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Undoing Trauma
The Defeat of Therapy: Mirroring and Reflecting
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1 Pat Barker's career was well established when *Border Crossing* came out (2001). The novel could very well be thought to only replay some of the themes that had made her work noticeable and her novels immediate classics (Childs 2012, 62): the exploration of trauma, the interest in the ambiguities of the talking cure, the social impact of psychological disorders and the choice of a popular genre – the psychological thriller –, are amongst the themes that immediately surface. Barker herself admits that she first thought of novel writing as a kind of cure for trauma: 'I think my work comes very close to therapy in that there is a preoccupation with darkness and trauma.' (Garland 2004, 199) The novel is built on at least two 'dark' stories that intersect in a dramatic way: on the one hand, the novel tells the story of a

psychologist, Dr. Tom Seymour, and his personal crisis of going through a divorce, which prompts him to reflect upon his past; on the other hand, it recounts the not quite believable story of Tom Seymour saving a young adult from drowning in the canal at the back of his home, before being told the man is a former patient. Tom had to write a report about the underage boy before his trial, and subsequent conviction, for the killing of an old lady neighbour. The intricate relationship between the personal and the professional – which was also present in Barker's former novels, including the *Regeneration Trilogy* with the character of Dr. Rivers – together with the focus on yet another psychologist as main character, led to the categorization of *Border Crossing* as a trauma narrative. Yet, its appeal, which has been relative in comparison to her other works, derives from Barker's decision to use the tropes of the *roman noir*: the bleak, northern town of England where the action takes place, the constant rain and the derelict images of the opening scene do not inspire any hope for the redemption of Danny, the young man now called Ian, who claims to want to know more about the case after a 10-year sentence for murder.

2 As was the case in the *Regeneration Trilogy*, Barker uses fiction to raise issues that reflect back upon History, its narrative and social implications, a result of her education as a historian despite her unwillingness to be reduced to a writer of historical fiction[1]. The story is said to have been inspired by the 1993 case of James Bulger's murder[2]. The 2-year-old boy was abducted, tortured and murdered on February 10th, 1993, by two young offenders, both 10 at the time. The case hit the headlines in Britain for many months, and years, feeding into the sensationalist articles of the tabloids whose power at the end of the 1990s was boundless. Besides, the two offenders were subsequently enmeshed in other legal proceedings, contributing to the long-lasting imprint of the story in British minds (BC, 150). More broadly, the question this case raised was how to understand the logic behind these two boys' murder of a child that was a complete stranger to them, and how to envisage life-long sentences for underage persons. Barker also targets more 'serious' media, such as the BBC (BC, 214), indicating that she is raising general questions about public opinion and its manipulation as well as the persistence of institutional and social challenges regarding the care of criminals and

anti-social behaviour. The John Bulger case inspired many commentators and artistic productions and some, like in *Boy A* but unlike *Border Crossing*, were clearly intent on finding the possibility of redemption and forgiveness for the perpetrators.

3 The factual inspiration found in a news story as well as the novel's aloof treatment of it sets a paradigm for Barker's novel. In *Border Crossing*, Barker raises a number of issues that will not be solved, grounding her strategic taste for silence, mystery and randomness in a strong, generic plot. As Monteith indicates, 'Eschewing simplistic dichotomies of good and evil, Barker critiques media paparazzi and vigilantism in *Border Crossing*.' (Monteith, *et al.* 2005, xiii) Indeed, the novel radically shifts the initial concerns of the fact-inspired news story, because the murder here is not that of a young, innocent child, but the murder of a relatively harmless cat lady living nearby, about which Danny Miller, the murderer, remembers close to nothing. Barker uses the tropes of forensic evidence and unchallenged investigation to leave the story of the murder untold (BC, 45): the questions of guilt and the pain and suffering of the mourning family and friends are never mentioned; the reasons for killing the lady imperceptibly touched upon; the danger Danny could represent for society hardly pointed out. The novel's neglect for what could constitute the essential component of the psychological thriller arguably points to another story: it questions the validity and legitimacy of institutionalized diagnosis and the logic of forensic science in the case of mental health. Beyond the facts that inspired the story, the novel also appeared at a time when psychoanalysis was given its last institutional blow with the publication of the revised version of DSM III, DSM IV, and the shift from the dominant pattern of the talking cure to the popular Cognitive Behavioural Therapy. It is therefore interesting that at the dawn of a new millennium Barker pursues her interest in the fictional potential of psychoanalytic models of therapy, granting her main character no specific status within the field of mental health treatment other than his PhD title and his role as trial expert.

