

CHAPTER TWO

THE CONCEPT OF ROLE

Introduction to Literature Review

The stated purpose of this study was to describe the manner in which people with Parkinson's disease (Pd) and their partners were able to actively maintain the roles required to participate as members of their community, and to investigate whether they maintained a positive sense of personal control in their everyday occupational role performance. This chapter, together with Chapters Three and Four review and discuss issues related to the three central concepts targeted by this research:

1. Role as an organiser of everyday life
2. The impact of chronic illness and, more particularly, Pd upon everyday life
3. Personal control and chronic illness.

2.1 A Review of Literature Related to the Concept of Role

2.1.1 Introduction

This chapter explores the concept of role as an organiser of everyday life. It contains an analysis of some aspects of classic role theory, and the application of the concept in occupational therapy. In doing so, it contributes to Research Objectives one and four, which were to describe the:

- Perceptions of the nature of occupational role performance of the twenty-five participants
- Changes in the occupational role performance of people with a chronic illness (Parkinson's disease) and their partners

The concept of role has been closely tied to that of perceived personal control and hence well-being. For those with a chronic illness such as Pd, accustomed levels of control in valued roles have been challenged. Maslow, for example, interpreted human motivation in terms of a hierarchy of needs, and maintained that there is a strong drive to meet needs that are perceived to be paramount at any given moment (Maslow, 1968). Environmental theorists on the other hand, such as Lawton (1982) suggested that people interpret their environments and seek to control them in ways that are personally meaningful. The work of

these major theorists has indicated that people set goals for control that relate to what is most important to them. To do this effectively, people use a system of reasoning to organise such goals to achieve a sense of 'fit' with their specific contexts. Theorists propose that this 'fit' is achieved through roles (Hillman, 1999; Krause, 1999). Little research, however, has had been done on how people conceptualise and organise themselves around meaningful roles (Cheng & Rogers, 1989; Hillman, 1999). The concept of role and its use as an organiser of activity domains have largely been presented as assumptions rather than empirical facts in occupational therapy literature (e.g. Chapparo & Ranka, 1997a; Kielhofner, 1995). The purpose of this study was to further investigate empirical evidence for the extent to which participants utilised the concept of role to organise and set personally meaningful goals for control. This chapter deals with the concept of role as it might be relevant to those living with a chronic illness such as Pd.

2.2 Role Theory

2.2.1 Definition of Role

The word 'role' has been widely used in professional and popular literature and in the media. The Macquarie Dictionary defines role as "Proper or customary function" (Delbridge, Bernard, Blair, Ramson, & Butler, 1981). In the media, the word has been used to denote the links between contexts and ways of interacting socially within contexts, and an acknowledgement of how behaviour might change according to the person's context. There has been recognition of role as the need to fit with others who exist in the same context. People have talked about roles in ways that showed they have strong opinions about how they and others should behave in a specific role. In everyday language, role has therefore involved both the conceptualisation of behaviour, and rules for behaviour within specific contexts, that are judged as positive or negative.

2.2.2 Theoretical Use of the Term Role

A review of academic and professional literature has deepened the complexity of the concept of role, while emphasising the importance of the concept "... role theory offers us the potential for studying human beings as sentient, rational beings, and for gaining control of our precarious social existence" (Biddle, 1979, p. 19). There have been many concepts and

theories linked to the idea of role. It is important to note that within this broad spectrum there has been a sectioning of ideas based upon the application of role within sociology, social psychology and anthropology. There are conflicts between the different views of role, which have been mirrored in occupational therapy literature. For example, role has been viewed by some as a concept that enabled thinking about how people organise their lives, how they see themselves, and how others see them (Chapparo & Ranka, 1997a; Christiansen & Baum, 1997a; Heard, 1977; Hillman & Chapparo, 1995a, 2002), while others have suggested that role theory is not a helpful basis for research (Jackson, 1998a; 1998b). While it was beyond the scope of this thesis to review all aspects of role theory, the following section gives an overview of the aspects most pertinent to this study.

2.2.3 Traditional view of Role Theory

The concept of role was developed by a number of different theorists and researchers to explain how society is organised. Biddle (1979) identified three major features of role theory: a vocabulary of widely used terms; a body of literature that used role concepts to discuss social events; and applications of role concepts to research.

The term role arose from a theatrical analogy whereby a role was played by an actor (Biddle & Thomas, 1966a). Using this analogy, Biddle and Thomas showed how there could be differences between actors in the way that they interpreted their part. At the same time however, each actor was similarly influenced by external factors such as the script and the shape of the stage. This meant there were also similarities in the performance of different actors playing the same part.

Theorists extended this analogy into real life, and viewed people as occupying *positions* in society that were defined by social norms, demands and rules, summarized as *expectations*. Role positions were generated by the performances of those occupying complementary social positions, by those who observed and reacted to the performance, and by the person's particular capabilities and personality. People who were associated by means of a particular role shared a common *identity*, and were acknowledged as role *partners* (Biddle & Thomas, 1966b). The term implied that there was an internal (as viewed by the person) and an external (as viewed by the person's role partners and other onlookers) aspect to role performance.

Biddle demonstrated how some roles conferred well-defined social positions recognised by everyone, such as paid worker roles, gender roles and family roles. Other roles were not well defined and did not carry a clear definition of social position and therefore identity (Biddle, 1979). People did not hold just one position, but rather, a *position set* or role repertoire (Biddle, 1979). For example, they may have held simultaneous positions as a retired person, a family member, and a hobbyist.

Biddle and others found that there were differences between people as to the motivation of role performance, explaining personal differences in the way that specific roles were enacted, even when the rules for a given role were the same. This gave rise to the idea that there was an inner perspective to role as well as the observable external behaviour (Biddle & Thomas, 1966a). Although this inner perspective was acknowledged, related concepts were not well developed, perhaps because of the view at the time that observable behaviours are suitable for research, but a person's thoughts are not.

Biddle (1979) defined role as: "... those behaviours characteristic of one or more persons within a context" (p. 58). He explained that in relation to the *persons* aspect, roles could be performed by many people, a small group or just one person. He observed that *context* usually limits role in some way. While some roles are defined in terms of their contextual requirements (e.g. a bus driver needs a bus to drive), others may be limited in terms of applicability (e.g. a proponent of the 'be fat and be proud' movement will not usually be found speaking at a weight watchers' meeting). In relation to the *characteristic* nature of role behaviours, he included behaviours typically displayed by people holding the role, and excluded behaviours not typically observed. He limited the *behavioural* aspect of role to "those actions or performances that may be observed and that characterize the persons observed"(Biddle, 1979, p. 58). His definition included the things that a person *did* while in that role, and excluded the concepts, attitudes, norms, values, sanctions and reactions of those in the role and others who interacted with them while they were in the role. In response to concerns of researchers wishing to study personal perspectives of roles, Biddle explained that this definition related only to the overt or observable aspects of role, and suggested further consideration of non-observable behaviours when researchers were required to study

the more covert aspects of role (Biddle, 1979, p. 120). See Table 2.1 for a summary of role constructs relevant to this study.

Table 2.1 Summary of role constructs of particular relevance to this study

- Role confers social position
- Role has internal (personal) and external (observable) perspectives
- Role relates people as role partners
- Role carries with it expectations
- Role behaviour outcomes are judged by performer and others as positive or negative
- Behaviour is shaped by role incumbency
- Context supports role behaviour
- Context limits role behaviour

2.2.4 Two Major Perspectives in Role Theory

Two major sociological perspectives have used role as a basic theoretical concept: social structural role theory and symbolic interaction (Hardy & Hardy, 1988a; Heiss, 1968). Biddle (1979) warned that this dichotomous categorisation was a narrow view, however, for the purposes of this study, these two approaches were compared, as both points of view have been represented and misrepresented in the occupational therapy literature. Both perspectives sought to understand social order. On one hand, symbolic interactionism focused on *people* in reciprocal social interaction, explaining how each person actively created and constructed their environment through a process of self-reflexive interaction. The objects of study within this theoretical perspective have largely been the examination of the social process and the outcomes that emerge as people interact, shape and adapt to their environment (Hardy & Hardy, 1988a).

By contrast, the social structural perspective of role has focused upon the big picture of society and social systems, with an emphasis on understanding and explaining social structure. The view in this perspective has been that social structure determines the behaviour of people. Research has therefore focused upon social structure rather than upon the individual person (Hardy & Hardy, 1988a). See Table 2.2 for a comparison of these two perspectives of role.

