While Lewisian and Inklings-focused scholarship continues to flourish, little critical attention has been given to the lesser-known members of the circle—individuals at once obscured and remembered vis-à-vis their more famous friends. Yet behind the otherwise superficial mentions of these figures, there often waits a previously unknown richness of thought, life, and work. Robert Emlyn Havard is one such Inkling.

Havard enjoyed an intimate friendship with C.S. Lewis: the closeness of their relationship is indicated by frequent references to Havard in Lewis’s (published) letters. In a 1955 letter, Lewis even describes Havard as “almost my greatest friend” ([Collected Letters] [CL] 3: 685). Simultaneously, Havard and J.R.R. Tolkien’s friendship was bolstered by their shared Catholic faith, a common perspective that not only influenced the dynamic of several meetings of the Inklings, but also allowed their friendship to continue even after the group ceased to formally gather. Tolkien not infrequently attended Mass with the Havard family, and the two men were neighbors in the period between 1950 and 1968, ending with Havard’s retirement to the Isle of Wight. Of course, Havard also served as a physician to both Lewis and Tolkien—as well as much of Oxford—and the pair often called upon him for transportation.

Havard’s embeddedness in the fabric of the Inklings—indeed, he was one of the group’s most faithful attendees—is not only evidenced by his relationship with Lewis and Tolkien: his tell-tale stitches run throughout the group and well into its extended circle. Havard was invited to deliver the first address of the Socratic Club in the Hilary term of 1942, and he later hosted both Lewis and Elizabeth Anscombe for dinner following their now-famous 1948 debate ([Anscombe x]). Havard sought Charles William’s expertise in publishing when looking to distribute an illustrated version of one of his own poems as a Christmas greeting, and Colin Havard recalls an ill-fated
sailing trip that he and his father experienced with another lesser-known Inkling, Tom Stevens. It is also worth noting that Lewis and Ronald Knox shared a common friend in Havard, a pair who Milton Walsh has placed “in conversation.” While Havard briefly introduced the two men—and each expressed their admiration for the other—they were not well acquainted (“Philia” 223). Such examples (among others) firmly place Havard within the vibrant intellectual backdrop of twentieth-century Oxford, elevating him from previous “footnote” status and highlighting his substantive involvement within the Inklings and beyond.

A physician and scientist by training, Havard’s own writings are not only illuminating in their own right—a radiance made more visible when plucked from the penumbra of Lewis and Tolkien—but also cast a revealing glow on the Inklings as a whole. Havard himself maintained that he had “never been a writer in the way the others were” (“Oral History”). Nonetheless, his published and unpublished writings display a startling diversity of both genre and intellectual interest: Havard moves easily from sonnets to scientific research papers, from adventurous tales of rock-climbing to theological discourse.

Specifically, Havard has long been recognized for his contribution to The Problem of Pain (1940): a short “note on the observed effects of pain... kindly supplied by R. Havard, MD, from clinical experience” (143). It is Havard’s unpublished draft of this appendix—appropriately titled “Pain and Behaviour in Medical Practice”—that provides the focus of this paper. Havard’s original version not only proves a turning point in considering his role within the Inklings, but also presents a fresh lens through which to consider Lewis’s first work of apologetics. Furthermore, study of this document offers new insight into Lewis’s editorial style, as the appendix presents a novel instance of his revision of the work of a fellow Inkling.

The events surrounding the appendix are outlined by Havard in his 1979 reminiscence “Philia: Jack at Ease.” Havard remarks that “early in the war” Lewis asked him to write an appendix to The Problem of Pain, commenting that he “was glad to do so and took some trouble over it” (“Philia” 220). Havard also notes Lewis’s suggested length for the appendix—a thousand words—as well as Lewis’s reaction to the draft shared by Havard: “When he saw it, he seemed pleased. He edited it, shortened it (for I had overrun my allowance) ... I was impressed by the trouble he took to get it right.” It was also early in February of 1940 that a form of the appendix was read aloud at an Inklings, although exactly who orated the reading remains unclear. Nonetheless, Havard’s record of the circumstances surrounding the project indicates the following: 1) Havard overran his “allowance” of a thousand words, prompting Lewis’s edits; 2) The appendix was shared with other Inklings; 3) Havard’s reminiscence considers Lewis’s version of the appendix a superior draft.
Until recently, this has been the whole of the narrative surrounding the appendix. However, in examining “Pain and Behaviour in Medical Practice,” I have realized that the actual substance of this collaboration between C.S. Lewis the apologist and R.E. Havard the physician is more complex than previously imagined. Havard’s extant draft is dynamic—the presence of alternate phrasings and phrases indicate ongoing revision. Nonetheless, his draft of “Pain and Behaviour” is approximately 1,100 words in length, a mere hundred words over the proposed allowance. This provides stark contrast to Lewis’s edited version: the final appendix totals a scant 539 words.

Reading the aforementioned draft and *The Problem of Pain* in concert reveals ways in which Havard’s original contribution problematized, and even subverted, aspects of Lewis’s theodicy. This is most striking in Havard’s discussion of mental illness, a topic unacknowledged in the main text of *The Problem of Pain*. Even a cursory reading of Havard’s draft demonstrates that the character of the piece was drastically changed by the time it was included in *The Problem of Pain*, and that these edits did not enhance, but greatly diminished, the essay.9 This paper will illuminate this tension, describing the key differences between the two texts, as well as offering some speculation as to why such changes were made. I will also briefly consider the broader implications of Havard’s work, and throughout seek to demonstrate how Havard’s original draft shifts our perception of this lesser-known Inkling.

**Overview of the Edits**

Some of Lewis’s changes constitute what one would expect of an attempt to shorten the piece: repetitive phrases are removed, sentences are tightened, and several paragraphs are re-organized. This is clear in the opening, even though such edits are also accompanied by the deletion of entire sentences:

<table>
<thead>
<tr>
<th>Draft: &quot;Pain and Behaviour&quot;</th>
<th>Published: Appendix</th>
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<tbody>
<tr>
<td>Pain is a common and definite event which can easily be recognised. Although the sufferer may attempt to conceal distort or even exploit his pain its real extent can be estimated with fair accuracy. But the observation of character or behaviour is less easy, less complete, and less exact; especially in the transient, if intimate, relation of doctor and patient. (1/45)</td>
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</tr>
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While Havard’s comment on estimating the “real extent” of pain is removed, the other edits have the overall result of polishing the paragraph: the combination of the first and third sentences establishes a clear contrast between the observation of pain and its corresponding behaviors, with small punctuation changes scattered throughout. The edits made to this section are representative of other such minor changes made throughout the text.

