

Compassionate Transitions in Decision Making and Support for Older People to Give Up Driving

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- Giving up driving happens in a social context
- Stereotypes might make it worse
- Giving up driving as a social process
- How to give up driving successfully and the support needed



Giving-up
driving
happens in a
social context

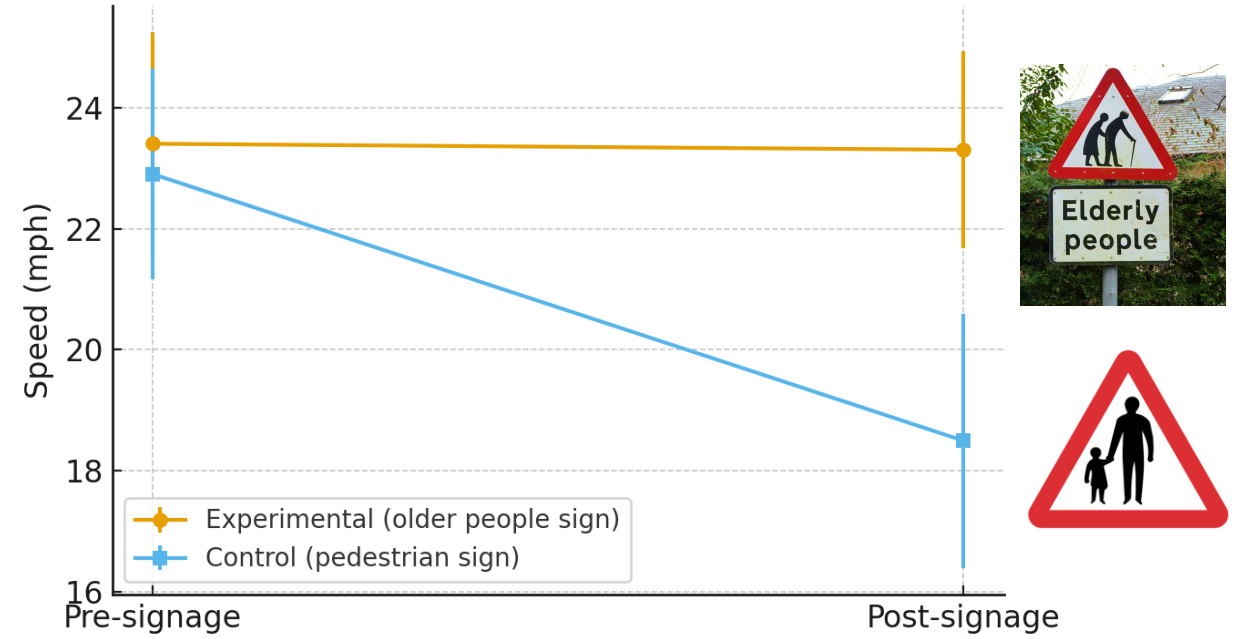


Musselwhite, C. (2025). The older persons warning sign and its effect on driver behaviour, Transportation Research Part F: Traffic Psychology and Behaviour, 113, 136-142
<https://doi.org/10.1016/j.trf.2025.04.030>

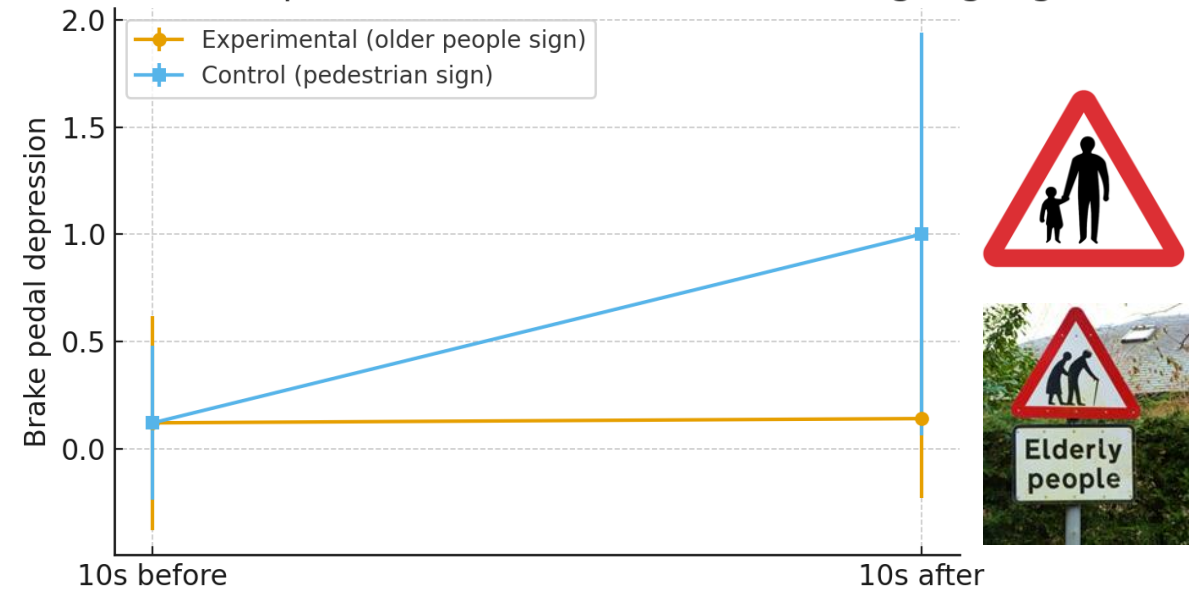
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Vehicle Speed Before and After Passing Signage



Brake Pedal Depression Before and After Passing Signage



Stereotypes matter

What is stereotype threat?

