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### Paper:

Musselwhite, C. (2010). The importance of driving for older people and how the pain of driving cessation can be reduced. *Journal of Dementia and Mental Health*, 15(3), 22-26.

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# The importance of driving for older people and how the pain of driving cessation can be reduced<sup>1</sup>

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**Biography:** Dr Charles Musselwhite is Senior Lecturer in Traffic and Transport Psychology at the Centre for Transport & Society based at the University of the West of England, Bristol. His background is in social psychology and he has carried out research into understanding road user safety and travel behaviour. He has a growing portfolio of research addressing older people's travel behaviour, specifically looking at how technology might prolong safe driving for this group and how older people contemplate giving-up driving and life beyond the car.

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## **Abstract**

Older people are more reliant on cars than ever before to meet their day-to-day needs. Giving-up driving is associated with much angst and can result in mental and physical health problems. However, such problems can be reduced if older drivers plan to give-up driving before they need to and gradually reduce their driving. Those that suffer worst tend to be drivers who are told to give-up driving and do so without any preparation. Practical solutions for those giving-up driving are evident, including lifts, walking more and using community and public transport, but use of these varies with both provision and confidence in use. Affective and emotional factors associated with being a car driver, including independence, freedom, control, status and roles, are also lost when giving-up driving. Hence, support for life beyond the car is needed at a younger age (while older people are driving) to help build solutions and confidence in transport use beyond the car and should involve emotional support, as well as practical support. A social travel group is suggested as an appropriate mechanism for this, along with raising the need for early contemplation of giving-up driving and its associated social issues through the use of community theatre.

## **Introduction**

Changes in lifestyle as a result of increased longevity and better health and social care mean that older people are healthier and as such are more active and more mobile than in the past (Tomassini, 2004). One of the consequences of this is that older people are driving later on in life and more miles than ever before (Box et al., 2010). In the United Kingdom (UK), 50% of those aged 70 or over hold a full driving licence, which has increased from 32% in 1989 (DfT, 2009). The last 30 years has shown a substantial increase in drivers who are 65 years and over in the UK, most markedly amongst female drivers, with a 200% increase in male drivers and a 600% increase in female drivers in this age group (DfT, 2001; Oxley, 1991). This rise is expected to continue, and Box et al. (2010) predicts that 10 million people over the age of 70 in the UK will have a driving licence by 2050. The importance of mobility has been linked to life satisfaction and quality of life for older people (Schlag, et al., 1996) and giving-up driving in later life can be very painful and have devastating consequences in terms of mental and physical health and is strongly correlated with an increase in depression and loneliness (Fonda, et al., 2001; Ling and Mannion, 1995). Drawing on the authors work with colleagues at the Centre for Transport & Society, University of the West of England, Bristol, UK, involving conversations (in both interview and focus group format) with over 100 older people, this article explores the factors that make the car so important for older people, issues faced while contemplating giving-up driving and how negative affect of giving-up driving may be reduced.

## **The importance of driving and having access to the car for older people**

The importance of the car has traditionally been linked to its utilitarian or practical value, including the ability to get from A to B as quickly, efficiently and safely as possible (see for example, Dargay and Hanley, 2002; Jansson, 1993). Older people, in particular, describe the ease of carrying items and the door-to-door nature of the journey reducing the physical effort,

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“It’s the convenience isn’t it? You’re carrying shopping and goodness what. You can’t carry that much when you’re walking, not at my age” (Female, driver, aged 85) (Musselwhite and Haddad, 2007)

“I don’t want to be sat around waiting for the bus at my age. The convenience of getting where you want to go so quickly is only satisfied by the car” (Male, driver, aged 70) (Musselwhite and Haddad, 2007)

The mobility that the car brings is vitally important in an increasingly hypermobile society where day to day needs including accessing shops, services, work and healthcare are located in places that assume the use of a car,

“I mean how do you go on now without a car now everything – the hospital, the banks, the post-office is geared around them?” (Male, driver, aged 75) (Musselwhite and Haddad, 2007)

Being mobile is important in maintaining community, through attendance at community events and activities. The car is often seen as vital for this role, especially in rural settings and especially for older people who could not otherwise engage in such activity (Shergold et al., 2011).