Despite these stylistic edits, nothing new is ever truly added to the appendix beyond the occasional change in punctuation or addition of a small preposition or conjunction (e.g., “to” and “and”). Yet, the character of “Pain and Behaviour in Medical Practice” is not changed by what is added, but by what is removed. The deletion of significant portions of the piece—ranging from small phrases to the lion’s share of entire paragraphs—not only drastically alters the meaning of Dr. Havard’s original statements but diminishes the piece in rhetoric and substance.

In both versions, Havard notes the difficulty of observing “character or behaviour … especially in the transient, if intimate, relation of doctor and patient” (“Pain” 1/45). Nonetheless, he suggests that certain “impressions” regarding pain and behavior emerge with long-standing clinical experience. What is present in the extant draft but absent in the published version is precisely the vibrancy, insight, and humility of these “impressions.” Review of the unpublished draft reveals an authorial posture of humility and an emphasis of the subjective experience of patients, both of which are keenly demonstrated in Havard’s discussion of “insanity.”

A posture of epistemological humility with regard to the “behaviour” of those in pain is more strongly demonstrated in the draft versus the published version. This is evident even in the opening paragraph: while both versions assert that “the observation of character or behaviour is less easy, less complete, and less exact” than recognizing the “real extent” of an individual’s pain, several sentences further outlining the tenuousness of drawing conclusions from the “impressions” afforded by clinical practice have been removed (1/45). Havard originally notes not only that “an attempt to estimate the effect of pain upon general behaviour must … be subject to large inaccuracies,” but also that the “few pages” that follow illustrate an effort “to describe certain conclusions selected from a multitudinous and unmanageable mass of detail” (2/45). The overall effect of these revisions is to change the tone of the piece: the matter-of-fact attitude of the published appendix contrasts with the voice of a physician who recognizes the complexity of his subject matter, as well as the potential insufficiency of his own perceptions.

Such humility lends itself to a recognition and valorization of the subjective experience of patients in physical and mental distress. Again, Havard’s comments on the lived experience of illness are largely excluded from the published text. This is apparent as the essay progresses through illnesses of increasing duration: “a short attack of severe physical pain” (2/45), “long
continued pain” (3/45), “chronic pain” (4/46), and “a long illness, even without pain” (5/46). Consider the following passages in parallel:

<table>
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<tr>
<td>On the other hand a long illness, even without pain attached to it, exhausts the mind as well as the body. It produces weakness and fatigue. There is no vigour left to fight with. The invalid gives up the struggle and drifts helplessly and plaintively with a self-pitying despair. He will be found quietly weeping, yet when questioned is unable to explain why. Even so some, in a similar physical state, will preserve their serenity and selflessness to the end. Their spirit shines more clearly through the weakness of the body. To see it is a rare but moving experience. (5–6/46)</td>
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In this case, Lewis’s heightened efficiency is not a virtue but a detriment—the sense of the passage is maintained but the heart is lost. While the final version notes the presence of “weakness and fatigue,” the original recognizes that one’s energy would otherwise be used for “fight[ing]” one’s debility. Havard’s image of the grieved invalid may be bleak, but this again places the focus on the (observed or imagined) experience of the patient: the picture of one quietly weeping without knowing exactly why poignantly captures the vulnerability, sorrow, and isolation of extended illness. While Havard’s consideration of an individual’s reaction to “a long illness” is dichotomous—helplessness contrasted with serenity—his comment on the latter recognizes our human status as amphibians of spirit and a physical body prone to ruin: “The spirit shines more clearly through the weakness of the body” (5–6). Strikingly, Lewis’s removal of this sentence forces a literal change in the referent of the final sentence; the “it” of “[t]o see it is a rare but moving experience” (emphasis added) no longer refers to the shining of the spirit” through the “weakness of the body,” but to the preservation of
“serenity and selflessness.” This forcible alteration of the antecedent does a disservice to the theological nuance of the piece: rather than contemplate the unveiling of the soul’s strength despite the failures of the body, the published version focuses on a general, less concrete “selflessness.”

While *The Problem of Pain* was written early in Lewis’s publishing career, it is strange that he eliminates the more poetic and narrative components of Havard’s passage in favor of bald propositional statements. Indeed, as Lewis’s own writings can be characterized by a dynamic marriage between imagination and reason, one would expect him to demonstrate an understanding of how this dyad would strengthen his early work of theodicy, especially in the final pages of the appendix. While we can only speculate as to the reason for Lewis’s edits, it is possible that he thought the genre and purpose of *The Problem of Pain* required a more straightforward approach, and correspondingly removed Havard’s more imaginative musings. However, this hypothesis will break down when we later consider the poetic elements contained within the main text of *The Problem of Pain*.

Lewis’s near-elimination of Havard’s discussion of mental illness most strikingly demonstrates this apparent lack of openness to poetic language. The published version of the paragraph describing “actual insanity” is only a few sentences in length:

> In actual insanity the picture is darker. In the whole realm of medicine there is nothing so terrible to contemplate as a man with chronic melancholia. But most of the insane are not unhappy, or, indeed, conscious of their condition. In either case, if they recover, they are surprisingly little changed. Often they remember nothing of their illness. (*Problem* 144–45)

While no wording here is foreign to the original, this section bears the brunt of Lewis’s edits. The published version of this paragraph represents four scattered sentences, strung together in such a way that their (I would suggest intended) context has been lost. Reading the extant draft therefore not only illuminates the telling silences in the published appendix, but perhaps also in *The Problem of Pain* as a whole.

While the published passage admits the “dark” and “terrible” reality of severe mental illness, it is quick to emphasize that “the insane are not unhappy”—presumably, the insane do not suffer because they remain unaware of their state. Insanity is characterized as a mental blank: if one recovers, it leaves no scar. The tone is optimistic to the point of flippancy; the supposed physician-speaker remains detached from his subject, downplaying the mental suffering of the “insane.” This is a picture of clinical depression and mental illness viewed from a far distance—terrible to contemplate, but of little (even no) meaningful significance to the sufferer.
While Havard’s draft does include the suggestion that “most of the insane are not unhappy or indeed conscious of their condition,” re-contextualizing this statement allows for a restoration of its original nuance.