4 Thus, I will focus on how Barker explores the ethical stance of her main character, Tom, who is as confused by the questions of facts and truth as the readers may be – at least those who are tempted to read the story as a thriller revisiting the real-life case. This will enable me to show that instead of simply criticizing the way mental health

experts are used in the British judiciary system, Barker's novel suggests that failure to critically engage with one's practice defeats even scientifically-based methods. Tom's motivations for accepting Danny's deal, which are never revealed to the readers, somewhat adumbrate the structure of the novel: when Tom realizes whom he has saved from the river, he is perplexed by the question of whether this was a totally random accident, or whether Danny set up this corrupted stratagem to ensure that they meet again: Danny admits that it wasn't a coincidence only at the end (BC, 253). In the midst of this uncertainty, Tom's decisions are questionable or debatable from the point of view of the therapist's ethics, and ultimately no longer oriented by Danny, his patient. Almost in a tragic fashion, Tom's flaw consists in accepting to take Danny as a temporary patient who specifically circumscribes the analytic work he wishes to embark upon. From the outset, the founding principle of the talking cure – transference – is manipulated by the patient in what cannot but appear as a perverted game [3]. The novel's tension mainly stems from this therapeutic situation that unsettles all ethical principles: Tom is chosen for what Danny thinks was his role in his being sentenced, almost forced to account for the report he wrote; Tom is clearly manipulated by his patient; Tom seems to inflict upon himself yet another sense of guilt beside the one of failing to procreate; and lastly, Tom seems to be obsessed by the question of the crime rather than the question he is asked, which is to evaluate Danny's state of mind.

5 In this article, I wish to argue that by questioning the guarantee of trial expertise and diagnoses, Barker challenges the association of care and cure that has somehow become central to literary analyses of mental health: she shows that caring for/about a patient may have nothing to do with the cure, encouraging a reflection on the ethics of the psychologist, in particular their well-meaning objectives. As this is a question that has been central in defining the breach between psychoanalysis and psychiatry, especially in the teaching of Lacan, this will be the main framework for the definition of the ethics of the cure. Barker also wishes to cast doubt on the medical profession at large in relation to the position of authority they have in the field of treatment and care. She suggests that the interpersonal bias of the therapeutic encounter, far from being ideal or avoiding borders to be crossed, is still better than the biomedical approach that in the text is

vastly defeated as inoperative and inapt to account for Danny's illness, by being given no room in the narrative. Peter Childs analyses the structural role played by creative writing classes, the talking sessions and courtroom confessions in the novel, which he sees as many ways of exemplifying the injunction of 'talking it over' (Childs 2012, 63). He thereby suggests that Barker's critique is far ranging and intersects with a mediatized display of confession that was much in vogue in the 1990s (Brooks). What makes the novel less strong than other works is that the author is mesmerized by the couple of Tom and Danny, perhaps as much as the readers and certainly inasmuch as it becomes the only thrilling dimension of the thriller. However, in the enclosed space of the therapeutic scenes, the author manages to create a chamber of echoes that far from celebrating the glory of DSM-IV's achievements of alleged scientific objectivity, reinjects interpretation and judgement as complex processes in which the doctor's imagination and projection is always involved in the diagnostic process, and the most that can be expected is that they be aware of it or even try to manipulate it to the benefit of the patient. Here, however, the psychologist is blind to his own bias. In interview, Barker admits: 'What Tom is slow to realise is that he is troubled himself.' (Garland 2004, 195)

Undoing Trauma

6 Since the post-Second World War hegemony of psychoanalysis in the field of mental health treatment (Porter, 183-214), cultural productions have been fascinated by the therapeutic scene in which, mirroring the literary acts of reading as interpreting, traumas can be exposed, analyzed and alleviated. According to Dupont, the mental health therapist had already become a trope of thrillers in the 1940s-50s, helped by the popularity of the figure in Hollywood film productions (Dupont 2013, n2). Fleissner argues that the psychoanalytical approach fosters a new kind of narrative in which the symptom is 'hyperbolised', i.e. given an essential value in ascribing meaning to the work of art which becomes an exercise in 'sign-reading'. This, she claims, became a paradigm of narration and criticism while on the other side of the pendulum, the neurological approach tries to see the symptom as deprived of any hermeneutic symbolism (Fleissner 2009, 387). Others have emphasized the satirical approaches of many

works, if not the denunciation of power relationships in clinical practice and more particularly, the way patients are often the pretext for the psychiatrists' own self-exploration (Baker, *et al.*, 189). Lustig and Peacock have stressed a recent shift in paradigm, proposing to see the literature of trauma – and its theory – as undergoing a change due to the now dominant biomedical approach (Lustig and Peacock 2013, 8-9), while Waugh sees in many novels an attempt to go beyond 'postmodern self-reflexivity and biomedical reductionism.' (Lustig and Peacock 2013, 23) Critical literature therefore has long recognized the talking cure as a trope of fiction and linked it to narratives of trauma.