Over time, people with a chronic illness such as Pd are thought to experience a number of changes to their perceptions of their position within the social structure, many of them negative. Their response to these changes, and in particular their efforts to retain personal control, could therefore be studied from either perspective of role theory. The focus of this research is on the personal strategies that people with Pd and their partners use to maintain occupational integrity. Symbolic interaction therefore appeared a more relevant avenue of theoretical support for the study.

Table 2.2 A comparison of two theoretical perspectives of role

Social Structural Role Theory	Symbolic Interaction
Sought to understand social order	Sought to understand social order
Object of study was the social process	Object of study was the social process
Focus was on the social system	Focus was on the person in reciprocal social interaction
Social structure determined the behaviour of the person	Social actions related to personal meaning in the context of the environment
Research was focused upon the social structure	Research was focused upon the people and how they interacted with their social environment
Reductionist approach	Holistic approach

2.2.5 Symbolic Interaction

The body of knowledge that has become known as symbolic interaction originated with the social psychologist and philosopher George Herbert Mead (Baldwin, 1986). His approach to research was naturalistic, although his experimental experience gave great rigour and thoroughness to his work and to his theories (Joas, 1985; Kang, 1976). Mead published only in German (Baldwin, 1986) and, in consequence, the following discussion is based largely on secondary authors who have represented the more generally accepted version of this theory.

Symbolic interactionists have been concerned with explaining social actions in terms of the meanings people give them (Haralambos, van Krieken, Smith, & Holborn, 1996). Mead saw human beings as interacting through *symbols*, chiefly language. Symbols were not merely representational, they actively imposed meaning on people, events and things,

excluding other possible meanings. Interaction required an understanding of the meaning and intention of others, and so symbols were created by people to facilitate meaningful interaction with their natural and social environments (Haralambos et al., 1996).

Mead rejected the philosophy of dualism - a separation of mind and body. He believed that the study of complex human systems should be done in the context of their entirety, not by studying parts in isolation (Hardy & Hardy, 1988). This was the basic assumption of holism, a concept attacked by many philosophers and scientists in the nineteen-sixties and seventies (Hollis, 1986). Holism was an important part of occupational therapy's philosophical base.

Mead placed emphasis upon the environment as the means for social learning and development. He saw each person as unique. He proposed that a reciprocal relationship existed between *mind* and *society*, and he studied *subjective experiences* of this relationship (Hardy & Hardy, 1988a). He suggested that knowledge of a person's external social experiences contributed to knowledge of his or her internal experiences, because social involvement produced internal experience in the following way. Under conditions of uncertainty and unpredictability he proposed that people engage in reflexive thought whereby past experiences and general knowledge of the past and future are used to determine how best to proceed. Mead saw that this provided valued opportunities for successful change and progress (Joas, 1985). Central to Mead's view was the idea that socialisation for roles, or role learning, is a continuous and cumulative process that relates to and corresponds with the passing of developmental stages throughout the life span (Heiss, 1981).

Mead discussed the concept of *self* and *other* in relation to roles, saying that while it was possible to conceive of a totally solitary self, it was not possible to consider a self outside of social experience (Mead, 1972). Mead included thought, internal conversation and gestures as the mechanisms of social responses (Mead, 1972), and saw people as making distinctions between self and others. For example, he argued that in order to play, each child must have the general attitudes of all the other children involved in the game. This general or group attitude controlled the responses of the children so that the outcome of playing the game could be achieved (Mead, 1972).

Through experience, people develop ongoing and complex sets of responses that vary according to the social group or ‘generalised other’ with whom the person interacts during any given social activity (Mead, 1972). Mead saw this process as the only way in which thinking about roles could occur, and that through this process, the personality arose, and the person purposefully became a self-conscious member of the community to which he or she belonged (Mead, 1972).

He proposed that attainment of immediate goals was too simplistic a way of viewing role performance. Rather, role performance was interactive. He theorised that the performance of social roles that were coordinated with the roles of others allowed the development of accountability, self-realisation, and self-actualisation (Baldwin, 1986). He saw what he termed *reality* in socially coordinated behaviour, as the outcome of a process of mutual interpretation and adjustment. As people adjusted their action to establish a shared perspective, reality and meaning emerged. Changes in thinking, emotion and various biological states occurred. Communication was central to this process and through it socially coordinated, goal-directed activity resulted (Hardy & Hardy, 1988a). Table 2.3 contains a summary of relevant symbolic interactionist constructs.

Table 2.3 Summary of relevant symbolic interaction constructs

- Holistic view
- Self as a unique, thinking and socially interactive being
- Concept of self and other
- Reciprocal relationship between mind and society
- Uncertainty produces reflexive thought
- Environment provides a means of social learning
- Communication central to role performance
- Role partners adjust attitudes and actions towards a shared perspective from which meaning emerged
- Past experience and knowledge of past and future used to determine appropriate action
- Role learning continuous, cumulative and related to developmental stages of lifespan

The importance Mead attached to self-perception was a precursor to the development of personality theory and became a major theme in understanding the nature of social interaction (Hollander & Hunt, 1972). His view of a thinking, self-conscious person

interacting actively over time with a complex social, cultural and physical environment had much in common with the basic concepts of occupational science and occupational therapy.

2.2.6 The Value of Role Theory

Biddle (1979), asserted that role theory was a useful basis for investigations of human behaviour for three reasons. First, role theory could be viewed as a branch of science, with its own terms and concepts. It differentiated individual behaviours, social activities and the phenomenological processes that were assumed to lie behind them. Second, and of particular importance in the present study, the concepts used terms that were available in general language, providing a link between common usage and the abstract ideas of investigators. This could permit a more natural flow of information and understanding between people participating in research and their investigators. Third, role theory concepts were easy to use, lending themselves to many different methodological approaches. For these reasons Biddle (1979) claimed that role theory applied to human experiences in natural contexts.

2.2.7 Criticism of Role Theory

Role theory has been the subject of a range of criticisms over the years. For example, Banton (1965) asserted that role classification required the assumption that a given role definition was accepted by all parties in the role performance. Clearly, this was not the case, or each person's role performance would be identical to every other person's performance of the same named role. Similarly, severe criticism has been levelled at role theorists such as Talcott Parsons who saw role as a means of maintaining the existing structure of society, precluding change and limiting choice. Although this narrow view of role was refuted, it was still referred to by those seeking to discount role theory (Fennell, Phillipson, & Evers, 1988; Hardy & Conway, 1988; Jackson, 1998a).

The vocabulary or language of role theory has been open to criticism, with Biddle and Thomas (1966b) pointing out two basic difficulties. First, there was a lack of denotative clarity. They noted that terms had popular as well as technical meanings and that the two were not always identical. Terms frequently related to multiple concepts and even technical

meanings were not always exact. Second, there was a problem with the incompleteness of the language, as new phenomena were identified but not effectively named because of this lack of clarity.

Heavy reliance on metaphors has made role theory open to criticism. Nash, for example (as cited in Biddle and Thomas, 1966b) had five such criticisms: 1) irrelevance to scientific theory, 2) lack of parsimony, 3) unbelievable, 4) imprecision of comparison, and 5) conducibility to error. Banton (1965) held that if a metaphorical conceptual scheme was used, it could provide a distorted view of human behaviour. These difficulties have not been resolved over the years, and have led a number of theorists to move away from role theory. However, the concept of role is so universally acknowledged, and is such a part of everyday thinking that contemporary theorists have continued to find it to be a useful tool for analytical thinking about human behaviour (Burns, 1991; Heiss, 1981; Landis, 1995).

2.2.8 Applicability of Role Theory

Biddle (1979) discussed the functionality of roles. All roles are thought to be tied meaningfully to the social situations in which they are embedded. People behave because they are motivated to do so, and a number of roles become functionally interlocked. He described the different 'functional components' that may be present in a given role, and related this to task analysis. Any list of functions that related to a given role were arbitrary and likely to be added to or replaced in subsequent observations of role behaviour. The same behaviour could be observed in more than one role. Nevertheless he noted that roles were *content specific*. This view supported the idea, espoused in occupational therapy, of a hierarchy of levels of occupational performance. This hierarchy perceived occupational roles as being made up of role-specific occupations and routines (Chapparo & Ranka, 1997b; Christiansen & Baum, 1997a). A role complement related to roles held by different people interacting within the same social situation (e.g. a mother was the complement of her son). This perspective supported notions of *role partnership* (Biddle, 1979).

