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ROLE DISINTEGRATION IN AGING

by

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ABSTRACT

Role disintegration is suggested as a model of one dysfunctional pattern of aging in contemporary North America. The concept is illustrated and defined, and delineated by contrast and comparison to related role concepts, and by an analysis of its impact upon existing theory in gerontology.

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## Chapter 1

### INTRODUCTION

#### Background:

Projections of future population structures indicate that the numbers of persons aged sixty-five years and over, and the proportion of Canadian society that they comprise, will increase dramatically in the next several decades.

"By the year 2001, if fertility and immigration continue as expected, not only will the numbers double, but almost 12% of the Canadian population will be sixty-five and over . . . and by the year 2031, 20% of the population may be over sixty-five. Of those who are very elderly (85 + years) . . . the projected increase is from 142,000 in 1971 to 351,000 in 2001 (nearly 2 1/2 times), representing by far the most rapidly growing segment of the total population." 1

At least in part in anticipation of this development, recent years have seen significant developments in health and social service systems for the aged (U.S. Medicare, and inclusion of home care services under provincial health insurance schemes, for example) as well as a heightened interest amongst social scientists in the field of gerontology - the study of aging and the aged.

One disturbing aspect of these developments, at least to

myself, has been the lack of significant involvement of social work practitioners in these areas, and most particularly, in conceptual development. A review of the credentials of some of the seminal workers in the field (conducted in the course of a review of the literature) revealed not a single social work professional.<sup>2</sup>

Perhaps this should not be surprising: social workers are primarily practitioners, dealing in the day to day concerns of individual clients far from the rarified air of the theorists' bureaux. Nonetheless, of the social scientists working 'in the field', social workers might be expected to be (more commonly than members of other disciplines) in relatively frequent contact with the aged: by sheer proximity, practicing social workers are perhaps all-too-often flooded by grist for the conceptual mill. The low level of social work input into our understanding of aging and the aged is unfortunate, for the practicing social worker is uniquely situated with respect to the target population to recognize the patterns and developing trends which are the 'stuff' of theory construction. The tentative conjecturings that develop in the course of social work practice may prove a vital step in the course of advancement to our knowledge in social gerontology.

The reader may anticipate the origins and *raison d'être* of this thesis. It's primary objective is to introduce and develop a concept - role disintegration - which may shed some light on the process of human aging.

The germ of the concept is rooted in my personal history, and derives from practical social work experience. In my earliest

years, living in my grandparent's household, many of my social contacts, and most of my significant others were separated from me by two generations. I developed an easy rapport with persons many years my senior, which proved a valuable asset in my social work practice.

During the summer of 1971, I was employed as an interviewer and team leader by the Office of Research and Planning of the Government of Manitoba, which was undertaking a study on Aging in Manitoba.<sup>3</sup> The questionnaire which was administered enquired into the psycho-social needs, physical, mental and social requirements, and availability and accessibility of resources to the sample group: thus, I had the opportunity to observe in some detail the life circumstance of numerous aged individuals in their home environment. More important, I was able to gain some insight into the complex of the aged individuals' lives.

The following summer, I co-ordinated the establishment of a telephone reassurance service to infirm and elderly persons living alone in the Metropolitan Winnipeg area ("Daily Hello").<sup>4</sup> In its earliest stages, this entailed interviews with both subscribers and volunteers, primarily aged.

From 1972 through 1976, I was employed as a medical social worker in the Medical wards of an urban general hospital and subsequently, as a home care co-ordinator, assessing the home care needs of the elderly, and planning and co-ordinating services provided. Whereas my earlier experience had provided the opportunity to meet and observe a relatively large aged

population but briefly, these latter work situations provided the opportunities to observe some longer term aspects of the lives of the aged, their changing requirements, the developments in their personal solutions.

In planning hospital discharges and home care services, it was my responsibility (in co-operation with a public health nurse) to assess the individual's actual level of functioning. The assessment included evaluation of the individual's ability to see and hear, mental status and mobility, ability to manage household maintenance, meal preparation and travel outside the home, ability to participate in satisfying activities and to communicate with family and friends by telephone or visiting and the frequency of social contacts.

The medical data received from the individual's physician was usually concerned primarily with prognosis and treatment. For the most part, this data was consistent with our assessments, although there were inevitably instances where the individual's actual functioning either exceeded or fell short of the physician's expectations.

More often, there were incongruencies between the perceptions and expectations of assessing professionals and those of family and friends. In general, the perceptions of significant others indicated rather lower current levels of functioning than revealed by assessment. This was evident both in terms of specific behaviour (eg 'climbing stairs') and in terms of general functioning (eg 'mobility'). The same was true of expectations

for future functioning. In cases where some loss in specific functioning was evident (eg 'climbs stairs with some difficulty') not only were the perceptions and expectations of significant others lower in relation to that specific behaviour (eg 'climbs stairs with great difficulty'), but these perceptions and expectations of reduced functioning were also generalized to other specific behaviours (eg 'walks with some difficulty') where no such reduction in functioning was evident in assessment.

In summary, the perceptions and expectations of significant others differed from those of assessing professionals in two distinct ways. First, the expectations and perceptions of family and friends were more negative than those of professionals, in that they indicated and anticipated the individuals' declining capacity to achieve former levels of functioning in self-satisfying and socially valued activities. Secondly, these 'negative' perceptions and expectations were more generalized than was justifiable on the basis of professional assessment.

These differences of opinion respecting current and future functioning of the individual often led to more or less open conflict over care planning. More important, such cases were disturbing to witness in that, just as the perceptions and expectations of family and friends were most often negative, so too were the further developments: for reasons which were apparently incomprehensible medically, the individuals failed to improve as anticipated, and frequently suffered a speedy and generalized decline in actual functioning.

Dysfunctioning is evident in the phenomenon here briefly outlined and (generally) described. Further developments beyond the initial stage of assessment and prognosis in casework were most frequently (if not inevitably) to the detriment of all concerned - the individual client, significant others and society in general. For the individual, role disintegration involved apparently-adventitious losses in functioning, altered self-concept, and lowered self-esteem and life-satisfaction. For family and friends, as for society as a whole, role disintegration involved increased demands (in terms of frequency, intensity and kind) upon personal and professional attention and services.

To the best of my knowledge, this phenomenon - which I have since termed 'role disintegration' had yet to be identified and scrutinized. This was little commendation however, as I was only somewhat familiar with the literature of role theory, less so with that on human aging. In conducting a literature review, I was able to gain a broad general knowledge of aging. In addition, the literature review provided the opportunity to compare and contrast the concept of role disintegration with other related (though distinct) concepts and theories - role loss, role change, role exit and social breakdown theory (discussed in Chapters II and III). The literature review (as well as the critical comments of my thesis committee) have refined my earliest conceptions of role disintegration, and allowed me to gain some understanding of how the concept itself might fit into a more inclusive and general theory of aging. Most important (at this

stage), my studies have enabled me to more concisely describe and define role disintegration:

a general decline in functioning manifested in the decreasing enactment of formerly prescribed and enacted roles, subsequent to decreasing societal expectations, and apart from any prior loss of functional capacity that inhibits such enactment.

Introducing a definition at this early stage raises many questions whose answers are provided only later. Nonetheless, it is hoped that in so doing, some focus will be given to the present dissertation. At some later stage, it may become possible or necessary to refine and improve the concept, test and validate it - that however, is not among my present objectives, which are:

1. to introduce and illustrate a concept;
2. to place the concept within a theoretical framework;
3. to distinguish the concept from other related theoretical conceptions;
4. to give some suggestion of the concept's potential utility as a conceptual tool; and
5. to suggest a direction for further inquiry.

The task at hand then, is one of formulation - based on observation from personal/professional experience, informed by the existing literature, and within the limits of existing theoretical frameworks.

The Range of Role Disintegration:

One important disclaimer must be made explicit at this time: in no sense is role disintegration intended to refer to normal aging. As I have already indicated, role disintegration is dysfunctional - both to the aged individual and to society. Normatively speaking then, role disintegration is abnormal, and undesirable.

Nor is role disintegration viewed as a statistical norm. The notion of role disintegration arose out of social work contacts with the aged, more specifically, with certain members of the aged population who came to the attention of a social service agency because of perceived social and medical problems in their individual cases. The notion is based on observations of a segment of the aged population whose circumstances were deemed - by the individuals themselves, by their significant others and by persons of varied professional backgrounds - to be appropriate for intervention by social work practitioners. This significantly delimited the field of observation, and hence, the extent to which role disintegration can be claimed to be associated with the aged population, or with aging itself. Role disintegration is not offered as a description/explanation of the course of human aging: rather it is viewed as one course that aging takes in certain cases. Its incidence among the aged remains to be empirically determined.

FOOTNOTES

1. SCHWENGER, Cope W. "Health Care for Aging Canadians", in Canadian Welfare, January - February, 1977, Volume 52, Number 6, pp. 9.

2. The review of the credentials of theorists on aging including the following workers: B. G. Anderson; V. L. Bengston; M. Clark; E. Cumming; R. J. Havighurst; W. Henry; R. A. Kalish; G. L. Maddox; B. L. Neugarten; W. A. Peterson; N. W. Riley; A. N. Rose; D. Rosow; S. S. Tobin; R. Videbeck.

3. HAVEN, B. and THOMPSON, E., Aging in Manitoba, Development of Health and Social Development, Government of Manitoba, Winnipeg, Manitoba, 1972 (unpublished).

4. WALSH, K.; MONACHAK, D.; VANDEWALTER, C.; HARDY, S., Daily Hello: A Telephone Reassurance Service, Department of Health and Social Development, Winnipeg, Manitoba, 1972 (unpublished).

## Chapter II

### ROLE THEORY: LITERATURE REVIEW

#### Major Contributors:

Implicit in the term 'role disintegration' is the notion of role itself, as well as the larger parent body thought known as role theory. Role theory and its terminology appear uniquely apt as a means of articulating a description of the phenomenon in question, for it spotlights the relation between societal expectation and individual behaviour:

"The concept of role concerns the thoughts and actions of individuals and at the same time, it points up the influence upon the individual of socially patterned demands and standardizing forces." 1

This concept and theory are well-known amongst social scientists: nonetheless the choice of terminology will inevitably raise some difficulty. For although role theory has become a conceptual tool of major significance in the study of human behaviour, it is difficult to state with any precision just what the theory is. As Biddle and Thomas noted in their introduction to Role Theory:

#### Concepts and Research:

". . . with the exception of fragmentary commentary the scholars of role have not yet identified, articulated

and analyzed the component aspects of role theory: namely, its domain of study, perspective, language, body of knowledge, theory and method of inquiry." 2

Little wonder then that it is often difficult to determine exactly what is meant by the term 'role', which sometimes seems to suffer from a terminal ambiguity.

"The idea of role has been used to denote prescription, description, evaluation and action; it has referred to covert and overt processes, to the behaviour of the self and others, to the behaviour the individual initiates versus that which is directed to him." 3

In order to state clearly what is intended by 'role disintegration' then, it becomes necessary first to spell out clearly what is meant by the term 'role' itself.

As has already been suggested, 'role' has been used in numerous senses, and often more than one sense is used by a given writer, where at other times, the same sense will be used by social scientists in widely separated fields of study. For this reason, it may be useful to give a survey account of the range of uses to which 'role' has been put.

