated himself through education and ambition into a class position his background did not naturally afford him, allows Barker to dramatize this class tension directly: Prior repeatedly registers his own psychiatric treatment as a privilege inflected by, and in tension with, his class origins, and his relationship with Rivers is marked by a mixture of gratitude and class-inflected resentment largely absent from Sassoon's more comfortable rapport with his doctor.

Gender operates in the novel along a parallel axis. Showalter's historical argument that shell shock required a masculinized rebranding of symptoms previously coded as feminine hysteria finds direct dramatization in *Regeneration*'s repeated anxiety, voiced by multiple characters, about whether psychological breakdown compromises a soldier's masculinity, an anxiety Rivers himself must navigate carefully in order to make his treatment palatable to a military hierarchy suspicious of anything resembling weakness. Bourke's account of the war's renegotiation of masculine embodiment (Bourke, 1996) is equally legible in the novel's treatment of male bodies more broadly, from Prior's

asthma, itself linked in the narrative to his abusive father, to Anderson's blood phobia, to the mute, wasted body of David Burns; each case dramatizes a different way in which the war has made the male body newly visible as a site of vulnerability, precisely the visibility Bourke identifies as historically unprecedented. Sarah Lumb's presence in the novel, finally, ensures that this gendered analysis is not confined to men alone, since her civilian labor in a munitions factory exposes her, too, to the war's material and psychological costs, even as the novel denies her access to anything resembling the institutional care Craiglockhart provides its officer patients.

Remarque's novel offers no equivalent institutional site through which gender and class could be dramatized in this way, but this absence is itself analytically significant rather than a simple limitation. Because Paul and his comrades never encounter any psychiatric apparatus at all, the novel implicitly suggests that ordinary infantry soldiers of Paul's rank and background had no meaningful access to the kind of recognition Craiglockhart, however compromised, extends to Barker's officers. Read alongside *Regeneration*, *All Quiet on the Western Front* can therefore be understood not simply as a novel that lacks a clinical vocabulary for trauma, but as a novel whose characters occupy a social position that historically fell outside the reach of whatever clinical vocabulary existed, a silence that itself corroborates the classed pattern of psychiatric recognition. Showalter and Barker's novel both document from the more privileged end of the same hierarchy.

## 9. Narrative Form and the Representation of Time

The comparative argument of this paper rests substantially on a formal claim: that the two novels' differing relationships to narrative time are themselves a primary vehicle of their differing accounts of *Trauma and Recovery*, independent of plot content alone. Remarque's novel is narrated in the first person by Paul, almost entirely in a continuous present tense that persists even across scenes separated by weeks or months, producing an effect Fussell's broader account of wartime writing associates with the collapse of ordinary historical continuity under the pressure of trench warfare's repetitive, undifferentiated violence (Fussell, 1975). This present-tense immersion denies the reader, as it denies Paul, any position of retrospective safety from which the war's events could be organized into a completed, masterable narrative. The novel's brief final section, narrated by an unnamed third party after Paul's death, does introduce a formal shift to the past tense, but this shift arrives only after the narrating consciousness capable of working through the preceding experience has been eliminated, which means the novel's one moment of narrative distance is purchased at the cost of the only voice that could have used it.

Barker's *Regeneration* adopts a markedly different formal strategy. Narrated in the third person and focalized across multiple characters, Rivers, Sassoon, and Prior chief among them, the novel moves fluidly between perspectives in a manner that allows readers to compare characters' experiences against one another in ways neither character could fully achieve alone. This multiply focalized structure is itself a formal analogue of Rivers's own therapeutic method, which likewise depends on holding a patient's fragmented memories in comparative relation until they can be reassembled into a coherent, tellable story. Because the novel is also written from a position of substantial historical hindsight, incorporating real documents and later historiography, it can frame its 1917 setting within an implicit knowledge of the war's full course and its long aftermath that neither Remarque's narrator nor Barker's own characters possess. This retrospective vantage point is precisely what LaCapra's concept of working-through requires: enough distance from the traumatic event to differentiate past from present without simply repeating or denying it (LaCapra, 2001).

