Why Do We Act Like Peter Pan When It Comes to Decisions About Aging In Place?

Abstract

Seniors are placing ever-increasing demands on public and private support systems. As they age most seniors desire to age in place. Yet one of the most complex and difficult decisions an individual must make as they age is the choice of whether to stay or go as their home becomes less suitable for aging in place.

Research shows that, as we age, our concept of home is central to our self-concept while other research shows that this very home is most likely to be designed and built in such a fashion as to make staying almost impossible, given the aging process and the increasing likelihood of illness. Aging consumers often approach their future with a Peter Pan-like mantra, a future where one does not grow old or become ill and where one's home will allow the individual to successfully age in place.

 Two concepts, taken together, help explain why consumers avoid planning and preparing for their aging future. One part of the answer lies in our self-concept and how we behave based on our perceived age rather than our actual age. The second concept is that, as we age, we continue to make decisions that align our self-image (that of being younger) with our actions in order to be self-congruent. This growing gap between our chronological age and our perceived age can result in a denial of the potential negative impacts that the aging process creates, making the very homes we live in our greatest challenge to effectively age in place.

This paper concludes that this gap has resulted in such a strong denial of the impacts of aging and magical thinking with the result that many consumers will be ill-prepared for their real future and will find it almost impossible to age in place. By better understanding this denial of the consequences of aging on the decision of where and how to live, we can better deduce communication and marketing strategies to close the gap between hopes and wishes and the reality of growing old and wanting to age in place.

Key words: aging in place, self-congruity, perceived age, decision - making, consumer behaviour

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Introduction

This paper explores the decision-making process used by seniors when considering choices about where they will live as they age and why possible aging in place solutions are often ignored. Marketers need to understand how individuals are approaching these complex housing decisions and why there appears to be an avoidance of practical design solutions that could make aging in place actually happen.

Many countries are experiencing the impacts of two aging phenomena: firstly, seniors are living longer and secondly, that the health needs of these aging populations are having a growing impact on many countries ability to support these populations. WHO explores these changes in demography and documents the many forces at play in the aging process around the world (WHO, 2015) . Put simply, the report illustrates how most of the developed world and much of the rest of the world, except sub-Saharan Africa, is experiencing the impact of more seniors as a result of the aging of their population. While Japan leads the world (Muramatsu, 2011) as the nation with the oldest population, Canadians are aging quickly. Of the G7 countries, the United States (15%) and Canada (16.1%) have the lowest proportions of persons aged 65 years and older. Conversely, Japan's population has the highest proportion of persons aged 65 years and older (26%) among the G7 countries (Statistics Canada, 2015).

As we age, we make choices about where and how we will live. We want to stay in our homes for as long as possible. The reasons behind this desire to age in place include: fear of the unknown and fear of change, comfort with what is known, wanting to be in control of our lives and a desire not to be a burden to others. The numbers of seniors reporting that this is what they want is over 90% in many studies in both Canada and the United States (Farber, 2011) (Shiner, 2007).

Home constitutes, for almost all of us, the simple rituals that link us with sequences of the day and patterns of time. These are the rituals that surround the gathering of food, cooking, washing, eating, sleeping and cleaning, and connect us to almost all of humanity.
We do very little, however, to celebrate or pay tribute to those rituals that centre on and link us to that diverse but collective experience of "home". The meaning of home, of a protected refuge, is very often connected with comfort, relationships, family, relatives, friends and those traditional rituals that give meaning to our lives. This is borne out by the trauma people experience after a break-in or the loss of home through a natural disaster or a relationship split. Perhaps the most difficult situation comes when an elderly person or couple is forced to move out of their home because they can no longer manage their physical surroundings.
People can experience both positive and negative feelings about their home at the same time. For example, a place may be important psychologically because it has connections with the past, but it may offer a poor physical environment that no longer meets a person's physical needs. This is a common experience for many older Canadians (Shiner, 2010).

All change demands some personal or psychological adjustment, some more stressful than others. Research has shown that fears of a major change of environment and living circumstances were viewed a major obstacle to moving (Antonucci, 1991) (Lin, 2005) (Shiner, 2007).

How people cope with adjustment is at the heart of change. In terms of changing homes, this can often relate to the individual's attachment to where they have come from and to the impact that moving may have on their self-identity in relation to issues of belonging, permanence, and security. Overwhelmingly, our elders want to continue to live as long as possible in their current homes. If they must move, they want to stay in the communities where they have a network of friends and neighbours so that these connections are not lost.

