Katherine Hahn is an 80-year-old retired physician who lives alone with her two dogs in a condominium in Phoenix. She never married, and her only living relative is her brother, who lives in Germany. Recently, she has not been well, and dirty laundry, trash, and old newspapers have begun to accumulate in the entryway into her apartment, where there is a terrible stench. She has become increasingly frail and unable to descend her stairway safely to get outside. As a result, she is unable to take her dogs outside, so the dogs wear diapers. The neighbors are starting to complain to the building’s management. She refuses all attempts to help her.

Most older adults enjoy good health, are active well into later life, and are content with retirement; the role changes that accompany later life, however, have the potential to be quite disruptive unless adequate support is available. For example, widowhood is often associated with a decrease in income, a loss of emotional support, and a decline in physical health that can complicate simple daily tasks such as shopping and preparing meals. Most communities offer a number of community and social support services to help older adults cope with their changing social, personal, and financial circumstances.

Community and support services can improve the well-being of recipients, but how many older adults use the services available to them? A review of the literature about the use of community service programs reveals a common theme: only a small percentage of older adults report using services (Krout, 1983b; Mitchell, 1995; Spense, 1992; Starret, Wright, Mindle, & Van Tran, 1989). Consider Katherine Hahn’s situation. She could use the assistance of a home health aide or homemaker. Certainly, she could use a volunteer to walk her dogs. But she refuses any assistance. How can we explain this paradox? Moreover, many older adults in our communities need assistance. But on whom do they rely most often to meet those needs? In this chapter, we present information about the social care older adults receive from informal and formal networks, and look at how the informal and formal networks interact to assist older adults. Next, we examine possible reasons why older adults might not be inclined to use community services and present some social psychological theories that help explain help-seeking behavior. We end this chapter with
a discussion about how social theory can be used to help understand patterns of service use among older adults.

SOCIAL CARE FOR OLDER ADULTS

When we encounter a problem, need help getting something done, or just need someone to talk to, what do we do? Most of us probably first seek help or advice from someone we know in our informal network—a friend or family member—rather than from a resource in the formal network. Older adults also show a preference for turning to the people with whom they are familiar and who are involved in their daily lives. Researchers have discovered that older adults turn to their informal network of family and friends for help before they turn to the formal network (Cantor, 1983, 1991; Horowitz, 1985; Litwak, 1985; Suitor & Pillemer, 1990). When seeking help from members of the informal network, older adults exhibit a hierarchical preference for assistance from spouses and children first, and then friends and neighbors (Cantor, 1979; Horowitz, 1985; Palley & Oktay, 1983). The care given by persons in the informal network is generally long term, is motivated by a desire to reciprocate for past assistance, is offered free of charge, and generally requires a low level of knowledge or training (Doty, 1986; Travis, 1995). Spouses, children, siblings, and other family members provide older adults with personal care, emotional support, and social support services such as meal preparation, transportation, and mediation with bureaucracies (Brody, 1981; Matthews & Rosner, 1988; Sangl, 1985; Shanas, 1979; Stone, Cafferata, & Sangl, 1987). A voluminous amount of research exists documenting that family caregivers of older adults assume this significant role at great expense to their financial, psychological, and physical wellbeing (e.g., Biegel, Sales, & Schultz, 1991; Montgomery & Kamo, 1989; Scharlach & Boyd, 1989; Strawbridge & Wallhagen, 1991). Siblings, as well as friends, also provide support to one another in later life, but their help is more likely to comprise emotional support and companionship rather than assistance with the tasks of daily living (Bedford, 1989; Jones & Vaughan, 1990; Wellman & Wortley, 1989).

In contrast to the informal network, the formal network consists of agencies that operate within a bureaucratic structure, generally have no prior emotional relationship with their clients, and provide care for a limited or specified amount of time (Lipman & Longino, 1982; Litwak & Misseri, 1989). The community resources that we discuss later in this book represent the formal network that exists to enhance the well-being of older adults. As Travis (1995) points out, the formal network also consists of agencies that are nonservice in nature and includes religious, ethnic, and social groups. When families become caregivers to frail older adults, they in essence become gatekeepers to the use of formal services. There has been considerable interest regarding when and how the informal network interacts with the formal network.