J. L. Moreno, an important figure in the early development of role theory, provided an interesting history of the term 'role':

"'Role', originally a French word which penetrated into English, is derived from the Latin 'rotula' (the little wheel or round log . . . .). In antiquity, it was used, originally, only to designate a round (wooden) roll on which sheets of parchment were fastened so as to smoothly roll (wheel) then around it, since otherwise the sheets would break or crumble. From this came the word for an assemblage

of such leaves into a scroll or booklike composite. This was used, subsequently to mean any official volume of papers pertaining to law courts: rolls of Parliament - the minutes of proceedings. Whereas in Greece and ancient Rome the parts in the theatre were written on the above-mentioned 'rolls' and read by the prompters to the actors (who tried to memorize their parts), this fixation of the work appears to have been lost in the more illiterate periods of the early and middle centuries of the Dark Ages . . . . Only towards the sixteenth and seventeenth centuries, with the emergence of the modern stage, the parts of the theatrical characters are read from 'roles', paper fascimilies. Whence each scenic 'part' becomes a role." 4

The Oxford Shorter Dictionary indicates that more recently, 'role' is used literally to designate that part or character which one undertakes, assumes, or has to play. Figuratively, it refers to the part played by a person in society or life. <sup>5</sup> This figurative sense of the term appears to have grown out of literature, and appropriately enough, the theatre. William Shakespeare recognized that the taking or acting out of 'parts' or 'roles' was not uniquely confined to the stage, and expressed this understanding in the oft-quoted metaphorical passage:

"All the world's a stage,  
And all the men and women merely players:  
They have their exits and their entrances;  
And one man in his time plays many parts  
. . . . " 6

This passage continues by listing the parts or roles assumed - those of infant, schoolboy, lover, etc., and it would appear from this that Shakespeare had in mind that we might now call stages or sequential roles. But it would take no great leap of imagination from this

to the notion of the player vacillating between several roles in response to the situation or context in which the action takes place. Indeed, in the theatre, one often finds that an actor performs in more than one role, each 'role' generally being confined to a particular scene or scenes. In such cases the role of the player depends upon what is required by the script, by the action.

It is difficult to determine exactly where 'role' was first introduced to the lexicon of the social scientist. Precursors to the theory of roles include such noted writers as E. Durkheim (1893), H. James (1890) and C. Cooley (1902). However, it was not until the 1930's that more widespread use was made of the term in the technical literature, and that the theory of role began first to be developed. Within their respective fields of study, American sociologist George H. Mead, European psychiatrist Jacob L. Moreno and American anthropologist Ralph Linton began to develop the basis of modern role theory. It may prove useful to examine the senses in which the term was used by these writers.

In The Study of Man, Linton distinguished status and role:

"A role represents the dynamic aspect of a status. The individual is socially assigned to a status and occupies it with relation to other statuses. When he puts the rights and duties which constitute the status into effect, he is performing the role." 7

For Linton then, role is a list of functions to be performed by a person of a particular status, namely, the rights and duties which constitute the status: to perform a role is to act in accordance

with the rights and obligations assigned by society to that status.

G. H. Mead's notion of 'role' appears grounded in the common figurative usage of the term given earlier, and is bound up in the concept of 'role-taking':

" . . . (a) putting of one's self into the places of others, . . . (a) taking by one's self of their roles or attitudes." 8

"The human individual, through his gesture and his own response to it, finds himself in the role of another. He thus places himself in the attitude of the individual with whom he is to co-operate." 9

Here, and throughout Mead's Mind, Self and Society, 'role' seems simply to mean "'attitudes', the beginnings of acts". 10 These 'beginnings of acts' are closely tied to the 'actor's' way of approaching an object or situation, and in the context of Mead's social behaviourism, are based in physiology.

"The telescope in the hands of a novice is not a telescope in the sense that it is to those on top of Mount Wilson. If we want to trace the responses of the astronomer, we have to go back into his central nervous system, back to a whole series of neurons: and we find something there that answers to the exact way in which the astronomer approaches the instrument under certain conditions. That is the beginning of the act . . . " 11

For Mead then, 'role' was a means of referring to the attitude, the way of approaching or the preparedness to act in a certain way when faced with certain stimuli.

Moreno developed the concept of 'role-playing' as "an experimental procedure, a method of learning to perform roles more adequately". 12 Role-playing was a psychotherapeutic technique

used in psychodrama, wherein the 'player' consciously assumes a role and plays with the role, testing his knowledge of it, and learning how to behave in given situations. In Who Shall Survive?, Moreno contrasts role-playing with Mead's notion of role-taking:

"(Mead) . . . discovered the role and role-taking, taking the role of the other, a process of taking and interiorating the role unto the self, making it readily accessible in societal situations.

These roles, in order to be socially effective, must be already formed, available for immediate release, finished products, or, as I often suggested, they approximate 'role conserves'. My view started from a position exactly opposite to this . . . My role theory began with a critique of the role conserve . . . I observed the resistance of people against some of the roles which society coerces them to play and particularly against their conserved form. I posited therefore the idea of role spontaneity vs. role conserve, playing a role spontaneously, modifying it and warming up in ever-novel situations, in contrast with role-taking, the rendering of a role which is already formed and established." 13

Thus Moreno's concept of role, though similar to that of Mead, does not entail the imperative for action that does Mead's: rather than a list of functions given under the imperative to perform, Moreno's 'role' is more a set of guidelines, a list of suggestions for action.

#### Definitive Uses:

More recently, 'role' has been put to work by numerous writers of varying interests and theoretical bents, and these various influences are reflected in the usage of the term. In an article concerning "Role, Personality, and Social Structures in the

Organizational Setting", D. J. Levinson differentiated three senses of the term in common use within the social sciences:

- "a) Role may be defined as the structurally given demands (norms, expectations, taboos, responsibilities and the like) associated with a given social position. Role is, in this sense, something outside the given individual, a set of pressures and facilitations that channel, guide, impede, support his functioning . . . .
- b) Role may be defined as the member's orientation or conception of the part he is to play . . . . It is, so to say, his inner definition of what someone in his social position is supposed to think and do . . . .
- c) Role is commonly defined as the actions of the individual members - actions seen in terms of their relevance for the social structure (that is, seen in relation to the prevailing norms). In this sense, role refers to the ways in which members of a position act (with or without conscious intention) in accord with or in violation of a given set of norms." 14

This analysis of the term's usage is paralleled, and more clearly if not more precisely stated, by Deutsch and Krause:

- "1. The role consists in the system of expectations which exist in the world surrounding the occupant of a position - expectations regarding his behaviour towards occupants of some other position. This may be termed prescribed role.
- 2. The role consists of those expectations the occupant of a position perceives as applicable to his own behaviour when he interacts with the occupants of some other position. This may be termed the subjective role.

3. The role consists of the specific overt behaviours of the occupant of a position when he interacts with the occupants of some other position. This may be termed the enacted role." 15

'Role' refers variously to behaviour prescribed, to the perception of societal prescriptions and to behaviour occurring in contacts or situations over which the prescription is operative within the social system.

In reference to a particular position within a social system, prescribed, subjective and enacted role might be expected to be quite similar, if not identical:

"(In) . . . . a coherent and well-integrated social system, the members correctly perceive the social norms that govern their behaviour: their subjective roles are similar to their prescribed roles. Similarly, people's actual behaviour tends to correspond to what they believe is 'expected of them': the enacted roles and subjective roles coincide." 16

This correspondence need not necessarily apply: when it does however 'role' is commonly understood to refer to 'the enactment of prescribed behaviour'. In this sense, the term denotes:

". . . . the behavioural enactment of that part of the status which prescribes how the occupant should act toward one of the persons with whom his status rights and obligations put him in contact." 17

The applicability of the term hinges on a correspondence between the individual's behaviour and society's prescriptions. To the role theorist however, what is critical is the nature of the relation between individual action and societal prescription. Deutsch and

Krause delineate this fundamental issue:

"The behaviour of the individual is examined in terms of how it is shaped by the demands and rules of others, by their sanctions for his/her conforming behaviour, and by the conceptions of what his/her behaviour should be." 18

Implicit in this is a requirement for causal connection between societal prescription and individual behaviour. This requirement places heavy demands upon a concept in the formative stages. Nonetheless, it is a criterion which I acknowledge as having a rightful place among the criteria against which a fully-developed concept of role disintegration must be judged, implying (as it does) such a causal link.

At the same time however, it is equally important to recall the essentially exploratory nature of this thesis, the primary aim of which is not to offer up a full-blown theory of role disintegration in aging, but which is rather to delineate and develop the concept, and to give some accounting of its utility. Certainly, at some stage of further inquiry it will become critical to find a satisfactory detailed explanation of the phenomenon itself. I am not without some notion of where this explanation will be, as will be indicated in Chapter IV. But at the same time, it must be recalled that the question of causation can best be answered by empirical study.

#### Role Disintegration and Other Role Concepts:

The concept of role disintegration constitutes an attempt to view a course(s) of aging in relation to the notion of

role. More specifically, it attempts to shed some light on one specific course which aging may and does take in certain cases, by viewing the behaviour of aged individuals in relation to the expectations for such persons, expectations which are operative in the social environment in which the individual moves.

This thesis is by no means unique in injecting the concepts of role and role-governed behaviour into an analysis of aging: on the contrary, Phillips (1957), Rosow (1974), and Blau (1973) have contributed to our understanding of aging, with their respective notions of role change, role loss and role exit. These concepts, although related, are nonetheless distinct from one another, as well as from role disintegration. Some discussion of the distinctions may prove useful in further clarifying the latter, a task to which I now turn.

1. Role Change:

This discussion of these related concepts begins, perhaps most logically, with Phillips' notation of role change. In "A Role Theory Approach to Adjustment in Old Age", Phillips lists some of the major changes which, he maintains, society imposes on the aged:

"retirement from full-time employment  
by men, and relinquishment of household management by women;

withdrawal from active community  
and organizational leadership;

breaking up of a marriage through  
the death of one's spouse;

loss of interest in distant goals  
and plans;

Acceptance of dependance upon others  
for support or advice and management  
of funds;

acceptance of subordinate position  
to adult offspring or to social  
workers;

taking up membership in groups made  
up largely by old people;

acceptance of planning in terms of  
immediate goals." 19

In addition, Phillips refers to the role change  
indicated

"by a 'yes' answer to the question  
'Do you think people treat you  
differently because you are older?'  
. . . . (and) which concerns the  
entire matrix of roles within which  
the individual behaves." 20

and also to the role change ". . . . indexed by  
whether or not the individual has reached the age of  
70." 21 On Phillips' view, these role changes tend  
to promote a self-identification as elderly or old,  
and this self-identification, which entails the  
acceptance of a fundamentally negative cultural  
evaluation of oneself, contributes no maladjustment  
in old age.

Phillips fails to elucidate exactly what he means  
by 'role change', relying on our commonsensical  
interpretation of its meaning. It is clear that,  
for Phillips, role change refers to a change in the

roles available to an individual, where the change itself is imposed on him by society. Secondly, role change is viewed by Phillips as a causal factor in maladjustment to old age, modulated by the intervening variable, self-concept. Little cognizance however, is given to the possibility of interaction between role changes, except insofar as multiple role changes may over-ride the effects of self-concept upon adjustment.