So why does this not happen? Why do many aging Canadians fear that they will not be able to live out the last years of their time in the homes and communities they love? The reasons are many and intertwined. We know that our housing stock is older and not designed for accessibility for any age, particularly when walkers and wheelchairs become part of the equation. We know that the options to move to more suitable living space within most rural communities just do not exist. We know that as our population ages there are challenges with providing appropriate care in the home, in particular in the many small rural communities that make up much of Canada (Keefe, 2011). We know that if we made homes more accessible people would be able to live in them longer yet we insist on continuing to act like Peter Pan, building homes designed for people who will never grow old or become ill.

Where and how we live is a reflection of where we are in our life-course. For example, Litwak and Longino draw on a family cycle/life-course framework in their approach to exploring moving after age 60 (Litwak, 1987). They describe three distinct types of moves during later life: a primary retirement move for amenities, a move to adapt to moderate disability levels and a move in the face of major, chronic disability that usually results in institutionalization. Each type of move is affected differently by retirement lifestyle, family ties, and health. In Canada there are, on-average, four moves after the age of 65 (Shiner, 2010)

Some life events affect the individual's housing situation immediately, for example, marriage or cohabiting. Other life events have a lagged effect such as job loss, leading to a move to less expensive housing after the household has run out of savings (Kendig, 1990) (Dykstra, 1999). Some effects may last over time, while others may disappear. Moreover, a long-term perspective on the housing situation acknowledges the importance of the accumulation of experiences up to a certain moment to explain the situation at that time. As Dykstra & Van Wissen (1999) state: "people's biographical past affects their present circumstances, and present circumstances shape future life directions" (p. 8). Mayer uses the term 'cumulative contingencies' to stress the cumulative way in which the occurrence and timing of events in different domains of life result in restrictions and opportunities at a particular age (Mayer, 1986).

As we age, the choice of living arrangement is affected by the interplay of a number of household characteristics and not just the age of the people. For example, one would expect frailty, the level of ability of the elderly to perform daily living activities, to be an important factor in their selection of living arrangement. The reasons for wanting to stay where we are as we age have variously been identified as:

- Familiarity, comfort, and meaning associated with home (Rowles, 1987) (Rubinstein, 1989) (Herzog, 1991).
- Feelings of independence and control (Wagnild, 2001).
- Economics (Cutler, 1991) (Mutschler, 1992).
- Benefits associated with remaining in a familiar neighborhood and community (Antonucci, 1991).

Together these factors result in an aging population that becomes less accepting of the possibility of having to move as they age while at the same time

the actual probability of that very event happening increases with every passing year. The one traumatic situation that runs counter to this need is a move motivated by the death of a spouse. Interestingly, the chances of moving have proven to be reduced, rather than raised, for this situation (Lin, 2005).

Betty Friedan argued that the choice of where to live as we aged was perhaps the most difficult challenge of the aging process. She said "whether to move to a new place, or simply to stay where we are, that is the deceptive, impossible metaphor of choice we put to ourselves facing age" (p337). (Friedan, 1993).

As we age we become more attached to our homes and our community. In Atlantic Canada, 91.7% of respondents to a *Seniors Housing and Support Services Survey* indicated that such was the case with their housing situation (Shiner, 2007) . A number of other studies have asked seniors about their future plans to move. In the USA the American Association of Retired Persons (AARP) has consistently reported that 9 of 10 seniors want to stay where they are (American Association of Retired Persons, 2000). Atlantic Canadian respondents resoundingly gave the same message with 88% saying they have no plans to move from their current dwelling. As with many actions over an individual's life-course there is an obvious discrepancy between what we think we will do and what we actually do.

Atlantic Canadian seniors have been in their communities for a large part of their lives, with 53.4% still living in the same community they lived in thirty-five years ago. Not only are seniors staying in their communities, they are also staying in the same home for long periods of time. The average length of time they have lived in their current home was just over 25 years. Many (15.9%) have lived in their homes for over 45 years (Shiner, 2007).

Lin reports that seniors were less likely than those in the general population to move over a three-year period (Lin, 2005). This is not surprising given the average length of time seniors stay in the same home. Only 10.6% of Atlantic Canadian seniors said that they had moved in the past three years, and only 12.6% stated they have plans to move at any time in the future. Even those seniors, who said that they planned to move, do not plan to do move in the near future - rather 62.3% said any move would be six to ten years away (Shiner, 2007).