Havard’s “Pain and Behaviour” not only avoids the awkward shift between terrible contemplation and the non-sequelae of recovery, but also provides a more complex and empathetic account of mental illness. After acknowledging the “darker” picture of “actual insanity,” Havard outlines


Photo courtesy of the Havard estate.
the observed progress of severe mental illness. He contrasts the “[f]irst sign of approaching insanity,” an apparent “deterioration of character,” with the “fully developed” phase of the illness, in which “the character [of the patient] is completely hidden by the disease, which takes possession of the sufferer so completely that the phrase ‘possessed of a devil’ is graphically descriptive” (7/46). All flippancy is gone. Severe mental illness is recognized as a force capable of obscuring the personality of an individual to the point that they appear possessed by malevolent supernatural powers. This is no mere unconsciousness.

Havard continues by admitting the woeful gaps in contemporary medical knowledge while simultaneously directing the reader’s attention to the lived experience of that condition, however inscrutable: “Our ignorance of the cause or cure of most examples of insanity is still complete. We are spectators, helpless to cure, alleviate or even understand the suffering, of the victim” (8/46). Here, the speaker is painfully aware of his position as “spectator” to the ravages of mental illness, unable to even understand the nature of the pain before him. This wording also imposes a kind of distance between physician and patient, self and the contemplated other; however, this is a barrier imposed by the illness itself and the shortcomings in contemporary psychiatry. It is not a purposely detached report, clinical and sterile. The physician is not reduced to a spectator by their own volition but must bear witness in the form of a powerless audience. Havard continues this turn of dramaturgic language when considering the “man with chronic melancholia” (8/47). In a portion completely eliminated by Lewis, Havard remarks that “to speak with him has all the effect of witnessing high tragedy, transferred from the stage to life.” It is difficult to understand why Lewis stripped the appendix of such poignancy.

Lewis’s editorial decisions become increasingly puzzling as the paragraph concludes. In contrast with the published version, which ends with the blanket statement that the mentally ill “often … remember nothing of their illness” (Problem 145), Havard makes a series of powerful assertions, condensed into the space of a few sentences:

It is impossible to form a conception of what insanity means to the sufferers themselves, but to look after the insane is a valuable discipline. It teaches gentleness and self control. It induces a deep humility when it is recognized that reason itself is a gift which can be lost. (“Pain” 8–9/47)

Havard first comments on the unknowable experience of the afflicted: “It is impossible to form a conception of what insanity means to the sufferers themselves” (“Pain” 8/47). The private experience of those experiencing mental illness is not relegated to a realm of obscurity and forgetfulness, as
Clinical Imagination: Unpublished Appendix to The Problem of Pain

the final version of the appendix suggests. Instead, Havard approaches the issue with caution, recognizing his own imaginative limits in speculating on the inner experiences of psychiatric patients. He does not deny the significance of “insanity” to those who suffer its effects.

Complementing such clinical and observational humility is Havard’s suggestion that caring for the sick, especially the mentally ill, provides an opportunity for spiritual formation. While the preceding pages of “Pain and Behaviour” focus on the sufferings of imagined (or recalled) patients, Havard briefly turns his attention from such patients to those who care for them. “[To] look after the insane” is not only a “valuable discipline,” but an exercise that teaches gentleness, humility, and self-control—virtues also described in Galatians 5:22–23 and Colossians 3:12. Here, Havard comments (albeit briefly) on the value of caring for another human creature, providing insight into not only his own character, but also the way in which he thought of and practiced medicine.

Important also is the way in which these virtues are cultivated—especially humility, which is “induced … when it is recognized that reason itself is a gift which can be lost” (“Pain” 9/47). Serving this population not only deepens virtue, but also prompts the recognition that human reason is not an absolute. Although in Chapter 5 of The Problem of Pain Lewis terms our post-Fall “rational consciousness” as a “fitful spotlight resting on a small part of the cerebral motions” (71), he still assumes it as a relative constant through the text. Indeed, man’s own reason enables him to foresee his suffering, producing “acute mental suffering” (2). In contrast, Havard complicates the matter, recognizing that our physical vulnerabilities extend to our brains and therefore our capacity for reason. Overall, his earlier draft treats mental illness with grace, humility, and an understanding of the losses incurred in such cases. He takes on the mantle of witness—a role that he also assumed as a general practice physician—and makes room for the possibility of significance and meaning, even within the chaos of mental illness. The reader is accordingly empowered to recognize the high pathos of “insanity,” even as he or she recognizes that to tend to the afflicted opens up an avenue for personal reflection and spiritual growth.

The final paragraph of “Pain and Behaviour” demonstrates ongoing revisions. Strikethroughs and alternate phrasings abound, yet the passage remains readable. While reflection on the biological purpose of pain disappears in the published appendix, Havard begins with the following:

The biological purpose of pain is to draw attention to something harmful so that it may be avoided. Frequently, as in physical or mental disease, human pain fails to achieve its biological purpose. It then becomes a grave disorder, a symptom of the existence of evil into a world created good. (“Pain” 9/47)
Pain has a physiological purpose, yet this purpose becomes distorted in a fallen world. The results of such dysregulation manifest in not only physical disorders—chronic pain disorders, especially—but also in mental disorders. In the several versions of this sentence represented in the draft, Havard never fails to call attention to the fact that mental disease may also exist downstream of “the biological purpose of pain.” Although brief, such statements are indicative of a definition of pain and human suffering that intentionally recognizes both the physical and the psychological.

This cursory discussion of the physiological benefit of pain, and its failure in the context of disease, seems exactly what one would expect of a discussion of pain requested from a scientist and clinician. The fact that Lewis removed such statements for publication is not only curious, but also strongly suggests that Lewis did not edit the draft according to a desire to make the paper more “clinical” or scientific. While Lewis’s excision of the more imaginative turns of the piece could be argued as an attempt to make the paper more representative of the bare realities of clinical experience, this hypothesis breaks down for several reasons. First, many of the details removed by Lewis—for example, a patient “found quietly weeping, yet when questioned is unable to explain why” (“Pain” 5/46)—would not be out of place in a clinical presentation of an ill individual, and these specifics match Lewis’s description of the appendix as a commentary on “the observed effects of pain” (Problem 143). Second, the removal of arguably the most biomedically-minded (albeit theoretical) portion of the appendix suggests that Lewis was not purely attempting to make the appendix more clinical or scientific. In examining the constellation of changes wrought upon the text, it is clear that Lewis’s edits reverberate through the whole of the piece, altering both the content and fundamental character of the appendix.

