

AGING WELL IN A ONE-FAMILY HOME, BALANCING AUTONOMY AND ADJUSTMENT

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Abstract: *After providing an overview of the housing conditions of people aged 65 and over in mainland France using population census data, this article adopts a qualitative approach to examine the representations and practices of people who choose to grow old in their own homes. Against the backdrop of an inevitably aging population, a significant proportion of the elderly, often with deep territorial roots, are intent on remaining at home. This article sheds light on the main determinants that enable people to do so: mobility, accessibility, sociability and solidarity.*

Keywords: aging, housing, adaptation/adjustments

This article examines the living conditions, housing perceptions, housing adaptations and lifestyles of older people who choose to age in single-family homes, usually in suburban or rural environments. At first glance, this type of environment may seem ill-suited to aging residents, particularly as detached houses, rarely built and designed for an elderly public (Caradec, 2010), can in themselves constitute “an environmental obstacle to living at home” (Balard and Somme, 2011: 106). However, it appears that many older people live in such homes, whether before or after retirement: according to the INSEE, 66.7% of the homes occupied by people aged 65 and over in 2017 were houses.¹ When autonomy is preserved (as we shall discuss later), single-family homes are very much in demand among this aging population.

Given this apparent contradiction, our aim will be to demonstrate that staying at home in an individual dwelling is the result of a number of socio-economic and health-related trade-offs that take into account the entire residential career of the people concerned.² Having spent one’s (working) life in an apartment, a bungalow or a detached house and having raised a family there and/or spent the main stages of one’s lifecycle there, are elements which necessarily have repercussions on the residential wishes and choices of the elderly. But that is not all: these choices are also conditioned by a number of strong and recurring criteria, including easy mobility, proximity to shops, services and other conveniences, the possibility of modifying one’s home and of maintaining a form of sociability that is essential to living in comfort at home. We shall also see that the feeling of being comfortable in one’s home varies according to the representations and symbols associated with it, whether the house to which one remains attached is the place of family memories or whether the neighborhood generates a sense of familiarity (Gateau and Marchal, 2020). The single-family home - a valued social marker - is also often seen as an intimate, protective cocoon, a place of “reassurance for one’s

¹ Source: INSEE, *Enquête nationale sur le logement* (National Housing Survey), 2017. For information, it is estimated that in 2016, 59% of French people owned their own home, while in 2018, there were 19.3 million single-family homes out of a total of 34.5 million dwellings (Marchal and Stébé, 2018). Very often, and without being the only model, the single-family home is embodied by the traditional detached house surrounded by a yard. This urban form, although the subject of much criticism, continues to embody a kind of residential ideal for almost 87% of the French population (Gateau and Marchal, 2020; Marchal and Stébé, 2023).

² The residential career corresponds to the articulation of the various residential sequences and positions occupied by residents over time, and enables us to look at the diachronic evolution of residential choices (Authier et al., 2010).

old age” (Berger et al., 2010: 47), where the elderly feel secure and, above all, project themselves, or even deploy strategies to be able to stay there.

From a socio-demographic perspective, and following a presentation of the qualitative and quantitative survey data employed, the first step will be to draw up an overall picture of the aging population in France, and then in Burgundy, the region where the surveys on which this work is based were carried out. This region is particularly and strongly affected by the aging of the population. We will also analyze national data on the elderly and housing, more specifically in single-family homes, taken from the 2013 National Housing Survey (*Enquête Nationale Logement*, ENL). A second phase will examine the practices and representations of elderly people aging in single-family homes, which will be captured in a more qualitative way through their discourses on the pragmatic modalities of their lifestyle. The aim will be to grasp what seems to make life in a home a success for aging people, but also the adjustments, strategies or renunciations that this implies. In this respect, mobility and the mutual aid practices it may entail, the adaptability and plasticity of the dwelling, and the redefinition of the universe of possibilities (gardening, stairs, maintenance of relational networks and relationships with neighbors, etc.) will be particularly closely examined.

Introduction to our sources

Before introducing the subject, it is necessary to present the qualitative and quantitative sources that were used in writing this article.