In addition, recent research has highlighted the importance of affective and psychosocial needs as motivation for car driving, including identity, self-esteem, autonomy and prestige, (Ellaway. et al., 2003; Guiver, 2007; Steg, 2005). Siren and Hakamies-Blomqvist (2005) suggest driving is linked to personal identity and is associated with masculinity, youthfulness, status and power. For older people, driving can be seen as an example of staying young or warding off old age (Esienhandler, 1990) and can be linked to showing personal and financial status, especially amongst male drivers (Musselwhite and Haddad, 2007, 2010b; Rothe, 1994),

“I worked hard all my life. My cars show how well I did. My father didn’t have a car, so I suppose I was proud and still am of having a decent car” (male, driver, aged 85) (Musselwhite and Haddad, 2007)

The car also gives older people the chance to look after and provide for other people, giving them a role and identity with their community, family and friends (Musselwhite and Haddad, 2010b). For females, travel was linked more closely to roles and owning a car helped them show their role, especially in terms of being a mother or grandmother,

“I can help the family out by collecting and taking my granddaughter to school. Without the car, I couldn’t do that. I wouldn’t be able to help out so much and wouldn’t see my grandkids as much”. (female, driver, aged 70) (Musselwhite and Haddad, 2007, 2010b)

The independence the car gives older people is important,

“My own car is really important. It’s my independence and although I go with my husband to most places and we then use his car, I really love having my own car, like today if I am on my

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own I am not stuck so that is really important to me". (Female, driver, aged 71) (Shergold et al., 2011)

Sometimes this independence comes even if the individual does not use the vehicle often. Just the very "potential for travel" the vehicle provides is crucial in case of an emergency, for example (Metz, 2000; Musselwhite and Haddad, 2007, 2010b).

Being able to drive was linked to feeling part of society and feeling normal,

"It is the one thing that allows me to compete with youngsters. It is something I can probably still do as well as when I was a young man. I feel able to be part of society" (Male, focus group 1) (Musselwhite and Haddad, 2010b)

Finally, older people also mention the importance of discretionary travel in later life. It is common for older people to mention the importance of the journey itself. And older people often choose certain routes or certain roads to travel or drive down to be view certain scenery,

"Until I moved into my [retirement] flat, I loved looking at my garden, how it changes throughout the seasons. With my car, at least, I can still visit parks and the forest regularly to watch them change" (Female, driver, aged 78) (Musselwhite and Haddad, 2007, 2010b)

"We go down to the coast regularly to see the sea. I love being by the sea. We couldn't do it if we didn't have a car." (Male, driver, aged 80) (Musselwhite and Haddad, 2007, 2010b)

"Sometimes I take the long way round to drive past the forest and see the trees, especially in Autumn" (Male, driver, aged 75) (Musselwhite and Haddad, 2010b)

The need for human contact with nature, termed biophilia, has been well-documented (see Kellert and Wilson, 1993). Research suggests that interaction with certain types of nature can create restorative responses and as such can reduce stress (Ulrich, 1979), anxiety (Ulrich, 1986) and improve health (Ulrich, 1984). Since reduced physical mobility to engage with nature is more apparent in older people, travel by car allows these important interactions to take place

Based on these findings, Musselwhite and Haddad (2010b) propose a three tier model of car driver needs for older people, based on the findings outlined above, *utilitarian* (primary), *affective*(secondary) and *aesthetic* (tertiary) needs, which could be placed in a hierarchy (see figure 1). The level of participants' self-awareness or consciousness of these needs varied. They immediately discussed and hence were very conscious of utilitarian needs, but less aware of affective needs and even less aware of aesthetic needs.

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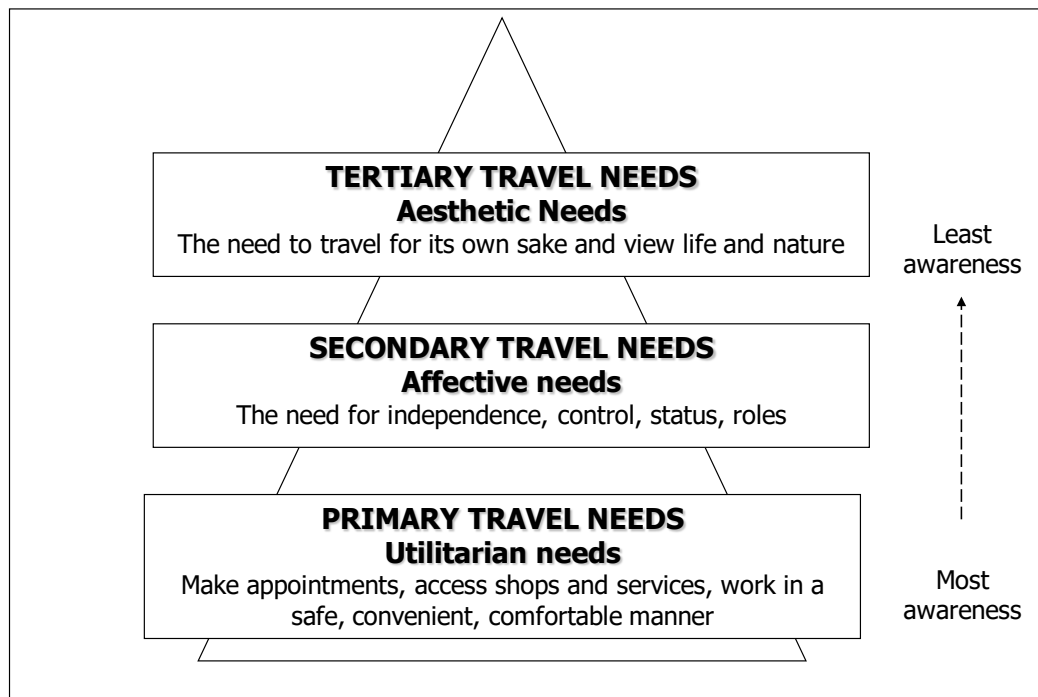