Perhaps the most basic difference between Phillips' views and my own is one of orientation. Phillips' interest is in role change as a causal factor in adjustment: my own emphasis is on role changes as phenomena in their own right and particularly, on the causal inter-relations between specific role changes. Where, for example, Phillips is concerned with the effect of retirement on adjustment, I would be concerned with the role change associated with retirement itself, and with the relation between retirement and, (among others) withdrawal from active community and organizational leadership: although there is no inevitability implied in the relation between these role losses (no domino effect, per se), my experience suggests there may be a causal relation. It is this relation between role changes to which I am addressing myself.

A further difference between our respective views is related to this question of orientation or focus. For Phillips, all role changes are essentially similar, undifferentiated in terms of causes, effects, and rate or direction of change. In my view, role changes are differentiable with reference to their causes, effects, implications and temporal character. Finally, for Phillips, role changes are, quite simply, imposed by society on the individual: Phillips makes no attempt to inquire into the mechanics of role change. By contrast, in my own work, this aspect of role change is central. Role disintegration is intended as one part of an answer to the question: 'By what course or courses does role change take place?'. Role disintegration refers to a general decline (and often, sudden) decline in over-all functioning, manifested in the decreasing enactment of previously prescribed and enacted roles, and apart from any loss in functional capacity that inhibits such enactment.

2. Role Loss:

Rosow's notion of role loss refers to the involuntary and often unwelcome loss of major life roles which, he considers, is:

" . . . possibly the strongest single alienating force in old age. The person loses central positions and normal adult characteristics and this entails a definite price: the resources and functions on which his social prestige is based. His claims on the society are subsequently weakened, his social power dwindles, his dependency on others increases. And his morale is inversely related to the loss of roles." 22

For Rosow, role loss is exclusively associated with changes in mental status, (role loss through death of spouse) changes in income (role loss through reduction or loss of financial independence), changes in employment (role loss through retirement) and changes in health (role loss through declining strength, co-ordination, etc.).<sup>23</sup> Such losses, he maintains

"inevitably affect previous group relationships, lower prestige and reduce one's status sets and the social integration that they provide the individual." 24

This relation between role losses and the social integration of the aged individual is his primary interest in the concept. In his book, Social Integration and the Aged, Rosow developed "a simple objective index of role loss based on changes of marital status, employment, income and health"<sup>25</sup> - a 'comprehensive role loss index', which was then correlated with social integration. His emphasis is on the relation between discrete events (retirement, loss of

spouse, etc.) and on the outcome of role loss in general (increased dependency, decreased social power, lowered morale, etc.). By contrast, my own work concerns the manner in which role losses take place, and particularly, with the second-order effects upon roles that retirement, loss of spouse, etc. may involve (eg. - with the effect that the loss of the worker role might have on involvements in community organizations).

Two further distinctions may be made between Rosow's work and my own. First, he makes no attempt to investigate or analyze the relation between societal expectations and role loss. For Rosow, role loss is simply imposed upon the individual by society or nature: for myself, an attempt to describe and analyze the relation between negative societal expectations and role loss is essential to an understanding of the phenomenon. Nor does Rosow address himself to the relationships between role losses or changes (the effect, for example, that retirement might have on one's role as spouse, home owner, etc.): this issue is basic to my studies.

### 3. Role Exit:

Zena S. Blau's notion of role exit represents an

attempt to encompass all major changes in life roles, and to differentiate amongst them in terms of their causes, outcomes and social contexts.

Role exit takes place

"whenever any stable pattern of interaction between two or more persons ceases." 26

Here, in contrast to Rosow and Phillips, the criterion for applicability of the terminology is laid down, providing a firmer grasp of the phenomenon itself.

In Blau's view, role exits are differentiated in terms of their causes - namely, acts of nature and acts of human volition. For Blau, this differentiation of role exits in terms of causal factors of the causal factor (nature vs. human volition) is critical for the effects of role exit. Blau maintains that whereas role exits resulting from acts of human volition will always have invidious implications for the individual, role exits resulting from acts of nature will not. 27

Blau further differentiates amongst role exits resulting from human volition in terms of the activity/passivity of the individual concerned. She distinguishes between acts of the individual ('voluntary role exit' - as in voluntary retirement), and acts of the second party or parties to

interaction ('involuntary exit' - as in desertion by one's role partner, and finally 'expulsion' - as in banishment, excommunication, etc.).<sup>28</sup>

For Blau, "(role) . . . . exits precipitated by a motivated act always have an invidious meaning."<sup>29</sup> However, the nature and extent of the invidious meaning and implication of role exit is variable, and related to the exit - precipitating agent. Voluntary role exit involves guilt: involuntary exit and banishment, by contrast, involve shame and reduce self-esteem.

On Blau's analysis, a further distinction may be made between the consequences of voluntary exit on the one hand and those of involuntary exit, banishment, and exits, through acts of nature on the other.

"People who voluntarily relinquish a social role do so, as a rule, not merely because they are alienated from a role partner or role set but also because they have the hope or promise of greater satisfaction or benefits from some other role. These expected rewards make them willing to bear the guilt that is the cost of an actual (or even a contemplated) desertion of a person or collectivity."<sup>30</sup>

"More important, however, is that the decision to relinquish a role is generally not made until the individual has some other role option, or is

considering one, and this can be a restitution for the role he is giving up. Voluntary role exit . . . . implies that the process of reintegration of self began before the exit and that restitution for the relinquished role is at hand, so to speak, in the form of the new role the person is entering." 31

By contrast, non-voluntary exits through desertion, banishment and relatively sudden acts of nature do not generally offer this preparation for role exit.

"The person's feelings of desolation and impoverishment are more prolonged: he experiences uncertainty and self-doubt. The old pattern of his existence has been disrupted and he has no immediate plans or prospects around which to reform his self-concept." 32

In addition, Blau maintains, banishment and desertion involve "social rejection - that is, the loss of another's love, concern, compassion or esteem". 33 Not only do they involve reduction in activity and in the individual's self-concept, but the individual is also thereby devalued and demeaned.

Blau's analysis of the impact of role exits in aging is based upon these distinctions between:

- A. exits through human volition vs. exits through acts of nature and the invidious vs. non-invidious implications thereof; and between
- B. voluntary vs. non-voluntary exits and the special problem in aging of the

absence of role restitution through  
role repetition (as in remarriage)  
or role sequencing (as in the exit  
from adolescence to adulthood).

"Before old age, the sequential ordering of institutionalized social roles operates to obscure the recurring phenomenon of role exit. For with each culturally significant role that the maturing individual is called upon to surrender, he has a promise, so to speak, of a replacement for it - one that usually represented as having more value, more honor, and more privileges. In addition to such inducements, a variety of social practices and mechanisms help prepare the individual to abandon old familiar roles for new, more complex ones . . . ." 34

At least until old age. For the individual approaching old age, society offers little opportunity for entrance for more desirable, honoured or privileged roles, and the prospects for role repetition (eg. re-employment) are poor. This lack of restitutions is further heightened in role exits involving human volition as in retirement, for example: not only is the individual not compensated for the loss entailed in retirement, but he is demeaned and devalued in the process - as though the individual himself is directly the cause of role exit.

Some caution must be exercised in interpreting

Blau's analysis of role exit. In particular, while the distinction between acts of nature and acts of human volition is commonsensical, some difficulty in interpretation is possible in certain cases. For example, death of a spouse might result through human volition (as in suicide) or through acts of nature (as from coronary thrombosis): the former would carry invidious implications, whereas the latter would not. However, in the case of the housewife who knowingly prepares foods which are linked to high coronary risk, one might be tempted to attribute her spouse's death, at least in part, to human volition. By contrast, Schmale refers to individuals 'giving-up' when unable to cope with stressful situations,<sup>35</sup> and the possibility arises that severe stress (as in serious illness) may cause a person to 'give-up' and die: in such a case, death of spouse might be interpreted as 'desertion', an act of volition with invidious implications for the surviving spouse. Hence, as these examples show, some caution will have to be exercised in determining whether given instances of role exit are the product of volition or of nature, and to the implications that may be expected.

Insightful though Blau's analysis of role exit in aging may be, the analysis does not explicitly consider the relationships between role exits per se. Rather, Blau's focus is upon the consequences which role exits have upon the self-esteem and self-concept of the individual. These effects upon self-esteem and self-concept might be expected to have some second-order effects upon the roles of the aged, (an analysis of which might have some significance for the concept of role disintegration) however, Blau never addresses herself to this question.

4. Sick Role and Terminal Sick Role:

Two concepts from the literature on role theory which might be thought to be related to disintegration are so related only peripherally. The concepts of 'sick role' (T. Parsons)<sup>36</sup> and 'terminal sick role' (Lipman and Sterne)<sup>37</sup> characterize the expectations of society relative to, and the behaviour of individuals occupying certain positions or statuses within the social system. These characterizations may or may not prove useful models paralleling the 'aged role' in a given social system, but remain peripheral to the central concern of role disintegration, which is the characterize a

process which leads to an 'aged role'. This suggests the inadequacy of the notions of role loss, role change, and role exit to describe a process wherein exit of an individual from a specific behavioural role may, apparently, contribute to further role exits: whereas these earlier concepts are concerned with exit, change or loss of a behavioural role, role disintegration is concerned with the relationship between such changes, losses, or exits.

5. Summary:

The work of Phillips, Blau and Rosow are like my own in viewing aging as a role-related phenomenon. At the same time, however, the concepts of role change, role loss and role exit remain distinct from the notion of role disintegration. Most simply stated, the focus of these earlier workers has been the relation between events (death of spouse) and societal institutions and practices (compulsory retirement) which impact upon the role sets of the aged, and the self-esteem, self-concept and social integration of the aged individual. My own focus is on the deterioration of role performance (the enactment of formerly prescribed roles) in the aged where no such direct causal linkage is

evident, on the relationship between such deterioration and societal expectations and, finally, on the action of role exit as a catalyst in such deterioration.

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## Chapter III

### LITERATURE REVIEW: AGING THEORY

#### Biological Theories of Aging:

In order to assess the claim that role disintegration represents an acceleration of the normal process of aging, it will be necessary to gain some insight into the process itself. Gerontology, the science of aging, draws on psychology, physiology and sociology in the endeavour

"to characterize the nature of the older organism and to explain how the organism changes with time." 1

Many readers will be familiar with certain of the most readily observable effects of senescence, the biological condition of aging:

"(Muscle strength) . . . . inevitably diminishes, sensory acuity decreases, reflexes are slower, co-ordination is poorer, and general level of energy is lower . . . . " 2

"Our skin wrinkles from increasing dryness, our hair turns grey and falls out, we tend to gain weight . . . . and we feel stiff after relatively little exercise." 3

B. L. Strehler characterized the process of aging, and thereby laid down the basic requirements for any theory of biological process of

aging. The process of aging is degenerative, marked by losses in functional capacity. Second, its effects develop over extended periods of time: the process is gradual and progressive. Third, we may say with some confidence that the process is universal, although its rate and expression may vary. Finally, age-related physiological changes are intrinsic to the organism (eg. their cause is to be found in the properties and characteristics of the organism itself, and not in the environment or in behaviour).