There are many reasons that motivate people to move. The top five reasons given by seniors in the Atlantic Canadian survey who stated that they do

plan to move included:

- Downsizing to a smaller home (50%)

- Accessing better, or more suitable housing (41%)

- Having difficulty maintaining the home or garden (39%)

- Experiencing a decline in personal health (36%)

- To be closer to family and friends (25%) (Shiner, 2007).

For those who had intentions to move, staying close to family and friends, finding more suitable housing, and access to health care services were the most important factors when selecting the location. (Shiner, 2010)

The Challenges of Aging in Place

Most Canadians live in homes designed to be efficient and comfortable but many live in housing that is less than this. For those aged sixty-five and older, 28.2% live in housing that is defined by Canada Mortgage and Housing as being below standard and a further 14.4% live in an even worse condition described as core housing need [1] (Canada Mortgage and Housing, 2010).

Most important to successful aging in place is the design of the home and the interaction between the individual and this space. In their ecological model of aging, Lawton and Nahemow describe this interaction of a person and their environment (Lawton, 1973). They argue that problems occur once the demands of your environment (your home) exceed the individual's capabilities. This can include things like narrow hallways and steep stairs, lack of a level entrance, or having no bathroom access on the ground floor. These physical challenges increase in importance as the natural processes of aging diminish the individual's physical abilities to interact with their living environment.

Atlantic Canadian respondents indicated that they have made some modifications to their homes in order to facilitate aging in place. Some of the

1   A household is said to be in core housing need if its housing falls below at least one of the adequacy, affordability or suitability, standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards) (Canada Mortgage and Housing Corporation, 2014).

modifications made include:
- Installing grab bars in the bathroom (66%)

- Adding handrails to staircases (37%)

- Modifying a bathtub or installing a shower (31%) (Shiner, 2007).

Other studies have identified similar home modification priorities. For a summary of the 10-most commonly prioritized modifications and repairs, see Table 1 (Szanton, 2015).

Many countries have tackled the issues surrounding home design and the ability of any individual to continue to live in that home despite some physical disability. These approaches all start with the principles of universal design and then become specific programs with identifiers such as universal access, visitability or life-time homes.

One example, The British Lifetime Homes Standard, was established in the mid-1990s to incorporate a set of principles that should be implicit in good housing design (Department for Communities and Local Government, 2008) . Good design, in this context, was considered to be design that maximizes utility, independence, and quality of life, while not compromising other design issues such as aesthetics or cost effectiveness.

The Lifetime Homes Standard seeks to enable general needs and requires housing to provide, either from the outset or through simple and cost-effective adaptation, design solutions that meet the existing and changing needs of diverse households. This offers the occupants more choice over where they live and which visitors they can accommodate for any given time period. It is therefore an expression of inclusive design.

Housing that is designed to the Lifetime Homes Standard will be convenient for most occupants, including some (but not all) wheelchair users and most disabled visitors, without the necessity for substantial alterations. A Lifetime Home will meet the requirements of a wide range of households, including families with walkers. The additional functionality and accessibility it provides is also helpful to everyone in ordinary daily life, for example, when carrying large and bulky items into the home.

There have been a number of studies into the costs and benefits of building to the Lifetime Homes Standards. These have concluded that the additional construction costs range from $888 (Cdn) to $2632 (Cdn) per dwelling, depending on:

- the experience of the home designer and builder;
- the size of the dwelling (it is easier to design larger dwellings that incorporate Lifetime Homes Standards cost effectively than smaller ones);
- whether Lifetime Homes design criteria were designed into developments from the outset or a standard house type is modified (it is more cost effective to incorporate the standards at the design stage rather than modify standard designs); and
- Any analysis of costs is a 'snapshot' in time. The net cost of implementing Lifetime Homes will diminish as the concept is more widely adopted and as design standards, and market expectations rise (Martin, 2006).

The most significant factor when considering the costs of a lifetime home design is whether the home had been designed to incorporate Lifetime Homes criteria from the outset or was the adaptation of accessibility features done by modifying an existing standard design. (Sangster, 1997) (Martin, 2006).

There is no evidence in Canada that the concepts of accessible design for homes is gaining any general acceptance and evidence from the UK suggests that currently only three percent (3.4%) of homes have the four recommended features needed as part of a home for someone with mobility problems to visit (level access, flush threshold, bathroom at entry level, and circulation space) (Oldman, 2014). The conclusion is that in Canada, as in many countries, seniors are currently living in places that will work against them in the future in their desire to age in place.