Stereotype threat is the situational pressure felt when a negative stereotype about your group becomes salient. It splits attention, increases stress, and can reduce performance temporarily.

Key Findings

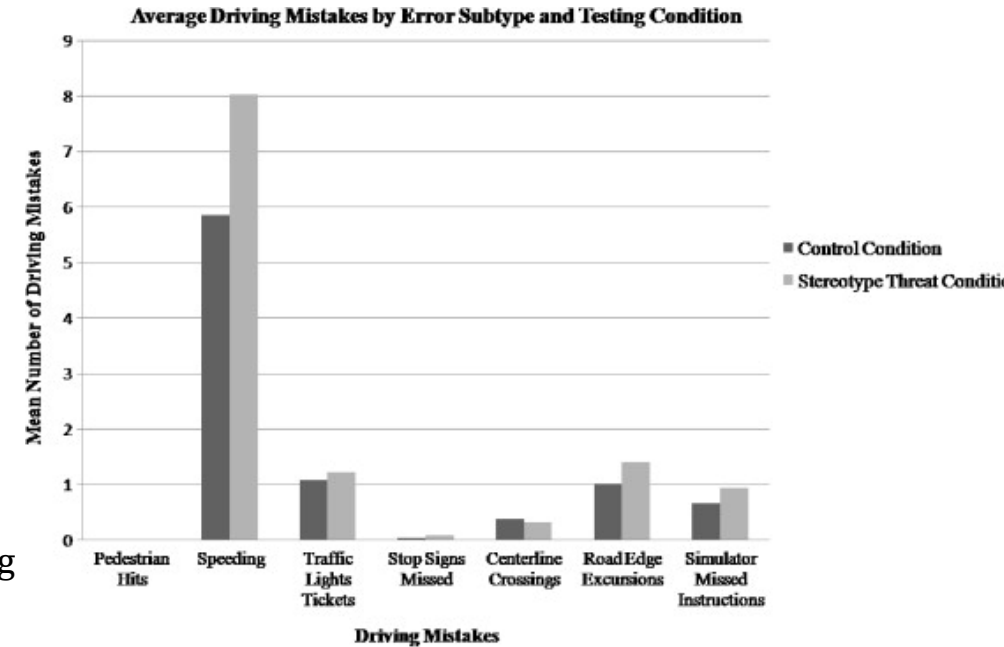
- Joannis et al. (2013): Older drivers under stereotype threat made more simulator errors.
- Lambert et al. (2016): Threat impairs driving, especially when tasks impact working memory.
- Chapman et al. (2016): Threat lowered confidence after hazard-perception tasks.

Why Performance Drops

- Attention split: monitoring for mistakes & managing anxiety leaves fewer resources for scanning hazards.
- Working-memory load: threat consumes mental bandwidth needed for speed control & decisions.
- Confidence hit: older adults may self-regulate driving unnecessarily after threat and **give up driving before that have to.**

Practical Takeaways

- Avoid stereotyping older drivers as an issue in media and assessments.
- Use neutral or ability-affirming instructions in tests.
- Emphasize skill-based goals (scan–anticipate–pace) rather than age comparisons.
- Provide feedback focused on strategies, not age.
- Allow acclimation periods before testing.



Mélanie Joannis, Sylvain Gagnon, Mihnea Voloaca, 2013, The impact of Stereotype Threat on the simulated driving performance of older drivers, *Accident Analysis & Prevention*, Volume 50, Pages 530-538, ISSN 0001-4575,

Lambert, A. E., Watson, J. M., Stefanucci, J. K., Ward, N., Bakdash, J. Z., & Strayer, D. L. (2015). *Stereotype Threat Impairs Older Adult Driving*. *Applied Cognitive Psychology*. DOI: 10.1002/acp.3162

Chapman, L., Sargent-Cox, K., Horswill, M. S., & Anstey, K. J. (2016). The impact of age stereotypes on older adults' hazard perception performance and driving confidence. *Journal of Applied Gerontology*, 35(6), 642–652. <https://doi.org/10.1177/0733464813517505>

Relationship
between variables:
Giving-up driving
and health and
wellbeing



Giving up driving effects health and wellbeing

- More older people, who are more mobile and more likely to drive than ever before
- Mobility is important for health but reduced mobility and in particular **giving up driving** is related to:
 - a decrease in wellbeing
 - an increase in depression and related health problems, including feelings of stress, isolation and increased mortality
- **A major life event**
- **Why?**



- Given the methodologies adopted, the possibility that driving cessation and depression are both consequences of some other common factor (e.g., declining health), cannot be completely ruled out.
- But attempts have been made...