7 Barker could be situated in this trend, but she also reflects upon the talking cure as a mode of inquiry, truth and reading; she retains the interpretative dimension that textbooks of psychiatry such as DSM seek to give less weight to. She therefore forages her way between the psychoanalytical approach in which subjectivity is supreme and the neurological approach of measurable evidence. Although her trilogy as well as *Another World* had set her in the trauma movement, especially because the dynamics of her plots was based on the presence of memory holes that the narrative desperately sought to fill in, *Border Crossing* steers away from trauma as a narrative potential for fiction. The trauma in the novel is what will never be narrated or approached. Tom is determined to use this opportunity as a way of unveiling the truth of a past case. Yet trauma should be defined as an event that escapes logic and emotional response, that is difficult, indeed impossible, to retrieve: 'The repression of affects that lies at the heart of trauma is manifested in the impossibility of knowing and communicating the traumatic event or experience in cause-and-effect, rational terms.' (Ganteau & Onega 2014, 2) Ganteau and Onega go on to explain that the 'ethical demand to represent the traumatic experience faithfully' (Ganteau & Onega 2014, 3) means that art is always suspected of transforming reality, because it is the only way of saying something of the unspeakable. In this novel, the traumatic experience soon becomes only part of the apparatus of the thriller and the narrative focuses instead on the anxiety emerging from the odd encounter between Danny and Tom, a relationship whose tension needs specifying. Of the main features of trauma literature, Barker only retains the 'institutional and the political' side of trauma, i.e. the

way in which by being collective, or dovetailing with the collective, individual stories question our institutions and political constructions. The author dismisses the idea of the novel being interested in the therapeutic act: '[Danny and Tom are] behaving like historians, I think, rather than like psychologist and patient.' (Garland 2004, 196)

8 And yet, Barker's interest in the traumatic event's consequences takes place in a specific scene, the analytical scene of the talking cure, whose ethical borders are crossed. This has led some to be disappointed, such as Trabucco, who sees in Barker's lack of exploration of trauma a deviation from her best prose, only stressing the innovation offered by making the question of trauma a matter of public interest (Trabucco 2012, 99). Certainly, the novel does give pride of place to the question of the press and how their presence overhauls the work done by Tom and the attempts made for Danny to be rehabilitated into society. I see this as the narrative trick that makes the novel befits the codes of the genre, offering an end or rather an interruption to the intersubjective relationship that Tom fails to operate from: I therefore argue that the failure of the therapist is therefore the main interest of the text.

9 The sign that trauma cannot be fully embraced as an engine of fiction is made apparent in the perfunctory saturation of its lurky presence in the text. Supposedly traumatic events are numerous throughout the novel: Danny has just come out of prison; he has had to change names; he has had to deal with the aftermath of killing a woman and barely remembering the act which he cannot account for; and, on his way to redemption or forgetting, he has become obsessed with the therapist whose expertise is responsible for his being convicted. Yet, Danny speaks of hardships with a detachment that baffles his therapist. Danny's use of 'slightly' to qualify whether he was abused leads to this revelatory exchange: 'Yes. Slightly. I wasn't neglected, sexually abused, starved, tortured, left on my own morning, noon and night, scalded, burnt… All of which happens.' (BC, 123) This is denial of a scale as large as the list of terms used to discard it. Other troubles include his being abused by fellow convicts and a love affair with one of his teachers. In addition, we are told of his mother's breast cancer, as if the depth of his traumatic experiences were bottomless. In chapter 14, Danny's realization that the day before Lizzie's death he had been battered by his mother with his father's belt, which he had

turned against his mother, concludes the chapter, with no indication whatsoever of the consequences of such realization or confession, neither for Danny, nor for the professional.

10 Danny tells it all to a therapist who, despite being called by his university title (Dr. Seymour), despite being an authority figure on the account that he has written books about psychological therapy, for which he is often interviewed by the press, fails to diagnose his patient: there will be no diagnosis and no psychopathological treatment, whether traditional (neurosis, psychosis) or more contemporary (depression, sociopathy, bipolar syndrome, etc.). Instead, it is Tom who surprisingly seems to find it difficult to accept the difference between reality – and facts – and the psychic reality of Danny, by which his patient may continue to assert that he 'hadn't done it', despite being sentenced to ten years of jail and being told what the events of the day that ended with Lizzie Parks's death were. The whole novel becomes a way for both characters to undo their attachment to trauma, an attachment that enables one to form links of cause and consequences, and replace it with an interrogation on transference, i.e. the process by which talking to a therapist differs from talking to a friend or any other carer.