INFORMAL AND FORMAL INTERACTION

Although families offer a tremendous amount of care to older family members, there are occasions when older adults and their families turn to the formal network for assistance.
Because the informal network plays such an important role in delivering and securing assistance for older adults, researchers have been interested in creating conceptual approaches to aid in understanding the interaction between the informal and formal network.

Litwak (1985) proposed the *dual specialization model*, suggesting that informal and formal networks carry out responsibilities that are best suited to each. For example, the informal network can respond to unscheduled or unplanned needs, and the formal network can offer scheduled, structured care provided by trained professionals. Being available to assist a frail older adult with frequent trips to the bathroom in the middle of the night is best provided by a caregiving spouse or child; checking on vital signs once a day is a task better suited to a trained individual in the formal network. According to Litwak's model, both the informal and formal networks work best when they perform the tasks to which they are most suited.

The *supplemental model* (Stoller, 1989; Stoller & Pugliesi, 1988) acknowledges that the informal network is the primary source of social care but that formal services are used to supplement assistance provided by the informal network when its resources are not able to meet the caregiving needs. The informal network relies on formal services to augment, rather than replace, its caregiving activities.

To date, the research on the interplay between the formal and informal networks has been sparse. Clearly, more longitudinal research is needed to determine the patterns of formal network use during the course of the caregiving career. The conceptual models discussed here can alert the practitioner to be cognizant of the different ways in which the informal network reaches out to the formal network and to realize that the formal network frequently assists both the older adults and their informal network. We turn next to a review of the factors associated with service use.

**Service Use by Older Adults**

Researchers have identified a number of factors related to service use, but studies often report conflicting results regarding which factors predict service use. These differences are in part due to the use of dissimilar independent variables when predicting service use and the different community resources studied. Despite these methodological limitations, we can make some generalizations about the variables associated with service use. Characteristics such as age, transportation, gender, marital status, living arrangement, geographical location, race and ethnicity, health status, and awareness of services have all been found to be associated with the use of community services. Specifically, as age increases, so does service use (Chappell & Blandford, 1987; Krout, 1985b; McCaslin, 1989; Webber, Fox, & Burnette, 1994). Older women are more likely to use services than are older men (Coulton & Frost, 1982; McCaslin, 1989). Those with access to transportation are more likely to use services (Krout, 1983b; McCaslin, 1989; Mitchell, 1995). Older adults living in rural communities are less likely to use community resources than are their urban counterparts (Krout, 1983b; Spense, 1992). Older adults who are married are less likely to use services than are older adults who live alone (Krout, 1983b; Spense, 1992). Whites are significantly more likely to use community services than are their non-White counterparts (Carlton-LaNey, 1991; Fellin & Powell, 1988; Guttman, 1980; Spense, 1992), and those whose health needs are greater are more likely to use services (Calsyn & Winter, 2001; Coulton & Frost,
1982; Strain & Blandford, 2002). Finally, not surprisingly, higher levels of awareness are linked to greater service use (Burnette, 1999; Strain & Blandford, 2002).

Currently, much of the research investigating service use by older adults has focused on the relationship between demographic and social characteristics and service use. More research is needed to indicate the reasons why older adults do or do not use community services.

Psychosocial Barriers to Service Use

Studies of help-seeking behavior have identified several social-psychological barriers that might explain why older people do not use programs that could help them. Some years ago, Lipman and Sterne (1962) suggested that older adults are reluctant to use services because they wish to maintain an image of self-reliance and competency. A person’s image of self-reliance may be compromised when he or she experiences a decline in physical health and is unable to continue some activities. When the perception of self-reliance and competency is compromised, asking for formal assistance only verifies this personal shortcoming. Moen (1978) found that respondents in her study were reluctant to admit needs and did not want to use services that they associated with “welfare” programs. Furthermore, American culture puts a high value on independence and self-reliance and, as a result, people feel uncomfortable when they “impose” on others for assistance. In addition, older adults from different cultural backgrounds and experiences may have varying views of the appropriateness of seeking assistance from formal service providers.

Along with the cultural norms and values people hold about self-reliance, their self-perceptions and social comparisons with others can influence the act of seeking assistance. For example, many older adults do not see themselves as old. At age 93, the grandfather of one of the authors stated that he did not want to go to the senior center to socialize with those “old” people. Perhaps, like many other older adults, his view of himself did not fit his image of who uses services or attends programs designed for older adults. Similarly, Powers and Bultena (1974) suggest that older respondents in their study might have been reluctant to use services because they perceived that programs were meant for older adults who were worse off than themselves.