Giving up driving and health and wellbeing

- **A major life event**
- Being mobile in old age is linked to quality of life (Schlag et al., 1996).
- In particular, giving up driving is related to
 - a decrease in wellbeing
 - an increase in depression and related health problems, including feelings of stress, isolation and
 - increased mortality(Edwards et al., 2009; Fonda et al., 2001; Hakamies-Blomqvist and Lindeman, 2004; Ling and Mannion, 1995; Marottoli, 2000; Marottoli et al., 1997; Mezuk and Rebok, 2008; Musselwhite and Haddad, 2010; Musselwhite and Shergold, 2013; Peel et al., 2001; Ragland et al., 2005; Windsor et al., 2007; Ziegler and Schwannen, 2013).
- Ex-drivers who depend on others for a lift nearly twice as likely to go into long-term care, as compared with older people who were still driving (Marottoli, 2000).



A note on methodologies (cohort or cross sectional)

Drivers vs Non-Drivers (Cross-Sectional Findings)

- Life satisfaction: Older adults with car access report greater life satisfaction (Cutler, 1972).
- Depression after health events: Among stroke survivors, those who stopped driving were more likely to be depressed than those still driving (Legh-Smith et al., 1986).
- Car access significance: The relationship held regardless of alternative transport availability — having a car itself mattered.

Driving Cessation Over Time (Longitudinal Findings)

- **Mental health impact:**
 - Stopping driving predicted higher depressive symptoms for up to 3 years (Marottoli et al., 1997).
 - Giving up driving increased depression risk and mortality likelihood (Fonda et al., 2001; O'Connor et al., 2013).
- **Physical health impact:**
 - Health declined rapidly after driving cessation in adults 65+ (Edwards et al., 2009a).
 - Non-drivers more likely to report poor health and had 4–6× higher mortality even after adjusting for health and cognitive factors (O'Connor et al., 2013).

A note on methodologies (cohort or cross sectional)

Moderating and Mitigating Factors

- Gradual reduction helps: Restricting or reducing driving (rather than full cessation) was linked to less depression (Fonda et al., 2001).
- Spousal driving: Having a spouse who drives did not reduce depressive risk.
- Causality question: Health decline may cause driving cessation rather than result from it.

Meta-Analytic Evidence

- Summary: Driving cessation nearly doubles the risk of depression in older adults (OR = 1.91, 95% CI = 1.61–2.27).

Reasons for giving-up driving and outcomes

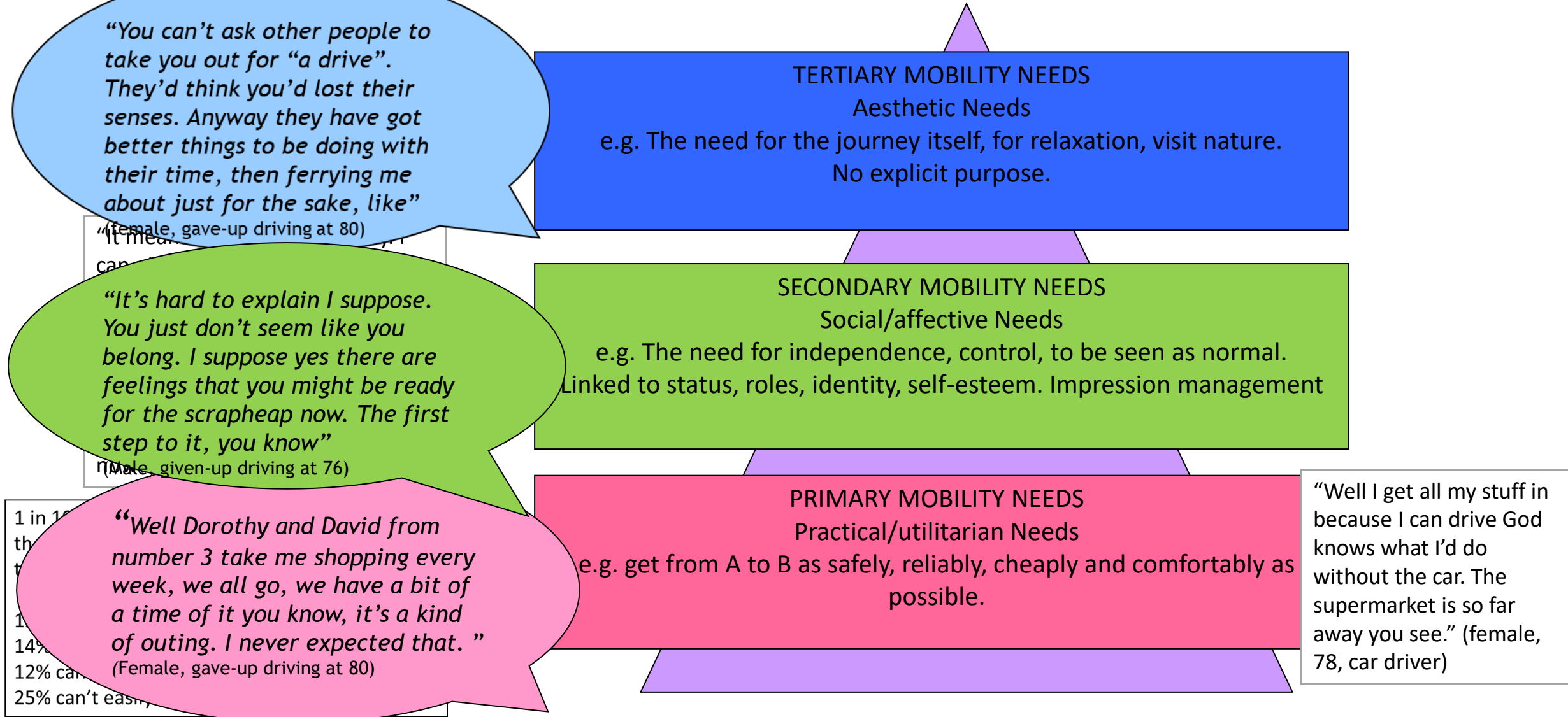
- Study: Siren, Hakamies-Blomqvist & Lindeman (2004)
- Sample: 70-year-old women (Drivers = 1,494; Ex-drivers = 1,476).
- Findings:
 - Ex-drivers had **poorer overall health, wellbeing, and were more likely to be depressed** than current drivers.
 - Health conditions were grouped as:
 - **Impairing driving:** cataract/glaucoma, stroke, dementia, short-term unconsciousness.
 - **Possibly impairing:** chest pain, vertigo, heart defects, diabetes, Parkinson's, epilepsy, etc.
 - **Not impairing:** joint pain, hypertension, circulation issues, lung disease, cancer, thyroid issues, anaemia, vitamin deficiency.
 - Ex-drivers' poorer health often involved **conditions not directly affecting driving ability**, suggesting cessation wasn't always health-related.
- Interpretation:
 - Many older women may **give up driving while still fit to drive**, indicating a **voluntary yet potentially unnecessary withdrawal** from independence and active life