11 Central to the novel is an event that Tom cannot recall or had dismissed as inconsequential. Tom's testimony in court is said to have ensured that Danny was sentenced rather than given the benefit of the doubt: 'You convinced them he was capable of it.' (BC, 110) This lapse of memory somehow duplicates Danny's own ignorance of the murder itself: Danny does not remember how he committed a criminal act that led to Lizzie's death any more than Tom can remember the therapeutic act he made towards Danny. His insistence that Danny 'tells' him everything, so that he doesn't have to guess (BC, 128), is contradicted by his constant assumptions that Danny is a 'liar' (BC, 45), a word oddly a-clinical and yet which Tom repeatedly uses when he interviews Danny: the use of the word "convince" in the quote above is thus not innocent, since Tom's interpretations are convinc-/convinct-ing acts. Everything points to the defeat of the diagnostical abilities of the doctor who yet is called in as expert in courts: 'It was odd, he thought. He'd spent hours watching every flicker of expression on Danny's face, noticing torn cuticles, clean nails, the size of his pupils, minute changes in the way he dressed and

held himself. And somehow in the process he'd stopped seeing him.' (BC, 140): is 'him' here a pronoun for Danny, or possibly Tom?

The Defeat of Therapy: Mirroring and Reflecting

12 The intersubjective scheme of the talking cure is explored as a mode of narration within the strict rules of *roman noir*. The very tense conversations and Tom's relentless questions about the truth of the act parody police cross-questioning, but the author adds an element of duplicity through the many effects of mirroring and symmetry between various characters, including authority figures. In the novel, Danny is gradually shown to have entered various mirror relationships with grown-up men, such as Angus MacDonald, a teacher who abused him or yielded to his charm. 'MacDonald. Yes, he was good. And very well-meaning.' Tom smiled. 'That's generally said about people who create havoc.' (BC, 160) Sometimes, Danny seems to endorse some of the accepted, mainstream characteristics of the psychologist's stance: 'I think when it comes to your parents you might as well stick with the myths, because you're never going to get at the truth. It's just not possible. And anyway it's the myths that form you.' (BC, 118) More significant, it seems that Tom is more interested in trying to delve into Danny's past than Danny himself, for reasons unknown to the readers – these could range from an attempt at finding the roots of his violent outburst to Tom's therapeutic wish to expand the scope of Danny's questioning about himself. However, if some scenes start with 'a flicker of impatience' for Danny, it might well be because Tom's wish to explore the dysfunctional couple that parented Danny also evokes Tom's coming to terms with what ails him and which he seems to pursue in Danny's own sexual encounters, something of which Tom himself remains unaware.

13 When Danny surfaces back in Tom's life, Tom is going through a separation from his long-time partner Lauren because they cannot get pregnant. Tom therefore is in as much need of counselling and therapy as he is fit to provide it. Duplicating the failure of psychological therapy, the attempts made by the couple to ensure they get pregnant become another structuring principle in the novel for the binary of cure and care: Tom and his wife have found no physical factor or

condition explaining their infertility, but they still can't get pregnant. They try various techniques, some scientific, others less so, but they are entirely at their wits' end to come to terms with their impotence and the many fantasies this forces them to face – often seen in Tom's dreams. Their incapacity to breed dawns on the couple, enhancing their division, or revealing it: 'He was fed up to the back teeth with being a walking, talking sperm bank.' (BC, 16) Tom's anger finds no form of alleviation and no support. This reverberates back to the deprivation of feelings and sentiments that was symbolically evoked by the area where he lives (said to be "derelict and awaiting demolition") and the state of the canal at the outset of the story: 'They floated, at last, into a fetid backwater, amongst a scum of rubbish the tide had cast up. A shopping trolley, knotted condoms, tinfoil trays, plastic bottles…. A sucking quagmire.' (BC, 6) Notwithstanding the realism of the scene, the domestic atmosphere of a couple evoked in the detritus here cannot but inspire a comparison with the state of his marriage. Through images, symbols and effects of resemblance and echoes, Barker constructs a story in which the imaginary dimension of meaningful associations, significant details and echoes suggests that some reconstruction or articulation of these elements into a narrative would be possible but is discarded, like so much waste in the canal: for example, Tom came close to being murdered as a child (BC, 62) but he does not seem to see in this something worth taking into account in his treatment of Danny. The story is not given as a source of Tom's confusion but as a retrospective element that the reader is tempted to associate to the current state he is in. But Tom does not mention it or relate it to the case. Barker reveals what impedes Tom in the therapeutic context by fragmenting timeframes and narratives instead of articulating the relation of cause and consequence, which shows that Tom is frozen in his interpretative skills.