The most basic question in the study of the biological process concerns the level of organization of the organism in which aging is rooted - the cellular, intracellular or systemic. Strehler conceives the question in terms of alternate hypotheses:

- "1. Organismic aging is due to qualitative and quantitative changes in the properties of individual cells; or
2. Aging is due to disruptive changes in the interactions between cells (or to loss of cells); or
3. Aging is due to deterioration of extracellular components of the adult." 4

Research activity in this area has been focussed primarily on the cellular and intracellular hypotheses, and there seems to be general agreement that these are the most promising possibilities. Studies at this level are concerned with such problems as genetic instability through mutation and 'copy errors' in cell division, the accumulation of lipofuscin or age pigment, the decrease in elasticity and permeability of the extracellular groundmass related to alteration and increase of collagen fibre, and the possibility that genetic programming may not extend significantly beyond the reproductive years. The

social scientist may well feel out of his proper realm of study here, but for the gerontologist, some grasp of the basic issues will be essential if we are to gain an understanding of the interplay between social and psychological forces and the physiological phenomenon.

Certain earlier conceptions of the biological process, which are widely accepted by the general public are of some general interest. One such theory is based on the physical concept of entropy, which is the irreversible tendency of systems not in equilibrium to become disorganized as energy available to maintain the system decreases over time. In biological terms, entropy is interpreted to mean the organisms have access to a fixed and finite amount of energy over their lifetime, and that the exhaustion of this supply results in death.<sup>5</sup> This theory gains its initial plausibility through analogy (the faster a candle burns, the sooner it is consumed). However, it is incompatible with the observation that regular strenuous exercise contributes to longevity.

A second theory, propounded by H. Selye,<sup>6</sup> among others, gains much of its plausibility by conflating the psychological and physiological notions of stress. Selye makes no distinction between aging and pathology, proposing to explain them by analogy to the short-term reaction pattern of alarm, resistance and exhaustion seen at a cellular and organismic level when sudden, unexpected stresses or stimuli are encountered. Aging is viewed as the wear and tear that results from such encounters. This conception of senescence has gained little acceptance among biologists, although some social scientists

have found it suggestive (Lowenthal, 1967).

One characteristic of the process of senescence is declining functional capacity, which is said to decrease linearly with chronological age. However, this must not be taken too strictly:

"We tend to forget that chronological age is a convenient indicator of functional capacity, not an absolute measure. It is not unusual in clinical examinations of the elderly to find a man of 70 with the eyesight of someone 20 years his junior, yet with the kidney function of one considerably older." 7

This discrepancy between biological and chronological age is reflected both at the individual level (as above) and in comparison of individual, and points up the individualistic nature of aging: while the process is universal, individuals age in more or less characteristic ways. One factor in such individual differences may be the extent and nature of pathology. However, social and psychological differences may also be a factor.

#### Social Theories of Aging:

Interestingly, aging seems more specifically and rigidly defined in the social sphere than the biological. In Canadian society, for example, the 65th year of one's life has been designated as the crossover from middle to later life, and has been institutionalized as such by making it a determining factor for eligibility to Old Age Pension, Guaranteed Income Supplement and Canada Pension Plan benefits, among other things. Compulsory retirement is common policy in both the public and private sectors. Although sixty-five may be a

convenient benchmark, nonetheless it serves to define the aged in concrete social terms, with total disregard to the individual character of aging.

A. Subculture of Aging:

The specification of chronological age as a criterion of eligibility for medical, social and other services and benefits may be viewed as contributing to the development of a subculture of the aged, where interaction between members is more significant than interaction with members of other social groupings. Rose, a leading proponent of this view, suggests that through policies and practices that distinguish between person primarily on the basis of age, society sets the age group apart, and gives identity to the age group as a social group, both for its members and for society at large. Numerous factors may contribute to group identity and altered patterns of interaction - compulsory retirement, age-segregated medical and social services, activity groups and retirement communities, special banking privileges and bus fares. The members of the arbitrarily-designated age group turn inward, and a subculture is generated which, according to Rose, cuts across such cultural bases as ethnicity and religion, and which may come to expression in political activity.<sup>8</sup>

On the obverse side, the nature and extent of inter-

action with the larger society - attachments through employment, family and friends of different ages, and private and public institutions which are organized on other than age related bases, as well as the individual's self-concept - may tend to maintain the aged individual as an integrated member of society tending to impede the development of a sub-culture of the aged.

B. Disengagement Versus Activity:

Rose's views represent one version of what is known as disengagement theory. Disengagement express the notion that society and the individual prepare for their ultimate separation - death - by mutual and mutually satisfying gradual withdrawal. Cumming and Henry provided a social gerontology with one of its first explicit and general conceptions of aging, which they characterized as:

" . . . an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social systems he belongs to. The process may be initiated by the individual or by others in the situation . . . . When the aging process is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship." 9

Society withdraws from the individual to open up

opportunities for its younger more dependable and productive members, while the individual withdraws in recognition of waning capacities and in response to changing personal priorities. Disengagement may be postponed, either unilaterally or by mutual consent, but disengagement is inevitable. Finally, disengagement is self-feeding: withdrawal reduces contact and hence interaction, which in turn precipitates further withdrawal.

Almost from the onset, disengagement theory has been the subject of controversy and criticism, which resulted in multiple revisions and reformulations of the basic thesis. Much of this criticism has focussed on three central issues:

1. The failure of disengagement theory to give cognizance to individual personality differences as a factor is ongoing (Reichard, Livson and Peterson, 1962 [10]; Havighurst, Neugarten and Tobin, 1964 [11]; Havighurst 1968 [12]; Atchley 1971 [13]; Maddox 1964 [14]);
2. The claim that disengagement is functional and desirable particularly from the point of view of the aging individual (Tobin and Neugarten 1976 [15]; Maddox 1963 [16]; Lipman and Smith 1963 [17]; Clark and Anderson 1967 [18]); and
3. The claim that disengagement is intrinsic, inevitable, and universal (Deroches and Kalman 1964 [19]; Maddox 1964 and 1965 [20, 21]; Youmans 1967 [23]).

The universality of disengagement in particular has come under heavy attack by critics of this theory. Maddox,

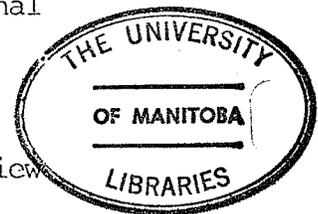
for example, maintained that patterns of disengagement, where observable at all, tended to be concentrated:

"among the very old whose declining health reduces their capacity to play any social roles successfully, and among those for whom disengagement is a life style antedating old age." 24

Similarly, the claim that disengagement is mutually functional and beneficial to society and the aged is difficult to maintain. Certainly, from the point of society, disengagement is not without its attractions: it opens up opportunities for youth, for new knowledge, new ideas, and for strong, eager hands. But at the same time, disengagement represents a potential loss to the social interest as well - in terms of experience, of understanding and of skill.

Revisions of their original statement of disengagement theory were proposed separately by Cumming (1964)<sup>25</sup> and Henry (1964).<sup>26</sup> Cumming's revision made allowance for differential individual reactions to disengagement, based on biological and personality variables. Henry's reworking of disengagement gave a greater emphasis to psychological factors, rendering disengagement more an individualized developmental process than the functional necessity it had been on the original formulation.

In direct conflict with disengagement theory is the view of aging known as activity theory, the central hypothesis



of which relates activity levels to patterns of adjustment:

"It may be expected that personal adjustment will be related to activity in such a way that the more active people - mentally, physically, socially - are the better adjusted." 27

Often implicit in earlier writings, and in social work practices as well as popular conceptions of aging, this view was perhaps first made explicit by Havighurst and Albrecht (1953):

"During the years of approach to later maturity the person gradually assumes roles in new areas . . . . (and) shifts roles within other areas, including occupation, civic activity, club activity and family life . . . . In general, these shifts in role involves a reduction of activity and responsibility . . . . However, there may be a compensation for this by the addition of a new role in the family . . . ., by increased informal social participation with peers, as well as by increased church and leisure time activity." 28

This view of successful adaptation to aging does have a certain initial appeal. And certainly there will be cases where exactly this sort of process appears to be operating. The findings of Havighurst and Albrecht however, and those of others, provided only very limited support to the hypothesis relating activity levels and personal adjustment.

In "An Exploration of the Activity Theory of Aging . . . . " (1972), Lemon et al, provided an

axiomatic formulation of the activity theory, which may be given as follows:

- "1. Activity provides role support,
2. Role support is necessary to a positive self-concept, and
3. A positive self-concept is necessary to high life satisfaction, hence
4. Activity is necessary to high life satisfaction." 29

Utilizing secondary data, Lemon et al were unable to find any substantial support for the thesis.

Havighurst, Neugarten and Tobin attempted to test the two major theories of successful aging, (eg. activity theory and disengagement theory). The investigation used the data from the Kansas City Study of Adult Life - the same data used by Cumming and Henry in their initial formulation of disengagement theory. This analysis was based upon three dimensions: personality, role activity and life satisfaction. The findings indicated that:

"Neither the activity theory, nor the disengagement theory of optimal aging is itself sufficient to account for what we regard as the more inclusive description of these findings: that as men and women move beyond the age of 70 in a modern, industrialized community they regret the drop in role activity that occurs in their lives; at the same time, most other persons accept this drop as an inevitable accompaniment of growing old; and they succeed in maintaining a sense of self-worth and a sense of satisfaction with past and present life as a whole. Other older persons are less successful in

resolving these conflicting elements - not only do they have strong negative effect regarding losses in activity but the present losses weigh heavily and are accompanied by a dissatisfaction with past and present life." 30

These findings fail to settle the basic conflict between the activity and disengagement theories of aging. The finding that some individuals find satisfaction in aging in spite of reduced role activity undercuts the central hypothesis of activity theory, and lends substance to the notion of aging as a withdrawal of the individual from society which is mutually satisfactory. On the other hand, the finding that other individuals are dissatisfied with lower levels of role activity gives credence to the relation between activity and life satisfaction, while simultaneously undercutting the notion of a mutually satisfactory disengagement. Based on these findings, Havighurst, Tobin and Neugarten concluded that neither activity nor disengagement theories adequately account for observed variations in patterns of aging.

#### Psychological Theories of Aging:

With the apparent failure of the activity and disengagement theories of successful aging, there was some speculation that no single all-inclusive model of aging could account for wide variations in patterns of aging, both successful and otherwise. On the basis of their findings, Havighurst, Tobin and Neugarten concluded that some further variable would have to be considered as determinative to the course of

human aging - possibly personality.

Significant variations in styles of aging were reflected in Reichard, Livson and Petersen's Aging and Personality: A Study of Eighty-Seven Older Men.<sup>31</sup> The purposes of the study were to focus on the role of personality in adjustment to aging within a homogeneous socio-economic group, and to explore changes in personality and personal adjustment with aging. Their study revealed five basic patterns of aging, and the authors speculated whether there might not be additional patterns not reflected within the particular socio-economic group of their study. Neugarten and associates differentiated eight distinct patterns of aging, each associated with one of four basic personality types. Although their sample and typology differed somewhat from that of Reichard et al, there were nonetheless striking similarities. In more general terms, their findings seemed to confirm the significance of psychological factors in differential aging:

"The way in which a person grows old depends to a large extent on his character structure - on dominant needs, defenses, and adaptive mechanisms. How well he adjusts to growing old depends on whether he can meet his needs and support his defenses in his current situation. Growing old is particularly stressful for some because it undermines life-long adaptive patterns. For others . . . . aging may be easier because it affords opportunity to satisfy certain basic needs, perhaps to relax earlier defenses against such needs." 32

Perhaps more important, the study revealed an underlying trend in patterns of aging successfully (as measured by the aged themselves):

"Successful adjustment on retirement appears to depend less on how active a man is than on whether his activities develop out of lifelong needs and interests.

