The Possibilities of the Help to the Elderly Who Are Forced to Abandon Driving Licenses

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It is reported that there are more than 300,000 elderly drivers with dementia in Japan. As a measure against the problem, Japanese drivers of 75 years and over will be legally required to take a special recognition functionality test from 2009. Due to these revisions in the law, a significant number of elderly drivers will not be able to renew their driving licenses. The resulting loss of license will have an impact on the elderly and will make counselling very important in order to deal with the dramatic changes to their lives. The main reason for this stems from the fact that holding a driving license is considered to be a symbol of independence for the elderly. It also means that alternative transportation will be needed to replace the loss of mobility. This will need to be provided by the government. I have discovered through my fieldwork that some rural areas in Japan have already been running alternative transport schemes for the elderly, such as communal taxi services. It can be said that psychological studies on elderly drivers in Japan have focused too much on the analysis of their driving ability. However, as the current research has shown, it is becoming increasingly important to conduct more studies into clinical psychology and to focus on consultation and the subsequent mental care necessary for elderly people. Japanese society now needs clinical psychologists who can focus specifically on the issues associated with loss of mobility caused by either inadequate transportation access, or the loss of their accustomed privileges to drive a motor vehicle. These can be referred to in general as traffic issues for the elderly.

key words: elderly drivers with dementia, recognition functionality test, compulsory driving course, clinical psychologist, communal taxi services

Background

Japanese drivers of 75 years old and older have been legally obligated to undergo a special course for the renewal of their driving licenses since 1998 and subsequently, since 2002, drivers aged 70 or over have also been required to do this course. They must undergo the following three procedures in order to fulfil the requirements of the regulations of this course. The first task is to undergo four aptitude tests conducted by using a driving simulator. The second task is to take the actual practical driving test. The third and final task is the participation in a general traffic safety seminar.

Up until now even though the performance of the participants may not have been considered to be as adequate as the general standards used by the mainstream traffic authority when administering tests, they did not lose their licenses, because the lack of ability was not sufficient to warrant the loss of license of the elderly participants. The main reasons for this were that the government thought that it was just important to make seniors take part in this course so that they could get a feeling for their own driving capability and also it was enough to make seniors aware of their abilities and pitfalls so that the seniors could avoid situations that may lead to dangerous traffic incidents.

However it is reported that there are more

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than 300,000 elderly drivers with dementia in Japan. The ramifications of the elderly driving with dementia lead to serious problems which are now being addressed by the Japanese government. In order to take hold of the situation and start managing it properly the Japanese government has decided that from 2009 all drivers over the age of 75 will be required to take a special recognition functionality test.

The Japanese government will make use of a test known as the 7 Minute Screen (7 MS) which was developed by Solomon et al. (1998) for the detection of Alzheimer’s disease (AD). It has been verified by some researchers that the 7MS offers high sensitivity and specificity to patients with dementia including AD, mild cognitive impairment (MCI) and so on (Tsolaki et al., 2002; Meulen et al., 2004; Ijuin et al., 2008). The 7 MS consists of the following four subtests, each measuring different aspects of cognition: 1) Benton Temporal Orientation Test (BTO), 2) Enhanced Cued Recall (ECR), 3) Clock Drawing (CD), 4) Verbal Fluency (VF). The test which will be performed in the compulsory driving course of the elderly in Japan is the paper-and-pencil version of the 7MS that was translated into Japanese.

It may be that Japan is the first country in the world which has put into force a compulsory legal driving aptitude test for elderly people. Due to these legal changes, a significant number of elderly drivers will not be able to renew their driving licenses. Moreover various problems that can’t be settled only by legal revision have accumulated on top of the existing problems of elderly drivers. In particular I’m concerned that proper care will not be given to the elderly after loss of license (Tokoro, 2008a, 2008b).

### Research question

It is to investigate the possibilities of contribution from the standpoint of clinical psychology to the well being of the elderly who are forced to give up their driving licenses.

### Method

I have used the following two methods in this study.

1. **Questionnaire**
   
   **Contents:**
   
   A questionnaire consisting of 30 items concerning the driving and lives of elderly drivers.

   **Participants:**
   
   The number of participants is 286 elderly drivers. 162 persons (57%) of them were 70 years old to 74 years old, 77 persons (27%) were 75 years old to 79 years old, and the rest, 47 persons (16%) 80 years old and over. 250 persons (87%) of them were male elderly drivers, and 36 persons (13%) were female.

   **Procedure:**
   
   We made use of an opportunity to examine and investigate the compulsory driving course of the elderly in Japan. The funding for the research came from the general insurance association of Japan.