Yet it is important not to overstate the redemptive force of this formal difference. Barker's retrospective narration achieves distance without achieving resolution; the novel's irony, that Rivers's humane methods more efficiently return men to a war that will likely kill them, means that the working-through the narrative form makes formally possible is never allowed to stand in for a working-through of the underlying historical catastrophe itself. In this sense, both novels ultimately resist the idea that narrative form alone can heal what history has broken: Remarque's present-tense entrapment offers no distance at all, while Barker's retrospective, multi-perspectival distance offers clarity of understanding without offering redemption. The comparison suggests that narrative form functions less as a solution to trauma than as a variable that determines what kind of relationship to the unresolved past a text, and its reader, is able to have.

## 10. Comparative Discussion: Convergent Ironies, Divergent Structures

Placed side by side, the two novels converge on one crucial point: neither permits trauma to resolve into the kind of clean, linear recovery that a popular understanding of Herman's model might imply. Both texts end in irony rather than restoration, Remarque's narrator dying on a day of official quiet, Barker's healed officers returning to a front that will very likely kill them, and both therefore align with Fussell's broader claim that irony, rather than any redemptive myth, became the First World War's dominant mode of literary and historical understanding (Fussell, 1975). In this sense, both novels resist any theory of recovery that would treat healing as a simple, individual, and complete achievement; each insists, in its own historical idiom, that recovery from war trauma cannot be separated from the social and military structures that produced the trauma in the first place.

The novels diverge, however, in the structural resources available to represent that irony, as Section Nine has already argued in formal terms. Remarque's continuous present tense and the annihilation of his narrator produce a closed loop consistent with acting-out and with Caruth's unclaimed experience: there is no vantage point, inside or outside the text, from which the trauma can be narrated as completed past. Barker's retrospective, historically researched, multiply focalized novel, by contrast, produces something closer to a failed or compromised working-through: distance is achieved formally, through historical hindsight and multiple perspectives, but that distance exposes rather than resolves the coercive purpose behind psychiatric treatment. Put differently, Remarque shows a trauma that cannot be spoken because its narrator does not survive to speak it, while Barker shows a trauma that can be spoken, extensively and even eloquently, but whose speaking is appropriated by the same institution that inflicted the wound.

Gender and class, examined at length in Section Eight, further differentiate the two texts in ways that bear directly on the recovery question. Remarque's collective, largely undifferentiated German conscripts stand in contrast to Barker's carefully individuated cast of officer-poets, a working-class officer, and civilian women workers, allowing *Regeneration* to interrogate, in ways Remarque's novel does not attempt, how access to psychiatric legitimacy and to the language of trauma itself was unevenly distributed by class, rank, and gender. Read together, the two novels suggest that this unevenness is not incidental to the history of trauma as a category but constitutive of it: the very vocabulary of shell shock that allows Barker's characters to be recognized as traumatized at all was, historically, available mainly to men of Sassoon's and, more precariously, Prior's rank, while Remarque's ordinary infantrymen and Barker's own munitions worker Sarah Lumb remain, each in their different national and historical contexts, largely outside its reach.

The comparison suggests that the historical evolution of trauma as a clinical and literary category, from the wordless, unclaimed suffering of Remarque's soldiers to the diagnosed, discussed, and institutionally managed shell shock of Barker's officers, did not translate into a more genuinely recuperative model of war fiction. Instead, the availability of clinical vocabulary in *Regeneration* allows Barker to dramatize with greater precision exactly how recovery can be co-opted, a critique that Remarque's novel can only gesture toward through the blunter fact of his narrator's death. Both novels, in short, use the formal and historical resources available to their respective moments to arrive at a shared and sobering conclusion: psychological recovery from war, when it is bound to institutions with an interest in producing soldiers rather than persons, is at best partial and at worst instrumentalized, regardless of whether that instrumentalization operates through silence, as in Remarque, or through a compassionate and articulate therapeutic vocabulary, as in Barker.