Those in our study group who adjusted well to retirement were able to develop a life style that provided continuity with the past and met long-term needs." 33

This theme of the continuity of personality as a key to understanding patterns of aging was echoed in the findings of Neugarten, Havighurst and Tobin (1968):

"(We) . . . . regard personality as the pivotal dimension in describing patterns of aging and in predicting relationships between level of social role activity and life satisfaction. There is considerable evidence that, in normal men and women, there is no sharp discontinuity of personality with age, but instead an increasing consistency." 34

#### Social-Environmental Theories of Aging:

Although the psychological development conception of aging has provided much interesting and suggestive data, some critics of this approach have contended that psychological models fail to give cognizance to the powerful influence of the social milieu in shaping and modifying individual styles of coping. Several workers (Bruhn,<sup>35</sup> Gubrium,<sup>36</sup> Emerson,<sup>37</sup> Blau,<sup>38</sup> Dowd,<sup>39</sup>) have proposed what might be termed social environmental models of aging. In essence, these workers are concerned with the relation between societal expectations, individual capacities and the individual's perception of correspondence or discontinuity between the two. Blau, for example, has focused on the special circumstances within which role exit takes place.

Kuypers and Bengston have focussed on the systemic quality of aging. Based on Zusman's social breakdown syndrome, this model of aging, in contrast to the activity and disengagement theories, suggests that aging in contemporary North American Society "assumes a pathological quality because of the nature of environmental changes."<sup>40</sup>

The social breakdown model is described as "a vicious feedback loop with negative inputs."<sup>41</sup> Kuypers and Bengston agree that role loss, normlessness and the lack of appropriate reference groups contribute to a precondition of susceptibility which leads to an inordinate dependance on the social environment for external cues to guide the individual's behaviour. This dependance, they maintain, is taken by society as a sign of decreasing competence, and negative social labelling results. The individual is thereby inducted into a dependant role, which involves the learning of new behavioural 'skills' appropriate to the dependant role, the atrophy of previous skills and the self-identification as sick, inadequate and incompetent relative to dominant functionalist values within contemporary society.

"As is the case with anyone else surrounded by unfamiliar circumstances, role loss or drastic change without adequate preparation, older people reach out for some hard and fast cues to advise them how they should react. The very fact that they must reach out is taken by all parties as an indication of failing capacity, a cause for concern. In order to elicit further interaction, older persons gradually, almost inadvertently, adopt some of the negative characteristics ascribed to them, thus slipping deeper into a dependant status as the cycle is repeated." <sup>42</sup>

Like the disengagement and activity theories of aging, the social breakdown model is given as a statistically normative model of

aging. Unlike their predecessors however, Kuypers and Bengston strongly suggest that the statistically normative pattern of aging is inherently pathological. This is in contrast to my own view, in which one course that aging sometimes takes is viewed as dysfunctional: in no sense is role disintegration intended as a model of normal aging. This view - that statistically normative aging itself is not dysfunctional - would appear to be corroborated by the repeated finding that the aged do not generally identify themselves as being old, an anticipated consequent of the social breakdown model.

"The critical element (in social breakdown) is . . . . the nature and quality of the cues available to the individual." 43

"(Negatively) . . . . toned stereotypes associated with loss of 'productive' roles may become accepted by the individual in describing himself. From the dominant functionalist perspective of Western Society, the elderly person is informed - directly and indirectly - of his uselessness, obsolescence, low value, inadequacy and incompetence. To the degree that these specific messages are conveyed and to the degree that the elderly person . . . . adopts them as true for the self, a cycle of events is established which leads to a generalized self-view of incompetence, uselessness and worthlessness." 44

The negative labelling and stereotyping by society of the aging is clearly accessible to the aging.

"Significantly, these images of the old are not confined to younger people alone, but are also widely shared by the aged themselves. Old persons depreciate other aged persons, and in the same terms." 45

Nonetheless,

"(one) of the most consistent findings of surveys of old people is their refusal to

acknowledge that they are old. Most of them claim that they consider themselves as middle-aged or young. And the older they are, the later they think that 'old age' begins. This indicates a deep and widening split between older people's self-images and the conceptions that others have of them." 46

This is concurred with by Blau,

"The answers to the Elmira Study's question 'How do you think of yourself as far as age goes - middle-aged, elderly, old, or what?' confirm that chronological age itself does not reveal one's age identity. Although all respondents were sixty and beyond, only 38% thought of themselves as elderly or old; 60% considered themselves still middle-aged." 47

Apparently then, although elderly persons are not unaware of society's essentially negative view of the aged (and even share in it), for the most part they do not view themselves as being old - their self-images remain generally youthful and positive.

The age-stratification approach to aging offers the promise of standing outside of seeing beyond cultural and temporal boundaries. Although as yet still in the formative stages, age stratification theory promises a comprehensive perspective giving cognizance to a wide range of independent and interdependent variables. On this view, aging is seen both as a physiological process subject to extensive modification (by hormonal or chemical therapy, for example), and as a maturational process reflecting the passage of age-stratified groups through time (cohort flow):

"It takes as its point of departure the seemingly straightforward observation that societies typically arrange themselves into a hierarchy

of age strata complete with obligations and prerogatives assigned to members as they move from one stratum to the next. The particular configuration of one's social roles is dependant on individual attributes, yet at the same time, it reflects certain parameters imposed by structural factors and by the composition of successive biological cohorts. Since each age stratum develops its own characteristic structure as it moves through time, and because history itself presents subsequent cohorts with their own unique conditions, sequential generations manifest distinctive patterns of aging." 48

The exigencies of historical circumstance are met by differential allocation to subsequent cohorts, and by shifting patterns of socialization: these, in turn are reflected in changing age-related social roles, expectations and capacities. Movement between age strata at any given time will reflect the social conditions of the day, and may be characterized by relative synchrony, or by societal and individual stress.

On this view, socialization " . . . . is a means of ensuring a smooth transition of individuals from one age status to the next."<sup>49</sup> As cohort-groups age, socializing agencies operate to adjust the cohorts' participation in social role activities to accord with updated allocation of roles. This adjustment process however, may fail.

"Some researchers have suggested that in complex industrial societies, the criteria for role assignments have become increasingly ambiguous, and socialization processes weakened to the point of being inoperative. As a consequence, there is an undercurrent of asynchronization, sometimes called role strain or simply personal stress, build into the movement between age strata that requires special attention (Cain 1964). An example which comes readily to mind is the need for preretirement counselling to facilitate the adjustment of older workers to

their future and to the new roles which present themselves." 50

The notion that role strain or personal stress upon role exit is primarily indicative of a failure of socialization overlooks an important factor in response to role exit. Blau, for example, has stressed that the effects of role exit may be exacerbated where there has been no anticipatory socialization as, for example, in sudden divorce. The role exits in old age, however, differ from this in that there is a failure of role restitution: for the most part, the aged individual has little opportunity for role repetition; and society fails to provide any socially significant replacement for the major social roles from which he exits.

"The life cycle as traditionally perceived, consists of four stages: childhood, youth, adulthood, and old age. The first two stages are considered preparation for adulthood. Life's meaning and purpose, we have been led to believe, are to be found principally in the enactment of three adult roles -- marriage, parenthood, and for males, an occupation." 51

In old age then the aged individual is faced with the prospect that there is little of social significance (eg. little of relevance to the predominantly functional basic of society) left to do - that he has, in a sense, passed life by.

#### Summary:

In this chapter, I have attempted to outline the major theoretical approaches of aging: biological, social, psychological, social-environmental and age-stratification theories were outlined and briefly discussed. In concluding the chapter, I shall discuss the

mutual relevance of these theories and role disintegration.

This task is somewhat complicated by the fact that, whereas the theories discussed have, been given as models of statistically normative aging, role disintegration is a phenomenon of undetermined (but apparently, limited) incidence.

Perhaps the most astonishing element in biological theories of aging is that, while the process is generally acknowledged as universal and inevitable, its expression varies widely from individual to individual: while there are patterns of aging which relate to chronological age in general, there are no fixed relations between chronology and biological aging. The relevance of biological theories of aging to role disintegration lies herein - there are no fixed age-specific biological imperatives which uniformly affect functioning. Therefore, in the instances where it occurs, role disintegration is necessarily a product of social prescriptions - not biological.

Social theories of aging specifically, activity theory and disengagement theory - are theories of normative aging: they refer to the way in which persons do and should age. Insofar as role disintegration is dysfunctional process, as I have maintained, it contradicts the notion of a mutual and mutually satisfactory withdrawal of the aged individual and society. At the same time, role disintegration as dysfunctional process is based upon the notion that, for the individual experiencing role disintegration, activity theory will apply.

Psychological theories of aging - based on personality as an independent variable - allow for wide variations in patterns of aging.

As I suggest in Chapter Five, personality factors may be significantly related to the onset of role disintegration: avenues for research on this question are suggested by the typologies of Reichard, Havighurst et al and Livson et al.

Social-environmental theories of aging as a class are perhaps most relevant to the notion of role disintegration in that they specifically focus on the inter-relations between societal role expectations and individual functioning. The role theory framework for analysis of these inter-relations brings the social environmental aspects of aging into short focus, and gives direction to theoretical and empirical enquiry.

The age stratification conception of aging represents an attempt to step outside of the boundaries of time and place, and provides a framework which gives guidance to theory construction in social gerontology, focusing on factors (both internal and external to the social system) which may contribute to change within the social environment (particularly, in societal role expectations). Age stratification strongly suggests that the patterns of aging which are modal in a given social system and at a given period in history may be significantly affected by factors which vary from one age-cohort group to another: as these factors change, so too may patterns of aging be expected to change. Age stratification theory suggests the possibility of sequence of normative models, which refers to a sequence of age-cohort groups. The implication here for this thesis is that, whereas at present role disintegration is apparently, its non-normative incidence might either increase or decrease over time and become either a

normative pattern of aging among specific age-cohort groups, or a footnote in the annals of social gerontology.

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## Chapter IV

### ROLE DISINTEGRATION

#### Definition:

Having gained some insight into the meaning and usage of 'role', and after reviewing certain related concepts from the literature on role theory and aging, it becomes possible to state with some clarity just what is meant by 'role disintegration'. Secondly, (and primarily because of the exploratory nature of the current endeavour), an attempt will be made to illustrate the phenomenon, through reference to literary example and also to the writer's personal and professional experience. This will provide the opportunity to further characterize the phenomenon and at the same time, give further specificity to the definition itself. Finally (although this goes somewhat beyond the stated objectives of the thesis), some consideration will be given to theoretical models which might be called upon to predict and explain the phenomenon so described.