**Effects and Speculations**

After reviewing the two texts simultaneously, it appears clear that the overall effect of Lewis’s shortening of the appendix is to diminish the piece; I disagree with Havard’s own assessment that Lewis made “it right” (“Philia” 220). Why was so much of the appendix excised, until it fell far below the thousand-word limit? How are we to interpret Lewis’s editorial changes? In this line of questioning, it is vital to affirm that it was not Lewis’s aim to write a treatise on the various shades of mental and physical suffering necessarily inclusive of mental illness. Indeed, as Lewis writes in the preface, “the only purpose of the book is to solve the intellectual problem raised by suffering” (vii). Correspondingly, this is the yardstick by which *The Problem of Pain* must be measured, and by extension, the appendix. It would be ill-advised to critique Lewis for something he made no claim to attempt.

Although we can only speculate as to the reason for Lewis’s edits, the fact remains that Havard’s original “Pain and Behaviour”—while obviously
dwarfed by the main text of *The Problem of Pain*—raises questions regarding both emotional suffering and mental illness that remain unanswered in the larger work. Accordingly, I will seek to address the issues posed by Havard’s draft of the appendix in several ways. First, understanding the appendix within the context of *The Problem of Pain*, particularly the preface, demonstrates that by so severely modifying Havard’s work, Lewis discarded an opportunity to not only address the topic of mental illness, but, more importantly, to incorporate a symmetry of tone and purpose within the text as a whole. Second, this comparison with Lewis’s preface elicits reflection on Lewis’s overall rhetorical approach in *The Problem of Pain*, as well as evaluation of other editorial decisions, notably Lewis’s inclusion of the chapter on animal pain. Third is the manner in which Havard’s appendix challenges, and even undermines, underlying aspects of Lewis’s early theodicy. Lewis’s own definition of pain, as well as his expressed views on human beings, leave little room for discussions of mental illness. Implicated in this philosophical tension are also differences of style and flow, that is, the ways in which the original appendix may have clashed with the effect that Lewis was seeking to create.

Finally, and perhaps most importantly, it is highly likely that Lewis’s reticence—even resistance—to discuss mental illness stems from a personal fear of madness, an anxiety that originated with caring for Mrs. Moore’s brother, Dr. John Askins, in 1923. This harrowing experience on the “front line” of insanity—talking a man down from nervous “fits” and physically restraining him when these episodes became violent—not only cured Lewis of any tendency toward the occult (Askins’s interests had tended toward spiritualism) but also left a mark of grief and terror upon his imagination (*All My Road Before Me* [AMR] 215). A corresponding anxiety arises in Lewis’s fiction, appearing most explicitly in *Out of the Silent Planet* (1938) and *Perelandra* (1943). It is easy to speculate that Lewis’s initial association between mental illness and the wickedly supernatural persisted, leading him to (perhaps unconsciously) eschew public discussion of mental illness. While lack of extant records prevents—and patient privacy denies—knowledge of Havard’s corresponding (professional) experiences with those suffering mental illness, insight into his own experiences can be gleaned, however tentatively, from his later writings on related subjects. Cumulatively, this broadened view fosters a more generous consideration of the published “Appendix,” even as it simultaneously highlights and supplements its silences.

**A Missed Opportunity**

In editing away the bulk of Robert Havard’s essay on the clinical effects of pain, Lewis appears to have missed not only an opportunity to acknowledge the thornier implications of our embodiment, but also an occasion to recog-
nize the peril and pain of mental illness—a pain resistant to rationalization in terms of free will and original sin. Lewis’s own preface to *The Problem of Pain*, including his discussion of the book’s purpose, serves to illuminate the contours of this missed opportunity. Immediately after describing his intent to “intellectual problem raised by suffering,” Lewis states:

... for the far higher task of teaching fortitude and patience I was never fool enough to suppose myself qualified, nor have I anything to offer my readers except my conviction that when pain is to be borne, a little courage helps more than much knowledge, a little human sympathy more than much courage, and the least tincture of the love of God more than all. (*Problem* vii–viii)

These words are personal. They directly address our responses to human suffering, acknowledging the reality of pain that has closed the intellectual distance mediated by theodicy and knocks on our very door. Indeed, Lewis’s words are powerful simply because they speak in this proximity; Lewis steps outside of his stated purpose and addresses how we both bear pain and bear witness to pain. Furthermore, his mention of “human sympathy” strikes a resonant chord with Havard’s description of caring for those with mental illness. In effect, both the preface and Havard’s original draft hint at the reality of “when pain is to be borne”—the actualities of human suffering and the potential for sympathy, grace, and transformation that reside even within our most painful moments.

The more intimate tone of the preface remains distinct from that of the final appendix, where words of personal experience and virtue have been cut away. Given the nature and power of the preface, it seems unfortunate to not both open and close *The Problem of Pain* with such an approach—a less modified version of Havard’s appendix would have served as an appropriate bookend to Lewis’s opening comments. Through evaluating Lewis’s text *on its own terms and content*, it becomes clear that the changes wrought on the appendix do not help, but rather hinder, the work as a whole.

**Imagination and Rhetoric**

Crucial to Lewis’s overall effectiveness—and timelessness—as a writer is his ability to synthesize reason and imagination. Both Jerry Root and Phillip Tallon have commented on Lewis’s use of imaginative language in *The Problem of Pain*, in which “Lewis the poet comes to the aid of Lewis the philosopher” (Tallon 255). While Lewis’s reliance on analogy in *The Problem of Pain* is demonstrated throughout the work, it is worth briefly commenting on the recurring image of a “dance” to illustrate this point. This image occurs repeatedly throughout the text, both in reference to the “world [as] a dance in which good, descending from God, is disturbed by evil arising from the
creatures” and the “eternal dance” of the Godhead (Problem 72, 141). Tallon argues that Lewis’s reliance on the dance image “rises above the level of metaphor, to take on the status of a model, or even paradigm” (263), culminating in the conclusion of The Problem of Pain, in which Heaven is imagined a divine dance. Root suggests that Lewis’s repeated use of the dance image indicates his attempt to “purposefully … avoid a comprehensive and systematic theological or philosophical approach to the problem,” as the dance image “speaks of a process more as a completed act … a dance has form with room for variety, structure as well as play” (62). As such, Lewis’s dance image not only allows for greater freedom within his rhetorical and philosophical approach, but, crucially, also accomplishes this aim through the engagement of the imagination.