Why is it such
an issue?

Practical but also a social issue



Musselwhite, C. and Haddad, H. (2010). Mobility, accessibility and quality of later life. *Quality in Ageing and Older Adults*. 11(1), 25-37.

Musselwhite, C.B.A. and Haddad, H. (2018). Older people's travel and mobility needs. A reflection of a hierarchical model 10 years on. *Quality in Ageing and Older Adults*, 19(2), 87-105



How older
people give up
driving

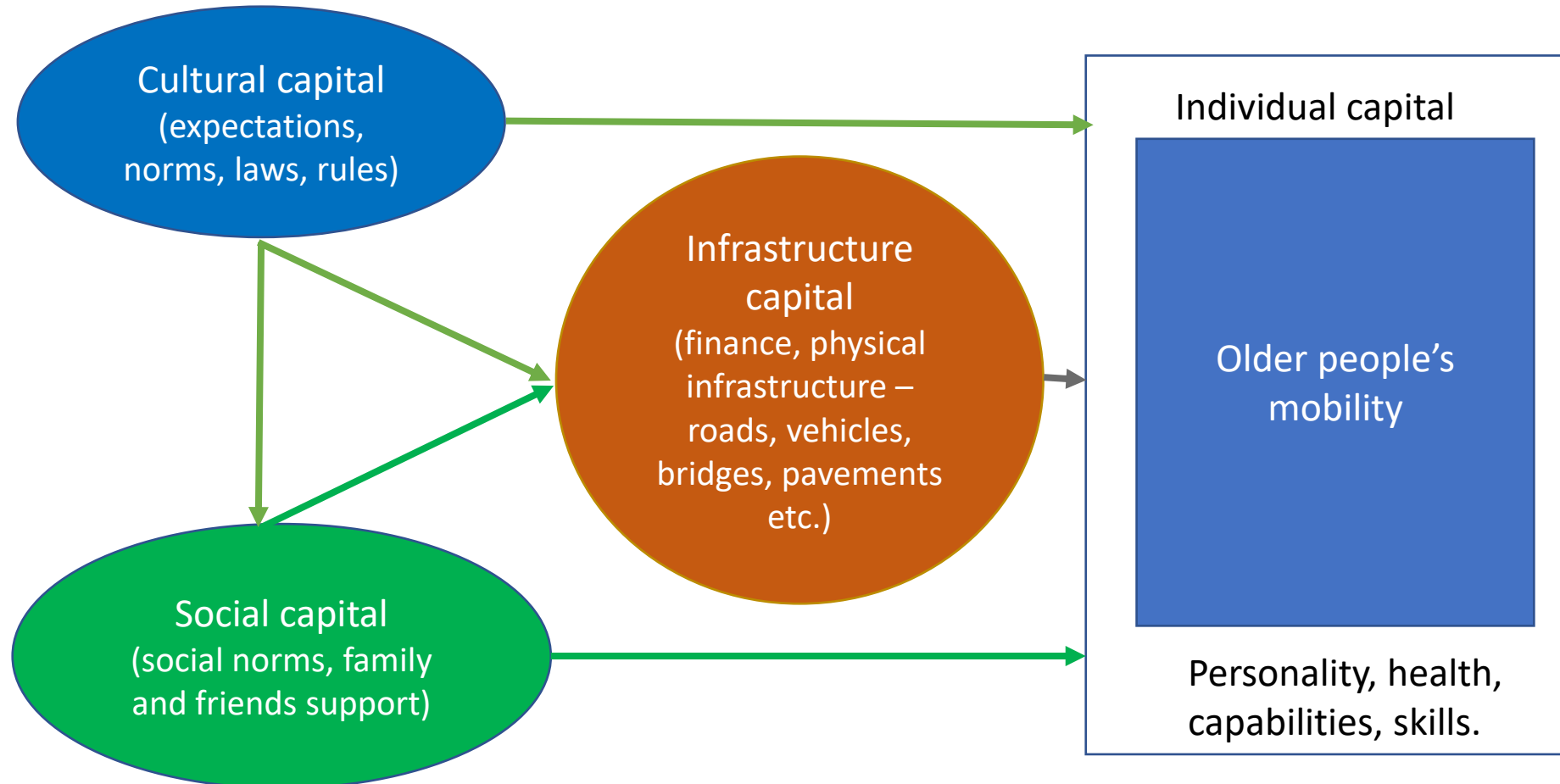


	Long Term Planners	Short Term Supported	Reactive
Trigger	External social events (retirement, friend ceasing driving etc.)	Respected family member (friends)	Health condition or keys taken away
Info Gathering	Years of planning	From family members or friends	Usually little awareness of alternatives
Consolidation	Trial and error (often alongside driving to begin with)	Practical and emotional support from family and friends /neighbours + reciprocation	Difficult, angry, upset.
Personality	Independent / enjoy a challenge	Social	Stubborn
Previous history	Multi-modal, lower mileage as driver. Practical users.	Medium-high mileage as driver, offer & take lifts. Practical/psychosocial users.	Medium to high mileage as driver, individual driving. All three areas of the hierarchy.
Insight into safety	Worried well	Feedback from people	Think they're really safe / denial
Scaffolding	Need provision of alternatives (infrastructure capital)	Need friends and family willing to help (social capital)	Break down hard structures supporting car use (norms, attitudes, culture) (Cultural capital)
Outcome for quality of life	<i>"I've re-discovered my local area. Which is great. I forgot what the village has to offer. In fact I think it is better than a few years ago. But not using the car has forced me to use more local things." (female, 75)</i>	<i>"The bus out is a real bit of fun. I go on it with friends... and we have a day out" (female, 70)</i>	<i>"I don't go to football no longer. I'd need to change buses and can't be doing with the palaver" (male, 85)</i>