| Dimension                              | All Quiet on the Western Front (1929)                                                | Regeneration (1991)                                                                        |
|----------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Narrative position                     | Contemporaneous; written within a decade of the war's end, no retrospective distance | Retrospective; written seven decades later with full historical hindsight                  |
| Narrative tense/form                   | First-person, continuous present tense; single narrator                              | Third-person, multiply focalized across Rivers, Sassoon, and Prior                         |
| Available clinical vocabulary          | None; predates developed shell-shock discourse                                       | Fully developed; grounded in Rivers's historical psychiatric practice                      |
| Institutional setting                  | Absent; action confined to trench and brief home leave                               | Central; Craiglockhart War Hospital structures the plot                                    |
| Herman's recovery stages reached       | None; narrative forecloses even the safety stage                                     | Safety and partial remembrance/mourning reached; reconnection undercut by return to combat |
| LaCapra's acting-out / working-through | Formally enacts pure acting-out; no distance achieved                                | Formally approaches working-through; substantively undercut by institutional irony         |
| Class/gender scope                     | Collective, largely undifferentiated conscripts                                      | Differentiated by rank (officers vs. Prior's working-class origin) and gender (Sarah Lumb) |
| Resolution                             | Death of narrator; arrested memory                                                   | Return to front; recovery co-opted by military institution                                 |

Table 1. Comparative overview of trauma, memory, and recovery structures in the two novels.

| Herman's Stage              | All Quiet on the Western Front                                                      | Regeneration                                                                                      |
|-----------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Safety                   | Never established; front and home leave are both unsafe                             | Provisionally established within Craiglockhart's walls                                            |
| 2. Remembrance and mourning | Intermittent and unintegrated (e.g., the killing of Duval); no sustained processing | Actively facilitated by Rivers through talk therapy and hypnosis (e.g., Prior's recovered memory) |
| 3. Reconnection             | Foreclosed by Paul's death                                                          | Formally gestured toward (Prior and Sarah Lumb) but undercut by return to combat                  |

Table 2. Mapping of Judith Herman's three-stage recovery model onto each novel's protagonists.

## 11. Pedagogical and Critical Implications

Reading *All Quiet on the Western Front* and *Regeneration* together carries implications for how war literature is taught as well as how it is theorized. Taught in isolation, Remarque's novel risks being received primarily as an antiwar statement whose emotional force depends on empathetic identification with Paul, an identification that, while pedagogically valuable, can obscure the more specific historical and psychiatric questions the novel raises about who has access to language for describing psychological injury. Taught in isolation, Barker's novel risks being received primarily as a historical curiosity about the origins of psychiatric treatment, an emphasis that can understate the novel's

sustained ethical critique of that treatment's complicity with continued violence. Taught together, and framed explicitly through Herman's, Caruth's, and LaCapra's theoretical vocabulary, the two novels instead allow students and scholars to trace a coherent historical argument: that the emergence of a clinical language for trauma over the course of the twentieth century did not straightforwardly humanize war's aftermath but instead made visible, with increasing precision, the mechanisms by which even humane treatment can be harnessed to institutional ends.

This pairing also offers a productive occasion for discussing translation and mediation as critical issues in their own right, since Remarque's novel is available to most English-language readers only through Wheen's 1929 translation, itself a historically situated text with its own choices and limitations, a point worth raising explicitly in any classroom or research context that treats the English text as transparently equivalent to Remarque's German original. Finally, the comparative method modeled in this paper, reading a contemporaneous and a retrospective text against a shared theoretical framework, offers a template that could be extended productively to other paired or clustered readings across the literature of twentieth- and twenty-first-century conflict, a possibility taken up briefly in the concluding section below.

## 12. Limitations and Directions for Future Research

This study's scope is deliberately narrow, focused on two novels read closely through three theoretical frameworks, and its findings should be understood within that scope rather than generalized to First World War literature as a whole. The analysis relies on Wheen's 1929 English translation of Remarque's novel rather than the German original, which introduces an additional interpretive layer that a German-language study would not face; later translations, including Brian Murdoch's 1993 version, were not incorporated into the present analysis but could productively be compared against Wheen's in future work, particularly given documented concerns about the stylistic accuracy of the earlier translation. The paper's theoretical apparatus, while chosen for its complementary coverage of narrative structure, clinical recovery, and historiographic distance, necessarily excludes other influential trauma frameworks, including more recent neurobiological and cognitive approaches to trauma memory, which future comparative work might productively incorporate alongside the literary and psychoanalytic frameworks used here.