Expectation

Expectations are thought to be an important part of the functional aspect of role, because they are *shared* by people with knowledge about how a role should be performed (Biddle, 1979; Mead, 1972). It has been proposed that knowledge about expectations is

developed from past experiences of the role in question (Biddle, 1979; Mead, 1972). Expectations about roles are formally agreed or shared between people (e.g. job descriptions). Expectations become behavioural rules when they are used as a model of how the role should be performed. Expectations contain a moral element of how the performer of a role should behave. They may fluctuate and change *over time*, or remain solid and unchanging. Expectations may be *unshared*, existing only in the mind of the performer (e.g. in the pursuit of a hobby), or only in the minds of those he or she interacted with while in that role (Biddle, 1979). In relation to this study, it could be hypothesized that if one partner in a marriage needed care, both partners might find their expectations differed about how this should happen.

Biddle suggested that once people learn and accept the expectations for a given role, they applied them, taking steps to maintain such standards in others, and letting them know in overt or subtle ways if they believed they fell short of what was expected of them (Biddle, 1979). Expectations may be *overt* or *covert*. While overt expectations are clearly stated in an evaluative way (e.g. as part of gossip about a person), covert expectations are more complex and subtle. Biddle described how covert expectations could be identified in the behaviour of the person. For instance, the partner of someone with Pd who had the covert expectation that they should continue to share everything as they had done all their married life, might go to great lengths to facilitate the partner being able to make a contribution in their everyday shared roles. A partner who covertly expected he or she should primarily provide care was more likely to take over roles that they used to share such as, for a husband in a traditional style of marriage, the role of home maintainer.

Expectation and Choice

Burns (1991) and Landis (1995) strongly emphasised the degree of choice for the person that is present in role performance, with Burns commenting that some writers *incorrectly* stated that human behaviour was determined almost entirely by the expectations of others. Burns (1991) and Landis (1995) both observed a large degree of latitude allowed to many roles, particularly in the nature of role performance.

Conflicting role expectations were perceived by Burns (1991) as opportunities for choice, with people basing their decision upon a perception of the expectations of others, put

together with a perception of their own *needs*. Role performers make choices based upon the degree of significance they attach to each expectation placed upon them. A judgement is made about the *legitimacy* of different expectations. Burns (1991) concluded that despite the pervasive influence of other people's expectations, the role performer retains substantial opportunities for choice in the nature of role performance, and that each person's behaviour in a given role would be qualitatively very different from another's behaviour in the same role.

Burns (1991) went on to say that, as in all social systems, role has two dimensions: *nomothetic* and *ideographic*. The interaction of these two led to development of the way role was observed. The nomothetic dimension is concerned with the demands placed upon the person. The ideographic dimension is concerned with what will satisfy a person's needs within the context of environmental living. Burns considered any behaviour, whether observable or not, as a function of these two dimensions. If one of these is emphasised much more than the other, then there could be a failure of articulation between the two, leading to possible dysfunction for the person. Both Burns (1991) and Landis (1995) embraced the dynamic nature of role, particularly the idea of personal choice in role performance.

2.2.9 The relationship between role and time

Roles are lost, gained and changed throughout the lifespan in a process of transition (Barris, Kielhofner, & Watts, 1988; Biddle, 1979; Forsberg-Wärleby & Möller, 1996; Heiss, 1981). These changes occur in response to life events (e.g. starting work), as the result of changes within the person moving through the normal developmental stages of the lifespan, or in relation to the advent of disease or disability. Dealing with change requires a process of adaptation (Fine, 1991; Forsberg-Wärleby & Möller, 1996). Where the change is imposed rather than chosen, adaptation may be accompanied by stress.

Schlossberg (1992) stated that a transition occurs if an event changed the assumptions a person had about themselves and their world, requiring a corresponding change in behaviour. Schlossberg proposed the Model for Analysing Human Adaptation to Transition in which adaptation was interpreted as a dynamic process, thought to be dependent upon the person's perceived and/or actual balance of resources and deficits.

The model suggested three sets of factors that influenced transition:

1. **The characteristics of the particular transition:** role change (gain or loss), affect (positive or negative), source (internal or external), timing, onset (gradual or sudden), duration (permanent, temporary or uncertain) and degree of stress
2. **The characteristics of the pre- and post-transition environment:** eg. social support and physical setting.
3. **The characteristics of the individual:** including psychosocial competence, sex-role identification, age and life-stage, state of health, race/ethnicity/cultural, socio-economic status, value orientation and previous experiences with a transition of a similar nature (as cited in 1996, p. 117)

This model showed that role transitions elicit a complex pattern of response and require considerable resources both within and outside the person. The ability to perceive and utilise these resources effectively is needed in order to make successful transitions. Role transitions may occur over a period of time (Forsberg-Wärleby & Möller, 1996; Heiss, 1981). In later life, changes related to primary or 'normal' ageing are thought to accelerate the need for role transition. It is possible that when a chronic illness such as Pd was added to the process of normal ageing, the need to deal with consequent role transitions may be overwhelming.

2.2.10 Roles In Later Life

There has been controversy in gerontology literature about the nature of role performance in old age. Old age is often perceived as a major social problem. Thinking about role performance in old age has been, and continues to be strongly influenced by three theories: disengagement theory, activity theory and personality continuity theory.

Disengagement theory (Cumming & Henry, 1961; Peterson, 2004) and activity theory (Havighurst & Albrecht, 1953; Peterson, 2004) present opposing views of aging.

Disengagement theory pictures older people gradually withdrawing from society in a way that is mutually beneficial to the person and to society as a whole. Older people are thought to disengage when society sanctions the relinquishment of commitments that have become arduous. Society supposedly benefits from these roles being acquired by younger, more active people. Disengaged older people are thought to spend time reviewing and reworking their past life. This theory is still prevalent among some health providers, despite the

criticism that it could not be supported, and that it provided a foundation for ageist attitudes (Bytheway, 1995; Peterson, 2004). Alternatively, activity theory stated that the more activity and social participation older people retain, the more satisfied they are with their lives. Both theories espouse the idea of a 'right' and a 'wrong' way to grow old.

These two theories fitted the view that research into roles be limited to observable behaviour. A number of studies into quality of life in old age have been based upon the assumption that investigation of activity levels of older people will provide information about the nature of their quality of life or life satisfaction. Markides and Martin (1979) argued that health, income and education were important predictors of life satisfaction in that they facilitated higher levels of activity. A positive link between activity level and life satisfaction was established by Palmore (1970), supporting activity theory. Alternative interpretation of Palmore's findings indicated that the people studied maintained their activity level into old age rather than changing it, leading some years later to a third theory of activity that related to life satisfaction - personality continuity theory (Atchley, 1989). This theory stated that older people, in the absence of disability or handicap, maintain the social participation level that they had earlier in their lives, even though the nature of their activities might change. See Table 2.4 for a comparison of the three theories.

None of these conflicting theories have found unanimous support (Adelmann, 1994; Morgan, 1982; Peterson, 2004). Inherent in activity theory is the assumption that occupying multiple roles is associated with higher levels of well-being. At the same time, it was postulated that there were significant degrees of role loss concomitant with advancing age, and that this was accompanied by a loss of life satisfaction. Role theorists saw loss of work as producing demoralisation and reduced self-esteem, particularly as there were no substitutes with the same cultural value (Fennell et al., 1988). Blau (1981) stated that there were no positively valued roles that older adults were expected to assume. Burgess (1960) put forward the idea of the 'role-less' role, with old people cut off from their work and family. Bell (1976) rejected these views by stating they were anecdotal in nature and not borne out by research. Albrecht (1951) found the majority of people over 65 were still highly active and carried responsibility concentrated mainly in the home and in family relationships.

It could be argued that there is no viable theory of roles through the life span, especially in relation to later life. For example, Rosow (1976) saw a problem with equating role with status, because it led to a focus on roles that afforded clear status, such as the work and family roles so characteristic of early and middle adulthood. These 'institutional' roles have explicit, normative, and consensual expectations within their reference groups. He argued that in later life, people more commonly held what he termed 'tenuous' roles. These roles were "vague, limited, variable or unpatterned with negligible consensus or normative elements" (Rosow, 1976 p. 462).