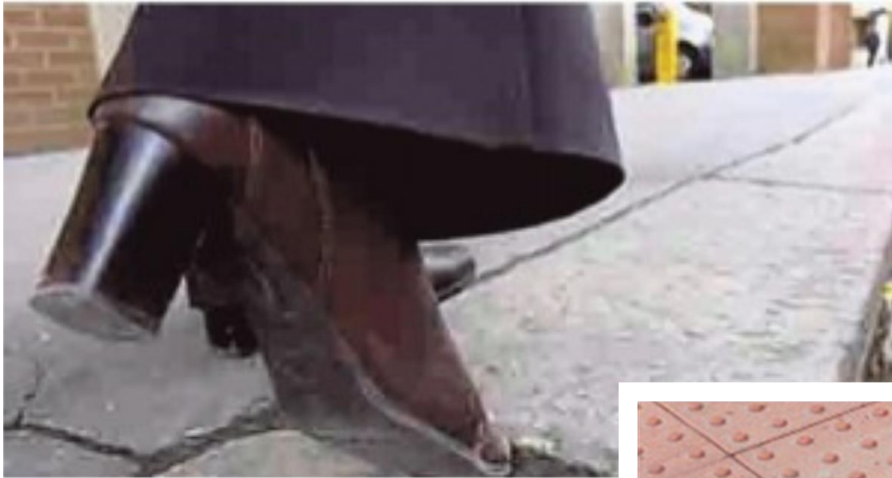
How to give up well

Mobility capital

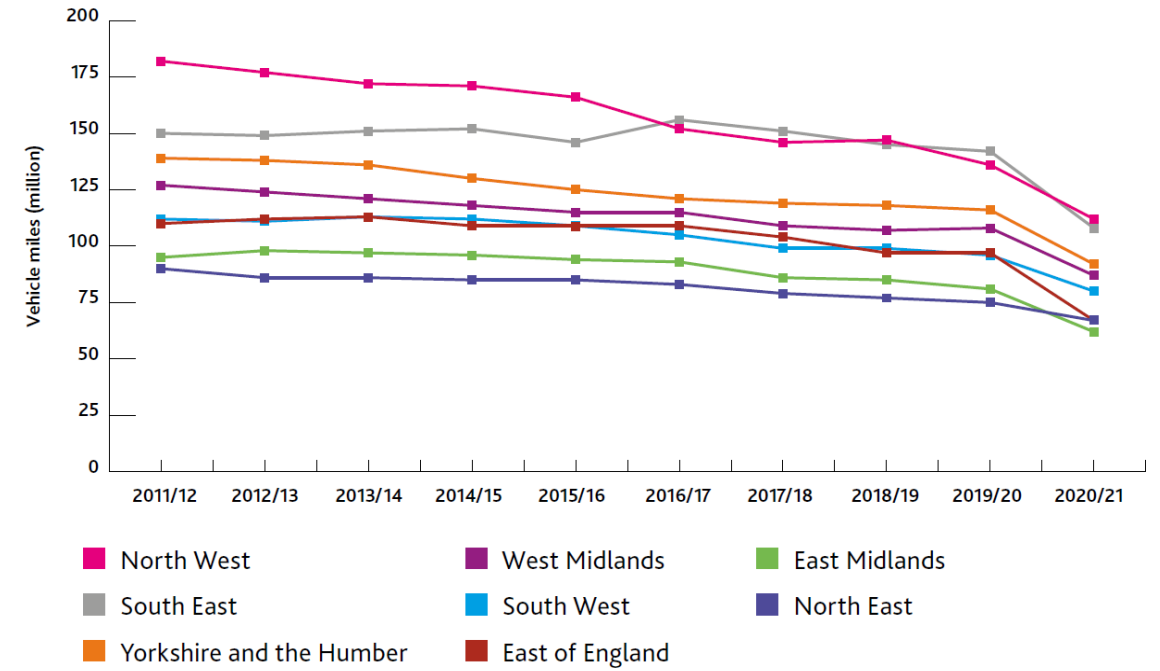
But, people can be very creative, inventive, innovative and resilient:
Different types of mobility capital can be traded to get the desired mobility



Infrastructure
capital
(finance, physical
infrastructure –
roads, vehicles,
bridges, pavements
etc.)