The presenting features of role disintegration were suggested in Chapter I: in certain cases, individual functioning failed to come up to the level anticipated from prior professional assessments of functional capacity, corresponding more closely, rather, with the (generally lower) expectations of family and friends. In addition, it

became clear in dealing with such cases that the individual's current level of functioning also failed to come up with previously (often recently) attained levels. Similarly it became evident in discussing care planning with the family or friends of the person concerned that the expectations of significant others had (more rather than less) recently declined. Typically then, these cases were characterized by lowered levels of functioning, and by lowered expectations in the social environment, in the absence of physical dysfunction to which the lowered levels of functioning might have been attributed. Role disintegration is concerned exclusively with cases which exhibit these features, and may be defined as:

a general decline in functioning manifested in the decreasing enactment of formerly proscribed and enacted roles, subsequent to decreasing societal expectations, and apart from any prior loss of functional capacity that inhibits such enactment.

The definition given will require further specification and qualification which is given later in this chapter. However, at this point, it may be more efficacious to provide some substance to the discussion and at the same time, shed some light upon the rationale and bases of these refinements.

#### Illustrations:

The first illustration constitutes a condensation from memory, of a case encountered by the writer in the course of social work practice. Mrs. M., a widow is sixty-seven years of age, and relatively independent in her daily living. She manages her own finances and household; visits friends and relatives by bus or taxi on her own

initiative; attends church and related social functions regularly; entertains from time to time; tends to her garden and yardwork (with occasional assistance from neighbourhood youths and family); and assumes full responsibility for her person needs. She develops a heart condition, relative to which it is at least conceivable that she may at some time experience sudden and more or less total blackouts. Upon learning of this, Mrs., M.'s family decide that she should never be left unattended. On the basis of her medical and functional assessment, a fulltime attendant is out of the question as far as the agency is concerned. The family is unable or unwilling to secure such services out of their own resources and, as for Mrs. M., not only is she not able financially, but she refuses to have any part of such an arrangement. The family then insists that Mrs. M. sell her house and that she take up residence in a senior citizen housing facility. This act of advocacy has the effect of turning Mrs. M.'s life topsy-turvy. It tells her that, in her family's eyes, she is no longer capable of independent living, that she cannot handle her former responsibilities, and that she requires the attention and assistance of others more than ever before in her normal adult life.

The move itself contributes to her increasing dependency. The housing unit is situated in a suburb, near the homes of her family, but miles from her friends, church, and former neighbours. There is no corner store where she can do her own shopping, no convenient walking distance bank, poor bus service, and taxis are costly. She comes to rely heavily on her family for transportation, changes churches, and gradually allows her family to take over her shopping and banking

trips. The long bus rides downtown for her Saturday morning shopping trips, and to visit with friends and former neighbours, prove tiring and diminish in frequency.

Mrs. M.'s relationship with her family changes as well. Her own home had been a centre for family activities: her new home is too small for such gatherings. There is nothing for the children to do there in any case - no yard, no attic and the visits grow shorter, less frequent, more perfunctory. In short, she experiences a gradual deterioration in every corner of her life's roles.

In contrast to these massive changes in her lifestyle, Mrs. M.'s health remains stable, and, although she experiences a general decline in strength, mobility and vitality, she suffers no blackouts, nor does she develop any debilitating medical conditions. Regardless, she becomes increasingly dependent, to the point where her family can no longer cope with her growing needs, and an application is received for transfer to a nursing home - submitted by her family!

The second illustration is derived from Margaret Lawrence's The Stone Angel,<sup>1</sup> a fictional, autobiographic account of the life of Hagar Shipley - aged and defiant.

Through her middle years, Hagar worked as a housekeeper: upon the death of her employer, she retires. A widow, she sells the family farm, and with an inheritance from her former employer, buys a house. She is extremely independent, and well able to manage her own affairs.

In the years that follow, Hagar's son, Marvin, and daughter-in-law, Doris, move into her house and, over the course of seventeen

years, gradually gain complete control over Hagar's existence - her finances, her household, and her personal life. At age ninety she finds herself entirely without responsibility, and almost without power. She is clothed, fed, and bathed by others, and supervised in every aspect of her daily living: she has lost control of her house, her bank account, and her income. She is entirely without responsibility for decision-making or self-maintenance.

Hagar is ambivalent about these arrangements. On the one hand, she is comfortable: she enjoys the attention and freedom from responsibility. Her memory and health are both failing, and she recognizes that her capacity for independent living is diminished from what it once was. On the other hand, the constant attention and dotage offends and humiliates her, as though she feels it is not entirely warranted by her condition.

Through the course of the novel, the reader may be increasingly discomfited by the clear implication that Hagar's competence and capacity for independence have been consistently under-estimated and undermined by the well-meaning efforts of Marvin and Doris.

This is most clearly illustrated in Hagar's reaction to their decision to place her in a nursing home. Over-burdened and over-extended by Hagar's care needs (which they have helped to foster), Marvin and Doris take this decision fully against Hagar's wishes, and she is faced with the realization that she is virtually powerless to prevent it. Her home, and her finances are out of her control. There is little alternative. She plans and executes a daring escape: she runs away from home.

Hagar's ability to carry out this rather incredible feat testifies to the extent to which the expectations of Marvin and Doris, as well as Hagar's own behaviour, failed to give cognizance to her actual capabilities. Further, it points up the gap between the dependent roles assumed in an imposed and controlled situation and the independent roles assumed in a self-determined context. This is not to say that Hagar can be reasonably viewed as a fully competent, potentially independent individual: far from it. Rather, the suggestion is that Hagar's capacity to participate in decision-making, and in meeting her own daily living needs, is much greater than her circumstances indicate.

These brief accounts of aging in the lives of Mrs. M. and Hagar Shipley are indicative of the process termed 'role disintegration', the theme of which was played out in numerous variations in my social work experience with the aging. What brought this process most clearly into my awareness, however, were counter-instances both in my professional and personal life, most particularly in the latter.

Jack W. is approximately eighty-four years of age. An independent, self-sufficient individual, Jack left his familial home in Southern Ontario at about thirteen years of age. He has one living sister: the two have not met more than several times in the course of their adult lives. Jack has never married. He had little formal education, and in his early years, roamed from place to place in pursuit of work, making his living at whatever job came to hand. Some time in the 1940's, he became a more or less permanent resident of Southern Manitoba, finding work as a handyman, farm helper and all-

round labourer.

In 1955, at the age of sixty-three, Jack suffered extensive frostbite, which resulted in the surgical loss of all of his toes, and considerable skin grafting to his feet. Under these circumstances, it was considered unlikely he would walk again: lacking toes, his ability to maintain his equilibrium was tenuous at best, and the sheer weight on his damaged feet would be painful indeed. Nonetheless, he was undaunted, and to the surprise of those around him, he persevered and walked again.

What is more remarkable is Jack, in 1977. His winter residence is a small, single room in the basement of a rural Manitoba rooming house. At the age of eighty-four, he has maintained a high degree of independence in his daily living - shopping, meal preparation, household management, finances, etc. His daily routine includes some shopping and visiting in the course of his two mile walk about town - in the dead of Manitoba winters! It is summer, however, that Jack likes the best. His residence, to which he moves just before the snow has disappeared, is a somewhat isolated house trailer approximately one and one half miles from town. There, he plants and tends his garden and with the assistance of his youthful neighbours, maintains the yard and fences, cuts firewood and (in season) goes picking berries.

Jack has escaped many of the 'negative' role prescriptions that befall the aged in our society. Living in a rural setting, and never having worked at a permanent job of any sort, he was never affected by compulsory retirement. For Jack, work has been and

remains an essential part of life: in spite of his old age assistance, Jack continues to believe that he must see to his own welfare or perish. Perhaps more important, he values the fruits of his labours, which earn him much praise. He has maintained a good self-image and, by his outgoing manner, he has remained fairly well integrated in the rural community where he lives. He is highly independent in seeing to his daily needs. He successfully manages his financial affairs in spite of poor literacy.

In sum, Jack has maintained a remarkable level of independent functioning, in spite of his health - glaucoma, rheumatism, high blood pressure, very poor feet, episodes of dizziness. This, and his age, would make Jack a prime candidate for nursing home placement. This summer (1978), Jack moved back out to his garden: once again he harvested the earliest radishes and green onions for miles around!

The striking contrast between the case of Jack W., and those of Hagar Shipley and Mrs. M., is suggestive of the influence of social environment as a factor in individual 'styles' of aging. At an early age, Jack left his childhood home, wandering from place to place in search of work, maintaining only occasional contact with his family, never establishing a family of his own, nor any long-lasting relationships until well into his adult life. By contrast, both Hagar Shipley and Mrs. M. were married, raised families, established permanent residences and maintained long-lasting ties with their communities.

Explanatory Models:

Underpinning any argument in support of role disintegration as an explanatory/predictive concept must be the general notion that aged individuals, among others, are subject to the expectations of significant others and the social environment more generally with respect to their behaviour. These expectations, it would be argued, are predominantly (or at least, significantly) 'negative' or protective in nature and, as older individuals assume attitudes and behavioural styles which are consistent with this essentially 'negative' or protective view of themselves, they fall into patterns of behaviour and levels of performance which fall short of what is possible for them (taking into consideration a realistic appraisal of functional capacities).

a) Self-Concept Theory:

The notion that attitudes and expectations in the social environment contribute to individual behaviour is by no means novel. The literature on self-concept seeks to elucidate this relationship by positing the self-concept which, at least in part, is a reflection of the social environment, and which plays a fundamental role in the production of human behaviour.

Self-concept is viewed as being primarily (if not entirely) derived from social environment.

Charles H. Cooley<sup>2</sup> suggested that one's concept

of self is significantly affected by what one imagines that others think of him or her - hence the 'looking glass' or 'reflected' self. George H. Mead, an early contributor to self-concept theory, described the process of social interaction involved in the development of the self:

"The self arises in conduct when the individual becomes a social object in experience to himself. This takes place when the individual assumes the attitude or uses the gesture which another individual would use and responds to it himself or tends to so respond . . . . The child gradually becomes a social being in his own experience, and he acts toward himself in a manner analogous to that in which he acts toward others." 3

Through a variety of processes, it is maintained, the attitudes toward and expectations for oneself that exist in the social environment are incorporated into one's self-concept, and find expression in behaviour.

"One phenomenon that has been noted by actors, and more recently by social scientists, is a peculiar tendency for the person to identify with the role he is required to play. 'Identification' in this case means, first, that the person comes to see himself as actually having those attributes characterizing the role and, second, that he tends to adopt the role behaviour for use in situations where the behaviour is not strictly required. In short, the person comes to develop an identity based on the role and to use this identity in his behaviour over a wide variety of circumstances." 4

Further, it would be maintained that the development of self-concept is a gradual, on-going

process of definition and redefinition which is not restricted to any particular age or stage of life.<sup>5</sup> Rather, as the individual ages, his/her self-concept alters to reflect changing circumstances in the social environment and, as a consequence, behavioural patterns are established, modified and extinguished along life's course.