2. **Fieldwork**
   
   1) The first part of the fieldwork consisted of interviews with the local government in rural areas of Japan that is introducing the new traffic system
   2) The actual observation of the new traffic system being applied.

### Results

#### Findings from questionnaire

It was found that 87% of all drivers and 91% of the 80 years old and over group, drive three days or more a week. According to another survey, elderly drivers who drive three days or more a week are 89% in the early seventies, and 90% in 75 years old and over category. The results show that elderly people drive very frequently (Tokoro, 2001).

Figure 1 shows the relation between the number of people living in the family and the driving frequency. We can see that in a two person family, the rate of driving every day was 59% and the rate of driving three
days or more a week was 84%. On the other hand, in a five person and over household, the rate of driving every day increased to 77% and the rate of driving three days or more a week was as high as 99%. The more the number of people living in the family, the more the driving frequency increases.

As for the reason, we can hypothesis or surmise that elderly people in large families have important roles in the family, and that these roles determine their psychological motivations. For example, the grandfather often uses his car to pick up his grand children, take his wife to the hospital, go shopping etc. Without a car, they lose a key role that has established their usefulness by underpinning their position in the family. One of the main points is the loss of self-respect and self-esteem that the elderly may experience as a result of this.

If the children propose to their parents that they should abandon their driving licenses because of the inherent dangers associated with driving under a diminished capacity, their parents will most often reject it flatly and also direct strong resentment and negativity toward their children. Some studies in Japan have shown that if family members of the elderly make the suggestion that the elderly should abandon their driving licenses, the care system in the family is apt to fail in many cases. This will mean that counselling will become essential, as holding a driving license is a symbol of independence for the elderly. Therefore we need people to help the elderly and their families. I think that it is not necessary for counsel-

lors engaged in this problem to have well-qualified knowledge in clinical psychology and moreover, whoever has the propensity to look after elderly drivers with tender care could be considered to be a qualified person.

Findings from fieldwork

According to our survey, 41% of all samples answered that “We can't go to the hospital if we have no cars.” 35% of all samples answered that “I am only driving person in my family.” 53% of all samples answered that “My family would have trouble if I gave up my driving license.” We can see that it is essential for habitants in rural areas to have their own cars because public transportation systems such as buses, trams, trains and so on, are not enough. I found out through my fieldwork that some rural areas in Japan have already been running alternative transport schemes for the elderly, such as communal taxi services.

Following is the fieldwork case.

The fieldwork was carried out in a rural village called Tokai Village in Ibaraki Prefecture which is approximately 130 km to the north of Tokyo. The population of the village is 37,000 people.

The following items from 1) to 6) are an outline of the communal taxi services.

1) Users have to register to become members. They must contact the office by telephone the day before to reserve the service. They must specify the time and destination that they wish to use the service.

2) A taxi like a station wagon meets us-
ers one by one at their houses and then proceeds to take them to their destinations.

3) The fares for this service are inexpensive like buses, that is to say, about 1.8 dollars.

4) The destinations that elderly people are making use of this service are shown in Figure 2. Their main purpose is to go to the welfare centre, hospital, station, clinic, and supermarket.

5) 70.3% of users are 70 years old and over. 81.7% are female users. The number of users per day is about 150 persons.

6) A lot of people use it between 9:00 to 11:00 in the morning. The rate of users in the above time zone amongst all the users is about 40%.

An important role of clinical psychologists on traffic issues is to make appeals to the local government for the introduction of communal taxi services.

Discussion

We would like to discuss the following three points:

1) The research subjects of traffic psychology in Japan not only include the elderly who are driving now, but also importantly the elderly who will be forced to abandon their licenses, because elderly drivers will rapidly increase in the near future (see Figure 3). We can see that 80% and over in the age group of 55 to 59 in 2005 have driving licenses. It is needless to say that they will become elderly drivers in the near future and so it will be inevitable that a significant number of them will be forced to abandon their driving licenses (Tokoro, 2007).

2) The staff engaged in the compulsory traffic safety course for elderly drivers will have to perform the following four roles of clinical psychologists.
Assessment: they have to put into practice the recognition functionality test.
Counselling: they have to become counsellors for the elderly who are forced to abandon their licenses.
Consultation: they have to make appeals to the local government for the introduction of communal taxi services.
Research: they have to report their practical activities in meetings related to traffic psychology.

3) We have to make an opportunity for the staff engaged in the compulsory traffic safety course for elderly drivers to learn the basics of clinical psychology. In my opinion, we had better investigate how to ease restrictions on clinical psychologists for traffic issues. In Japan we need a lot of clinical psychologists on traffic issues because elderly drivers will rapidly increase in the near future. We have to make efforts to train them.

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