Arguably, it is from images and analogies such as Lewis’s Trinitarian dance that The Problem of Pain draws its strength. The less effective portions of the book—which conspicuously lack such imagery—illustrate this further. For instance, Root describes Lewis’s chapter on animal pain as “by far the weakest chapter” of the text (73). He argues that this weakness is not only that Lewis fails not only to address natural evil, but also that he chooses not to develop this particular topic in an imaginative way:

He seems to be inconsistent, picking and choosing where he will develop an idea in an imaginative way in order to provide probable solutions to particular problems … It is also odd that Lewis, who is quite successful in the use of this imagination, would neglect the opportunity here, at such a critical juncture in The Problem of Pain, to venture an attempt at some kind of explanation. (79)

What is striking—and particularly salient to this present study—is Lewis’s apparent lack of consistency in imaginatively developing his ideas. It would appear that this “picking and choosing” came to bear on the published appendix, resulting in a weakened version of the piece. Based on such imaginative criteria, I would like to suggest that Lewis’s chapter on animal pain fails the yardstick both explicitly stated and implicitly demonstrated in the preface, while Havard’s original appendix remains in line with Lewis’s proclaimed aims. It is also curious that the chapter on animal pain was published—Root also notes that it would have been “wiser” for Lewis to have refined the section or “left it out completely”—while the appendix was so changed (76).

A Theodicy in Tension
Before outlining the tensions exacerbated by Havard’s original work, it is helpful to recall that The Problem of Pain is Lewis’s first work of apologetics; Lewis was not yet at the height of his power as lay theologian and popular
Christian writer. As Michael Ward observes, “Lewis was still learning his craft as an apologist when he wrote this book and its awkward shifts of gear, its sudden brakings, stallings and accelerations, mark this out as easily his least adroit venture into the field” (210). With this in mind, it remains possible to identify stumbling blocks in Lewis’s argument that would have been further complicated by Havard’s recognition of mental suffering: namely, the potential narrowness of Lewis’s definitions of pain and his limited consideration of the relationship between the mind and the brain.

The Mind and the Physical Brain

Lewis avoids discussion of mental and emotional pain, as well as mental illness, throughout The Problem of Pain. This is evident in the two definitions he provides for pain, which leave little room for considering mental suffering in the context of mental illness. Lewis distinguishes between two senses of the word “Pain,” describing:

A. A particular kind of sensation, probably conveyed by specialized nerve fibres, and recognizable by the patient as that kind of sensation whether he likes it or not … B. Any experience, whether physical or mental, which the patient dislikes. (Problem 78)

According to Lewis, pain is either a sensation delivered by specialized nerve fibers or an unlikeable subjective experience. Other passages in The Problem of Pain nuance these definitions somewhat, as Lewis (like Havard) gestures to the biological purposes of nociperception (i.e., the nervous system’s perception of painful stimuli). Lewis acknowledges that even in a “perfect world” there would remain the need for “those danger signals which the pain-fibres in our nerves are apparently designed to transmit” (20). It is only when such “danger signals” overcome a certain threshold that pain—and suffering—follow: “pains below a certain intensity are not feared or resented at all.” While he gestures to the necessity of physical bodies—“matter, which keeps souls apart, also brings them together” (19)—as well as the role of a biological dysregulation (of sorts) in our physical experience of pain, he does not bridge these two concepts in terms of the mind and the brain. Lewis neglects to discuss the potentially harmful effects of having brains composed of matter. The Problem of Pain is relatively devoid of discussions of mental and emotional experience, which creates a quandary when considering the perils of mental illness.

This relative lack does not mean that Lewis neglects to reflect on the emotional qualities of pain, or that he fails to occasionally comment on the neurological aspects of human embodiment. Notably, he comments on the reader’s desire to “know how I behave when I am experiencing pain, not writing books about it,” offering a poetic stream of descriptions—“anxiety
that gnaws like fire and loneliness that spreads out like a desert … the heart-breaking routine of monotonous misery, or … dull aches that blacken our whole landscape” —, and concludes with an admission: “But what is the good of telling you about my feelings? You know them already: they are the same as yours. Pain hurts” (Problem 93). He then circles back to the purpose of the text, reiterating his aim to show that the doctrinal connection between suffering and sanctification is not “incredible,” while acknowledging that “prov[ing] it palatable is beyond [his] design.” It is therefore necessary to again underscore that The Problem of Pain is not absolutely devoid of emotional recognition of suffering, but that Lewis simply chooses to focus on the intellectual problem of evil.

Lewis briefly comments on humans’ neurological function and development within his discussion of the Fall, where he provides a speculative overview of the changes inflicted upon man’s cerebral and psychic capacity. He begins by noting the evolution of the “animal form” that preceded humans, noting the formation of “a brain sufficiently complex to execute all the material motions whereby rational thought is incarnated” (Problem 65). This creature became human when God caused consciousness to “descend upon this organism”; moreover, this consciousness was not limited to the brain but “ruled and illuminated” the entire organism. Subsequently, Lewis describes a threefold alteration of the mind and brain following the Fall. First, the introduction of sin limited human consciousness to the brain, in contrast to unfallen humans, who were “all consciousness” (65). Second, the entire human body—including the brain—fell under the dominion of “ordinary biochemical laws,” thereby paving the way for “pain, senility and death” and allowing man’s desires to be influenced, and even caused, by “biochemical and environmental facts” (70). Finally, the mind “fell under” the “psychological laws of association” that also governed the higher primates. This new psychology also furnished the divide between the conscious and the unconscious: an effect of the will struggling against the desires fostered by chemical and environmental stimuli.

Beyond this brief consideration of the changes inflicted upon human will and rationality, Lewis does not explore the downstream effects of these changes, as the resulting weakness proves a “lesser evil than the corruption of the spirit itself” (Problem 71). While Lewis asserts that Christianity has “no quarrel” with the physical body, he overwhelmingly emphasizes the soul, and he veers away from any sticky interplay between mind and brain (92). Interestingly, Lewis’s one glance at this subject comes in the form of a passing comment on Christ’s own brain. Lewis suggests that Jesus Christ was not indeed omniscient, simply due to the fact that a human brain could not serve as “the vehicle of omniscient consciousness” (122). Lewis not only affirms the limitations of man’s organ of reason, but also indicates that the precise physical conditions of this organ influence our mental states: “to say
that Our Lord’s thinking was not really conditioned by the size and shape of His brain might be to deny the real incarnation” (122). Thus, while Lewis recognizes that the brain’s materiality can influence mental states, he avoids discussion of how this could contribute to psychiatric pain and illness.