Population censuses and housing surveys (INSEE)

The exhaustive population census introduced in 1801 was replaced in January 2004 by annual census surveys. Communes with fewer than 10,000 inhabitants continue to be counted exhaustively every 5 years. Communes with a population of 10,000 or more are now subject to an annual survey of a sample of 8% of the population, scattered over their territory. Census results are produced from the five most recent annual surveys, dated at the mid-point of the period. For example, the 2018 census is based on data collected between 2016 and 2020. The population census provides results that are representative of the French population at all geographical and administrative levels (national, regional, departmental, municipal and even IRIS neighborhood levels). The information provided enables us to analyze changes in population structure, as well as to describe the main characteristics of housing. Housing surveys, which have been carried out since 1955, supplement the information obtained from censuses, which do not include financial data: data on rents, utilities, financing plans and incomes. These surveys also provide a more detailed description of the quality of the housing of French households.

Qualitative data

This article follows on from the authors’ previous work and reflections, and consequently draws on a disparate set of surveys carried out - and in progress - over nearly ten years. The main interviews were conducted with people aged 65 and over, spread across the four departments of the former Burgundy region. What all our interviewees have in common is that they live in single-family homes, most of them in detached houses. Here, we took care to mix the interviews, paying attention both to the diversity of situations (standard of living, age, state of health, geographical location) and, of course, to the recurrence of the elements of discourse that were analyzed. Since 2012, these interviews have taken place in the homes of the respondents, generally lasting between one and a half and two hours. Below each extract are the main identifying details of the interviewee (name, age, marital status, place of residence, etc.). For ethical reasons, the names of the participants and their places of residence have been anonymized.

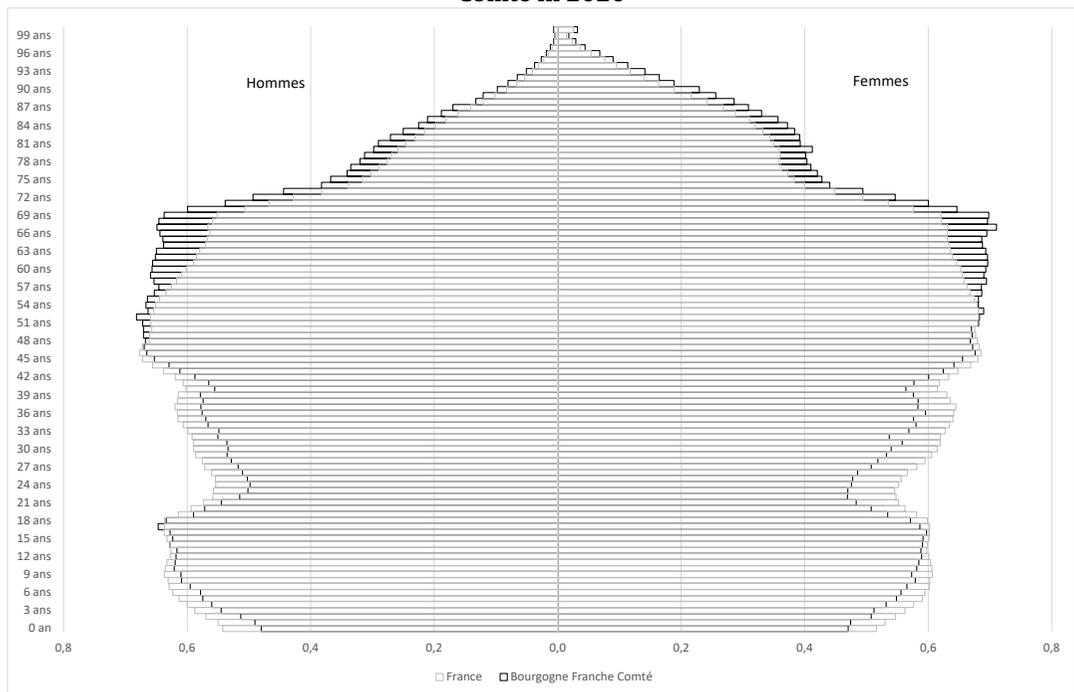
1. Overview of the aging process: what are the housing conditions of the elderly?