Table 2.4. Comparison of three social theories of ageing (in the absence of disease or disability)

Disengagement Theory	Activity Theory	Personality Continuity Theory
Gradual withdrawal from society with consequent reduction in activity	Activity and social participation should be increased to compensate for losses in other areas	Older people maintained the level of social participation they had in earlier life
Mutually beneficial to society and individual	Withdrawal not beneficial to older person	Benefit could be obtained from both withdrawal and high social participation according to personal choice
Give up role commitments	Role commitments should be maintained	Nature of role commitments may change
Spend time reviewing and reworking past life	Spend time being active	Spend time according to habit and choice

The literature on role and well-being was reviewed by Adelman (1994) who reported that nearly all the research on multiple roles and psychological well-being excluded older adults and mostly focused on young adults. Such research tended to limit the number of roles studied to just three: employee, parent and spouse. Although there has been some research about other roles, such as volunteer, home-maker, student and grandparent, they were rarely examined in the context of the number of other roles the person occupied (Adelman, 1994). She also pointed to the lack of consideration of ethnic and cultural differences in descriptions of role performance within a selected group of people. A

correlation between a high level of role incumbency and psychological well-being (as measured by life satisfaction, depression and self-efficacy) was found by (Adelmann, 1994), which supported activity theory rather than disengagement theory and its application to younger age groups.

Carstensen, Isaacowitz and Charles (1999) developed the theory of socio-emotional selectivity, which attempted to describe a more complex picture, and may therefore be more accurate in its representation of roles in older people than most of the earlier theories. The authors maintained that, rather than withdrawing from those that are closest to them, as in disengagement theory, people in late adulthood actively constructed smaller, but deeper social networks. They argued that older people set goals related to emotional aspects of their relationships and work to deepen relationships of longstanding that could provide a social climate of validation and love. While Carstensen, Isaacowitz and Charles (1999) did not deny that loss was an issue in this age group, they argued that some of what has been interpreted by others as loss, was in fact the result of choice. The purpose of the present study is to contribute to the body of knowledge about the roles and well-being of older people.

2.3 Occupation, Occupational Performance and Occupational Performance Roles

2.3.1 Occupation

The term *occupation* is central to the everyday language of occupational therapists. However, what is meant by occupation is still being defined within the profession (Wilcock, 1998; Zemke & Clark, 1996). Occupations have been conceptually organised in a number of ways by occupational therapists in an attempt to structure thinking for research and practice. In occupational science, occupations are defined as "... the daily living activities that can be named in the lexicon of the culture and that fill the stream of time" (Yerxa et al., 1990). They are described as having three essential properties: active participation by the individual, meaning to the individual, and a process that ends in a product, whether the product is tangible or intangible (Schulz & Schkade, 1997). The idea of a hierarchy of performance is commonly used in clinical practice, where there is a need to grade occupations in terms of complexity in order to achieve therapeutic change (Neistadt, 1998).

2.3.2 Occupational Performance

Many occupational therapists interchange the term *occupation* with activity. The use of the term occupation was challenged because of this ambiguity by theorists such as Nelson (1988). He pointed out that occupational therapists and others use the term to describe both structure and performance. For example, occupation has been used to describe someone's paid employment as well as how people pass the time. Nelson saw this as a serious limitation to the further development of the profession, and he proposed a separation of terms to clarify the meaning of occupation. He suggested the term *occupational form* to refer to the structure of occupation and *occupational performance* to refer to the human actions that take place in response to occupational form. He defined occupational form and occupational performance as follows:

An occupational form is an objective set of circumstances, independent of and external to a person. The person's occupational performance (the doing) can be understood only in terms of the environmental context in which the performance takes place (that is, only in terms of the occupational form). (Nelson, 1988, p. 633)

A number of conceptual models have been developed to facilitate the further development of both theory and practice within the profession. The majority of these models used the terms occupation and occupational performance.

2.3.3 Occupational Performance Role

Aspects of role theory have been adopted by the occupational therapy profession. The Model of Human Occupation (Kielhofner, 1995), the Person-Environment-Occupational Performance Model (Christiansen & Baum, 1997a) and the Occupational Performance Model (Australia) (Chapparo & Ranka, 1997b) are all major practice models that have incorporated the construct of occupational role. In each of these models, occupational role has been defined as encompassing task, routine, activity or actions, with a variety of terms and hierarchies used to describe the nature of occupation. In each case roles are viewed as conceptual organisers, serving to give significance and meaning to specific patterns of occupational performance. Because of the focus of this thesis, the evolution of the construct of occupational role and its use within the profession of occupational therapy have been

outlined here in greater detail, and some of the concepts important to current thinking about occupational role discussed.

2.3.4 The Emergence of Occupational Role as a Concept in Occupational Therapy

Occupational Behaviour

Occupational behaviour was an approach or paradigm proposed in the late nineteen sixties by Reilly (1969). She believed the profession needed to turn to the behavioural sciences (defined as psychology, sociology and anthropology) to broaden and deepen understanding of issues relevant to therapy. She argued for occupational therapy to develop a greater distance from the medical model. The theory of occupational behaviour adapted the concepts of societal role and personal choice to fit with the philosophies of occupational therapy (Reilly, 1969). Reilly took the view that role could be used by occupational therapists to assist people to meet the expectations and responsibilities placed upon them by society, so that they could take their place in that society. She stressed the importance of examining the life roles of the population relative to *community adaptation*, in order to identify the various skills that supported occupational roles, and create an environment where the relevant behaviour could be evoked and practiced (Laukaran, 1977). She saw achievement in terms of the "... patient's ability to carry on the daily activities required by his social roles" (Reilly, 1969, p. 302). She identified the *play* and *work* continuum as being the area of particular interest to occupational behaviour. Reilly further described three sub-systems of role theory: masculine and feminine identification, group membership, and occupational behaviour. She used the term *occupational role* in stating that it was the last system that was of interest to occupational therapists (Reilly, 1969).

Reilly saw the concept of occupational role as a means of moving away from the focus on disease and disability and towards the more holistic and original principles of the profession (Reilly, 1969). She believed that the occupational behaviour paradigm gave therapists the ability to consider clients in the context of their own social history or developmental experience. However, she envisaged each phase of life as having its own identifiable major life role, and named them, for example pre-school child, student, worker, housewife, and retiree. This represented a major over-simplified explanation of roles which assumed that a given role was perceived by everyone in exactly the same way. Although

Reilly did not attribute her work to any specific branch of role theory, the structure of the assumptions underlying her view of roles related more to social structural role theory (Parsons, 1951) than symbolic interactionism.

Other researchers followed, using the occupational behaviour paradigm to investigate specific roles, most commonly productivity roles (Matsutsuyu, 1971; Moorhead, 1969). Black (1976) considered the implications of a role repertoire, and introduced the idea of the occupational career. She broadened the usual use of the word *career*, to consider movement within a single role and movement from one role to another. Black viewed each person's occupational career as unique and spanning a lifetime. She considered occupational choice pivotal to the course of the occupational career saying that although roles may assigned they are still influenced by personal attributes and personal decisions. Black's (1976) view of role therefore allowed a much broader and more flexible approach for conceptualisation, and, along with Moorhead (1969), gave more importance to the view of the person interacting within his or her own environment and making choices about role performance.

2.3.5 Heard's Model of Role Acquisition

At the same time, Heard (1977) published a conceptual model of role acquisition (see Figure 2.1). This model was still housed conceptually within the occupational behaviour framework, and had some similarities to the ideas put forward by Black (1976).

Heard classified occupational role as follows:

1. Habits and skills are components of role, so their presence is necessary for role fulfilment.
2. Role is the organising component for competence in daily life.
3. The ease of occupational role acquisition is dependent upon the adaptive nature of the person. (Heard, 1977, p. 244-245)

Heard (1977) commented "the skilled role player is more flexible than the less skilled in adjusting to sudden, unforeseen changes in external role demands" (p. 245). She instanced people who have a chronic disability as a group who, due to their impaired capacities may be less flexible in their behaviour strategies than those without disability.