14 Failing to question himself, or rather failing to apply to himself the apparatus of the talking cure he is a master of, Tom becomes as delusional as Danny in his handling of his own state. His reflection on the random encounter with Danny, which is limited to its possibility, or statistical chance, is emblematic: perplexed by the scene which he became part of only because his own wife was willing to act ('Seeing in memory what in life he did not see, Tom freezes the frame./In reality, it was Lauren who first noticed the young man.' [BC, 3]), Tom

wants to know whether the event was as random as it was, without ever questioning the reason for his lack of action and the value he attaches to it. Danny's answer is a proverbial quote: 'coincidence is the crack in human affairs that lets God or the Devil in.' (BC, 22) This is how he accounts for the random encounter. Tom derides the saying: 'Typical God-bothering rubbish' (BC, 23), with the use of the term that evokes the waste in the canal, and other wastes he wishes to dispose of, without realizing that this does not account for the value or effect and affects this event, in its randomness, provoked. 'But some events are, simply, random./Perhaps. Adjusting the mirror, he caught his own eye in the glass, and stared back at himself, alert, sceptical, unconsoled.' (BC, 27). Barker plays with the ever-so slippery nature of psychological processes which cannot be reduced to facts and statistical occurrence, and which depend on the affects they provoke. The absence of any such element in Tom's discourse shows how Tom is confused in his own retrospective/introspective mode because he simply sees things on the imaginary level of the occurrence, without hearing the crack of his words, like here 'perhaps.' This is one of the shortcomings of the *roman noir*'s generic pattern as used by Barker.

15 I read in these failures Barker's underlining that the value of affective detachment that Tom claims to have achieved ('He'd learnt the value of detachment: the clinician's splinter of ice in the heart.' [BC, 13]) is rent through by this encounter with Danny in a way that is far more endangering than the actual significance of how random the encounter was. When Tom tries to resuscitate the person he has just rescued, he is 'aware of a momentary frisson of distaste that surprised him.' (BC, 7) At the very end of the text, Barker writes: '[Tom] had all the physical symptoms of fear, and this surprised him, because there was nothing of which he needed to be afraid. He was worried about Danny's state of mind, but that was a different matter.' (BC 258) Surprise and perplexity are on the agenda of this 'doctor' who imperceptibly notices his own vulnerability whenever he forms a couple, whether a long-term relationship or a relationship with a patient of his. In that respect, it is interesting that he should often be described as a psychiatrist by critics and reviewers of the novel, as if critics themselves were still unable to comprehend that the logic of the cure is what differs between psychoanalysis, psychology and psychiatry, much more than the practice: Tom's hesitation is not so much the

target of criticism as an invitation to reconsider the interpersonal relationship that is central to these sessions.

In Treatment

16 The novel takes a dramatic turn when instead of working from Danny's subjective experience, Tom embarks on an investigation of his own, interviewing various people who knew Danny, or were involved in his education, as if to check how much of a 'liar' he is. Thus, Tom makes sure that he remains detached from his own problems and the way they affect his patient's treatment (*ethical stance*). The second half of the novel is dedicated to this, making the ethics of therapy break one more border, i.e. the impossibility to check in reality the validity of a patient's saying (Lacan). Tom cares too much about reality to care for Danny:

> 'You moved her, Danny.'
> 'I never touched her.'
> 'You did. Look, if you don't want to do this, that's fine. Perhaps there's things you shouldn't say, perhaps there's things you can't say. But there's no point lying. There's no point coming this far and then telling lies. It's a waste of what you've put yourself through to get here'. (BC, 242)

17 Tom's aggressivity towards Danny reveals his subjective violence and the recurrence of the key word 'waste': he knows what the patient should say instead of trying to hear what he says, even in his silence. Danny will then admit that he had been told that the murder took place during five hours when it only amounted to ten minutes in his memory, as if to confirm the discrepancy between his subjective reality and facts. Tom, on the other hand, still hasn't defined what 'this' was, i.e. what their daily conversations mean or are for [4].