Another barrier to seeking help is the desire to avoid embarrassment (Shapiro, 1983). The act of asking someone for assistance implies having problems that one cannot resolve on one’s own. For the current cohort of older adults, who survived such hardships as the Depression, this admission might be difficult. Moreover, when recipients seek formal services, they are forced to make their personal problems public (Williamson, 1974).

These psychosocial variables (i.e., independence, self-reliance, and embarrassment), although illuminating, are somewhat limited because they do not explore the help-seeking context in greater detail. Below we discuss theoretical models that can help explain service use among older adults.

PSYCHOSOCIAL THEORIES OF SERVICE USE

Within the fields of gerontology, sociology, and psychology, several theories or models can be used to help explain who is likely to use services and why some older adults might
not be willing to seek assistance. Although researchers have not specifically applied some of these models and theories to older adult populations, they offer a way to think about the factors that might be associated with service use. These theories are psychosocial in that they draw on social as well as psychological dimensions.

Continuity Theory

Continuity theory (Atchley, 1971, 1989, 1997) is a theory of adult development based on the premise that, as adults develop, they become invested in mental pictures that organize their ideas about themselves and their external environment. Moreover, these ideas are actively constructed as people age. As adults reach middle age, they have a good idea of their strengths and weaknesses and use these ideas to make choices that take advantage of their strengths. Thus Atchley (1997) states that, when making choices in life,

people will be attracted to past views of self . . . the coping strategies that have been successful, ways of thinking that have been effective, people that have been supportive and helpful, and environments that have met the need for security and predictability. (1997, p. 272)

Application of continuity theory to help-seeking behaviors suggests that the coping strategies used by older adults throughout their lives are likely to predict the circumstances under which they will seek or accept help. Remember the story of Katherine at the beginning of the chapter? She refused all attempts to help improve her health and living arrangements. No doubt, spending her life as a doctor—especially at a time when there were few women physicians—fashioned her self-perception and ways of contending with difficulties. She was probably an independent, self-sufficient woman and found that she could successfully cope with most of life’s challenges by herself. On the basis of this assumption about her past ways of handling difficult situations, the application of continuity theory to her situation evokes no surprise at her reluctance to accept assistance. Longitudinal research on help-seeking behavior and the use of formal services employing the continuity theory would help to better clarify how past views of self and coping strategies developed throughout the life course can influence help-seeking behavior in later life.

Social Behavior Model

Anderson and Newman (1973) developed the social behavior model in an attempt to explain why individuals use health services. More recently, researchers have relied heavily on this model for guidance when investigating the use of social services. The model (shown in Exhibit 3.1) suggests that using services is a function of older adults’ predisposition to use the service, enabling factors that either facilitate or impede use of a service, and the need for the service (Anderson, 1995; Anderson & Newman, 1973).

According to the social behavior model, certain individuals are more inclined than others to use services because of personal characteristics that are present before the need for a service arises. These predisposing characteristics include the demographic factors of age and gender. They also include social structure characteristics of marital status, education,
occupation, ethnicity, and social networks that are thought to determine the status of a person in the community, his or her ability to cope with the problem at hand, and the resources available to deal with the problem. General beliefs or attitudes about support services might also predict service use.

Even those who are predisposed to using services will not do so unless they can access those services. Enabling characteristics that facilitate the use of services include personal and family characteristics of income level, insurance coverage, access to transportation, and awareness of service. At the community level, enabling characteristics include the availability of the service and the distance to the service. Finally, service need can be either an individual’s subjective assessment of need or an evaluated need provided by a professional. Researchers have found that predicting service use cannot be influenced by need alone unless the person is predisposed to use the service and then has the necessary enabling resources.

Let us illustrate how we can use this model to predict whether an older adult will attend a congregate meal site. Walter is 78 years old and has lived alone since his spouse of 45 years died two years ago. His monthly income is $850 a month, and he lives in a small one-bedroom apartment. Although he is in good health and able to drive, he does not go out much and easily becomes despondent when thinking of his spouse. Walter has found that he is uncomfortable with shopping and cooking because his wife was responsible for most of those duties. As a result, he often skips breakfast and lunch. After learning about his plight, a friend tells him about the congregate meal program offered three times per week at the senior center and invites Walter to go with him. Walter steadfastly refuses and states, “I do not need to eat like I used to, and I am getting along just fine.” How can we explain Walter’s reluctance to attend the congregate meal program? At first glance, he has many characteristics presented in the social behavior model that should be related to attending the program. He has the resources that would enable him to pay the suggested donation for the meal, he has transportation to the site, and he is aware of the service. Walter does not, however, perceive that he has an unmet nutritional need. In his mind, he can do without going to the congregate meal program, and he does not see how he could benefit from attending. Unless there is a change in Walter’s perceived need for the program, he probably will not attend.