As we have seen, Lewis sidesteps the topic of mental illness and mental suffering as well as the more complicated (i.e. neurological) aspects of human embodiment. He likely did this knowingly, perhaps desiring to avoid such complications in *The Problem of Pain*. Instead, he chose to focus on the fallen spirit of humanity and our remaining capacity for reason. Regardless, Lewis seems to have missed an opportunity to fashion his brief comments on the emotional experience of suffering and the interrelationship of the mind and brain into something more cohesive and, importantly, inclusive of the reality of mental illness. It remains possible that Havard’s original draft simply raised issues that Lewis did not want to address, and so he edited the appendix for content that did not “match” the main text.

**Stylistic Edits**

Regardless of whether Lewis deliberately truncated “Pain and Behaviour” to mirror the content of *The Problem of Pain*, it is readily apparent that his stylistic edits have the effect of matching the two texts in terms of wording and tone. Certain sentences and phrases of the appendix can therefore be matched to complementary statements in Lewis’s main text; furthermore, this correspondence is accomplished through Lewis’s near-elimination of Havard’s paragraph on mental illness. Lewis’s assertion that when pain “is over, it is over, and the natural sequel is joy” (*Problem* 104), is bolstered by statements in the published appendix: for instance, Havard’s note that “when short, severe, physical pain passes it leaves no obvious alteration in behaviour” (143). Yet this complementarity becomes problematic in regard to mental illness; to reiterate, Havard’s statement that “often they remember nothing of their illness” was one of the few sentences on insanity that survived (albeit decontextualized) to publication (“Pain” 8/47).

It is also likely that Lewis edited the appendix in order to align its tone with the final chapter of *The Problem of Pain*: “Heaven.” Having ended the book with a kind of beatific vision similar to the finale of Dante’s *Divine Comedy*, it is conceivable that—having traversed the “hell” of pain—Lewis chose not to circle back to an unaddressed aspect of human suffering. The highly optimistic (even flippant) tone of the final appendix, with its “unchanged” patients, non-remembering ill, and “heroism,” fits more in line with the final passage of Lewis’s work, where “all pains and pleasures” disappear from sight in the light of the “uncreated rhythm” of the Divine dance (*Problem* 141). As Lewis’s conclusion enacts swallowing up of pain and evil into the “intolerable light of utter actuality” of God, Havard’s grave account of mental illness would have provided a sobering contrast to this finale (142).
In a personal communication, Colin Havard has commented on his father’s status as the only trained scientist among the Inklings and speculated that his approach to mental illness in the draft is largely due to this scientific outlook. Given that Dr. Havard set out to describe his observations of pain, and since “a scientist gathers observations as only the first step in a process that may end up with an explanation of what he has observed,” it makes sense that Havard’s conclusions on the lived experience of illness would be tentative (Colin Havard). In contrast, Lewis’s editing largely removes this hesitancy to make overgeneralized statements—a tendency I have named as his authorial and epistemological humility—and transforms Dr. Havard’s more nuanced case vignettes into a series of rather facile statements. It is therefore also possible that Lewis not only desired a more optimistic finale to the text, but also that he thought the book required a more simple or conclusive ending than the notes of a trained physician-scientist.

**Madness and Experience**

And yet—the tidiness of the published appendix clearly belies Lewis’s own first-hand experiences of caring for someone afflicted with mental illness. For over a fortnight in early 1923, Lewis served as a primary caretaker for Dr. John Askins, a medical officer whose physical and mental health had never fully healed following his discharge. Affectionately referred to as the “Doc,” Askins dedicated much of his post-war work to psychoanalysis. He had also “flirted” with the occult (*Surprised by Joy* [SBJ] 192), prompting Lewis to (at the time) attribute his mental collapse to his association with “spiritualism … Yoga and undigested psychoanalysis” (*AMR* 221). Askins suffered from a delusion that he was going to Hell, and Lewis’s descriptions of Askin’s fits—and their shared sleepless nights—are both harrowing and heartbreaking:

[Askins] thinks (while in the fit) that he is going to hell … rolling on the floor and shrieking that he was damned for ever and ever. Screams and grimaces unforgettable. The fits began to get more frequent and worse … Contortions horrible and screaming always just about to begin. At an enormous cost of will and muscle we kept him in control. (*AMR* 202, 208)

In a letter to Arthur Greeves, Lewis termed Askins’s affliction “war neurasthenia” (*CL* 1: 605), yet the severity of his outbursts often prompted a simpler descriptor: “mad” (*AMR* 202). Despite the fact that the Doc came to understand that he suffered from a “nervous ailment,” and that the fits could often be avoided (with a good deal of encouragement), his care took a heavy toll on Lewis, who referred to the situation as a “nightmare” (203, passim). While Askins was eventually granted admission to a hospital—and died ten days later of heart failure—the encounter left a lasting impression
on Lewis (229). “The sight of these attacks,” he wrote, “has almost changed my deep rooted conviction that no mental pain can equal bad physical pain” (212). Personally, Lewis was disturbed by “a sort of horrible sympathy with the Doc’s yellings and grovellings—a cursed feeling that I could quite easily do it myself … never having seen madness before, I was afraid of every odd thought that came into my own head” (203). This fear of losing one’s own rationality, coupled with Lewis’s suspicion that the Doc’s interests in spiritualism had furnished his mental unraveling, proved a turning point:

I thought I had seen a warning; it was to this, this raving on the floor, that all romantic longings and unearthly speculations led a man in the end … Safety first, thought I: the beaten track, the approved road, the centre of the road, the lights on. (SBJ 192)

Similarly, he enjoined Greeves to “never allow yourself to get a neurosis,” advising him to “Keep clear of introspection, of brooding, of spiritualism. Keep to work and sanity and open air … We hold our mental health by a thread: & nothing is worth risking it for” (CL 1: 605). Lewis’s reaction to the episode was not limited to concern for himself and his friends. George Sayers acknowledges the “permanent impression” left by the experience, noting that Lewis “was always deeply moved when he heard of anyone suffering from mental illness” (174). It is also important to note that when recounting the episode in both the preface to Dymer and in Surprised by Joy, Askins is referred to as “a man whom I loved” (Dymer): “a man whom I had dearly loved, and well he deserved love” (SBJ 192).

