The Effect of Biopsychosocial Forces on an Individual’s Unique Life Perspective:

An Interview Case Study

(NAME)

Wofford College
Psychology 340
April 8, 2010
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In order to fully understand why an individual holds particular views, behaves in characteristics manners, and reacts differently to certain environments, it is important to examine one's past, paying special attention to experiences and events that had a significant impact on their lives. The life-span perspective considers how one is shaped over the course of adolescence, middle age, and older adulthood to become the unique person they are. This theory proposes that biological, psychological, and sociocultural forces interact to influence development; these factors, collectively known as biopsychosocial forces, affect each individual differently, contributing to the varying personalities and attitudes that exist even among members of the same generation (Cavanaugh & Blanchard-Fields, 2006). When trying to get a sense of where an older adult stands on a specific topic, it is imperative to ask questions about personal experiences and memories they have that relate to the issue being explored.

It is inevitable that normal growth and aging includes times where one must adapt to overcome obstacles brought about by biopsychosocial forces. The specific mechanisms one uses to conquer these difficult periods contribute to their unique point of view. It is believed that adolescent experiences influence how one faces middle age, and middle age events affect the person one becomes as an older adult (Cavanaugh & Blanchard-Fields, 2006). An in-depth case study of an older adult would allow one to test these developmental theories, with the final aim of better understanding the forces that interact to shape the personality a person projects to others.
Methods

Participant

The participant of this interview was W, a 90 year old female. W grew up on a farm in Ward, South Carolina, where she lived until she left home for college. W did not have any siblings. W attended Newberry College in Newberry, South Carolina, where she received a degree in education. After graduation, she taught first grade for three years until marriage; during her married years, W was a homemaker. W was married to her husband, C, for 61 years until his death five years ago. W still lives independently in their home of 40 years in Laurens, South Carolina. Prior to establishing residence in Laurens, W and C lived in Bainbridge, Maryland, Graniteville, South Carolina, and Denmark, South Carolina. W and C had three children together, all of which are still living. W's husband retired when she was 60 years old and he was 62 years old. During retirement, W and her husband became avid travelers. During these years she also had the opportunity to spend more time enjoying her passions—knitting and bridge. W has been in good health for the majority of her life. At the time of the interview, her only hospitalizations were due to childbirth. She described herself as very physically active—she walks everyday and does the majority of her own yard work. However, she does wear two hearing aids and needed many of the interview questions repeated several times before she was able to answer. W also had trouble recalling some information that was asked of her in the interview, but when prompted or given time to think about the question she was able to give an answer.
Procedure

The interview with W took place on April 2, 2010 at 2:30 PM in Laurens, South Carolina. W was selected as the interview participant upon the suggestion of D, a longtime friend of W’s. W was recommended as a good interview candidate based on her warm personality and talkative nature. The interview was held in the den of W’s home and lasted approximately 55 minutes. During the interview, W was asked a battery of 13 questions (see Appendix). Interview questions drew upon experiences W had during three time periods—adolescence, middle age, and older adulthood. W was eager to participate in the interview, mostly utilizing stories and anecdotes as a way to respond to questions. She was a very willing participant, only hesitating to answer when she could not clearly remember an event. At the end of the interview, W showed pictures of her family displayed throughout her home.

Results

W was enthusiastic in responding to questions regarding her childhood, and all answers reflected fond memories she has of growing up in a rural community close to many relatives. W described her family as very honest and hardworking, living by the motto “do right and fear not.” She was taught this value at an early age, remarking that her parents were so fervent about this that they had a framed needlepoint reproduction in the living room. W brought up this value again later in the interview, as she considers it the most important piece of advice she ever gave her children. Another family value W related with a laugh was how her mother always told her to spend time getting to know older people because they had much wisdom to impart to the younger generation. W did spend many hours with her grandparents, describing her most vivid childhood memory as being times she rode her horse, Nell, up to her grandparents’ house for dinner or for a
When W was 60, C retired. For the next 15 years, the couple experienced what W refers to as an “extended honeymoon.” The couple was finally able to travel as they had planned. W says her favorite trip was to Cape Town, South Africa. Retirement was a happy respite as they enjoyed having nothing to tie them down from traveling when they wanted to. Eventually, however, W and C had to slow down. When C was diagnosed with type two diabetes, W realized that their retirement lifestyle must change. She began to cook more meals at home and the couple began to take fewer, shorter trips. W says that they both realized that old age was inevitable, but neither of them planned for it to come up so fast. W remarks that C’s death was also sudden, the couple actually in the process of trying to secure an apartment in a retirement community at the time. After C’s death, however, W says she had no desire to move away from home without a companion to help her transition.