Denial of Aging

Four years after the premiere of the original 1904 production of *Peter Pan; or, the Boy Who Wouldn't Grow Up,* J. M. Barrie wrote an additional scene entitled *When Wendy Grew Up. An Afterthought* that was later included in the final chapter of the book *Peter and Wendy*. (Barrie, 1911) In this final scene, Peter returns for Wendy years after the main tale took place but Wendy is now grown up and Peter takes her daughter Jane with him to Neverland. It is this meeting of the fantasy boy who will never grow up and never be ill with the person who does just that which reflects how many of us deal with the realities of growing older. We deny the reality of our aging and act like Peter Pan, never growing old

or infirm, unlike Wendy who has aged and greets Peter from a wheelchair, never to go upstairs and out the window again.

Someday, as Muriel Gillick points out in her book *The Denial of Aging: Perpetual Youth, Eternal Life, and Other Dangerous Fantasies*, you too will be old (Gillick, 2006). She argues that no matter what vitamin regimen you are on now, you will likely one day find yourself sick or frail and that this magical thinking of denial of the processes of aging causes individuals to make many poor decisions. Gillick chronicles the stories of elders who have struggled with housing options, with medical care decisions, and with finding meaning in life. She concludes that one action for society is to ensure that as we age we have options for housing choices that consider autonomy as well as safety.

What processes lie behind the avoidance of future planning for an accessible home?

There is general agreement that individuals engage in behaviour that is consistent and congruent with their self-image (Sirgy, 1982). One element of a person's self-image is their individual perceptions of their age. Researchers have consistently identified that as we grow older we self-identify that we may feel younger, look younger, think younger and act younger than our chronological age and that the average gap between one's chronological age and their perceived age is an average of thirteen years (Kleinspehn-Ammerlahn, 2008). Several studies have shown that this gap actually increases with each year of chronological aging (Montepare, 1989) (Barak, Inner-ages of middle-aged prime lifers, 1998), (Uotinen, 1998), (Westerhof, 2003). In a cross-cultural review, Barak found that age identification is integral to life-course development, with the universality of subjective and ideal age perceptions consistent across fifteen nations (Barak, 2009).

Henderson, Goldsmith and Flynn examined the demographic characteristics of gender, marital status, education, income, and race and the four dimensions of subjective age: feel-age, look-age, do-age, and interests age and found no evidence of any relationships (Henderson, 1995). They concluded that subjective age would best be explained by psychological measures, in particular, self-concept. This subjective age has also been called a person's *identity age* (Settersten, 1997).

Self-concept and consumer decision - making

As we age we make decisions based on many variables and one of the more important of these is our self-concept. What happens when our self-concept of our age is out-of-line with our chronological age? Will we make poor decisions or ignore factors that appear logical to consider such as making our homes more livable for aging?

Work by Dunning discusses the reverse direction of consumer decision-making, namely that a consumer decision "would not be a calculation leading to an outcome, instead it would be the outcome leading people to realign their beliefs in some way to justify an outcome already preferred" (p. 238) (Dunning, 2007). In this case the belief is that one is not going to grow old and infirm but rather one is going to somehow, magically, arrive at the final days of their life in some idyllic state of health, fading into the final outcome. This denial of aging could then lead to decisions that would ignore changes and modifications to one's home that could have made that home more habitable as one aged. These ideas of self-image consistency are grounded in the early days of balance theory development with Heider's balance theory and Festinger's cognitive dissonance theory, two examples of early thinking about the need for individuals to be consistent in their beliefs, by not holding ones that contradict one another (Heider, 1946) (Festinger, 1957).

Dunning (2007) provides several illustrations of how this distortion in evaluation, the drive to harmonize one's beliefs so that one's sacrosanct beliefs about their self are consistent with their actions, could prompt people to make unwise and risky decisions: "people shape their judgments of others to maintain sacrosanct beliefs about their competence and character - that positive self-views are immovable beliefs that other opinions and attitudes must align with harmoniously. In a word, people *regulate* their views of the world to affirm an image they want to have about themselves" (p 242). In the case of thinking about the home and how the actual space will work with the individual as they age, the ideas of incorporating design features that would make aging in place a possibility are incongruent with the magical thinking that one's life course will run smoothly to the end.

This magical thinking is further evidenced in recent research looking at Canadians and their preparations for retirement (Morneau Shepell, 2016). When asked about their current health, 96% describe their current health as good, very good, or excellent and 86% agree that they will be in good health when they choose to retire. This despite the reality that

61% of these same respondents indicated that they already suffered from one or more chronic health conditions like hypertension and arthritis. Even more magical is the idea expressed by these Canadians that they will be able to withdraw, on average, 15% of their total savings each year following retirement, which is about three times the rate that is typically recommended by financial advisors and would deplete these pensions well before the current average end-of-life actuarial estimates (p. 8).