From a self-concept point of view, the phenomenon here termed role disintegration might be explicated by reference to a process of generalization - either by society, or by the individual concerned. For example, where an individual exists from a previously prescribed and enacted role (eg. productive employee), this might be taken by society as evidence of failing capacities or incompetence generally. Where such an interpretation is placed on the individual's role exit, and subsequently communicated to the individual concerned, that generalized judgement of the individual becomes incorporated into the individual's concept of self. As a result, it would be argued, the individual, believing his/herself less competent than previously, does not attempt to live up to his/her former levels of functioning, comes to

accept lower levels of achievement (whereas formerly, perhaps, he/she would simply have strived harder to achieve the higher level) and, eventually, by attrition from disuse, comes to fail to perform to previous levels of functioning in a variety of behavioural areas not essentially related to the original exit.

b) Expectancy Theory:

An alternative explanation of the phenomenon might be based on a form of expectancy theory, a behaviouristic interpretation of latent learning, developed by Edward Tolman.<sup>6</sup> On this explanation role disintegration might be interpreted somewhat as follows:

- i) throughout the course of adult life, the individual learns the ins and outs of the social environment, more specifically, the relationships between behaviour and reinforcement, not only as they apply to one's self, but also as they apply to others (eg. other age groups);
- ii) in the normal course of events, the individual experiences a significant loss (in health, for example) and fails

to receive the reinforcement previously accorded for specific behaviours (positive reinforcement for working long and hard is replaced by negative reinforcement);

- iii) the now negatively reinforced behaviour comes to be extinguished;
- iv) the changed reinforcement pattern, in conjunction with latent knowledge of the social environment (specifically, of differential reinforcement schedules), triggers expectancies relative to future behaviour;
- v) which results in rapidly modified behavioural patterns.

The foregoing 'self-concept' and 'expectancy' accounts of role disintegration are only included to suggest the range of possibilities open for explanatory accounts of the phenomenon: no attempt will be made to provide an inclusive catalogue of them, nor to choose among them. Rather, at this early and more exploratory stage of development, it is most pressing to

adequately characterize the phenomenon itself, a task to which we now return.

Role Disintegration - Elaborated:

Returning to the definition given, role disintegration is characterized in terms of lowered levels of functioning, lowered societal expectations, and the absence of explanatory, prior physical dysfunction. However, this characterization requires some further clarification and qualification.

a) Lowered Societal Expectations:

Role Disintegration concerns itself with lowered levels of functioning within the context of decreasing societal expectations. In practice, the writer had occasion to witness these lowered expectations, both firsthand, and in the accounts of second parties and, as often explicit as implied, in interactions with individual clients, their spouses, family (or kinship group) and friends (or peers), as well as with health and social service professionals. In addition, it is possible to discern the lowered expectations of society in general, with respect to the aging, and these also contribute to the social milieu in which lowered levels of functioning may be properly viewed.

In referring to lowered expectations, it is necessary both to distinguish two senses of 'expectations', and also to qualify what is meant by decreased or lowered expectations. 'Expectations' may be understood in two distinct, though closely-related senses. On the one hand, expectations may be predictions, or anticipations of the future, (in this case predictions of future behaviour of the individual), and may be based on perceptions of present capability, future conditions and capabilities. On the other hand, expectations may refer to prescriptions for behaviour, and may or may not be so based. In referring to lowered expectations in this context, it is intended to imply both senses of the term: thus, role disintegration is concerned with lowered levels of functioning within a social context characterized by perceptions of decreasing capabilities and/or motivations, and by lowered standards for individual behaviour.

'Decreased' or 'lowered' expectations here refers both to the lowered expectation that the individual can/should behave in certain ways consistent with primary societal values and goals, and to the increased expectation that the

individual cannot/should not behave in certain other ways. An example might provide some clarification of this. Sex is viewed as a generally desirable form of activity for most adult members of North American society. By contrast, it is commonly believed that the aged cannot, indeed should not engage in sexual acts. This is a 'negative' expectation or taboo.

The lowered expectations for individual behaviour inherent in the notion of role disintegration may express themselves in various ways. First, they may be evidenced by a net decrease in the expectations that society has for the individual's behaviour (eg. in an increasing individual freedom from behavioural prescriptions, a growing condition of normlessness). There may be, simply, fewer 'shoulds' and 'should nots'. More important, lowered societal expectations are seen in the replacement of formerly prescribed roles associated with positions of relatively high status, by others associated with low status. Prescribed roles closely related to primary societal values and goals are replaced by others only remotely (if at all) so related: old men playing checkers and 'putter' in their basements. Finally, the

lowered expectations of society with respect to the individual's behaviour are evidenced in lowered standards for successfulness (eg. in the increasing acceptability of lower degrees of enactment of formerly prescribed roles). The individual's current behaviour earns 'praise', not by comparison with the general community standard, but rather, by comparison with a standard which has been lowered (giving cognizance to the individual's advanced age and, presumably, lowered capacities).

b) Lowered Levels of Functioning:

In assessing levels of functioning, it is necessary to view behaviour in relation to some fixed benchmark or standard. One such standard is found in prescribed role, (eg. in societal prescriptions for individual behaviour). In the terminology of role, the 'level of functioning' evidenced by instances of behaviour refers to the extent to which the behaviour is congruent with prescribed role (eg. to the degree of enactment of prescribed role).

However, when comparing the levels of

functioning evidenced by given instances of behaviour which may be significantly separated in time, it is necessary (for the sake of meaningful comparison) to ensure that the standard for measure is unchanged.

Prescribed roles apparently do change over time and hence, in making such comparisons a further specification of the standard is required. This is easily enough accomplished, and one might well choose the currently or formerly prescribed role as a standard. In this context however, because current behaviour seemed frequently to reflect formerly prescribed roles, these former prescriptions for behaviour have been taken as the standard.

The characterization of role disintegration as entailing lowered levels of functioning refers to the decreased enactment of formerly prescribed and enacted roles. The current behaviour of the individual is measured against society's prescriptions for behaviour as they existed previously, and this then is compared to the individual's former behaviour measured against society's prescriptions for behaviour as they existed previously, and this then is compared to the individual's former behaviour

measured against that same standard. Role disintegration entails that the degree of enactment evidenced by current behaviour is lower than that evidenced by past performance: the individual is no longer living up to the level of functioning achieved at some earlier time.

Decreased enactment may occur along two dimensions. First, it may be evident in decreased successfulness in behaviour relevant to the given behavioural prescription: the individual may be simply unable to achieve former levels of performance, try as he might. Equally important, however, decreased enactment may be related directly to a decrease in the frequency of behaviour which is relevant to a given behavioural prescription: a father ceases to relate to his children in a fatherly manner, just because his contact with the children is less and less frequent.

c) Absence of Dysfunction:

Role disintegration, as defined, does not require a complete absence of mental or motor dysfunction. Rather, what is required is an absence of dysfunction which is explicable in

terms of injury, disease or organismic deterioration, and which might, in turn, be called upon to account for the lowered levels of functioning observed. This absence of explicable dysfunction is central to the notion of role disintegration, which concerns itself exclusively with cases in which, dysfunction notwithstanding, such dysfunction is either insufficient to account for lowered levels of functioning or, is not reasonably attributable to the effects of injury, disease, or organismic deterioration.

This was the puzzle which confronted the writer in social work practice: why, in the absence of relevant or understandable mental or motor dysfunction does the level of functioning of certain aged individuals fall short of previously-attained standards of performance. This question has yet to be fully answered: however, some progress has been made in illustrating the phenomenon and, in conceptualizing the problem; important, some faltering steps have been taken towards its understanding.

#### FOOTNOTES

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2. COOLEY, Charles Horton, Human Nature and the Social Order, Schocken Books: New York, 1964, pp. 196.
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## Chapter V

### CONCLUSION

#### General:

The primary objective of this thesis has been the development of a concept: this objective has been accomplished. Practical social work experience with the aged revealed a common pattern of dysfunction in the daily lives of the aged. Against the background of a general survey of studies in human aging, role disintegration has been conceptualized, described and illustrated, primarily from personal experience, but also by reference to contemporary literature and to counter-example. The concept has been defined and elaborated within the general perspective of role theory, both by abstraction from experience, and by contrast and comparison with related role-concepts.

Qualitative data from personal and professional experience has been utilized throughout. At this formulative stage of inquiry, the reliance upon 'soft', subjectively-derived data is both necessary and beneficial: beneficial in that it affords the opportunity for imaginative and innovative efforts in conceptual development: necessary in that it can give direction to time-consuming and costly

research and analysis.

Having considered the viability of role disintegration as an organizing concept, it remains to consider its utility as a predictive, hypothesis-generating tool. This will require certain precautions.

It is recognized that role disintegration will be of limited generality, (eg. that role disintegration may be limited in its relevance to certain as yet unspecified groups or categories of individuals otherwise distinguishable from other groups or categories in terms of personality characteristics, socio-economic histories or circumstance, or other identifiable criteria). Methodological assumption that functional capacity can be evaluated without reference to levels of functioning (eg. without reference to the degree of enactment of societal prescription implicated in overt behaviour). Finally, there is a further assumption that societal expectations for individual functioning, while often explicit, are also implied in social interaction between the aged individual and his or her social environment.

#### Hypotheses Formulation:

Role disintegration refers to the decreasing enactment or formerly prescribed and enacted roles, subsequent to the decreased societal expectations, and apart from any loss in functional capacity that inhibits such enactment. Implicit in this definition is a general hypothesis related individual functioning to expectations for functioning in the social environment of the individual.

Hypothesis 1:

The lower the societal role expectations for the aged, the lower the level of role performance.

This hypothesis may be particularized as, for example

Hypothesis 1(a):

The lower the societal role expectations for sexual activity among the aged, the lower the level of sexual performance among the aged.

In addition, the definition implies a generalizing effect on expectations upon performance.

Hypothesis 2:

The lower the societal role expectations for the aged in respect of a particular activity (eg. sexual role), the lower the levels of role performance in general among the aged.

These hypotheses may be considered both on an individual level and on a cultural level, as

Hypothesis 3:

The lower the societal role expectations for the aged individual within his immediate environment, the lower the aged individual's level of role performance.

and

Hypothesis 4:

The lower the societal role expectations for the aged within a particular culture, the lower the levels of role performance in general among the aged within that culture.

In reference to Hypothesis 3, it will be necessary to circumscribe the individual's immediate social environment in terms of the usual socio-economic variables, as well as to give consideration to the relative influence of significant others in the individual's social sphere. In cross-cultural studies, considerable effort will need to be given to developing a common standard against which to assess the relative levels of expectations evident in the cultures. In doing this, it would be necessary to take account of the absolute levels of functional capacity required by the prescriptions of differing societies, as well as the general level of resources made available to individuals within their respective social systems.

Additional hypotheses are suggested in the relation between relative minor and limited losses in functioning and more generalized lowering of expectations, both in the individual and in his social environment. These are given as:

Hypothesis 5:

Limited, particular losses in functional capacity correlate with generalized lowering of expectations of the individual concerning continued enactment of formerly prescribed and enacted roles.

and,

Hypothesis 6:

Limited, particular losses through role exit correlate with generalized lowering of the individual's expectations concerning continued enactment of formerly prescribed and enacted roles.

Similarly,

Hypothesis 7:

Limited, particular losses in functional capacity correlate with generalized lowering of societal expectations concerning the individual's continued enactment of formerly prescribed and enacted roles.

and,

Hypothesis 8:

Limited, particular losses through role exit correlate with generalized lowering of societal expectations concerning the individual's continued enactment of formerly prescribed and enacted roles.

As well, it is suggested that the magnitude and quantity of losses will be related to the extent and degree of lowering of expectations, as

Hypothesis 9:

The greater the loss, the greater the lowering of expectations (in both the individual and society).

and,

Hypothesis 10:

The more numerous the losses, the greater the lowering of expectations (similarly).

and,

Hypothesis 11:

The greater the loss, the more widespread the lowering of expectations in the social environment.

and,

Hypothesis 12:

The more numerous the losses, the more widespread the lowering of expectations in the social environment.