Now at 90 years old, W says that she can tell she is getting older and slower. However, she still tries to stay active, refusing to become a victim of the health problems that plagued C and her mother. When asked what she would like to be remembered as, she immediately responds, “a mother.” She goes on to say that her children have all been successful in their careers and in providing her “eight wonderful grandchildren.” W says she learned so much about herself during her prime years of motherhood, discovering strengths she never thought she possessed when she was a young newlywed. She confides that she believes she has had one of the best lives possible, and hopes to live to see many more years.
Discussion

The life-span perspective focuses on biopsychosocial forces that influence the development of an individual’s unique point of view and contribute to how one responds to their environment. This developmental theory also examines how events in adolescence, middle age, and older adulthood affect this outcome. To come to a conclusion regarding the accuracy of the life-span perspective, one must be studied in great detail so correct inferences can be made as to how monumental life events shape an individual (Cavanaugh & Blanchard-Fields, 2006).

Several recurring themes appear in W’s answers to interview questions related to overcoming obstacles, suggesting that W has developed a method for responding to hardship. Throughout life, her adherence to the family motto “do right and fear not” is evident in her actions. Even during the worst of times, W seems to have done what she personally felt to be right. As a result of the Great Depression, W is inclined to save everything as she thinks it is the smart thing to do. When her mother was ill during her middle ages, she juggled a family and tending to her mother because she thought it was the right thing to do. Regardless of the challenge at hand, the way W overcomes it is constant and appears to be due to her belief in this family value. This force would be considered sociocultural as it is linked to the specific environment W was raised in (Cavanaugh & Blanchard-Fields, 2006).

In nearly every answer given, W brings up her family and their importance to her. W’s obvious emotional attachments to her family began during adolescence. W speaks of the strong support system that helped her family survive the Great Depression and provided for her and her son while C was away at war. Also, W’s eagerness to get to know her grandparents show she not only was dependent on her family but was interested in them, too. When W had a family of her
own, open communication and collaboration with her husband allowed them to raise three
successful sons. W’s emotional attachments to her family are one psychological force impacting
her development (Cavanaugh & Blanchard-Fields, 2006). The strong family network that she
witnessed as an adolescent had a direct effect on the caring, cooperative individual W is.

Another crucial influence on the unique life perspective W has is her health. W describes
herself as healthy and active. Despite a few problems later in life, W’s husband was also in good
health for the majority of their marriage. This greatly enhanced W’s ability to enjoy retirement,
which she planned excitedly and remembers fondly. W’s health is also likely the primary reason
why, at 90, she is still able to live alone and take care of herself. These abilities would be
considered biological forces as they pertain to health issues that shape one’s unique perspective
(Cavanaugh & Blanchard-Fields, 2006). Had W lost her husband early, been unable to have an
active retirement, or been unable to care for herself at the time of the interview, her view of life
and the high quality rating she places on hers might not have been the same.

After interpreting the results of this case study, it is clear that data received from this
participant shows that the life-span perspective gives an accurate view of a combination of
biopsychosocial forces that contribute to the development of one’s life perspective. The
interview participant also provides strong evidence that experiences in adolescence, middle age,
and older adulthood contribute to how an individual responds to events later in life. While these
conclusions were based on the in depth study of one person, interview data from many
individuals would strengthen these claims should similar results be found. Future case studies
might be interested in exploring each of the biopsychosocial forces independently with the goal
of determining which forces affect a particular individual to the greatest extent.
References