As such, Lewis’s avoidance of mental illness in The Problem of Pain likely stems not from an intellectual lapse but from a deeply personal history. It is possible that Lewis simply sought to avoid re-living a painful memory: shying away from complicated discussion of mental illness not due to any stubborn insistence on human reason as an impregnable fortress, but because of an intimate awareness of its tragic fragility. Ironically, the most often quoted portion of the published appendix is just as often misattributed to Lewis: “The frequent attempt to conceal mental pain increases the burden: it is easier to say ‘My tooth is aching’ than to say ‘My heart is broken’” (144).

Indeed, Havard may offer additional insight into Lewis’s chosen silence: curiously, his account of the genesis of the appendix is immediately followed by mention of a contemporary “discussion on the ethics of writing” (“Philia” 220). While Lewis’s injunctions to “avoid ornament” and “remove all purple passages” ring strangely in light of his revision of “Pain and Behaviour,” Havard also remarks that “All the Inklings had learned by experience that passages valued most by the writer appealed least to the reader. It is a hard saying but worth remembering” (221). While it is overreaching to guess the content of such imagined “passages,” I cannot help but speculate
that his juxtaposition of the two reminisces is intentional: the possibility that Havard refers to the shortening of his own appendix or the corresponding silences in the main text of *The Problem of Pain* is there, however distant. Here Havard’s assessment of *Surprised by Joy* also proves relevant. In a 1956 letter to Greeves, Lewis comments that “My Doctor friend says that [Surprised by Joy] leaves out too much and he is going to supplement it by a book called Suppressed by Jack!” (CL 3: 750). The “suppression” of the psychiatric in *The Problem of Pain*, then, may arise downstream of old griefs and a desire to forget: the remnants of a youthful conflation of the occult and the insane; an attempt to avoid the emotional weight of a memory; the need to focus on the intellectual task at hand; and an awareness that what is personally relevant to the author may not be of utmost instructive value to the reader.

Despite this gap in Lewis’s non-fiction, a fear of madness surfaces in both *Out of the Silent Planet* ([OSP] (1938) and *Perelandra* (1943); Lewis dramatizes the experience of questioning one’s sanity through both Ransom and Lewis (as narrator of *Perelandra*). Following Ransom’s escape from his captors on Malacandra, he contemplates the “danger of madness” ([OSP] 52) while caught in the midst of a dissociative episode:

> He was quite aware of the danger of madness … Not that madness mattered much. Perhaps he was mad already, and not really on Malacandra but safe in bed in an English asylum … He would ask Ransom—curse it! there his mind went playing the same trick again … The delusions recurred every few minutes … He learned to stand still mentally, as it were, and let them roll over his mind. It was no good bothering about them. When they were gone you could resume sanity again. (52–53)

By acknowledging the delusions as such, Ransom seems to avoid any permanent ill-effects. Yet, these challenges to his mental health are rendered secondary to more immediate physical concerns: the narrator quickly ends his ruminations with the assertion that “Far more important was the problem of food” (53).

Similarly, Lewis-as-narrator spends nearly an entire chapter wrestling with the possibility of lunacy while making his way to Ransom’s cottage in the opening chapter of *Perelandra*. While his brush with madness is later classified as spiritual warfare, his thoughts are reminiscent of Lewis’s own journalings while caring for the Doc:

> I was wondering whether this might be the beginning of a nervous breakdown … “They call it a break-down at first,” said my mind, “and send you to a nursing home; later on they move you to an asylum.” … “Soon you will really be screaming,” said my inner
tormentor, “running around and round, screaming, and you won’t be able to stop it” … “It’s not true,” said my mind, “that people who are really going mad never think they’re going mad.” Suppose that real insanity had chosen this place in which to begin? … I staggered on into the cold and the darkness, already half convinced that I must be entering what is called Madness. (Perelandra 12–14)

Lewis’s experience of “sympathy” for the Doc’s ravings—the “cursed feeling that I could quite easily do it myself” (AMR 203)—seems to have been transmuted in these passages: Lewis’s own fears are reenacted in more fantastical situations. The presence of these passages affirms the strangeness of Lewis’s edits of “Pain and Behaviour”; however, it is easy to imagine that the topic of “madness” was easier—both emotionally and intellectually—to explore in creative fiction than in sustained apologetic discourse.

While Havard, like Lewis, appears as a character in Perelandra—his name altered to the nickname “Humphrey”—his ministrations focus on dressing Ransom’s wounded heel and he offers no comment on “madness” (27–28). Nonetheless, Colin Havard has remarked on his father’s sensitivity in cases of mental upheaval, noting that he “had a good sense of psychology as well as of pure physical medicine” (Hoetzel and Bardowell 33). Havard’s medical work in many of the religious houses in Oxford provided an opportunity to explore questions of psychology, for instance in his 1956 book review of Medical Guide to Vocations. Rejecting “false dichotomies between the soul and the body,” Havard argues for their mutual influence: “if body and soul are one “thing,” then any activity of the soul, as in prayer, will be reflected in some way in the body, and vice versa” (“Religious Life” 25–26). While he acknowledges that “Medicine is not an exact science, still less so psychological medicine,” he nonetheless praises the authors for their “sympathy and skill” in discussing “temperamental and mental constitutions” (27), recognizing the “problems which so often arise in this ill-defined borderland between body and mind” (26). While not discussed by Medical Guide to Vocations, Havard independently raises the question of “the relation between the life of the spirit and the life of the emotions,” asserting that:

> It is clear that these interact, the one upon the other; it is no less clear that there is a profound distinction between them. There is a field here that is well worth exploring by a priest and a doctor in collaboration. (27)

While the “Law of Undulation” proposed in Lewis’s Screwtape Letters offers a pithy explanation for this relationship, Havard’s suggested collaboration remains relevant today. Nonetheless, the issues raised by Havard remain largely unacknowledged by Lewis within The Problem of Pain. Ultimately,
Havard’s brief comments—both within his review of *Medical Vocations* and his original draft of “Pain and Behaviour”—offer the beginnings of a corrective to his friend’s silence, both acknowledging Lewis’s lapses and opening the door to further conversation.