Figure 1 The three levels of mobility needs of older drivers by self-awareness of the need (after Musselwhite and Haddad, 2010b)

### Contemplation and planning in giving-up driving

Research shows that those who plan and gradually give-up driving face far less negative affect than those who have to be told to give-up driving or do so on the spur of the moment (Musselwhite and Haddad, 2010b). Planning to give-up driving can be associated with gradually giving-up on journeys that are becoming difficult to make and older people typically give-up driving in busy traffic, they avoid motorways and difficult junctions and in addition drive less often in darkness or inclement weather (Musselwhite and Haddad, 2010a).

Older people, on the whole, manage to fulfil most of their practical day to day journeys, albeit with some difficulty through a variety of means including lifts with friends and relatives, use of public or community transport, walking and using mobility scooters (Musselwhite and Haddad, 2010b). Those that succeed well, are those that are more flexible, those willing to change location, time and frequency of visits (Shergold et al., 2011). Utilising virtual means such as e-shopping and social networking sites to meet day to day needs is also another successful intervention, although it is acknowledged that the social contact of physically travelling is missing (Musselwhite and Haddad, 2010b; Musselwhite 2010). However, for other older people great difficulty is found and the (perceived)accessibility to buses, inability to walk and not wanting to burden people with lifts results in increasing isolation and a huge reduction in meeting primary day to day needs.

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In addition, it is especially the psychosocial and aesthetic needs that are not being met beyond the car. For example, the psychological significance of giving-up driving and the car is amplified by many older people as being the beginning of the end,

“It’s hard to explain I suppose. You just don’t seem like you belong. I suppose yes there are feelings that you might be ready for the scrapheap now. The first step to it, you know” (Male, given-up driving at 76) (Musselwhite and Haddad, 2007, 2010b)

When alternative transport is used, it is sometimes felt to be negative,

“I don’t much like it. Getting out of the (community) bus. You do feel other people are staring at you. They’ll be there one day, though! But, I do feel a bit self-conscious. I never felt that arriving by car” (female, given-up driving, aged 70) (Musselwhite and Haddad, 2007)

There was also anxiety about the “norms” or “protocol” of using the public transport and this could be a barrier to use, for example,

“Will it stop where I want it to? That was a big concern. Also I didn’t really know what to do. There didn’t seem to be a bell to press nearby. So I’d have to get up when the bus was moving and walk up to the driver and tell him to stop at the next stop...But I have found the bell now. It’s lower down not on the ceiling. I feel less anxious now” (female, gave-up driving 1 year ago, interview) (Musselwhite, 2010)

The traffic was seen as a key barrier to walking,

“I’m afraid to walk, I’ll admit. Battling the traffic is such a hoo-haa. Crossing the road is dangerous, partly as I am slower but the traffic is much more faster” (female, given-up driving 2 months ago, interview) (Musselwhite, 2010)

On giving-up driving it was far less common for older people to go on journeys just for the sake of the journey itself or to visit scenery. As such aesthetic needs seem unmet beyond the car. In particular, older people feel unable to ask for lifts for such journeys,

“You can’t ask other people to take you out for “a drive”. They’d think you’d lost their senses. Anyway they have got better things to be doing with their time, then ferrying me about just for the sake, like” (female, gave-up driving at 80) (Musselwhite and Haddad, 2007, 2010b)

In addition, older people felt public transport did not take them to places of interest nor offered a particularly interesting journey,

“The bus doesn’t really go where you would want. The route isn’t pretty. It just does the houses and the shops. The views are ordinary” (female, gave-up driving at 80) (Musselwhite and Haddad, 2007, 2010b)

Hence, older people need to re-learn to use different forms of transport to help them fulfil all their needs. This is even more the case for the youngest older people who have perhaps always driven all

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of their adult life. The re-learning is not just a matter of skills but also a matter of confidence. In addition, the negative psychological affect of older people giving-up driving should receive closer attention. Finally, there needs to be better recognition in society, including older people themselves, about the importance of discretionary travel for older people and provision be made for such trips to take place and empower older people to be able to ask for such journeys.