Future research could extend this comparative framework in at least three directions. First, the two-novel comparison could be expanded into a larger corpus study incorporating additional First World War texts, including the later volumes of Barker's own *Regeneration* trilogy, *The Eye in the Door* and *The Ghost Road*, which follow Prior's story through to his eventual death in combat and would allow

the arrested-memory pattern identified in this paper to be tested against a text that, like Remarque's, ultimately forecloses its traumatized protagonist's survival. Second, the framework could be extended cross-conflict, comparing First World War fiction against Vietnam War narratives such as Tim O'Brien's *The Things They Carried*, in order to test whether the arrested-memory and institutionalized-recovery models identified here persist, evolve, or are displaced by later historical and clinical understandings of trauma, including the formal establishment of post-traumatic stress disorder as a diagnostic category in 1980. Third, future work might incorporate reader-response or classroom-based methods to test the pedagogical claims advanced in Section Eleven empirically, examining how student readers actually respond to the two novels when taught together through an explicit trauma-theoretical framework.

### 13. Conclusion

This paper has argued that Erich Maria Remarque's *All Quiet on the Western Front* and Pat Barker's *Regeneration* stage two historically distinct but thematically convergent models of war trauma. Remarque's novel, written from within an unfinished war and without access to a developed clinical vocabulary, renders trauma as an unclaimed, unresolved wound whose only conclusion is the narrator's death, an instance of what this paper has called arrested memory. Barker's novel, written seven decades later with full access to the psychiatric history of shell shock, reframes trauma as a condition that can be spoken, treated, and partially understood, only to reveal that such understanding is harnessed by military institutions toward the production of soldiers fit to return to combat. The paper has further shown that this divergence is inseparable from questions of narrative form, since Remarque's continuous present-tense immersion formally enacts LaCapra's acting-out while Barker's retrospective, multiply focalized structure formally approaches working-through, and that both novels' accounts of trauma are shaped throughout by the classed and gendered politics of who is permitted to be recognized as a legitimate sufferer, a politics this paper examined through the historiography of Showalter, Leed, and Bourke.

Reading the two novels through Caruth's theory of unclaimed experience, Herman's three-stage recovery model, and LaCapra's distinction between acting-out and working-through demonstrates that psychological healing in war fiction is rarely a purely therapeutic or redemptive category; it is always entangled with the historical and institutional conditions under which it is offered, and with the social position of the person to whom it is, or is not, extended. The comparative method developed here, pairing a contemporaneous soldier-authored text against a retrospective, historiographically grounded one, offers a template for further work on the literature of trauma across other conflicts and periods.

Future research might extend this framework to the later volumes of Barker's own trilogy, to Vietnam War narratives such as Tim O'Brien's *The Things They Carried*, or to contemporary autofictional accounts of combat trauma, in order to test whether the arrested-memory and institutionalized-recovery models identified here persist, evolve, or are displaced by newer literary and clinical understandings of trauma across the twentieth and twenty-first centuries. What the two novels examined here share, finally, is a refusal to let either silence or speech stand in for genuine healing, insisting instead that any account of psychological recovery from war must reckon honestly with the institutions, military, medical, and social, that make recovery possible, necessary, and, in both texts, ultimately incomplete.

## References

- Barker, P. (1991). *Regeneration*. Viking.
- Barker, P. (1993). *The Eye in the Door*. Viking.
- Barker, P. (1995). *The Ghost Road*. Viking.
- Bourke, J. (1996). *Dismembering the Male: Men's Bodies, Britain and the Great War*. Reaktion Books.
- Caruth, C. (1996). *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press.
- Freud, S. (1920). *Beyond the Pleasure Principle*. International Psycho-Analytical Press.
- Fussell, P. (1975). *The Great War and Modern Memory*. Oxford University Press.
- Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. Basic Books.
- LaCapra, D. (2001). *Writing History, Writing Trauma*. Johns Hopkins University Press.
- Leed, E. J. (1979). *No Man's Land: Combat and Identity in World War I*. Cambridge University Press.
- Loughran, T. (2011). Shell-shocked: Trauma, the emotions and WW1 [Review of the book *Regeneration*, by P. Barker]. Institute of Historical Research Conference Blog.
- O'Brien, T. (1990). *The Things They Carried*. Houghton Mifflin.
- Remarque, E. M. (1929). *All Quiet on the Western Front* (A. W. Wheen, Trans.). Little, Brown and Company.
- Remarque, E. M. (1993). *All Quiet on the Western Front* (B. Murdoch, Trans.). Jonathan Cape.
- Showalter, E. (1985). *The Female Malady: Women, Madness, and English Culture, 1830–1980*. Pantheon Books.