Imaging Empathy in Henry James’s “The Middle Years”

and Anatole Broyard’s “The Patient Examines the Doctor”

When Anatole Broyard, writer and editor of The New York Times Book Review, was diagnosed with metastatic prostate cancer, he spent the year until his death composing a number of essays, collected posthumously in the arrestingly titled Intoxicated by My Illness. In the essay “The Patient Examines the Doctor” he calls for a doctor who would “grope for [his] spirit” and who would be the sort to recognize that “inside every patient there is a poet trying to get out.” This doctor would “enjoy” him, regarding him as “a good story.”¹ Broyard’s essay is an eloquent plea for the doctor to know the patient. Henry James’s 1893 “The Middle Years,” a story about a dying writer who encounters a young doctor who reads his revised story in the literal sense of reading his most recent fiction and the metaphorical sense of understanding the writer as person, represents reader to writer and doctor to patient as analogous relationships in which the revision of a text and of life itself are at issue.

In the opening paragraph of “The Middle Years,” the narrator asserts that for Dencombe, “The infinite of life had gone, and what was left of the dose was a small glass scored like a thermometer by the apothecary.”² Staring out at a sea that he regards as “all surface and twinkle, far shallower than the spirit of man,” he muses that “it was the abyss of human illusion that was the real, the tideless deep” (103). The combination of serious illness and
the arrival by post of his most recent novel are the occasions for his contemplative mood. Broyard reflects in a similar way when his illness signals to him that the infinite of life has gone; he refers to “the suction of infinity” and “the panic inherent in creation” (42), both of which he wants his doctor to understand lie beneath his “surface cheerfulness” (42). When their sense of the infinite has gone both the fictional and the real-life writer reflect a “body-in-itself” relation, to use Sartre’s term. Yet, they both maintain a sense of “the body for other”—James’s metaphor “the abyss of human illusion into the tideless deep” renders a sense of the journey Broyard anticipates when he experiences this strong sense of his corporeal existence but calls for a companion to join him:

My ideal doctor would be my Virgil, leading me through my purgatory or inferno, pointing out the sights as we go. I can imagine [him] entering my condition, looking around at it from the inside like a benevolent landlord with a tenant, trying to see how he could make the premises more livable for me. (42-43)

Broyard’s longing for a doctor who can find the “poet” that is in every patient and would recognize that while for the doctor his case is routine, for him it is “the crisis of my life” (43), he in fact wishes for a doctor who can respond to the other’s consciousness as “body for itself” as well as the dialogic “body for others.” That is, the doctor is invited, even exhorted, to “enter [his] condition,” while guiding him at the same time.
The lessons of the master in terms of how a writer crosses the threshold of self and other comes in the first few scenes of “The Middle Years.” Doctor Hugh appears to Dencombe at first from a distance, walking on the sand with two women, one young and one old. As the group moves slowly across the sand, the women are “clearly sensible of the beauty of the day” (104), but the young man who instead reads a book forms “an object of envy to an observer from whose connection with literature all such artlessness had faded” (104). Although literature long since had become a craft, Dencombe’s life’s work, at this moment his artistic sense intersects with life and allows him some playful pleasure. The large matron’s appearance carries him back to the age of crinoline, and he fancies her “clinging to a vanished fashion or even a lost cause” (104). When her companion brings out a portable chair and the large lady sits

This act, and something in the movement of either party, instantly characterized the performers – they performed for Dencombe’s recreation – as opulent matron and humble dependant. (104)

Dencombe imagines the latter to be the daughter of a clergyman or an officer, who “nourishes a secret passion for the young man” (104). He discerns that the man’s book is a novel: “It had the catchpenny binding; so that while the romance of life stood neglected at his side he lost himself in that of the circulating library” (105). Expanding his vision, he interprets them in more detail: “[A] humble dependent, who discouraged by the doctors remoteness, wandered with a martyred droop of the head in another direction, and the exorbitant lady, watching the waves, offered a confused resemblance to a flying-
machine that had broken down” (105). As his examination of external signs leads him to conjure an internal view of his subjects, or an entering into their condition, to use Broyard’s words, Dencombe reflects on the matter, “What is the use of being an approved novelist if one couldn’t establish a relation between such figures?” (104) Broyard reveals similar speculative interests in his silent activity in the waiting room of his urologist’s office: “While I waited, I subjected the doctor to a preliminary semiotic scrutiny” (35). Photos of “conspicuously happy children” (35), a lavish residential garden setting, and a sailboat suggest to the patient that the doctor knows how to live and will thus be able to treat him well. “His magic looked good” (35), he thinks. Although Broyard’s reading of the doctor may be right-on, he has gotten something important wrong:

“Let's go into my office,” [the doctor] said, and I realized that I had been waiting among someone else's effects. I felt that I had been tricked. Having already warmed myself to the first doctor, I was obliged to follow this second man, this imposter, into another office, which turned out to be modern and anonymous. There were no antiques, no Oriental rug and no pictures that I could see. (35)

Dencombe makes mistakes as well in his semiotic reading. However, between his first vision of the party – when they “had performed for his recreation” – and their actual meeting – “the drama began to fail and Dencombe remembered that he had after all
another pastime” (105). This pastime, *The Middle Years*, brings on in him a “strange alienation; he cannot remember what his work is about” (105). The lacuna understandably fills him with “the sense of ebbing time, of shrinking opportunity” (105). Painfully struck by the thought that he has had his last chance and that “he had not done what he wanted” (106), he begins to read. Instantly, everything he had written “came with a wonder, came back above all with a high and magnificent beauty” (106). The same difficulties are still there, he judges, but concedes to himself that art had in most cases surmounted them. As he thinks of how he “had struggled and suffered for it [art]” (107), he interrupts his pleasure with a longing for more time. His murmurings, “Ah for another go! – for a better chance!” (107) finish his thoughts about his book for the time being as the threesome approaches.

He thus gets another go at discerning the nature of these objects of his fascination. The first correction to his inventions comes in the matron’s agreeable tone, which he had regarded as “vulgar” (107). Next, he realizes that the young man is, like himself, reading *The Middle Years*. He assumes that the other recipient of an early copy must be a reviewer, and they make a connection: “Dencombe borrowed amusement from the expression of [the eyes] of his competitor, those, it might even be inferred, of his admirer” (108). The young woman then calls the man “Doctor Hugh,” disabusing Dencombe of the notion that he is the matron’s son, although he still suspects, wrongly, that the doctor may be a reviewer. Next Doctor Hugh asks the matron if she can be trusted to Miss Vernham so that he may remain behind (obviously to chat with the man with whom he has made a unnamed connection), and Miss Vernham speaks to him out of
the earshot of their employer, but within hearing distance of Dencombe, who takes in her admonishing reply to the doctor and hears the large lady referred to as “Countess.” At this point, Dencombe has been corrected on several counts: the young man’s identity and thus his relation to the matron, the matron’s affect as well as her station in life, and perhaps he was mistaken about the young woman’s designs on the man. Yet, the narrator asserts that Dencombe’s imaginative insights serve some purpose when, after describing the doctor’s reaction to Miss Vernham as “immovable,” he asks, “Of what use would it have been that Dencombe should be sensitive to shades had he not detected in that immovability a strange influence from the quiet old convalescent in the great tweed cape?” (108) Armed with some facts and a sensitivity to nuance, Dencombe notices that Miss Vernham also observes the silent communication between the doctor and the Countess, and that she thus relents to the doctor’s desire to return to Dencombe after escorting them to their hotel. As the group departs, Dencombe watches Miss Vernham and the Countess, recognizing a criticism of himself in the former and a “rich humor” in the latter (109).

When the writer is left alone, the narrator muses ironically, “Equally innocent and infinite are the pleasures of observation and the resources engendered by the habit of analysing life” (109). Some analyses are of course not innocent: likely as they are to affect one’s behavior – positively or negatively – to the subject of the analysis. The pleasures may seem to be infinite, but the subject of this story is that just as life is finite, so are the resources engendered, that is the opportunity to revise. But there are pleasures, of course, in observing and analyzing. Dencombe has taken pleasure in thinking about the
entourage with the creativity of a novelist, and since this pleasure has caused him to focus
on them, he has experienced further enjoyment: his attentiveness allows for a visual
exchange between him and the doctor that will lead to further gratification. However,
Dencombe’s analysis of his work as always needing another go and his sense that some
things are still not right are not now sources of pleasure. Not only can self-analysis be
painful but Broyard and James have dramatized ways that observing and analyzing can
lead to wrong conclusions.