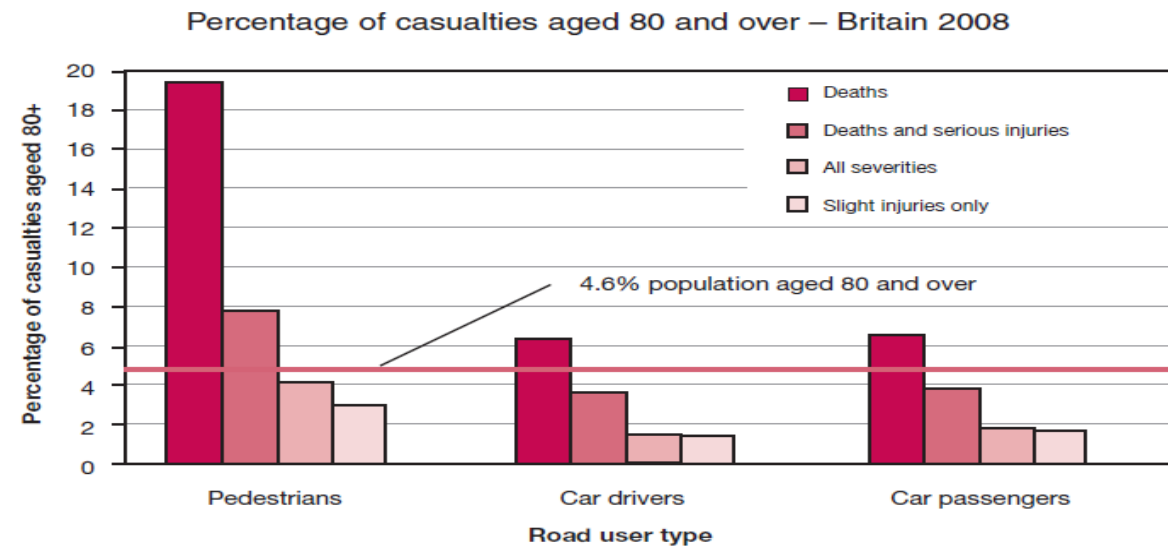


**Figure 1: Vehicle miles on local bus services,
England excluding London, 2011/12 - 2020/21**



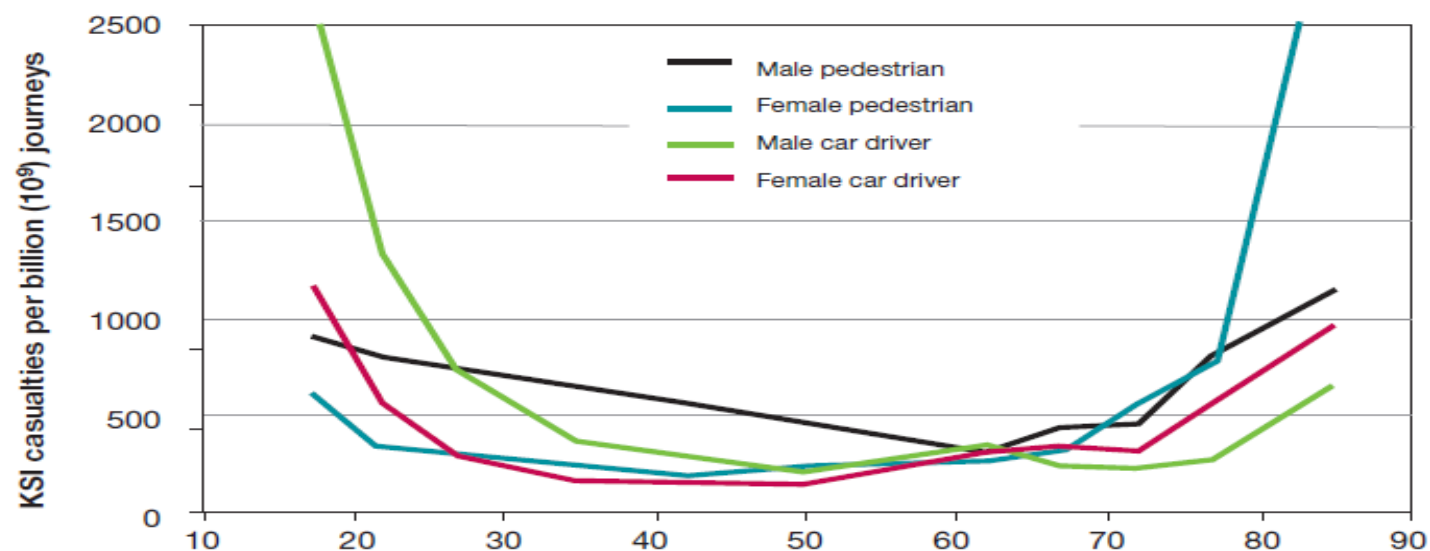
Campaign for Better Transport (2022) Funding local bus services in England –
How to ensure every community gets the bus service it needs. June 2022

Over 60s in GB	GB
Population	22.04%
Pedestrian miles	19.05%
Killed as a pedestrian	42.83%
Serious injury as a pedestrian	21.01%
Slight injury as a pedestrian	12.23%



Source: DfT (2009) Road Casualties Great Britain 2008

Rates per journey for casualties killed and seriously injured (KSI) as pedestrians and car drivers - men and women - Britain



Cultural capital
(expectations,
norms, laws, rules)

- Created a society around the car
- Institutional Carism!
- The car is king
- We assume people will do what they need and want by using the car
- Impacts on society
- Agglomeration of shops and services at edge of city and town centres
- Closure of local shops and services
- Pass on the mobility to the individual to save cost
- How do we change this?
 - Disrupt norms
 - Change attitudes/behaviour change
 - Policy

Norms and Popular media




	Mode appears in song title (sing365.com)	Mode appears in the plot of a movie (Imd)	Mode appears in book title (Amazon)	Mode is uploaded in video format (via google)	Total (12 pts=1; 10=2; 8=3; 6=4; 4=5; 2=6; 1=7)