The social behavior model has had varying success in predicting actual community service use. Researchers using this model have found that the predisposing characteristics of being older, female, unmarried, and more highly educated, and the enabling characteristic of income, are associated with increased likelihood of service use (Krout, 1983b; Peterson, 1989). But these characteristics do not explain use as well as awareness and need. Although awareness of services is strongly related to service use, it is often not sufficient to predict use. Researchers have reported that even when respondents were aware of community programs, their use of programs continued to be low (Krout, 1984; Mitchell, 1995; Powers & Bultena, 1974). Overall, perceived need is most often the best predictor of service use. Researchers using the social behavior model should also investigate the role cultural barriers play in facilitating or inhibiting service use. In this next section, we describe some theories designed to predict help-seeking behavior developed primarily from the field of psychology.
People probably can remember a time when they were sick enough to see a doctor but did not do so until a friend or family member cajoled them into going. Or perhaps they can recall a time when they drove around hopelessly lost but refused to stop and ask for directions. Why do individuals refuse to ask for help when clearly they would be better off if they did? According to the psychology of help-seeking behavior, seeking assistance is more complicated than might be expected.

Decisions about whether to seek help involve weighing the psychological costs of asking for assistance against the benefits that might occur. In contrast to the social behavioral model, the help-seeking theories we discuss here take into account the psychological processes of a person who is considering seeking assistance. In this next section, we present a summary of the reactance theory, the attribution theory, the equity theory, and the threat-to self-esteem model. We base this summary on the work of Fisher, Nadler, and Whitcher-Alagna (1983), who provide an in-depth review of how each of these theories can be used to predict help-seeking behavior.

**EXHIBIT 3.1 Social Behavior Model**

Reactance Theory

The reactance theory (Brehm, 1966) suggests that people value certain states such as freedom of choice and autonomy. When these states are threatened, a negative psychological state (reactance) occurs, and people respond in ways that attempt to restore the valued states. The degree of reactance experienced by an individual depends on how important the freedom is to the individual, the number of freedoms lost or threatened, and the strength of the threat (Brehm, 1966; Brehm & Brehm, 1981). Thus, when recipients perceive that the aid or assistance will threaten their freedom or autonomy, they are likely to react negatively (Fisher et al., 1983). Some researchers have shown that reactance can occur even if there is no direct personal threat to freedom. For example, Fisher et al. suggest that individuals may refuse aid if they think there are “strings attached” that could compromise freedom. Furthermore, as recipients seek to reestablish their freedom or autonomy, they may also form a negative impression of the person who is trying to provide the assistance (Gergen, Morse, & Kristeller, 1973).

How we can use reactance theory to explain why an older adult might choose not to seek assistance? Consider the case of Lydia, an 82-year-old widow living alone in a mobile home that she and her husband bought some years ago. Her monthly income consists of a Social Security check of $225 that she receives as a surviving spouse. An outreach worker informs Lydia that she is probably eligible for SSI, which would provide her with additional income as well as Medicaid coverage for her health care needs. She refuses, and states that she does not want to give any information about her personal affairs to a government worker. She fears that once she gives them any personal information and begins to receive SSI, the government could invade other aspects of her personal life or restrict what she does with her money. According to the reactance theory, even though a direct threat to Lydia’s autonomy does not exist, she does not want to go through a process that she perceives will indirectly cause harm to her autonomy. As a result, she chooses not to accept any financial assistance.

Attribution Theory

Think about the last time someone helped you out of a difficult situation. Do you recall asking yourself why that person decided to help you? When contemplating whether to ask for help, did you wonder why you needed help with that problem? Attribution theory states that individuals formulate attributions to understand, predict, and control their environment and help explain why certain events occur (Kelley, 1967). Individuals assign attributions to both internal (self) and external (environment) factors to help them understand the occurrence of events or behaviors.

