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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