In this matter of getting it right or wrong, Philip Roth’s writer narrator Nathan
Zuckerman puts it this way in *American Pastoral*:

> You fight your superficiality, your shallowness, so as to try to come at people
without unreal expectation, without an overload of bias or hope or arrogance, as
untanklike as can be, sans cannon and machine guns and steel plaiting half a foot
thick. . . and yet you never fail to get them wrong. . . . You get them wrong before
when you meet them; while you’re anticipating meeting them; you get them
wrong while you’re with them, and then you go home to tell somebody else about
the meeting and you get them all wrong again. . . . The fact remains that getting
people right is not what living is all about anyway. It’s getting them wrong that is
living, getting them wrong and wrong and wrong, and then, on careful
reconsideration, getting them wrong again.⁴
Broyard understands the trickiness of knowing the other in his call to the doctor to talk to the patient. Admitting that the ill patient is “impatient,” expecting the doctor to evaluate his entire life, like a biographer, and that the doctor will reasonably ask what he is supposed to say because all he has to report are facts, if he has those, Broyard explains that “the doctor’s answer is yet to be born”:

It will come naturally, or at first unnaturally, from the intersecting of the patient’s needs with the doctor’s experience and his as-yet-untried imagination. (54-55)

Broyard determines that his doctor has not tried his imagination – has not found the habit of analyzing life, in James’s terms – when he wants to discuss his prostate. He longs to discuss with the physician what a curious organ it is, “what God could have been thinking when he designed it this way” (52) – but he finds the doctor unreceptive to philosophical reflections. Instead, he says he’s “forced to stop people on the street and talk to them about it” (53).

Does Broyard want a doctor to be like a writer? Yes, in some part at least: he contends

A doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction, and the music of his humanity . . . like it or not, he
is a storyteller, and he can turn our lives into good or bad stories, regardless of the diagnosis. I would be glad to help him here, to take him on as my patient. (53)

Broyard’s desire for the doctor to enter his condition and guide him hardly contains notions of knowing a patient’s biography or attempting to make a coherent narrative of his life. There are many possible stories, he believes. He would likely have agreed with the philosopher Bernard Williams, who argued against Alistair Macintyre at about the same time as Broyard wrote the original essay, that the idea of narrative coherence of a life is a fiction – that fictional characters’ lives may have coherence, but real lives do not. Dencombe demonstrates a writer’s potential to create a coherent narrative (a very short and ironically romantic one though it is); the difference between his figment and the “real thing” suggests that life is far less coherent or knowable than fiction. Things are very neat in this little fiction Dencombe creates; they are messier outside in the real life represented in the fiction. Nonetheless, Dencombe finds in Hugh a doctor as willing to be his patient as any Broyard could want. Although “nature had denied him the trick” of making “fine phrases” (111), Doctor Hugh would have preferred literature even to medicine, and with this enthusiasm has been a constant reader of Dencombe’s fiction. Dencombe, for his part, is so unaccustomed to a physician with interests like Hugh’s that “it would shake his faith a little to have to take seriously a doctor who took him so seriously” (111). Hugh takes him seriously, however, not because Dencombe is the writer himself but because they read the same fiction. The writer himself has hidden his identity.
Dencombe earns the label imposter, more than the unwitting doctor who ushered Broyard into his office and thus revealed that he was not the person the new patient had imagined him to be. Dencombe’s motivation for hiding his identity is that he wants to hear more of Doctor Hugh’s praises of Dencombe the novelist. The narrator had earlier reported that “Dencombe, who had a reputation, had come out too often and knew too well in advance how he should look” (104).

Dencombe’s wish to hear reflections on his writing without revealing his identity is fulfilled. Doctor Hugh waxes eloquent about Dencombe, claiming that he is more essentially a poet than many of those who went in for verse” (113). In his fervor to refer to specific passages, he lifts Dencombe’s copy of the novel and becomes grave when he discovers that his new friend has penciled in revisions to the text. The narrator reports that