Let us examine the first question: why did that person help you? If you have been on the receiving end of some assistance recently, you might have pondered for a moment why the person helping you chose to do so. What was the person’s real motivation for helping you fix your flat tire or assisting you to solve a computer problem? How we formulate an answer to this question plays an important role in whether we will allow someone to help us.

According to the attribution theory, a recipient of assistance will want to know what motivated the helper’s behavior (Fisher et al., 1983). In deciding what the helper’s motive is, the recipient can attribute the helping person’s behavior to three possible motives. Fisher et al. suggested that the recipient might think that the person providing the assistance (a) acted
from genuine concern; (b) acted for ulterior motives; or (c) performed the action because his or her role demanded it. These possible inferences readily apply to seeking assistance from helpers in the older person’s formal network. If the older adult believes that the person providing assistance does so because that person’s role requires it or that the helper acts from genuine concern, chances are that the older adult will be less hesitant about seeking assistance from a formal source.

Another application of the attribution theory is its use in answering another important question linked to seeking help when people need it—why do we need help? Remember, the basic premise of the attribution theory is that individuals scan their environment to explain some of their behaviors or actions. According to the theory, if individuals cannot explain their behaviors by external (environmental) factors, then they will look inward for internal factors (personal disposition). In the process of trying to determine why they need help, they will look for three types of information: the distinctiveness of the behavior (does the behavior always occur?), consensus (are others responding similarly?), and consistency (how often the behavior occurs).

The recipient assesses each of these dimensions in any help-seeking situation. An internal or external attribution depends on the combination of different levels of distinctiveness, consensus, and consistency (Fiske & Taylor, 1991). For example, if you decide that you always have trouble with computers (low distinctiveness), that you have had difficulty using computers ever since you first started working on them (high consistency), and that other people do not seem to have the same trouble you do with computers (low consensus), then you are likely to attribute your computer trouble to an internal attribute (you cannot learn new things). In contrast, if you have experienced difficulty with only one particular computer in the computer lab (high distinctiveness), you infrequently have trouble using computers (low consistency), and you notice others in the computer lab having the same difficulty (high consensus), then you will probably attribute your troubles to an external factor (the computer is a lemon).

This reasoning process is an important determinant in the decision to seek assistance. For example, if recipients feel that they need assistance because of a personal inadequacy (internal attribution), then their self-perception will be low and help seeking may not occur (Fisher et al., 1983). On the other hand, if individuals perceive that many people need help for a similar condition (high consensus), they will make an external attribution and will be more likely to accept assistance (Gerber, 1969; Tessler & Schwartz, 1972).

How can the attribution theory be used to understand why a caregiver might not use the services of an adult day program? Consider the situation of Jacque, an adult daughter. Her mother, Olivia, is 82 and has lived alone since her spouse died 11 years ago. In the last six months, Jacque has seen her mother’s physical condition steadily worsen—she is becoming more forgetful, and her unsteady gait causes her to fall frequently. Jacque has helped with shopping, meals, and other errands along with working and caring for her own two children. Her work and family obligations make it impossible to constantly supervise her mother during the day, and she is becoming increasingly worried about Olivia’s wellbeing. A friend tells Jacque about the local adult day program and suggests she take Olivia. What are the chances that Jacque will use the services of the adult day program?

If we apply the attribution theory to this situation, we can expect that when Jacque is deciding whether to take her mother to the program, she will think about why she would
need to use the services of an adult day program. She may come to the conclusion that taking her mother to the program demonstrates that she does not have the personal fortitude to take care of her (an internal attribution). She may, on the other hand, attribute the need for assistance to her mother’s condition (external attribution). If her reasoning follows this latter line of thinking, she will probably be more likely to use the adult day program. If she formulates an internal attribution, she will be less inclined to use the service.

Equity Theory

Social exchange theories suggest that individuals interact with one another through the exchange of valued objects or sentiments. Several similar versions of exchange theories exist, including Walster, Berscheid, and Walster’s (1973) equity theory. This theory is based on the premise that individuals strive to maintain equity within their relationships (Adams, 1965). Individuals who feel they are getting more than they should and who feel indebted to others react negatively to these situations in which equity is compromised (Rook, 1987).

When inequities occur, individuals experience a certain degree of distress and attempt to rectify the imbalance either by altering the tangible elements of the interaction process or by psychologically reformulating the interaction context. Furthermore, equity theory states that the greater the degree of inequity, the greater the degree of stress experienced because of the inequity (Hatfield & Sprecher, 1983). In a help-seeking situation, recipients will feel inequality when they have a higher ratio of outcomes to inputs (Walster et al., 1973).