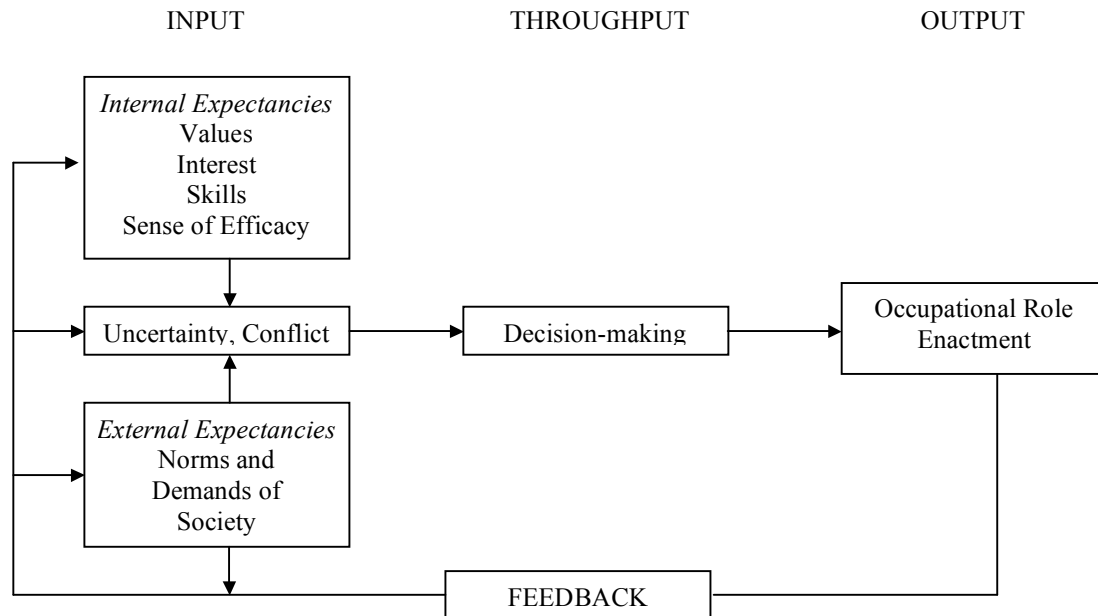
Like Black (1976), Heard (1977) used systems theory as the basis for her model. Heard described input as including both *internal* and *external expectancies*, with possible conflict existing between the two. Internal expectancies were based upon the *values, interests, skills* and *sense of efficacy* of the person. She defined *values* as the goals and commitment for acquiring a particular role, and saw them as responsible for differences in interpretation of role demands. *Interests* determined the commitment to internalise external role demands and indicated the choices that might be made for a particular course of action. *Skills* determined the role that may be fulfilled, because they were necessary to role performance. Those able to use their skills to effect change experienced a sense of control over their destiny, in other words, a sense of *efficacy*. This sense of efficacy was thought to influence the person's willingness to try out new roles, with a poor sense of efficacy relating to reduced motivation to assume new roles.

External expectancies were described as *implicit* or *explicit*. Heard stated that they serve to prescribe role behaviour. Implicit expectations aligned with the rules society imposes upon people and are determined by age, sex and position. Within their own cultural setting, people are permitted wide freedoms in some ways but required to rigidly conform in others.

The final input that Heard described were *transactions*. When the norms and demands of a role differ from the expectancies of the person, a bargaining series begins to lessen the differences. Heard saw conflict and uncertainty in the ability to meet the demands of a given role as the usual state when role acquisition was occurring.

Throughput in Heard's (1977) model was described as decision-making behaviour that served as the transforming process in role acquisition. Decision-making was conceptualised as helping to organise behaviours and to sort and select the eventual role behaviour. Decision making was thought to require good quality information about the external expectations so that people could effectively weigh them up with the internal expectations to achieve a compromise that provided the best advantage.

Figure 2.1 Model of occupational role acquisition. From Heard, C. (1977). Occupational role acquisition: A perspective on the chronically disabled. *American Journal of Occupational Therapy*, 31(4), p. 245.



Output in Heard's model was described as the actual role behaviour implemented from the selected alternatives. A trial period, subject to feedback and revision, allowed the person to 'try on' the role and determine how much its obligations would enhance or conflict with other roles. Heard saw role acquisition occurring in the context of the person's total role repertoire. For people with fewer role related skills, this 'try on' period was considered critical to the future performance of the role.

Feedback occurred from both internal and external sources in Heard's model, with the obligations and norms within the role serving as the standards for feedback. If the behaviour was not acceptable, then further transactions occurred to achieve a more suitable output, or the person might decide not to take up the role.

This model provided a valuable basis for considering occupational role *performance* in this study, in that it supported a view of occupational role as a dynamic system that changed over time, and a conceptual framework within which to identify its facilitating and modifying factors.

2.3.6 The Development of Standardised Occupational Role Assessments

By the early 1980's occupational role and the concept of role were becoming key constructs in occupational therapy, and assessments were devised to assist therapists in clinical practice. The Role Checklist (Oakley, 1981) was developed using the Model of Human Occupation (Kielhofner & Burke, 1980) as its conceptual base. This is an assessment tool developed for psychiatric clients, and was designed to identify role occupancy across time, for the purpose of planning effective facilitation to help clients meet their social obligations. It listed ten roles: organisational participant, hobbyist/amateur, friend, family member, care giver, home maintainer, student, religious participant, worker, volunteer, and a category for respondents to enter an 'other' role. This assessment reflected a move away from considering only productivity roles as occupational roles, following on from the broadening of the concept of roles of interest to occupational therapists signalled by Black (1976). It represented an attempt to find common categories for the roles that people might identify.

The information provided by the Role Checklist was of a rudimentary nature, giving only yes/no answers about role incumbency and a three point rating of role value, with no information about the nature of role performance. It was difficult to gain an idea of the *degree of participation* of a person in a given role. Because the roles were pre-determined and pre-defined, the Role Checklist was of limited use for assessing role performance on a personal basis, as role theorists agreed that no two people performing the same role would look the same. However, because it offered test-retest reliability, it became the predominant research tool for investigating occupational role (Bränholm & Fugl-Meyer, 1992; Dickerson & Oakley, 1995; Elliott & Barris, 1987; Hallett, Zasler, Maurer, & Cash, 1994; Larsson & Bränholm, 1996; Vause-Earland, 1991).

Other role assessments have been developed that maintain the emphasis upon the need for the person to meet the external expectations of society (Good-Ellis, Fine, Spencer, & DiVittis, 1987; Kielhofner & Henry, 1988a). They do not provide information about people's own perceptions of their roles and role performance because they assume it is more appropriate for the therapist to interpret the information obtained and make professional judgements about the person's specific role needs. For example, The Occupational Performance History Interview (Kielhofner, Harlan, Bauer, & Maurer, 1986; Kielhofner &

Henry, 1988a, 1988b) places an emphasis on the concept of role function/dysfunction or role competence as judged by the therapist administering the test. Roles are pre-named or categorised and there is an underlying assumption that a role of a given name will always be performed in a similar fashion, or at least carry the same societal obligations, for each person being assessed. There is no apparent consideration of cultural differences for example. A more recent version of this assessment, the OPHI-11 continues this bias towards the need to meet external expectations (Kielhofner et al., 1998).

These assessments attempted to reduce what can be a very complex and subtle interaction to something that can be measured numerically, by making the assumption that people can be compared to some externally determined norm for role behaviour. Role or role areas were named, with the assumption that the range covered in the assessment was comprehensive and represented all major roles for each person likely to be tested. These role lists were not based on descriptive research using people comparable to the client group. As Banton (1965) pointed out, it is highly questionable that everyone would agree to a single definition of a named role. Likely role performance or what 'norms' could be expected has not been established. Using critical analysis of social role theory, it could be argued that when external value judgements are made by the therapist about the person's performance in that role or role area, and the concept of 'good' or 'bad' role behaviour implied, people are at risk of being labelled and categorised inappropriately by these assessments. While these types of measures have value for studying populations, they perhaps miss the opportunity to gain real insight into what it is like to *be* the person being assessed.

The Role Change Assessment

The Role Change Assessment represents an attempt to redress some of the problems of categorisation and inadequate language (Jackoway, Rogers, & Snow, 1987). The Role Change Assessment was designed to look at the total role involvement of older adults. The researchers wished to measure role change in terms of addition or loss of roles, and in terms of increases and decreases in the time allotted to the performance of specific roles. Using the Model of Human Occupation (Kielhofner & Burke, 1985) as their theoretical framework, they developed six broad meta-role categories: social and family roles, vocational roles, self-care roles, health care roles, organisational roles and leisure roles. They developed a list of forty-eight roles and allocated them to these categories. They sought to establish content

validity by submitting this list to four experts in the fields of gerontology and health care. Five additional roles were added following trialing of the instrument.