Dencombe was a passionate corrector, a fingerer of style; the last thing he ever arrived at was a form final for himself. His ideal would have been to publish secretly, and then, on the published text, treat himself to the terrified revise, sacrificing always a first edition and beginning for posterity and even for the collectors, poor dears, with a second. (113)
It may be that for Dencombe revising the text is more significant than revising his identity. Indeed, which words of a fictional narrative can be altered without changing its meaning? Both writer and reader react to the detected tampering with shock: when the unknowing Hugh reproaches him, Dencombe faints, which leads to the latter’s unmasking since he is of course known at his hotel to which an obliging man carries him while Hugh follows along. Dencombe has been revealed, but he has expected a revelation for himself as well. When he met Doctor Hugh, he had been “amused . . . as he dawdled in his tepid air-bath, to believe himself awaiting a revelation of something at the back of a fine young mind” (109). Indeed, he has one:

He had had a revelation of his range. What he dreaded was the idea that his reputation should stand on the unfinished. It wasn't with his past but with his future that it should properly be concerned.”

Broyard is also concerned with revelations, writing that the patient is always on the brink of revelation and needs someone who can recognize it when it comes (meaning the doctor).

When Dencombe tells Doctor Hugh that he has wasted years and has only now gotten going, Doctor Hugh tells him that he prefers his flowers to other people’s fruit and his mistakes to other people’s successes. “‘It’s for your mistakes I admire you,’” he offers,
adding that it is by his mistakes that he wants to learn. Dencombe persists in expressing
his desire for what he calls an extension; he wants to live. The two terms – “extension”
and “to live” – further reveal that for Dencombe life is about the perfection of writing. He
disparages a praising critical review of his book Doctor Hugh brings to him by saying
that the words “would have been true of what I could have done!” (123). Hugh contends,
“What people could have done is mainly what they’ve in fact done” (123). When it
becomes clear that Dencombe is entering his last days, Doctor Hugh tells him that the
second chance has come – it has been the public’s – the chance to find the point of view,
to pick up the pearl” (124). Dencombe persists that the pearl is the unwritten.

Finally, convinced of the doctor’s dedication to him, he asks Hugh to come very near so
that he can hear him, “You’ve made me think it all a delusion – not my glory, what there
is of it. It is glory to have been tested, to have had our little quality and cast our little
spell. The thing is to have made somebody care, you happen to be crazy of course, but
that doesn’t affect the law. A second chance, that’s the delusion. There never was to be
but one. (125)

To have brought Dencombe to this point has been the achievement of a doctor who is all
Broyard asks – a philosopher, a metaphysician. Dencombe has thought of “the fairy-tales
of science and charmed himself into forgetting that he looked for a magic that was not of
this world” Doctor Hugh was an apparition, and that placed him above the law” (118-19).
Broyard also calls for magic: “My physician would have a magic”: the trouble with one
doctor is that he has no style, no sense of magic.
Like Joan Didion, who wrote of a year of magical thinking in which she tried to revise her life to read that she had saved her husband when he suffered a cardiac arrest as she nearby fixing dinner, the fictional and real writer yearn for infinity, at least for endless chances to revise. Didion’s writing creates a magical space for a reader to join in her experience in facing finitude and the end of revision of one sort; Dencombe and Doctor Hugh together create another sort of magic in which Dencombe transcends his desire for perfection when his identity as a writer is revealed to the physician’s reader who then has the opportunity to cure him of his unattainable aspiration. Broyard does not find a physician with the magic he calls for. If life is about getting others wrong, it may be about getting the self wrong as well.

That is – life is not a coherent narrative, a given whole. A fiction is: the character is there with its beginning, Bernard Williams reminds us. As he says, a fictional character may lead an incoherent life, but the fiction is a whole, containing all there is to know of the character. The writer in James’s story dramatizes the effects of taking an interest in others, getting it wrong sometimes, but right at others: the matron does go down like a flying machine; the doctor was not her son and not finally inextricably tied to her. Miss Vernham’s designs on Doctor Hugh were complicated in a way Dencombe had not anticipated (though he anticipated her disdainful attitude toward himself). We read what it is to observe them, then listen to them and learn more about them, to look them in the eye and catch there a mutual recognition of something. He reminds us as well of the agony of wishing for perfection and for infinite opportunities to attain it. The doctor expresses the ability to go beyond the surface of the poet to find what the physician writer
Richard Selzer calls “The Exact Location of the Soul.”⁷ Although he is yet young, Doctor Hugh has the wisdom to see the beauty in what Dencombe is and has produced, and then to learn what it is that causes pain – beyond the physical. He cannot offer him more life, but he tells him that he has in fact lived.

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