

# Life history interview with elderly person



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## Interview with an Older Person

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### Introduction

Dr. Cheryl Lynn Robley is a 66 year old Caucasian female who currently lives in a retirement community in the Mississippi coastal town of Gulfport. She moved there from Tennessee to be near her son and two grand-daughters after being widowed a little over four years ago. While she enjoys being near her family, Dr. Robley explains it has been difficult adjusting to not only living alone, but also coming to grips with a new environment and an older age. Being brought up in a small southern farm town in West Tennessee during the 1950s and 60s, she attributes her commitment to care to her family, particularly her father. It was perhaps his encouragement and love that played the biggest role in her need to succeed not just as a woman, but also as a professional. She recalls that her first memory is of a trip to the store with him when she was four years old. Cheryl remembers walking hand in hand with her father as he looked at her and said, “ Well, I’m with my best girl and she’s shinin’ bright as a star” (Dr. C. L. Robley, personal communication, August 1, 2014). Dr. Robley’s life has seemingly been one marked with challenge, opportunity, loss, as well as a desire to make a contribution to future generations.

### Childhood and Adolescence

Normal growth and development has historically been described in relation to eight phases of maturation. Psycho-analyst, Eric Erikson, deemed these goals of intrinsic worth gained through personal development as, “ trust,

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autonomy, initiative, industry, identity, intimacy, generativity, and integrity” (Sigelman & Rider, 2014). While it is important to recognize that Erikson’s theory provides the framework of individual development through the cycle of eight defining moments, he makes no specification to the differences that gender or socioeconomics may play in the role of the life-span.

Perhaps the first precipitating stressors that one can recognize in Dr. Robley’s life was when she was only twelve years old. An excellent example that follows the components of Stuart’s Stress Model occurred when Cheryl lost her three year old brother to Leukemia. The death of a loved one can be not only the test of how well an individual uses their resources to cope, but can also be a test of the resources for an entire family. As a child, Cheryl grew up active in her church and community and she found that there was solace in both of her grand-mother’s homes. She remembers that her piano lessons went on, as her classes at school did, but the death of her younger brother was too much for her mother to bear. Cheryl said that she had to become the mother to her younger sister. “ It was hard to be thrust into a role that I knew nothing about” (Dr. C. L. Robley, personal communication, August 1, 2014). During this phase children re-analyze their individuality to discover the function that they will fill as adults. Failure to substantiate a personalized identity during this period of time can lead to role confusion and can cause a person to be uncertain of their identity inside society (Santrock, 2011). The biopsychosocial components of Stuart’s Stress Model suggest that Cheryl had the predisposition as well as strong family relationships that enhanced her ability to respond to grief in an adaptive rather than a maladaptive manner. She states that although her sister, one

year younger, was not aware of the seriousness of their brother's illness, she [Cheryl] knew that her bother would die because she looked up his diagnosis. She listened and observed everything around her, and those things that she did not understand, she either asked one of her grandmothers about or looked up in an encyclopedia. This served as a background and education that prepared her to deal with the weight of death at such a young age (Stuart, 2012).

Erikson surmised that the relationships and conflicts a child confronts in society, specifically with the family, allows a child to begin to develop an ego and personality through their experience with "trust versus mistrust". The possibility of positive outcomes through this life-stage, as with every other virtue, is a double-edged sword. An individual's experience upon being challenged or threatened is a unique response that swings the spectrum of the maladaptive to the adaptive continuum of coping (Erikson, 1950; Stuart, 2012).

Cheryl's father, who was a science and math teacher, owned the large farm she grew up on, and later became Tennessee's largest cotton crop farmer. Her mother was a high school beauty queen who was also a teacher for a short time before becoming a full-time house-wife and mother of four daughters. As a teenager, Cheryl was her church's pianist, played basketball, and graduated as her high school's valedictorian. She felt acceptance and pride from her father and most of her family. She always felt an obvious disconnect from her mother that had a negative effect on her self-concept as a female. She gained confidence through her accomplishments, and enjoyed making her father proud. At a young age she began to establish her identity

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within a society. Her mother's critical nature probably had some lasting effect and could have contributed to role confusion and negative self-image, if her father had not played such a prominent role in her life. Cheryl says, "Into young adulthood I became not only his confidant, but he truly valued my opinion. During the holidays, the other women were in the kitchen, my father asked me to sit and converse with the men" (Dr. C. L. Robley, personal communication, August 1, 2014).