### **Possible solutions**

There is a need for people to begin to contemplate giving-up driving as they approach old age. Many older people stall for time and do not face up to the fact that they may not be able to drive in the future (Musselwhite, 2010). Decisions to move house when retiring, perhaps to a rural area, are rarely done with any consideration for a life beyond driving (Musselwhite, 2006) and such decisions need to take into account access to transport. In addition, the role of family and friends should also be considered and they too need to be alert to a possible future involving non-driving members of the family who may need support. Too often the decision is not made until it has to be made, by which time the gap between driving and non-driving alternatives is too wide. In addition, older people need both emotional and practical support while going through such a process (Musselwhite, 2010). There are some excellent examples of practical support, for example the Independent Travel Network scheme in USA (see <http://itnamerica.org/>) which reduces the negative feeling older people experience of being a burden and not paying their way for lifts while retaining a good level of mobility. Courses for older people have been developed to assist with giving-up driving in terms of emotional and practical support, for example Liddle et al. (2004, 2006, 2008) developed the Driver Retirement Initiative in Queensland, Australia. The groups comprise of between eight to 15 retiring or retired drivers for three to four hours a week for six weeks. Early indications suggest a very positive response from the course (Liddle et al., 2004, 2006, 2008) but more formal evaluation is needed. Brown (2010) advocates a travel buddy system where older people shadow experienced users of alternative transport beyond the car.

Musselwhite (2010) builds on such suggestions and stresses the importance of a continuous group of people meeting to discuss their own travel issues in a social travel group. People should join prior to giving-up driving and the group would be a source of emotional and practical support for those contemplating and those that have given-up driving. It would encompass training, practical and emotional support. It would be a group that could be held together through virtual means, with a dedicated website with links to timetables, maps and real-time information on travel, complete with a discussion forum, with a potential to offer lifts or to offer accompaniment to forthcoming journeys by bus or foot. Additional meetings would also take place on a regular basis at a convenient place, with occasional guest lectures or talks from experts, for example on driving skills or from the local bus company. The group could begin with help from a local charity and then grow sustain itself by members themselves taking over the running. The group would also act in lobbying for local changes to transport systems, services and infrastructure. As Musselwhite (2010) suggests, the group should utilise a reflection-on-action dynamic, which mixes emotional and practical support in light of subjective, organic needs of the group (for example, Musselwhite and Vincent, 2005). The issue remains, however, of getting people to recognise the importance of such a group, and the issues about giving-up driving the group would focus on. At present such a model assumes individuals



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would want and would recognise the importance for such training but this is not often the case. One potential solution has come from an innovative approach in Canada, whereby the issue of giving-up driving is raised into the consciousness of a community (older people primarily followed by their family, friends and the wider community) through community theatre (a play with discussion with the characters afterwards) ( Pauluth-Penner, 2010 ).

## Conclusions

Older people have great difficulty in not only giving-up driving but also conceptualising giving-up driving. The concept must be considered at an earlier age to help older people plan to use alternative travel means beyond the car; research suggests planning helps mitigate some of the negative emotions associated with giving-up driving (Musselwhite and Haddad, 2010b; Musselwhite, 2010). Family and friends and the wider community need to play a role in supporting older people's travel needs beyond the car. The role of community engagement in awareness is vital; perhaps utilising the concept of community theatre (see Pauluth-Penner, 2010 ). Since giving-up driving not only involves practical difficulties but affective needs not being met, then support for giving-up driving needs to be practical and emotional in nature. It should be continuous and help build confidence as in the social travel group suggested by Musselwhite et al. (2010). Practical support is found quite widely, but without understanding the affective elements of car use will not fulfil older people's needs and as a result will not necessarily help reduce negative health associated with giving-up driving. More of this support is needed as society becomes ever more geared around the car and future generations of older people will have used a car almost all of their adult life and geared their life around the car, making learning alternative ways of travelling even more difficult.

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