This assessment avoided some of the value judgements of other assessments by looking principally at role change in terms of role gains, role losses and time spent. It acknowledged the wide range of roles held by people, although the attempt to name and frame them all was difficult, as evidenced by the additions that were made when the instrument was trialed. However, questions continue to arise relative to the assessment of role performance. For example, what should the purpose of occupational role assessment be? Should the occupational therapist be assessing the external expectations placed upon people (for example, by their employers), or both external and internal expectations attached to specific roles. Is it possible to have a single definition of a named role, or should role assessments seek to establish the definition of each person's roles in context? Clinicians looking for outcome assessments related to handicap still felt the need for something quantifiable in order to demonstrate effectiveness of therapy.

2.3.7 Occupation and Role

As the difficulties with conceptualising and assessing role performance became evident, some theorists began looking for a more effective way to investigate the meaning that occupation had for client groups and the general population. As a result, the meaning of *occupation* was broadened to include everything purposeful that people *do* (Chapparo & Ranka, 1994; Hopkins & Smith, 1993; Pedretti, 1996; Wilcock, 1998). In occupational science, the concept of culture was applied to the term occupation. (Clark et al., 1991; Yerxa et al., 1990). Chapparo and Ranka (1997a) refer to an *occupational being* by extending 'doing' to 'knowing' and 'being' dimensions of role performance. It stated : "An occupational being is that aspect of a human being that ideates and actualises engagement in occupational roles. This occupational being is expressed through occupational performance and ultimately defined by peoples' occupational roles" (p. 2).

With the move away from scientific structuralist dogma (Yerxa et al., 1990), the profession adopted qualitative methodologies to investigate roles. Narrative research was considered more satisfactory than standardised assessment because it provides the richness of detail and the context that had been lacking (Helfrich & Kielhofner, 1994).

Occupational Science and the Concept of Role

In 1998, Jackson (1998a; 1998b) published two articles questioning the place of role theory in occupational science. She pointed out that occupational science was rooted in the occupational behaviour frame of reference, with role as its central concept. She identified role as an imported theory, and suggested that perhaps the time had come to review its effectiveness. She pointed to sociologists, who appeared unsure about whether to retain it as a viable theory, rework it to relieve some of the identified problems, or disregard it completely. She suggested that perhaps occupational science needed to review the use of role in the same way.

In her critique, Jackson presented role theory in its most external and prescriptive form, using formal, closely prescribed roles such as doctor/patient as examples. She implied that the exercising of choice in occupational role performance was likely to be considered abnormal by role theorists. She based her criticisms of role theory in the field of women's studies, where it had been identified as a vehicle for control and reduction of choice. Jackson based much of her argument against the use of role on Connell's work on gender roles (Connell, 1987), but gender roles are biologically ascribed, and, because of their significance in human reproduction, carry a high level of biological, social and cultural prescription. Hence, they are not representative of the wide range of roles encountered in most people's role repertoires (Burns, 1991).

Much of Jackson's (1998a) criticism of the effects of using role theory appeared to be based upon Talcott Parsons' view of role as a means of preserving desirable differences of place in the existing social structure and of preventing social change. Although this was no longer a view that was commonly held by sociologists (Fennell et al., 1988; Hardy & Conway, 1988), it appears to have persisted within the profession of occupational therapy. Jackson (1998b) identified five criticisms of role theory, based on a structuralist perspective:

1. Role theory reifies social ideologies into concrete entities which have become universal standards of behaviour.
2. Role theory promotes social conformity with less emphasis on providing a critical analysis of existing social ideologies and policies.

3. The socialisation process, as presented by some role theorists, fails to portray a complete picture of the means by which children or others become integrated into society.
4. Role theory's depiction of human agency does not fully account for the subjective experience of humans or their creative and resistive adaptations.
5. Role theory promotes a segmented description of occupation, ignoring its enfolded nature.

If Jackson's (1998b) five criticisms of role theory are accepted, then there is clearly a high degree of cultural bias engendered by such a system. Cultural issues have not generally been discussed in role theory, perhaps reflecting the times in which the theories were first formulated. Central to Jackson's discussion is that those who differ from the norm in their gender roles are considered deviates and labelled maladaptive. If the concept of culture is brought into the equation, then it could be considered (for example) that homosexuals and lesbians, while labelled as deviates by mainstream American culture, have created their *own* cultures of acceptable behaviour. While moving within the special environment they create for themselves, they do not encounter the same sanctions for their behaviour that they might encounter when moving into the wider cultural environment (for instance in pursuance of their paid employment roles).

Jackson's (1996; 1998a) criticisms reflect the external or judgemental view of role promoted by assessments such as the Role Checklist (Oakley, 1981; Oakley, Kielhofner, Barris, & Reichler, 1986) and the Occupational History Interview (Kielhofner et al., 1986; Kielhofner et al., 1998). She ignored the work of earlier occupational therapists such as Moorhead (1969) and Black (1976), who gave greater weight to the person's own perspective or perceptions of role performance. Jackson failed to note the wide range and sophistication of choice available to role performers as discussed by various role theorists, social psychologists and sociologists such as Banton (1965), Mead (1934), and Moreno (1977).

That occupational therapists need to deal with the realities that clients experience in a non-judgemental manner lends validity to Jackson's (1996; 1998a) criticisms of those who do not. However, perhaps it was the misuse or misunderstanding of role theory that led her to the perception of role theory as universally judgemental and restrictive. The purpose of this

study was to use the concept of role to gain access to peoples' perceptions of their own reality in order to achieve an understanding of how they organised and dealt with that reality, rather than using role theory to pass judgement about abnormal or deviant behaviour.

2.3.8 Occupational Therapy Practice Models That Include the Construct of Role

The following section centres its discussion on three examples of contemporary models of practice that have included role or occupational performance role as a primary construct.

The Model of Human Occupation

The Model of Human Occupations drew heavily on the constructs of occupational behaviour, and was intended to link Reilly's occupational behaviour model to clinical practice. It included a consideration of roles as part of one of three subsystems rather than as the overarching construct found in occupational behaviour. The prefix *occupational* was dropped and the range of roles considered legitimate for occupational therapists to consider was broadened.

The construct of role appeared as one of the two constructs of the Habituation Subsystem, and was termed Internalised Role (Kielhofner, 1995). Internalised Roles were roles that had been accepted by people as part of their self-identity and self-perception. Each person's skills, values, interests, and views of self was hypothesised as a causal agent that determined which roles were chosen and the role expectations that were negotiated between the person and society. Roles were described as the means of maintaining social structure and function. While there was recognition of the person's influence on role performance, the emphasis was on how role could serve to mould and form social interactions. The model excluded some *doing* from the realm of occupational behaviour - for example sex was excluded, although included by many other writers and researchers (Freda, 1998; Neistadt, 1993). In this model, the therapist was the expert.