18 The working-class context of Northern England enables Barker to give voice to common sense and its derision of mental health practices by putting it to the test of truth and logic. Thus, when Tom visits the headmaster of the school Danny was educated at, the conversation that takes place forces Tom to reconsider both the place he seeks to have and the place his discipline now has in the common

landscape of what Micale calls 'psychological literacy' (Micale 1993, 499):

> 'How is he?'
> 'Pretty good. I think it's a hopeful sign that he wants to… come to terms with what happened.' An indulgent smile. 'Come to terms? I wonder if that's possible. What could it mean to come to terms with the fact that you killed somebody?'
> 'All right. He wants to set the record straight.'
> 'You mean find somebody else to blame.' (BC, 159)

19 The nominal sentence ('an indulgent smile') acts like a stage direction in this dialogue. It enables Barker to avoid naming the one who smiles in favour of a more anonymous, collective or general response. It also suggests that for all his knowledge, Tom's response is as hackneyed as popular common sense while his own personal motivations remain untouched: 'It amuses me sometimes to think about the talking cure, and how it's become a whole bloody industry, and how little evidence there is that it does a scrap of good.' (BC, 200) This underlying critique of the talking cure in a country that has been renowned for its resistance to the practice, perhaps more so than in other parts of the world, dovetails with the other question Tom is after and which the genre of the novel is meant to unravel: 'Talking… is one way of getting at the truth.' (BC, 200)

20 Danny's mode of relation to the other seems to be based on a pervert stratagem: he finds his own definition in the others, whose opinion he endorses or embraces in the hope of finding in them the key to his self: 'He observed people, he knew a lot about them, and at the same time he didn't know anything because he was always looking at this mirror image.' (BC, 171) As in *Regeneration*, where Rivers hesitates between the newest developments of therapy, including his own experiments with nerves and the Freudian approach based on the notion that narrative does as much to the brain as modifying its physical aspect, Tom is at times lost between a neurological approach and an Oedipal one, between psychiatry and psychoanalysis: 'Tom was startled. Danny had slipped into being his father.' (BC, 119) The manifestation of the imaginary dimension of Danny's subjectivity is a matter of surprise and reveals that Tom's psychotherapeutic approach is unstable. During his investigation for the truth of Danny's story, Tom

often meets people who seem more versed in the art of association and interpretation than he might be: Thus, Danny's story about his relationship with his former teacher, probably involving some sexual act, the truth of which remains unknown, leads him to explain that Angus pressed on 'some raw spots', which was 'dynamite… I'd totally blocked off the past.' (BC, 177) This seems to be a lot more operative than Dr. Seymour's own acts. When Tom takes the 'hint' about the transference at play in this 'love' scene (BC, 179), he sees Danny's embarrassment about dealing with the past, but does not seem to take into consideration the question of love so central to Danny and Angus's relationship, and so central to his own relationship with Danny. Barker uses the instability of the therapeutic theory Dr. Seymour relies on to signify his problematic ethics and point to the inefficacy of his practice.

Redoing Sexual Traumas

21 Love, often confused with sex, is the paradigm that Danny always foregrounds as an excuse or explanation for his relationships with others. On the other hand, Tom fails to elaborate a narrative from his realization that his writing block, his infertility and his incapacity to conduct treatment might somehow belong to the same subjective logic. He similarly never relates the relationship Danny seeks to have with him with the pattern of relationships he forms with others. This only becomes apparent in the text when he plays with the word 'dickhead'. The definition of the word when used as a slur suggests that the person cannot think properly but here it becomes the occasion of another pun that implies that Tom indeed fails to analyse and interpret as he should: 'his dick was the only part of him that had shown the slightest part of intelligence.' (BC, 220) Barker replays the traditional associations of sexuality and desire by showing that any disregard for unconscious processes will fail because interpretation is based on the recognition of these.

22 In the novel, the medical terms are scarce, and this is another element of surprise and difference with the *Regeneration* trilogy, which was grounded in the historical context of Dr. Rivers's nerve experiments in the wake of World War I veterans' treatment (Brannigan 2005). Structurally central to the novel is a scene in which Tom

is asked to define what his relationship to Danny is and what the work carried out in his own home, where he talks with Danny in the midst of his own personal debacle, amounts to: 'But he's not a patient? I mean, you're – '/'Oh no, no. He's made it perfectly plain he doesn't want treatment. He just wants to talk.' (BC, 106) The irony of such separation between talking and treatment for a psychologist is striking but is not underlined in the text. Tom does not reflect upon his own ethics, despite being aware, as a professional, of the transferential effects of the cure: this is the point of complete disjunction between cure and care that feeds into the anxiety or 'thrill' of the story. When forming 'a clear picture of Danny's present mental state,' Tom mentions that 'he was sleeping badly, he had nightmares, he suffered flashbacks, he couldn't concentrate, he felt numb, he complained that everything around him seemed unreal. But none of these symptoms was any guide to his state of mind at the time of the killing.' (BC, 46) Interestingly, the symptoms are listed as in a 'guide' book, indeed such as had been established by the American Psychiatric Association, whose DSM-III (1980) and subsequent editions (IV in 1995; IV-TR in 2000) had had resounding success, and set a paradigm of treatment. Here, in typical DSM approach, the symptoms are listed while no symbolic or interpretative articulation is offered; everything is noted down as signs rather than symptoms. In DSM-V, the limitations of such an approach has now been recognized, authors of DSM now refuting the idea that symptoms could be reduced to a purely objective sign: 'Mental disorders are defined in relation to cultural, social, and familial norms and values. Culture provides interpretive frameworks that shape the experience and expression of the symptoms.' (DSM-V: 14) The idea that Danny's 'state of mind' corresponds to a 'diagnosis' is unquestioned, despite its incoherence with both the technique offered – conversation – and the treatment given – none. Tom's decisions to interrupt sessions are not meaningful acts but simply based on his judgment of Danny's having 'had enough', a fairly vague appreciation which inevitably leads these endings to be regarded as 'unpleasant shock' (BC, 47)[5]. In addition, the therapist relies on the dictionary to explain some of the words the patient has told him. When pressed by Danny, Tom admits that he sees 'no sign of [depression]', adding to himself that 'he didn't find the absence of depressive symptoms reassuring.' (BC, 76) The hesitation between sign and symptom in a therapeutic context is a major lack of theorization

