

**MY MID-LIFE CRISIS AND AFTERWARD:  
VARIOUS HERMENEUTICAL ANALYSES OF  
LIVED EXPERIENCES: PART 2 – HEART  
CHALLENGES AND SOCIAL SUPPORT**

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**ABSTRACT**

In the previous experience report, there was the beginning of an exploration of the interpretation of the midlife of men from various hermeneutical perspectives. The first interpretation is what might be called “typical U.S. professionalism,” which is mostly concerned with “written in stone” laws, rules, and procedures that are overly deterministic, constrictive, cultural deployments. The second is a mythopoetic interpretation of mythopoetic men’s work, which is more fluid, imaginative, creative, interpretative, and has been and continues to be emotionally healing for me. Here in Part 2, there is a sharing of the experience of heart challenges and the social support that resulted from my New Warrior Brothers. Part 3 (which follows this article) provides a theoretical context through several less poignant, drier frameworks, including autoethnography, personal narrative, and imagoes. Finally, the summary calls for an enlivened hermeneutics for men—interpretations that include feelings, connectedness, lived experiences . . . moistened by the power of the heart.

In the prior article (*International Journal of Self Help & Self Care*, v. 2/no. 4), I described several of my major mid-life crises and how I became involved in the mythopoetic branch of the contemporary men’s movement. This article, Part 2, takes me ahead to 2002, and my heart challenges and the social support I received.

In the late fall of 2002, my primary physician asked me how long it had been since I had had a stress test. I replied that it had been 10 to 15 years and that I had passed it. She indicated that she thought it was time to have another one to obtain

some baseline data. I am sure that one of the factors in her decision was due to my family history, as both of my parents died of heart problems.

On Thursday, December 5, 2002, I had a stress test. Everything was fine until the machine was turned off. It took my heart 5 minutes to return to normal instead of the usual 1 minute. The cardiologist wanted me to agree immediately to a heart catheterization to see if there were any problems and, if so, what those problems might be. I responded that I did not make such quick major decisions if a situation did not appear to be immediately life threatening, and that I would schedule an appointment with my primary physician. I was able to see her the next morning. By the next day I had decided that I would have it done. She concurred and signed the referral form.

On December 20, 2002, I had a heart catheterization and there were three 85% blockages. A triple heart by-pass was scheduled for January 8, 2003. When the surgeon saw me in the hospital after my heart catheterization, he indicated that he thought that I was a very good prospect for the surgery as I was younger than most, in relatively good health, and I had a desire to recover and live. The surgery went well and I had very little pain.

This potentially threatening health situation became an “epiphany” (Loyttyniemi, 2001, p. 178), a turning point, for me.

Turning points are moments in personal stories about those lives, stories that are told to give meaning to experiences. Life transitions become life transitions that are meaningful and constructive of selves [and one’s identity] only when they are articulated and given meaning—that is, in retrospect (Denzin, 1989, p. 71).

If the surgery had been very difficult or if my recovery had been more painful and not as rapid, the experience could have turned into more of a tumultuous key episode and potentially sending my life story into a very different direction. Further, if there had been a relapse, this present story would have been replaced by a totally new chapter.

The triple by-pass surgery changed my life. It happened so recently that I’m still not aware of all the ways it has changed my life narrative, and how I continue to choose to change my life. Let me describe some of those life-changing factors.

One factor was fear. Based on the surgeon’s comments, I did not have much fear. As I talked to friends and neighbors, I learned that there were many of them who had had by-pass surgery, or who knew others who had had it. As I talked with these people, much of my fear was released and eventually dissipated.

Another factor was support. As I advised friends and colleagues of the upcoming surgery, there was an out-pouring of support and well wishes from friends, New Warriors, and colleagues from around the world. One minister, who was in my then current ManKind Project (MKP) I-Group (closed peer mutual support

group), visited me in the hospital just before surgery. Knowing I was not active in organized religion, he asked if he could pray with and for me. I accepted gratefully and continued to accept all of the well wishes and blessings in whatever form that came my way.

Additional examples of support were the fact that another one of my I-Group members had an extra bedroom and offered it to me to use for a week after my discharge from the hospital (instrumental social support). Another I-Group member organized 24/7 support of Warrior Brothers who were willing to stay with me for 2 weeks after I was discharged (emotional social support).

A member of my original I-Group asked if it would be all right for his I-Group to visit me on Monday night, the day when I was discharged from the hospital. I said yes come over, let's try it for half an hour, and I will see how I feel. Their stay lasted for the whole three hour I-Group meeting. During the I-Group meeting, I just lay on my back with my eyes closed. Some men stood around the bed, others sat on the floor, and two sat on the bed. I never sat up, but I was fully present and participating. It was a wondrous healing process, and very powerful for all of us. My current I-Group met on Wednesday night. It had been scheduled to meet where I was staying. We met in the living room. this time I was able to sit up for the 2½ hours of the I-Group meeting and served as "King" (facilitator) for that meeting.<sup>1</sup>

So that is the story of how critical events that occurred led to a healing transformation of my life and continued me on my path, which is yet unfolding before me. I will now move on to the next level of that path, autoethnography and other theoretical concepts, as well as provide some details about the contemporary men's movement and situate the mythopoetic branch within that movement.

## REFERENCES

- Denzin, N. K. (1989). Interpretive biography. *Qualitative research methods, Vol. 17*. Newberry Park, CA: Sage.
- Loyttyniemi, V. (2001). The setback of a doctor's career. In D. P. McAdams, R. Josselson, and A. Lieblich (Eds.), *Turns in the road: Narrative studies of lives in transition* (pp. 177-202). Washington, DC: American Psychological Association.
- Mankowski, E. S., Maton, K. I., Burke, C. K., Hoover, S. A., and Anderson, C. W. (2000). Collaborative research with a men's organization: Psychological, impact, functioning, and organizational growth. In E. R. Barton (Ed.), *Mythopoetic perspectives of men's healing work: An anthology for therapists and others* (pp. 184-203). Westport, CT: Bergin and Garvey.
- Pentz, M. (2000). Heuristic and ethnographic study of the ManKind Project: Initiating men into a "New Masculinity" or a repackaging of dominant controlling patriarchy?

<sup>1</sup> For research on MKP see Mankowski et al., 2000. For research on I-Groups see Pentz, 2000.

In E. R. Barton (Ed.), *Mythopoetic perspectives of men's healing work: An anthology for therapists and others* (pp. 204-225). Westport, CT: Bergin and Garvey.

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