The Model of Person-Environment Occupational Performance

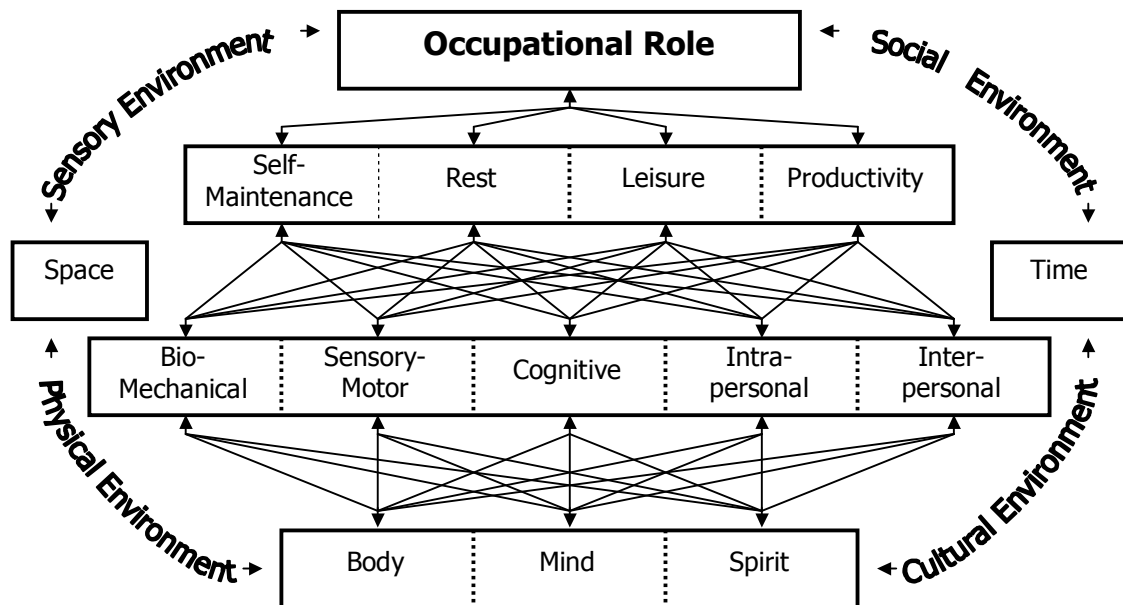
The Model of Person-Environment Occupational Performance (Christiansen & Baum, 1997a) describes role as the top level of a performance hierarchy that moves from actions to tasks to occupations to roles. Patterns of occupations that meet the needs for self-maintenance, recreation, rest, creativity and productivity are said to characterise social roles. Occupational performance deficits are considered to have meaning mainly in terms of the person's role responsibilities. Smooth social functioning is described as requiring effective role performance from every member of the group. Christiansen and Baum described the concept of *satisfaction with role performance* saying that internal appraisal of role performance occurred as well as external appraisal. The model considers *occupational choice* but appears to relate this to choice of role rather than choice of role behaviour, giving the example of the decision adolescents must make about their paid work role. This model was client-centred in its approach.

The Occupational Performance Model (Australia)

The third practice model to employ the construct of role was The Occupational Performance Model (Australia) (Chapparo & Ranka, 1997b) (see Figure 2.2). This model was used as the conceptual framework for this study, so it is discussed here in greater depth than the two preceding models. Like the Model of Person-Environment Occupational Performance (Christiansen & Baum, 1997a), the OPM(Aust.) expanded the concept of *occupational performance*. While this term is now used extensively, Chapparo and Ranka's model provided an extended view of what the term meant as related to everyday human performance. The model states:

An occupational being is that aspect of a human being that ideates and actualises engagement in occupational roles. This occupational being is expressed through occupational performance and ultimately defined by peoples' occupational roles. (Chapparo & Ranka, 1997b, p. 2).

Figure 2.2 Occupational Performance Model (Australia) from Chapparo, C., & Ranka, J. (1997). The Occupational Performance Model (Australia): A description of constructs and structure. In C. Chapparo & J. Ranka (Eds.), *OPM: Occupational Performance Model (Australia)* (Vol. 1, pp. 1-23). Sydney: Occupational Performance Network, p. 14.



Occupational performance role is the central organising construct of this model (Chapparo & Ranka, 1997a). The view of role in this model is broader than that found within the occupational behaviour framework. The central proposition in this model is that all goal-oriented behaviour is *occupational* in nature. Occupations are characterised by purposeful changes in behaviour that could be *physical*, *cognitive* or *psychosocial*. *Performance*, as defined in this model, extends the usual notions of motor action only to include antecedent and subsequent physical, mental and emotional processes relevant to the task performed. Definitions of *occupational performance* included roles and is defined as:

The ability to perceive, desire, recall, plan and carry out roles, routines, tasks and subtasks for the purpose of self-maintenance, productivity, leisure and rest in response to demands of the internal and/or external environment. (Chapparo & Ranka, 1997a, p. 4)

Definition of role.

The definition of role in this model was taken from Christiansen and Baum: "... a set of behaviours that have some socially agreed upon functions and for which there is an accepted

code of norms" (Christiansen & Baum, 1991, p. 857). The concept of role was perceived to be complex, and composed of many different components and behaviours. Roles were described as being vehicles for social involvement and productive participation, and possibly as the nucleus of social interaction.

Competence and satisfaction with role performance arose in the Occupational Performance Model (Australia) from internal as well as external perceptions of performance. In the conceptualisation of role in this model, there was a move away from the single social environment that tends to be envisaged in role theory to the possibility of many different environments occurring in the course of a day for a given person. Chapparo and Ranka considered the cultural aspect of these environments. The concepts of 'choice' and 'need' drove people to engage in occupational roles. These reflected the fact that a role could be chosen by a person or be taken up due to social expectation. Cultural differences are considered in relation to the balance of roles derived from internal and external cultural influences, and questioned the possibility of choice in cultures where group cohesion and social expectation is paramount.

Chapparo and Ranka (1997a) defined occupational performance roles as follows:

... patterns of occupational behaviour composed of configurations of self-maintenance, productivity, leisure and rest occupations. Occupational Performance Roles are determined by individual person-environment-performance relationships. They are established through need and/or choice and are modified with age, ability, experience, circumstance and time. (Chapparo & Ranka, 1997b, p. 6)

This view of occupational role considers the personal perspective of role as well as the external view. It considers roles on a continuum from highly prescribed to very little prescription. It considers social and cultural contexts, and, unlike the Model of Human Occupation (Kielhofner, 1995) does not subscribe to the imposition of the views and judgements of therapists upon clients.

In this model, people are viewed as participating fully or partially in the performance of occupational performance roles. Occupational performance roles are conceptualised as having three dimensions:

Knowing: "... an intuitive or concrete understanding of desired or expected occupational performance roles. This knowing results in the person having ideas about organised patterns of occupational performance that are expected or accepted by the physical-sensory-socio-cultural environment" (Chapparo & Ranka, 1997b, p. 5).

Doing: "... usually entails the physical action of people within their environment" (Chapparo & Ranka, 1997b, p. 5).

Being: "... a fulfilment or satisfaction component of occupational performance roles ... [which may be] ... linked to personal meaning which contributes to valuing of one's occupational role" (Chapparo & Ranka, 1997b, p. 5).

For those who participate partially in occupational role performance, such participation might consist mainly of the *knowing* dimension, with others providing the *doing* dimension (e.g. someone who requires considerable physical assistance). Others might contribute to the *knowing* and *doing* but not experience satisfaction or *being*. Still others, such as someone with severe cognitive as well as physical disabilities, might experience the *being* but not be able to contribute much to the *doing* or *knowing* aspects of the role (Chapparo & Ranka, 1997a, p. 5).

Consistent with the work of Black (1976) and Moorhead (1969), occupational performance roles are conceptualised as dependent upon changing personal-performance components such as age, ability and physical-sensory-socio-cultural circumstance, with most people assuming a number of roles at once. There is recognition that people balance configurations of roles that change with time. The decision about which roles are discarded and which were assumed form *transitions* in occupational role behaviour that are constantly made throughout the lifespan in response to the demands of the internal and external environment (Chapparo & Ranka, 1997a).

In this model, occupational performance roles are viewed as were part of an interactive system, and to influence and be influenced by other parts of the system (Chapparo & Ranka, 1997a). In many cultures, the worker role determined the balance of self-maintenance, productivity, leisure and rest areas of occupational performance. These in turn, determined the component requirements necessary for performing in the productivity area. Alternatively, where circumstances permitted the choice of an occupational performance

role, then the choice might be based on particular component strengths such as the problem solving abilities of a mathematician.

Burns' work supported the view offered by Chapparo and Ranka (1997) that roles are assumed or discarded by choice (internal) or need (external). The idea of choice could be expanded further, by suggesting that a given role is given a different occupational meaning by different people. For example, the role of cook may be self maintenance to one person, productivity to another, and leisure to a third (Chapparo & Ranka, 1994). Chapparo and Ranka further suggested that the same person may view such a role in different ways in different circumstances. For example, preparing Sunday breakfast may be considered as a family activity, while cooking the regular evening meal may be seen as work (Chapparo & Ranka, 1994). This view reinforced the conceptualisation of occupational roles as individualistic in the nature of their conception and performance, despite their socially interactive nature. It emphasised the need to view them as bound by a context that is more complex than just the people with whom the performer was interacting. See Table 2.5 for a summary of the relevant features of the OPM(Aust.).

Table 2.5 Role-related features of the OPM (Aust.)