1. Cars	2227 (2)	8851 (1)	229,067 (1)	9.5m (1)	46
2. Walk(ing)	31481 (1)	4843 (3)	215,772 (2)	1.49m (4)	36
3. Trains	8468 (3)	5918 (2)	143,515 (4)	2.5m (2)	34
4. Boat/Ship	3602 (4)	2027 (4)	158,408 (3)	1.05m (6)	24
5. Motorbikes	1001 (7)	698 (5)	52,917 (6)	1.96m (3)	15
6. Buses	3306 (5)	68 (8)	102,073 (5)	1.25m (5)	12
7. Rocket	1333 (6)	570 (6)	45,783 (8)	0.56m (7)	5
8. Bicycle	251 (8)	434 (7)	52,893 (7)	0.39m (8)	2

Broken Wrist and driving

- 18% drove with their arm in a cast
- More males than females. High milers
- Attitudes to risk and affect with driving and the car = no effect
- Motivation is utility / perceived necessity
- 82% change their travel behaviour for around 5-6 weeks. Travel behaviour is flexible.
- But can't wait to get back in the car?





Social capital
(social norms, family
and friends support)

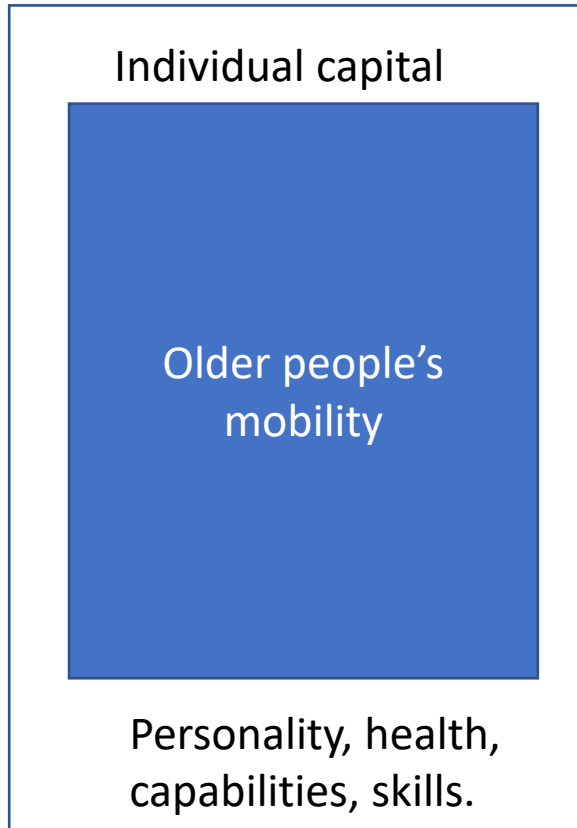
- Support from family and friends most important
- But can be from neighbours/wider community
- Welcome support from GPs/doctors
 - Reveal safety issues before they are a problem, talk about it - get involved.
 - Don't be frightened to ask for safety or help!
 - Must be emotional
 - Must be practical
 - Can consider reciprocation