A number of researchers reported that individuals on the receiving end of assistance who were unable to reciprocate were less likely to seek or ask for assistance (DePaulo, 1978; Greenberg & Shapiro, 1971; Manton, 1987). When researchers introduced reciprocity into an inequitable situation, recipients reported feeling better about the assistance they were receiving (Wilke & Lazette, 1970). In situations in which introducing reciprocity is not possible, changing a recipient’s perception of the helping context can be just as useful in restoring a sense of equity (Greenberg & Westcott, 1983; Roberto & Scott, 1986). If we apply this idea to receiving assistance from the formal network, older adults may avoid feeling indebted by differentiating between programs in which they are entitled (i.e., Social Security) and those that are needs based (i.e., food stamps; Lipman & Sterne, 1962). There is a sense of equity in programs such as Social Security because older adults have paid into the program—and they perceive that they are receiving financial benefits to which they are entitled. In contrast, the number of older adults who participate in programs in which recipients are always on the receiving end and provide nothing in return for those benefits may be low.

Equity theory also can be used to explain help-seeking behavior. Consider the situation of Hanna, 72, who suffers from rheumatoid arthritis that severely limits her ability to attend activities outside her home. Before her arthritis limited her activities, she worked part time and was a volunteer at the local hospital. Although she enjoyed working, she always remarked on how much satisfaction she experienced when helping patients. She describes herself as an independent person, having always provided for her own needs. Because her arthritis keeps her from volunteering and getting out as much as she would like, she finds herself becoming more and more isolated. She reads in the newspaper about a friendly visiting program, a service in which a volunteer provides social companionship and
assistance with errands. She wonders how she could ever compensate someone for coming and spending time with her—she feels that she has nothing to give the volunteer in return. If Hanna feels she will be unable to reciprocate the help she receives, it may be difficult for her to accept the assistance of the volunteer.

**Threats-to-Self-Esteem Model**

The threats-to-self-esteem model (Fisher et al., 1983) is based on the assumption that most help-seeking situations contain a mixture of both positive and negative elements (see Exhibit 3.2). Whether the helping situation is perceived as positive or negative depends on the characteristics of the (a) aid, (b) helper, (c) recipient, and (d) context. If recipients perceive the aid as highlighting their inferiority or dependency, they will view the aid as self-threatening. In contrast, if they see the aid as positive, they will perceive the assistance as self-supportive. If the helper is similar in age or status to the recipient, or has a higher status than that of the recipient, the recipient is likely to see the aid as highlighting their inferiority, and the helping situation becomes self-threatening (Fisher & Nadler, 1976; Nadler, Fisher, & Streufest, 1976). Recipient characteristics also can influence how the help-seeking episode can influence the perception of the help-seeking behavior. Researchers have found that recipients who were ego-involved in the task and who valued autonomy were more threatened by receiving the assistance (DePaulo & Fisher, 1980; Nadler, Sheinberg, & Jaffe, 1981). Evidence suggests that those with high self-esteem are more reluctant to receive help than those with low self-esteem (Nadler & Mayseless, 1983).

**Best Practice: Equity Theory in Action**

Partners in Care is a service credit exchange program in Severna Park, Maryland, designed to create community by linking frail elderly and disabled adults with neighbors who volunteer their time to help with occasional tasks and errands. Participants may provide services, receive services, or both. For each hour of service donated by volunteers, an hour of service credit is earned. That credit may be used at a later time or donated back to the program for frail elderly who cannot volunteer themselves.

Volunteer services are matched to individual needs and may include providing grocery shopping, transportation, handyman help, yard work, or friendly visits. Volunteers are encouraged to utilize their individual talents, interests, and creativity as Partners in Care. The goal of these services is to help seniors and adults remain in their own homes. Each hour of volunteer work earns an hour of credit for the volunteer. Groups of volunteers are encouraged to collaborate efforts for larger projects.


*Source: Fisher et al. (1983). Used with permission.*
Accordingly, the recipient will perceive the characteristics associated with the receipt of aid as either self-threatening or self-supporting. This, in turn, will influence the recipient’s decision to seek assistance. If the recipient perceives the help as predominantly self-threatening, the recipient’s reaction will be negative (Cluster 1 in the model shown in Exhibit 3.2). On the other hand, if the recipient views the assistance as primarily self-supportive, the recipient’s reaction will be positive (Cluster 2 in the model).