Aging has an impact on the choices one makes, with the consequences of immediate actions being more important than the consequences of delayed actions. (Hershey, 2007), (Lockenhoff, 2011) Research has identified that this temporal discounting, the tendency to consider positive or negative outcomes as of less importance as these occur further out in the future, can result in persons making decisions that discount the value of long-term outcomes. (Frederick, 2002) In the case of making decisions today for the design and features of a home, making choices that might not have any relevance until a point far in the future when one grows old and infirm, becomes less of a priority. In fact, if the perception of an old age where one fades gracefully into some magical final resting place dominates the individual's self-concept, choices that act contrary to this self-image are even more likely to be discounted. The inevitable outcome is an inventory of homes built for today and not tomorrow. These homes have many barriers to universal accessibility included in their design and these barriers will make life difficult or impossible when consumers do become infirm of unwell. Even more important is the fact that these homes will present barriers at all stages of the life-course, be it a child who comes home in a wheel-chair as the result of a sporting accident or a relative with mobility challenges who will not be able to visit.

Conclusions

The choice of where to live changes over an individual's life-course. In Canada the pattern begins at under age 30 with many renting (91.5%) and then progresses through the years until those over 55 are predominately home owners (Canada Mortgage and Housing Corporation, 2006). Different types of housing - be they apartments, townhouses, detached suburban homes or condominium apartments - tend to be associated in peoples' minds with certain kinds of occupants – single renters, childless couples, mature families, empty nesters, and seniors and so on. Age is typically one of the defining attributes of such classifications. It is

not that any particular housing type is exclusive to a given age, but rather that certain types of housing are more common at certain ages.

In Canada, most people who become home owners do not return to renting until after the age of 75. Some will move more frequently while many others will stay in one home for many years. People are likely to be making choices about what type of housing they will select several times over their life-course (Canada Mortgage and Housing, 2010).

As we grow older we deny our aging and this denial leads one to avoid or ignore the possibilities of changing the design of their home so that the desired outcome, aging in place, would be more likely to happen. This avoidance of making, what appears on the surface, to be a rational decision is made even more likely because these decisions are better made when a home is being designed, before it is built. Individuals would then need to consider these design decisions, such as those presented in the lifetime homes concept, at a younger age, a point in time when the discrepancy between the individual's self-concept and the reality of aging is likely to be so wide that these rational choices for the future do not enter the decision process. This would require a person to challenge one's sacrosanct beliefs about self. The idea that one will never grow old and never become ill has not been challenged by the reality of growing older and unless some specific incident has triggered the need for home modification, changes are unlikely ever to be considered.

In conclusion, this gap in understanding between the ideal-self and what will actually occur as we age has resulted in such strong denial of the impacts of aging that many consumers will be ill-prepared for their real future and will find it almost impossible to age in place. This consequence has important implications for society as we rapidly face the impacts of the grey tsunami. This topic presents an important research area for more in-depth investigation. By better understanding this denial of the consequences of aging on the decision of where and how to live, we can better deduce communication and marketing strategies to close the gap between hopes and wishes and the reality of growing old and wanting to age in place.

For marketing, the implications of this self-concept conflict between hopes and wishes for an idyllic future and the realities of everyday living are likely to be found in many purchase categories, particularly the one of unsought goods. There is a need to better understand decision - making that would appear

rational and positive to the individual but wishful to the outside observer, an area with much opportunity for marketing researchers to explore in the future.

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Tables

Table 1

Summary of the 10-most commonly prioritized home modifications and repairs

1. Install railings in stairwells
2. Install or tighten railings at home entrances
3. Install grab bars in tub area
4. Install nonskid safety treads for tub or shower floor or supply rubber bath mats
5. Improve lighting (repairs, motion sensor lights, bulbs)
6. Repair holes, broken tiles, or tears in linoleum flooring
7. Install raised toilet seats
8. Add chain extensions to ceiling fans and lights
9. Install flexible shower hoses
10. Install doorbells

Note. From *Preliminary Data from Community Aging in Place, Advancing Better Living for Elders, a Patient-Directed, Team-Based Intervention to Improve Physical Function and Decrease Nursing Home Utilization*. By Szanton, S. et al, 2005 Journal of the American Geriatric Society, 371-374.