***“people did offer but I really didn't want to, well it would mean people travelling a long way to come and get me and take me somewhere**” (female)*
(Calcraft et al., 2015)

*“Erm, I hadn't even thought about it really to be honest, er, I probably could have asked two people, erm but **I would have felt really cheeky asking**” (female)*
(Calcraft et al., 2015)

***“On the way back we always stop for a meal or for chips and I pay. It's my treat. And it's a way of saying thank you and possibly offering a contribution to petrol and that ”**(female, aged 80).*
(Musselwhite & Shergold, 2013)

Individual Level: Self-Awareness and Driving



Drivers already feel they are aware of their driving behaviour and adapt and compensate for alterations caused by ageing. But circular - those that do more of that are already the very safest drivers.

But almost all consider themselves to be better than average! Especially the less safe drivers.

Almost all consider themselves better than when they were younger. But this is especially the less safe drivers.

Welcome assessment and re-learning. Especially if they are really safe drivers.

Would like more information on health linked to driving – would welcome more interventions from health professionals esp GPs, family doctors, opticians.

Previous research suggests almost all drivers are not good at self-assessment, but maybe this can be altered – how do we get better feedback from our driving – education/training. Friends/family. Being reflective and open to change.

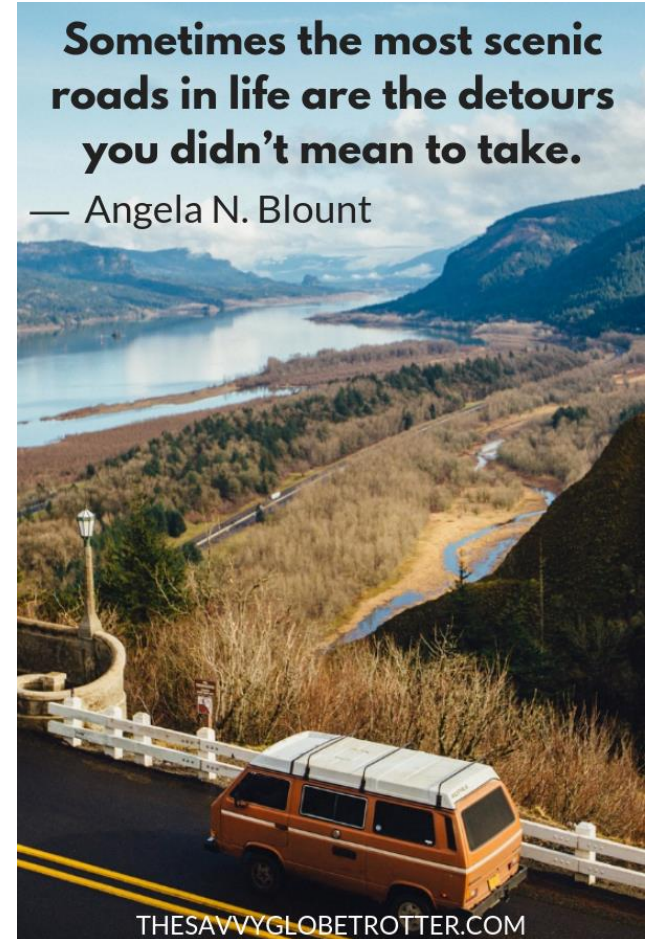


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<i>So what do we do?</i>	<i>Champions of transport. Involvement in lobbying local transport provision and up-keep of services Champions/buddies for others giving-up driving.</i>	<i>Using the social aspect. Group based driver safety awareness. Travel safety groups. See https://carfreeme.com.au/ Encourage support from family/friends and other support networks</i>	<i>Play on their knowledge and skills. Advanced Driver Training and Education. Build in other modes of transport to such education.</i>

Conclusion

- **Transport is partly about getting from A to B**
 - But it is ultimately a **social endeavour**
 - Involves **psychosocial aspects of mobility**
 - Involves **aesthetic aspects of mobility**
- **Really difficult to give-up driving in a car-centric community**
- **People give-up driving differently**
 - Understand the **social aspects of giving-up driving**
 - Understand how the culture and the individual history of transport use affects giving-up driving
 - Understand **how attitudes and personality** as well as health affect giving-up driving



Key takeaways

- Giving up driving is a major social and emotional transition.
- Stereotypes can make it harder — use affirming messages.
- Build and maintain “mobility capital” early.
- Family/friends: Most trusted support
- Health professionals: Can raise the topic early, discuss alternatives.
- Community: Lift-sharing, volunteer drivers, local transport schemes.
- Offer both emotional reassurance and practical alternatives. Discuss early.
- Planners: Please work to create communities where people can flourish without a car. Involve older people in design.