What other variables might be related to the onset and extent of role disintegration? Some consideration should be given both to the standard socio-economic variables, as well as to individual differences in personality. As suggested by the case history of Jack W., the personal values of the individual, both explicit and implicit, may have significant bearing upon the rate and direction of individual aging. A further question which suggests itself concerns the extent role disintegration (and most particularly, its incidence) as a reflection of our times (as might be expected by age stratification theorists). Finally, one area for study lies at the interface of my own work with that of Z. S. Blau. In general terms, one might inquire into the degree to which the extent or rate or role disintegration is influenced by the type (natural vs. volitional, voluntary vs. non-voluntary) of role exit (where applicable) precedes disintegration. From Blau's view, it might be anticipated that role disintegration might be exacerbated more by volitional and non-voluntary exits than by role exits resulting from acts of nature and voluntary actions of the person concerned. These

considerations however, are beyond the scope of the thesis.

In my own mind, however, what is called for at this stage is an in-depth, longitudinal study of the process, through selected case studies, utilizing a participant-observer approach. Such studies would include psychological, social and functional assessment, semi-structured interviews of aged individuals and their significant others, and an analysis of societal expectations towards the aged in general. The analysis of the data obtained by such a study would provide the basis for a more extensive and broad-based study on aging in contemporary North America.

Summation:

In considering the strengths and weaknesses of the position outlined herein, one major line of criticism might be that it places the cart before the horse. This view might be stated as follows:

The expectations of society reflect generalizations from the accurate perception of aged individuals. These generalizations relate current and future functioning: hence, the fact that societal expectations are realized in individual cases is no more than proof of the validity of these generalizations, and of the perceptiveness of society.

This criticism ignores the phenomenon of 'self-fulfilling prophecy'.

"(Men) respond not only to the objective features of a situation, but also, and at times primarily, to the meaning this situation has for them. And once they have assigned some meaning to the situation, their consequent behaviour and some of the consequences of that behaviour are determined by the ascribed meaning." 1

In this context, this would entail the stereotyped perception and interpretation of the aged individual's behaviour, and communication of the stereotype in interaction, the prescription and reinforcement of behaviour congruent with the stereotype, and the proscription and discouragement of behaviour which is not. More important however, this alternative thesis fails to deal with the central issue of the relation between former and current levels of functioning. Granted, it may be possible to give certain bonafide generalizations about this relation, but what specification can be given to the mechanism that relates them? Further, where is the conceptual framework that ties these generalizations together in a coherent manner? Finally, what utility have these generalizations for our understanding of aging, our practice of social work?

By way of contrast, the concept of role disintegration is open to interpretation as an instance of self-fulfilling prophecy: it suggests a social mechanism relating societal expectations and individual behaviour, allowing for individual differences by way of personality and socio-economic variables, and which, with modification, would be amenable to interpretation within any number of alternative theoretical frameworks. And, more important from the social work viewpoint, it suggests courses of action for social work practice that are readily implemented and subjected to study.

One further criticism of the notion of role disintegration might be that it lacks specificity. Indeed, one might ask, what distinguishes role disintegration in the aging from similar developments in alcoholism, learned helplessness, and institutionalization? Perhaps little: these questions, however, are beyond the scope of this thesis.

My fundamental motivation is choosing this subject for study has been my personal and professional concern for the quality of life of the aged in North America. More specifically, my concern derives from a personal conviction that the aged have certain fundamental rights - to self-sufficiency and self-reliance; to independence and self-determination; to dignity; and to a reasonable range of accessible and viable role alternatives based on a realistic assessment of their competences and capacities.

Through the course of this project, I have attempted to gain a better understanding of the process of human aging, as it occurs in North American society. Finally, I have attempted to develop a conceptual tool which may throw some light upon certain dysfunctional aspects of aging in our social environment.

FOOTNOTES

1. MERTON, R. K., Social Theory and Social Structure, Free Press, Glencoe, Illinois, 1949, pp. 212.

## ADDENDUM

The significance that this thesis (and the concept of role disintegration) has for social work, implicit throughout, remains to be made clear. Most generally, my attention is focused on the manner and extent to which societal expectations about aging can impact upon the aged individual's functioning. I have suggested that, in certain cases, negative expectations in the individual's social environment can contribute to declining levels of functioning among the aged.

This general statement has rather different implications for research and practice in the social work field. From the point of view of research, a most basic concern must be to validate this claim, and to give it further specificity, determining the parameters within which role disintegration operates among the aged. In particular, researchers may want to enquire into the following questions:

1. What factors (personality, social, economic or other) differentiate between individuals exhibiting role disintegration and those who do not? What variables correlate with susceptibility to the deteriorative process?
2. From what social distance are societal expectations of significant impact upon individual functioning? Or indeed, is this in turn dependent upon other variables (personality, etc.)?

Future study along these lines, I believe, would be most fruitful.

In contrast to established social theory on aging, my approach has been, from the beginning, to avoid the temptation to construct a 'grand theory'. Most, if not all social analysis of aging, have proposed an all-inclusive, monolithic theoretical structure, attempting to encircle and rationalize aging per se. My own work has been less ambitious in scope. Role disintegration is a non-normative phenomenon, descriptive of one course that human aging sometimes follows. In my own mind, this purposeful delimitation of the field of study - to non-normative subsets of the aged population, and to phenomena exhibited therein - can give substance to theory, and bring it within the practicing social worker's grasp to participate. This would be of no small significance to the research and practice of social work among the aged - for it would serve to feed data and ideas from the field into research, and, at the same time, promote the introduction of new theory and knowledge into social work practice directly.

How the primary questions outlined above may be best answered is difficult to determine. The hypothesis testing envisioned in Chapter V might be conducted within the context of relatively short-term controlled studies: my own feeling, rather, is that at this point, what should be undertaken is a longitudinal study of a relatively smaller population through detailed case studies. The results of such a study, although limited in their validity and reliability, should provide useful data with which to clarify and further delineate the notion of role disintegration, and should also provide the basis for

more focused inquiry into selected hypotheses.

One further significance which role disintegration may have for the social work field lies in the possibility that the process may not be exclusively associated with a subgroup of the aged population: alcoholics, the unemployed and the disabled, or certain peculiarly susceptible members of such groups, may experience the decreasing levels of functioning associated with societal expectations that I have termed role disintegration. These suggestions however, are well beyond the scope of the thesis.

The implications that further research in this area may have social work practice remain to be determined. However, the notion of role disintegration does have immediate implications for social workers with an aged clientele. Implicit throughout has been the suggestion that negative societal expectations are a causal factor in declining functioning among the aged. Insofar as this decreasing functioning is dysfunctional, then social workers will be concerned with its amelioration and prevention. The thesis may serve to give some direction to these concerns.

Where negative expectations are a causal factor in decreasing functioning, such decrease - its incidence, rapidity and profundity - may be prevented or ameliorated by actions aimed at shaping and modifying expectations in the aged individual's social environment. Such expectations may be acted upon both directly - through counselling and public education for example, and indirectly - through the provision of services.

In group and case work, direct action on the expectations

(most particularly, on the negative expectations) of clients, their peers and significant others, and upon professional and other case workers may be expected to operate to reduce role disintegration. First, the worker will attempt to identify and modify inappropriate negative expectations based on stereotype, misconception and misinformation. In particular, the worker would focus on inappropriate generalized negative expectations, attempting to replace them with clear, unambiguous and specific expectations, both negative and positive, appropriate to the case. More specific, but inappropriate negative expectations would be similarly dealt with. Second, the worker will wish to identify, reinforce and establish positive expectations appropriate to the particular case. Generalized positive expectations may be established or reinforced by concise and appropriate statements of positive expectations.

The purpose of such counselling would be, of course, to modify expectations in the social environment of the aged individual. Clearly however, it may not be sufficient to simply modify expectations, but will be necessary to ensure that these modified expectations are effectively communicated to the aged individual. One may be inclined to suppose that this should not be necessary, that such communication of expectations already exists. My own feeling, however, is that significant others, (especially family) and case workers in particular must be made aware of the expectations implicit in behaviour which, although perhaps based entirely on conscious expectation, has since become habit. Case workers and the immediate family of the aged individual may be uniquely situated in their

relationships with aged individuals, in that they are called upon, or feel called upon, or are obligated to or simply want to provide care and attention which may be inconsistent with the aged individual's needs, and which imply inappropriate negative expectations with respect to the aged person's competence or abilities. Thus, case workers may wish to concentrate some effort in this direction to shape and modify the individual's subjective expectational environment.

This second approach applies equally to the social case worker involved in the direct provision of services. The worker will be at pains to ensure that inappropriate expectations are not generated or reinforced by the services and attention which the worker provides.

In implementing the preventive approach suggested, the case worker may run up against impediments fixed by policy, financial and other constraints over which he or she has little or no control or even influence. However, a further impediment to such preventive practices as outlined above may be wholly within the worker's control. In order to shape and modify other's expectations, it will be essential that the practicing social worker have a good working knowledge of aging and the aged, both of practice and theory, and be as free as possible from attitudes and expectations with respect to the aging which are grounded in stereotypes, misconceptions and misunderstandings. This may hang, in large part, on a self-awareness not often viewed as a requirement for successful social work practice. Case workers must become aware of and come to terms with their own attitudes, biases and

feeling towards aging and the aged - attitudes and biases which may impinge upon the functioning of their clients. One can hardly expect to recognize and counter the biases of others where one shares in the bias. A critical, knowledgeable self-assessment of attitudes, conceptions and assumptions on the part of the worker will be a first step and a continuing process essential to identifying and selectively communicating, generating and reinforcing appropriate societal expectations about the aged.

In summary then, the implications that role disintegration and the thesis have for social work practice focus on the appropriateness of societal expectations with respect to the aged as a point of intervention. Social workers may prevent or ameliorate the effects of role disintegration by directly and indirectly acting upon the expectations of others in the aged individual's social environment. This will require the ability to perceive and communicate expectations, based upon a sound knowledge of aging and of stereotyping, and an high degree of self-awareness on the part of the practicing social work professional. The implications that further research into role disintegration may have for social work practice among the aged remain to be seen.

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## APPENDIX

In my social work experience with the aging, a measure of functional capacity was determined through a broad-based assessment of medical status (diagnosis and prognosis), mental status (orientation to person, place and time; mood; affect; insight; perception), sensory capability (speech, hearing and vision), ambulation (ability to walk independently or with mechanical assistance), respiration, agility or flexibility, and endurance. This provided the basis for a subjective evaluation of over-all functional capacity. At the same time, level of functioning was determined by considering independence in dressing, eating and hygiene, control of bowels and bladder, condition of household (taking into consideration size, facilities, utilities, etc.), participation in household management activities (cleaning, laundry, shopping, and meal preparation), management of financial affairs (banking, payment of accounts, budgeting), travel outside the household (independent, accompanied, or assisted, mode of transport, time and distance involved), extent of socialization (frequency and nature of contacts, and modes of communication) and participation in satisfying activities. These activities would be viewed in relation to individual social roles, (prescribed and enacted, both current and former) in establishing degrees of enactment.