### Young Adulthood

Cheryl also gained acceptance from her peers who voted her most likely to succeed in her senior class superlatives election. In 1968, she was accepted to Vanderbilt University in Nashville Tennessee. As she moved away from home, she began to have more control over her social circles and environment. Cheryl continued her high school success as an academic, asserting her independence. Cheryl says, "While college was an adventure in exploration, I had been instilled with a belief system; unlike some of the other students I did not go wild" (Dr. C. L. Robley, personal communication, August 1, 2014). According to Erikson, this stage of life can be a struggle between willpower and impulsivity and a balance between the two factors tends to give way to purpose and direction (Erikson, 1950). One of the more salient proponents of Stuart's Stress Model is the individual's choice, emotional, behavioral, and psychological response in life when risk is encountered. Cheryl discussed her time at Vanderbilt as the point at which she found her voice. After joining a sorority, "the girls tried to tell me who I could and could not be friends with" (Dr. C. L. Robley, personal communication, August 1, 2014). This was a clear test of how Cheryl would

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adapt to the consequences of potential injury of being judged in a life situation. She dropped out of the sorority and was friends with who she wanted to be friends with. Cheryl knew that her father had wanted to be a physician, and in college she was working toward this goal until confronted with her first psychology class. Dr. Robley says, “ That one class certainly put my life on a very different track” (Dr. C. L. Robley, personal communication, August 1, 2014). After being given her typical Vanderbilt co-ed card by fraternity row, and three years of hard work, she graduated with a baccalaureate degree in psychology. She began graduate school at the University of Tennessee at Knoxville (UTK) with the coveted Veteran’s Administration (VA) scholarship. Even though Cheryl was very intelligent, she was quite reserved. At UTK, she was confronted with the first of her professors who cursed incessantly for shock appeal. Cheryl says that she turned red in every single class and stayed red until the end. She focused all of her energy on not letting this professor get the best of her. For Dr. Robley, learning to curse, became a defense mechanism. (Stuart, 2012). Cheryl was told by her professor and advisor that she was instinctually a diagnostician, and a natural therapist. She was one of three females in the Psychological Doctorate of Philosophy (Ph. D.) program at UTK in the early 70s. Cheryl said that is was very different from being in a program now. One difference was the data processor she used was the size of a small room and utilized punch cards. After-all, personal computers were yet to be invented. It was the time after the Vietnam War when psychology was a young science, as were many other innovative technologies we use today. She considers herself extremely lucky to have found and excelled at a skill that she was inherently good at and could be of help to so many people. It gave meaning to who she was,

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and affirmed her place in society. Dr. Robley is very familiar with the works of Erikson, Freud, and Maslow. She believes that in essence each of their theories effectively parallel one another in characterizing the cycle of action and reaction during growth patterns. “ Each of Erikson’s stages or crises, must occur and in sequence, but the lines that separate these stages, do blur. People mature at different rates” (Dr. C. L. Robley, personal communication, August 1, 2014). Dr. Robley had the opportunity to do internships in Miami and Houston; she extraordinarily was also trained by the Federal Bureau of Investigations (FBI).

Once Cheryl became Dr. Robley, she was hired as the director of the Alcohol and Drug (A & D) unit at Moccasin Bend Psychiatric Hospital in Chattanooga Tennessee. It was the first year that the A & D unit was open. Because funds were very limited, she and other employees completed the painting, renovations, and made quilts for the patient beds. She had complete autonomy. She interviewed and hired every nurse and orderly that would work in that unit. As a woman in such a position of authority, she found that the employees interested in helping the community were willing to follow her lead. However, every Friday, she met with the board of the hospital by which she was talked over and ignored until she remembered the shock factor of cursing. They did not expect her as a 5’ 2” 115 lb. girl to climb onto the conference table and pace back and forth in 3 inch heels cursing at the top of her lungs. She knew she made a risky choice that could have cost her career, but this smoky room full of middle aged men was uncharted territory for a young woman. In Stuart’s Model, the appraisal of stressors occurs when one gives cognitive meaning to previous loss, the weight of a potential

obstacle, or challenge that emphasizes the chance of gain as opposed to the risk of loss (Stuart, 2012). In the 1970s, Cheryl would never have been successful as Dr. Robley without this kind of resilience, hardiness and self-assurance.

Cheryl met Talle, a brazen artist that worked as a medical technician. When they met in her office, he propped his work boots on top of her desk and said, “ You’re good, and I don’t know when you’re bluffing, but you are bluffing some of the time. No one as young as you are knows as much as you claim to know” (Dr. C. L. Robley, personal communication, August 1, 2014). Cheryl says that the only logical conclusion that she could draw was, “ here is a challenge” (Dr. C. L. Robley, personal communication, August 1, 2014). They began dating. Cheryl says, “ This was the time of my life” (Dr. C. L. Robley, personal communication, August 1, 2014). Although they were a perfect match, he never wore anything but blue jeans and she had never owned even one pair. Cheryl remembers that when she was in school the girls were required to wear skirts. When it snowed in Tennessee, she got to her class on the other side of the hill by sledding down the icy slope on a piece of cardboard in a pencil skirt. She wasn’t completely demure. Cheryl laughs and recalls going to class to take an exam close to the holidays in a trench coat with nothing underneath.