Let us look at how the threats-to-self-esteem model can help predict help-seeking behavior. Consider Mabel and John, who have lived in a small rural community for
25 years. Mabel is 75 and still works at the local school district as a secretary. She is quite proud of the many years she has worked and is well known in the community. John, 84, retired 15 years ago and has remained healthy until recently. John has begun to experience back problems, high blood pressure, and arthritis that limit his mobility. He has successfully recovered from angioplasty for clogged arteries in his heart and neck. Because of John’s health problems, Mabel thinks it is time to look into additional insurance that will supplement their Medicare coverage. Mabel has collected information from various insurance companies but is having trouble determining which policy is best. The local area agency on aging has trained a number of older adults who live in the community to be insurance counselors and assist other older adults in comparing Medigap policies. Mabel refuses to use the service because she does not want to “look stupid” in front of the people she knows. In this situation, Mabel perceives that both the situation and the characteristics of the donor are self-threatening and most likely will not seek the assistance of an insurance counselor.

APPLICATION OF THEORY IN PRACTICE

Theories can be powerful tools in understanding and predicting the patterns and behaviors of others. The theories and models described in this chapter, summarized in Exhibit 3.3, can give practitioners and students a better understanding of why older adults may or may not use the services and programs that would enhance their well-being. If service providers are aware of the different models and theories of help-seeking behavior, they can work to deliver their services in a way that addresses issues of equity or self-esteem. Using attribution theory, adult day program directors can convey a message to overworked caregivers that can help them reformulate the attributions they construct about using the services of an adult day program. Changing caregivers’ internal attribution that using adult day care services is an indication that they are personal failures to an external attribution will increase the likelihood of program use. Simply informing older adults of the services that exist in communities will not guarantee that they will use the services. Understanding and acknowledging the psychosocial and cultural barriers to accepting help will increase the use of community-based services by older adults in times of need.

SUGGESTIONS FOR FURTHER READING

In this chapter we have provided only a brief overview of different psychosocial theories that can help in understanding service use among older adults. Some suggested readings about each of the theories are listed below if you would like to learn more about each of these theories.
### EXHIBIT 3.3 Summary Table of Psychosocial Theories

<table>
<thead>
<tr>
<th>Theory</th>
<th>Author(s)</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuity Theory</td>
<td>Atchley</td>
<td>Continuity theory holds that, in making adaptive choices, middle-aged and older adults attempt to preserve and maintain existing internal and external structures; and they prefer to accomplish this objective by using strategies tied to their past experiences of themselves and their social world. Change is linked to the person’s perceived past, producing continuity in inner psychological characteristics as well as in social behavior and in social circumstances. Continuity is thus a grand adaptive strategy that is promoted by both individual preference and social approval (Atchley, 1989, p. 183).</td>
</tr>
<tr>
<td>Social Behavioral Model</td>
<td>Anderson and Newman</td>
<td>Using services is a function of predisposing (e.g., age, race/ethnicity, marital status, and gender), enabling (e.g., income, access to transportation, awareness of services) and need (e.g., subjective assessment or professional evaluation) variables.</td>
</tr>
<tr>
<td>Reactance Theory</td>
<td>Brehm</td>
<td>Individuals value states such as freedom and autonomy and when these valued states are threatened, a negative state occurs (reactance).</td>
</tr>
<tr>
<td>Attribution Theory</td>
<td>Kelley</td>
<td>In order to understand, predict and control one’s environment, individuals assign attributions to themselves and the external environment.</td>
</tr>
<tr>
<td>Equity Theory</td>
<td>Walster, Berscheid, &amp; Walster</td>
<td>Individuals strive to maintain equity within their relationships and when perceived inequities occur individuals react negatively and attempt to rectify the imbalance.</td>
</tr>
<tr>
<td>Threats-to-Self-Esteem</td>
<td>Fischer et al.</td>
<td>Help-seeking situations are a combination of positive and negative perceived characteristics of the type of aid being provided, the person helping, the recipient, and the context.</td>
</tr>
</tbody>
</table>
Continuity Theory


Social Behavioral Model


Reactance Theory


Attribution Theory


Equity Theory


Threats to Self-Esteem