that suggests Tom does not know what he should care about and for in this case (Canguilhem 1958). Tom has failed to reflect upon his own method and cannot be an appropriate support for the patient.

23 Interestingly, Tom is more prone to apply the vocabulary of psychopathology to his own case in a sort of popular (perhaps fit for media usage?) understanding of the terms. When he visits his mother for the second anniversary of his father's passing, he observes her and the effect of the end of 'love-making' for her, concluding about her relationship with Tyger, the cat: 'Stage four of grieving: the transference of libido to another object, person or activity.' (BC, 56) The Freudian lexicon serves as a guide with a value that seems to deny its efficacy in the same gesture: 'The natural love object, the one that would have contributed enormously to her recovery, was a grandchild, but that he was, rather conspicuously, failing to supply.' (BC, 56) Barker defeats the discourse of pop-Freudianism that mixes clinical tools with a sort of philosophy or programme which individuals are expected to obey. Dr. Seymour therefore appears as a target of the novelist's critique, and her sponsorship of individual stories, *cases* (in both the clinical and judiciary sense), over general appreciation and public outrage.

24 However, this linguistic elaboration is in keeping with the mostly metaphorical language used in his treatment, despite the main character being employed in a hospital. When Danny says that he knew his job was to 'find out whether I was… mental? I don't know. Round the twist? Bonkers? Crazy? I don't know what word I'd have used.' (BC, 94), Tom does not reply but he does not take the hint so as to try to form an opinion about the diagnosis: Danny's fumbling with the correct word does not echo any certitude or hypothetical opinion made by Tom himself. These words – Tom used 'insane' himself to describe some of Danny's logic – do not trigger any wish to specify what the patient is. In that respect, his receiving Danny at his own home, which is not a consulting room (Garland 2004, 196), suggests that Danny isn't just a patient like others: 'You make him sound like a virus' (BC 225) says Lauren, interpreting Tom's words, but only receiving a shrug as an answer.

25 The original embarrassment that Tom had felt when rescuing Danny, then thought to be a stranger, therefore becomes a paradigm of

Tom's lack of therapeutic stance and position, leading to the overall anxiety of the novel: 'A dim memory of playing doctors and nurses with his slightly older girl cousins came back to him. He'd always been the patient, he remembered, though in those far-off games it had never been his arm that required attention.' (BC, 13) The therapeutic scene is inscribed in Tom as an erotic game linked to the body and an intersubjective relation akin to love and sexuality. Tom's passive position in the game does not bode well on his forthcoming role as doctor, interestingly a doctor not of medicine but of psychology, i.e. not a doctor that can easily fit into the purely biomedical vocabulary. To the question, 'Do you think he'll be all right?', Tom's vaguely medical approach strikes one as avoiding the issue raised: 'Depends what he took. Prozac, yes. Paracetamol, no.' (BC, 13) Is he evoking the chemical effects of the drugs' molecules, or referring to the befitting nature of the medicines on his general state? Isn't the authority of such a statement slightly too rapid? This goes hand in glove with his initial description of the boy: 'the mud on the boy's face had begun to dry and crack, like a ritual mask or the worst case of psoriasis you could imagine.' (10) Illness and treatment are used metaphorically, through generalisations that seem disconnected from the individual case, but the doctor remains impervious to their meaning for himself. The reader is invited to conclude that Tom's lack of self-analysis ('his dream-self was not so biddable' [BC, 258]) renders him impotent in treatment as much as he is impotent in bed with his wife. The analogy may not be Barker's most inspired, but it underlines the impossibility to make do without subjectivity, desire and the dark continent of the subconscious when embarking in the care of mental health.