**Implications**

Overall, the case of the appendix provides a novel insight into the inner workings of the Inklings as a writing group, largely due to the relative scarcity of written data surrounding such collaborations. The surviving evidence not only includes the published version of the appendix, but also Havard’s earlier draft, Lewis’s contemporary comments, and Havard’s later summary of events. As scholarship seeks to reconstruct patterns of mutual influence within this group, how does Lewis’s editing of the appendix compare to his other projects as an editor? How does Lewis’s editorial style here differ from the feedback he provided to his tutorial students, or his comments on J.R.R. Tolkien’s translation of *Beowulf*, for instance? Is there any connection to the way in which Lewis edited his own writings? Diana Glyer has noted that between his drafts and his final products, Lewis changes roughly six to ten percent of his writing. These changes are almost all stylistic: Lewis changes words and metaphors, eliminates redundancy, and occasionally introduces new sentences and removes others (Glyer). He performs the majority of his own revisions internally; this practice of internal revision and external editing poses a contrast to Lewis’s drastic revision of Havard’s appendix. Contextualizing Lewis’s revision of the “Pain and Behaviour” draft within the spectrum of his other editorial work may provide valuable insight to the editing practices within the Inklings.

The implications of studying “Pain and Behaviour” extend not only to these editorial approaches, but also to perceptions of Dr. Robert E. Havard more generally. Reading his unpublished draft allows us to recognize Dr. Havard as a physician who considered empathy, humility, and spiritual formation important and relevant to medicine. The tone and content of the draft—notably its sense of openness, self-reflection, and compassion—gesture to the virtues so needed (and often lacking) in a healthcare context. How did Dr. Havard’s Catholic faith influence his medical practice? More broadly, how can a robust Christian view of human persons enrich current work in the Medical Humanities? As these questions continue to inform my own research, it is my hope that this paper expands perceptions of Robert Havard and reveals a more nuanced and dynamic portrait of this “medical Inkling.”

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Acknowledgement
I would like to extend my sincere thanks to the Havard family for their permissions. Archival material quoted in this article is © Colin and John Havard and used with the permission of the Havard family.

Notes

1 This striking comment demonstrates the steadfast nature of their friendship. By this point in Lewis’s life, many of his close friendships had changed: Charles Williams died suddenly in 1945, his friendship with Tolkien had tempered somewhat, and his relationship with Joy Davidman was still unfolding. Even his lifelong correspondence with his boyhood friend, Arthur Greeves, had moderated in terms of the frequency and substance of their letters. Lewis remained close to his brother Warren, but as perhaps indicated by this comment, there may well have been subjects that he felt more comfortable discussing with a trusted friend who was also a physician.

2 See CL 2: 358, for example.

3 Letter from Mary Grace Havard to Robert E. Havard, April 19, 1943. Robert E. Havard Papers, Folder 7, Marion E. Wade Center, Wheaton College, Wheaton, IL.

4 Personal correspondence, 2018.


6 A copy of the appendix draft is held at the Wade Center and was acquired by Dr. Clyde S. Kilby during a trip to England in June 1975.

7 In “Philía,” Havard notes that Lewis “one evening read [the appendix] to the Inklings, winning for me some appreciation” (220). Yet, a letter from C.S. Lewis to his brother, Warren Lewis, obscures the matter of who read the piece at the 1 February 1940 meeting: “[Havard] read us a short paper on his clinical experience of the effects of pain, wh. he had written in order that I might use all or part of it as an appendix to my book” (CL 3: 343).

8 It is worth reiterating that Havard’s “Philía” exists as a reminiscence of Lewis, making it unsurprising that Havard seeks to highlight Lewis’s role in the writing of the appendix versus his own.

9 While I acknowledge the possibility that someone other than Lewis could have influenced the changes made to the appendix—another editor could have suggested the edits during the publishing process, and the fact that the piece was read aloud at an Inklings poses the possibility of feedback and editing by fellow members—I have found no evidence to suggest the involvement of another editor (Inkling, publisher, or otherwise). The manuscript itself does not suggest another editor, as all present revisions are in Havard’s handwriting. In the absence of other data, assuming that Lewis made the edits remains the best way to consider the appendix.

10 Pagination is indicative of Havard’s own page numbers, as written in the draft (1-10), and (for reference) its publication in VII, pp. 45-47 (e.g., 1/45).

11 The only time that Lewis’s additions are more than a preposition is one addition of the word “usually” (see VII, vol. 36, p. 47n8).

12 While the terms “insane” and “insanity” are less frequently used today, they would have been common parlance for speaking of mental illness in the mid-twentieth century.
Interestingly, Lewis also uses the term “spectator” to describe the effects of witnessing suffering: “But suffering naturally produces in the spectators (unless they are unusually depraved) no bad effect, but a good one—pity” (118).

While historical usage of “melancholia” is invariably complex, here it is likely that Havard is invoking an image of clinical depression.

It is unclear if “physical or mental” was meant to precede or follow the word “disease.” Taking a clue from Havard’s other phrasings, I have placed the adjectives before the noun (see VII, vol. 36, p. 47).

Alternate phrases and strikethroughs removed for clarity.

The Problem of Pain closes with an image of the Divine, of “Love Himself” (159), “the intolerable light of utter actuality” (159) which overwhelms vision, similar to Dante’s vision of “the Love that moves the Sun and the other stars” (894), that “consumed” (892) his vision. Additionally, during the time that Lewis was writing The Problem of Pain, he was meeting with Colin Hardie each week to read Dante (CL 2: 288, 292).

“Probably these things had in fact no connection with his insanity, for which (I believe) there were physical causes. But it did not seem to me at the time” (SB 192).

A clinical diagnosis given to thousands of men following World War I, so termed—in part—to avoid the (feminine) connotations surrounding “hysteria” and to give medical rigor to the largely colloquial “shell shock.” Today, “war neurasthenia” would likely be identified as Post-Traumatic Stress Disorder (PTSD), although Askins’s illness also had clear psychotic features (i.e., the “Hell” delusion).

It is important to note that this was not Lewis’s only perceived link between the occult and madness; he had also met Yeats several years before, noting “the insanity of the man” as well as his “[very great] eloquence and presence” (CL 1: 532). In the preface to Dymer, a mention of Yeats follows a brief description of Askins’s suffering: “And I had also been twice admitted to the upper room in Yeats’s own house … His conversation turned much on magic. I was overawed by his personality, and by his doctrine half fascinated and half repelled because of the fascination.”

Here it is appropriate to repeat Havard’s words on the loss of reason: “It induces a deep humility when it is recognized that reason itself is a gift which can be lost.”

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