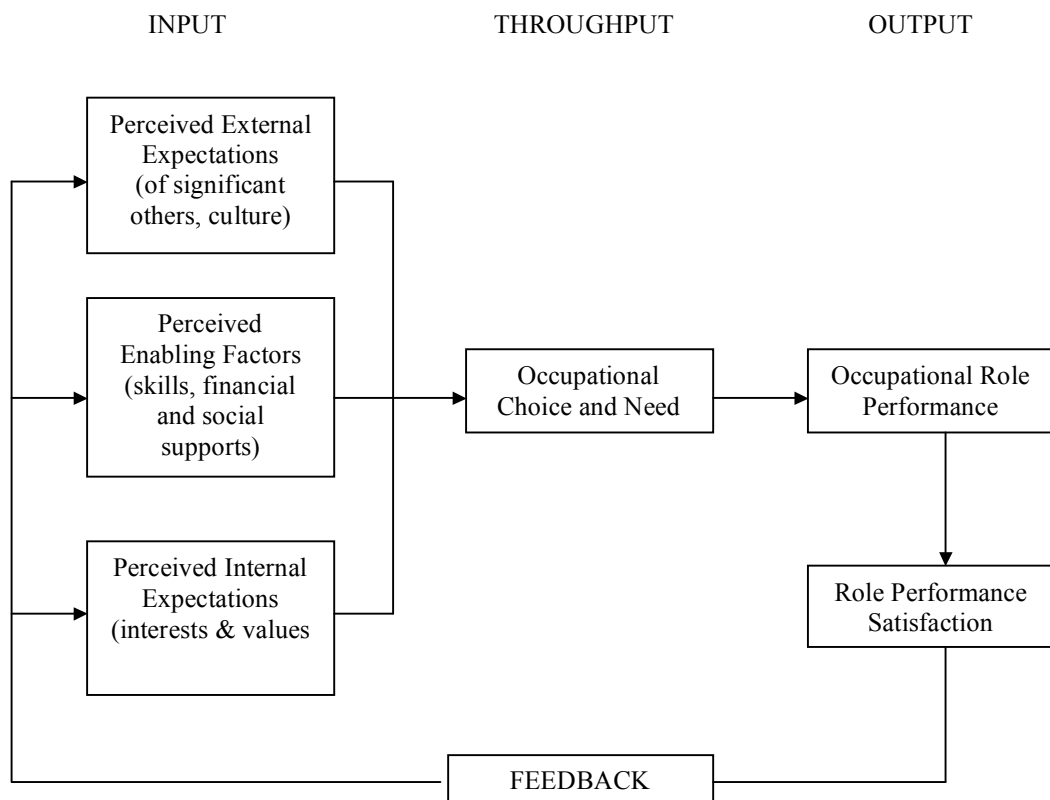
- | |
|--|
| <ul style="list-style-type: none">• Role is determined by choice and need• Roles bound by context. Environmental interaction necessary for ORP to occur• Role considered to have cultural as well as social and occupational aspects• Role is placed within an interacting system in which each part potentially interacts with every other.• Role seen as patterns of behaviour made up of configurations of self maintenance, productivity, leisure and rest and sleep.• There are knowing, doing and being elements to ORP• A person holds multiple interacting roles.• There is consideration of internal aspects of ORP from performer's perspective• Occupations can be part of different roles at different times depending upon their meaning and purpose. |
|--|

Although the Occupational Performance Model (Australia) has placed the concept of role in a central position in relation to the other constructs of occupational performance, the

elements and relationships that make up occupational performance roles have not been well developed. Questions that remain unanswered include: how do other performance constructs in the model link to occupational role? Do people utilise the construct of occupational role in planning and thinking about their occupational performance? What resources do people use to support their occupational role performance? Are there any discernible patterns that could be related to people's role repertoires? How do people actively manage their role repertoire when aging, or in the presence of illness?

A preliminary model of ORP was proposed by Hillman (1995a) (see Figure 2.3), which was an extension of Heard's (1977) model of role acquisition. It went some way towards describing the interaction of people with their context. This model demonstrated there was a further need to investigate peoples' own perceptions of their performance at the role level, rather than make decisions based on indirect information.

Figure 2.3 Model of Occupational Role Performance. (adapted from Heard). From Hillman, A. M., & Chapparo, C. J. (1995a). An investigation of occupational role performance in men over 60 who have had a stroke. *Occupational Science: Australia*, 2(3), p. 90.



Hillman (1999), (1995a), (2002) completed a qualitative study that investigated the ORP of men over sixty-five who had experienced a stroke, and were living in the community. The OPM (Australia) (Chapparo & Ranka, 1997b) provided the conceptual framework and three major themes from the findings were used to create a preliminary structural model of ORP (see Table 2.6). The model demonstrated that consideration of ORP should not be limited simply to observable behaviour (active engagement). A far greater depth of understanding could be achieved by considering the individual aspects of ORP, in context, as perceived by the person who performed in the role. The assumptions endemic in occupational therapy literature about the nature of a named role were not supported by this study. The study demonstrated that it is not possible to assume that there was only one meaning (shared by everyone) for a given named role (Hillman, 1999).

The findings drew parallels with the concepts of *doing*, *being* and *knowing* described by Chapparo and Ranka (1997b), with *active engagement* relating to doing, *personal meaning* relating to being and *perceived control* relating to knowing. The present study utilised these findings in the formulation of its purpose and in its methodological development.

Table 2.6 Preliminary structural model of ORP. Hillman, A. M. (1999). *Occupational performance roles following stroke*. Unpublished Master's thesis, The University of Sydney, Sydney, N.S.W., Australia, p. 180.

Active Engagement	Personal Meaning	Perceived Control
ORP repertoire	Fit - self-identity and perceived expectations	ORP knowledge
Temporal aspects of ORP	Choice and ideal role performance	Perceived outcomes of ORP
Occupational performance role transitions and role continuity	Self-expression and satisfaction	Perceived self-efficacy
	Self-perceived ORP viewed over time	

2.3.9 The place of occupational role within the discipline of occupational therapy

It appeared from the literature that in embracing the concepts of role theory there have been misunderstandings from the beginning about its focus and complexity. If the acquisition and use of role theory by occupational therapists is viewed in the context of the profession's history and development, it is easy to understand why this has occurred. Role theory was introduced as a way to counteract the effects of reductionism upon the thinking and development of the profession. However, in its application it appears to have succumbed to the pressures it was intended to counteract. The need to be able to simplify and reduce role assessments in order to present data that was statistically reproducible and comparable to a norm has led to a distortion of role theory concepts. In particular it has led to the general assumption that it is possible for therapists to make judgements about a person's role competence without fully understanding the context within which that person performs his or her roles. If occupational therapists aim to return clients to an independent and productive life, then the emphasis on role obligations and sanctions is understandable. However, if occupational therapists, in addition, see their role as working to enable clients to attain a lifestyle that is *satisfactory* to them, then they must consider role rights as well as role obligations, and place emphasis upon context, occupational choice and the inherent creativity of the person. To fully understand role context, cultural issues must be taken into account. Any consideration of the concept of role should therefore include social, occupational and cultural aspects.

The term *occupational role* is used throughout the occupational therapy literature, yet there has been little attempt in recent years to critically examine the concept (Blair, 1998). Its meaning has been largely assumed. There is still a need for an explanatory model or system to provide structure with the potential to effectively organise occupational therapy thinking and communication at this level; and there is an increasing emphasis in the literature on the need to consider role related matters in occupational therapy interventions (Blair, 1998; Chapparo & Ranka, 1997b; Christiansen & Baum, 1997a; Ottenbacher, 1998).

Summary

This first chapter in the review of the literature has addressed the concept of role. It has provided an overview of role theory, with a more specific look at symbolic interaction. It

has discussed the value, criticisms and applicability of role theory. It has considered the important part expectation and choice play in ORP, and it has described some of the literature relating to social roles in late adulthood. From there it considered the use of the concept of role within the discipline of occupational therapy, including a description of its history and how this has influenced its use. It described some occupational therapy models of occupational role acquisition and performance and some of the occupational therapy practice models that employ the concept of role. It provided more detailed information about the Occupational Performance Model (Australia) (Chapparo & Ranka, 1997b), and briefly described how the concept of role has been extended within this model. This review has shown that role continues to be a useful concept that can be used as a tool to gain information from the perspective of the person. However, it has also shown that the concept of role is used within the profession with little development or understanding. Many unsupported assumptions have been made by occupational therapists about the terms *occupational role* and *occupational role performance*. The following chapter in this review of the literature considers the impact of chronic illness (and more particularly Pd) upon the everyday lives and occupational role performance both of those with the illness and their partners.