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1 I mention *Regeneration* several times in this paper. For a full development of the argument about the trilogy, see Boileau 2023.

2 This is a recurring reference in works published about or mentioning the novel. To give but a few examples, see Brannigan & Barker 2005, 369; Childs 2012, 64; Garland 2004, 197, etc.

3 Transference is the unconscious process by which patient and therapist form a bond that is the condition of the cure. This relation is essential to define for the therapist, and many writings by Freud focus on it, especially in *La technique psychanalytique*, a collection of articles that has never been published as such in English. Transference needs to be understood because it can be turned into counter-transference – fostering affects of hate and persecution – or a relation of subjection by which therapists, sometimes unawares, manipulate their patients (Maleval 2012). Lacan's reworking of this led to the concept 'subject-that-is-supposed-to-know' (Luchelli 2009, 21; 27-34), which designates the position held by the analyst in relation to the *analysand* – something found here in Danny's decision to come to see Tom on the assumption that he can account for his past crime. Tom's failure to interpret this can be said to be the original question the novel explores. For further reads on this crucial concept and its relation to the ethics of psychoanalysis, see Lacan 1951 & 1958.

4 He suggests to Danny that if he is looking for a 'reality checker,' this might be why he has come to see him. (BC, 99)

5 This evokes the long-running debate within schools of psychopathology, having caused multiple breaches and divergent views amongst clinicians.

English

This article focuses on how Pat Barker explores the ethical stance of her main character, Tom, a psychologist, who is as confused by the conundrum of the distinction between facts and truths as the readers who are tempted to read the story of *Border Crossing* as a thriller revisiting a real-life case may be. This enables me to show that instead of simply criticizing the way mental health experts are used in the British judiciary system, Barker's novel suggests that failure to critically engage with one's practice defeats alleged scientifically-based methods. Tom's motivations are debatable from the point of view of the therapist's ethics, and ultimately no longer oriented by Danny, his patient. The novel's tension mainly stems from a therapeutic situation that unsettles all ethical principles: Tom is chosen for what Danny thinks was Tom's role in his being sentenced, almost forced to account for the report he then wrote. I wish to argue that by questioning the guarantee of trial expertise and diagnoses, especially in the biopolitical context of the promotion of DSM as more 'scientific' than other methods, Barker challenges the association of care and cure that has somehow become central to literary analyses of mental health: she shows that caring for/ about a patient may have nothing to do with their cure, encouraging a reflection on mental health therapists' ethics, in particular their well-meaning objectives. As this is a question that has been central in defining the breach between psychoanalysis and psychiatry, especially in the teaching of Lacan, this will be the main framework for the definition of the ethics of the cure in this article.

Français

Cet article analyse comment Pat Barker explore la position éthique de son personnage principal, Tom, qui est tout aussi perdu dans l'entrelacs des questions de vérités et de réalité factuelle que peuvent l'être les lecteurs tentés de lire l'histoire de *Border Crossing* comme un roman à suspense fondé sur une histoire vraie. Il s'agira ici de montrer qu'au lieu de simplement critiquer la manière dont les spécialistes de la santé mentale sont utilisés par le système judiciaire britannique, le roman de Barker suggère que l'absence de recul critique dans la pratique thérapeutique met en péril les méthodes les plus éprouvées sur le plan scientifique. Les motivations de Tom sont discutables du point de vue de l'éthique thérapeutique et *in fine* ne s'orientent pas du patient, Danny. La tension dans le roman provient justement d'un cadre thérapeutique qui se joue de tous les principes : Tom a été choisi parce que Danny pense que Tom a eu un rôle décisif dans sa condamnation, et c'est Tom qui se voit forcé de rendre des comptes au sujet du rapport qu'il a écrit à l'époque. En mettant en question la garantie offerte par les expertises et les diagnostics dans les tribunaux, dans un contexte biopolitique où le DSM était promu comme plus "scientifique" que d'autres méthodes, Barker ébranle l'association généralement admise entre soin et

cure, qui est devenue d'une certaine manière centrale aux études littéraires portant sur la maladie mentale : s'occuper d'un patient (*care*) n'a peut-être rien à voir avec la cure (au sens de soin et de thérapeutique), nous encourageant à réfléchir à l'éthique du psychologue, notamment du psychologue armé de bonnes intentions. Comme cette question est devenue centrale dans l'opposition entre psychanalyse et psychiatrie, notamment chez Lacan, c'est dans ce cadre analytique que la question de l'éthique thérapeutique sera posée.

Mots-clés
Barker (Pat), éthique, maladie mentale, expertise légale, psychanalyse, psychiatrie

Keywords
Barker (Pat), ethics, mental health, legal expertise, psychoanalysis, psychiatry

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