### Middle Adulthood

In 1976, the couple were pregnant and married. According to Erikson, “ love and affiliation”, and whether one is emotionally and physically available to become intimate is one of the more important stages in an adult’s personal



life (Erikson, 1950). Cheryl and Talle had a daughter, and three years later, a son as well. At this time, the family moved back to Cheryl's home town of Jackson Tennessee; she opened a private practice that flourished. Her children were her greatest happiness and she was able to support her husband's artistic talent as the breadwinner, but it was really being able to give back to the community she grew up in that made her feel like all of her hard work had been worth-while. Erikson's outline of human development is very applicable to this statement as his 7<sup>th</sup> stage, "generativity versus stagnation", points out the personal need to help others through their crisis stages or rather to make a difference in this world that one might see as a legacy. Cheryl stated with a shaky voice, "We were a very happy family, until I began to develop medical problems that no one could have predicted" (Dr. C. L. Robley, personal communication, August 1, 2014).

### Late Adulthood

Dr. Robley developed migraines, degenerative disc disorder, and rheumatological problems around 40 years of age. While these problems began slowly, there were few health care professionals who knew enough about migraines and medication errors to effectively treat her. She continued working, even vomiting between patient sessions. She felt that there might be hope when she became aware of sumatriptan. While it was not available in the United States at that time, she was able to have it shipped from the Netherlands and later Canada. For a year it allowed her to resume work completely, as well as her life. The miracle of this resolution seemed to come to an end in one fell swoop. Developing an ischemic attack that resulted in a blocked artery left her unable to continue using the triptans for migraine

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relief. Physicians not knowing what to do, over-prescribed steroids for the inflammation which also caused her to develop diabetes mellitus type II. She was forced to close her practice and allow both social security and private disability to pay for her medical bills and support her family. Cheryl and her husband had both always loved the freedom of being self-employed, however hard the work might have been. However, Talle shifted his focus from his own work to become a college professor of art. Dr. Robley feels that she has lost so much of what she has worked hard for and after losing her husband, has found herself to be more isolated and less involved in life. She has effectively disengaged. She says that she has fought for years and no longer owns a house or has any of the nice things that she once had. Although she sees her son and two grand-daughters most every week, and talks with her daughter who lives across the country; she for the first time in her life is not just alone, but lonely.

Erikson was frugal in his utilization of the word 'achieve' in the linguistic context of productive results, because it was implicit of gaining something distinct and everlasting. The psychosocial evolution is not straightforward and is not permanent: any former crisis can successfully return to anyone, albeit in a dissimilar pretext, with productive or unproductive outcomes. This perchance helps explain how 'high achievers' can utterly fail, and how unsuccessful persons can in the end become 'high achievers'. No-one should become contented, and there is promise for us all. (Amory, 2012, p. 253)

Conclusion

Dr. Robley said, “ The person I identified as myself I no longer see. The accolades of my career feel like a former life” (Dr. C. L. Robley, personal communication, August 1, 2014). It is easy to see that Dr. Robley has had a lifetime of change in the last few years of her life. Without support or help, it would be difficult for anyone to cope with the drastic changes of illness, loss of finances, and especially the loss of a spouse. She must be encouraged to continue with the coping and defense mechanisms that produced the amazing doctor that gave to so many people. When you spend your hours taking care of the entire world, what do you do when the only person you have left to take care of is yourself? The Stuart Stress Adaptation Model interrelates a person’s unique reaction to stress given predisposing factors, the type of stressor, the individual’s perception of circumstances, as well as the available resources, and which resources one chooses to use in reaction to the stressor (Stuart, 2012). The continuum of coping responses can vary from productive to damaging and can manifest as physical symptoms. The continuum from maladaptive to adaptive coping responses is a measurement of how healthy our reactions are. The final stage of Stuart’s Stress Model is the treatment and intervention stage. These are the exploration by the nurse and patient of both positive and negative consequences that were enabled by the patient’s cognitive misperceptions, and were then followed by maladaptive actions. A nurse’s goal is to help the patient to become aware of poor choices that result in negative consequences, and analyze strategies that are in favor of health promotion and a patient’s positive change in behavior. Dr. Cheryl Lynn Robley would perhaps benefit from a nursing intervention that refocused her interest in life by helping her to understand the things that she regrets. A nursing

intervention directed toward strength training and balance might give her the capability to be more functional on a daily basis. A nurse and patient partnership toward better health has the ability to remind an elderly person that age is only a number and offer nurses the opportunity to begin their own legacy.

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