1.1. An inevitable aging of the population

Thanks to a relatively stable fertility rate, rising life expectancy and, more recently, the entry into old age of the “baby-boom” generations, France’s population has been aging for many years. Today,¹ with over 13 million individuals, people aged 65 and over represent more than a fifth of the population (20.7%). Clearly visible in the evolution of age pyramids over the last twenty years, this aging process is unavoidable in the years to come, insofar as it is inscribed in the current age pyramid (Robert-Bobée, 2007) and, according to INSEE projections, is set to continue over the coming decades. Blanpain and Buisson (2016) show that, using the central projection scenario,² of the 76 million people in France in 2070, more than 34% will be aged 65 and over.

In Burgundy, if recent demographic trends continue, the region’s population will stabilize in the coming decades at around 2.8 million. However, the structure of the population is set to change as it continues to age, with almost 31% of the region's inhabitants aged 65 and over (Bertrand, 2018). Although this increase in the number of elderly people is part of a national trend towards an older population, it is nevertheless more marked in this region than overall in mainland France (27.3% aged 65 and over, see Figure 1).

Figure 1: Comparison of age pyramids for metropolitan France and Burgundy-Franche-Comté in 2020



Source: based on INSEE, *Recensements de la population*, 2000 and 2020.

¹ Based on Ined data estimated as of January 1, 2020.

² The main indicators associated with the central population projection assumption are: 1.95 children per woman, average maternity age of 32 from 2040, life expectancy for women reaching 93 and for men 90.1 by 2070, net migration of over 70,000 per year.

1.2. Seniors' specific housing conditions

Since the end of the 1960s, the number of homes in mainland France has risen sharply, from 18.7 million in 1968 to over 35 million in 2018. At the same time, the characteristics of these homes have undergone profound changes: “the installation of telephones, running water and toilets inside homes are just some examples, as are the increase in the number of rooms and changes in heating methods. These evolutions were made possible by the growth in the stock of dwellings (construction on new land), its renewal (replacement of old buildings by new ones) and its rehabilitation (restoration of old housing).” (Dejoux et al., 2019)

In 2017, according to the ENL survey, of the 35 million homes in France, around 8 million were occupied by a reference person aged 65 or over (including 2.7 million aged 80 or over). Of these 8 million dwellings, 2/3 (66.7%) were single-family homes.¹

As residential mobility is low after the age of 50 (Lafferère and Angelini, 2009), it is not surprising to note that the elderly, on average, live in older homes than the rest of the population. In fact, half (50.2%) of the homes of the elderly were built before 1970 (compared with only 38.9% of those of younger people aged 65 and under). In addition, only 13% of homes owned by the elderly were completed after 1991, compared with nearly 36% of those owned by younger people.

We can conclude from the above findings that the elderly seem to be quite firmly anchored in their living quarters. In fact, in almost 57% of the homes occupied by people aged 65 and over, the residents have lived there at least 30 years. In contrast, among younger people, almost half (49%) moved into their homes less than 10 years ago (compared to only 13.8% among those aged 65 and over).

All in all, this anchoring, to which we shall return, is strong and shared. This is also reflected in the fact that 53.3% of elderly reference persons live in the department (*département*) where they were born (49.8% for the under 65 age group). In other words, rootedness in one's home, commune or department is a first indicator of long-term sedentarization and attachment to one's living environment.

An even stronger trend in Burgundy-Franche-Comté

Of the 1.6 million homes in this region, almost 400,000 are occupied by a reference person aged 65 or over, of which 73.3% are houses. The proportion of older homes among the elderly is even more pronounced in this region, with almost 57% built before 1970. In addition, almost 60% of elderly households have been living in their homes for over 30 years (source: INSEE).

Almost all elderly people live alone (41.7%) or with a partner (53.1%). Thus, while the average number of people per household for the under 65 age group is 2.8, this drops to 1.6 for those aged 65 or over. With little residential mobility, over 80% of retirees live in the same dwelling as before retirement (Blanchet, 2020). It is therefore not surprising that they live in dwellings similar in size to those of younger people (4.7 rooms on average, compared with 4.9 for those under 65). These figures illustrate that, for a significant proportion of the older population, aging does not imply a change of residence but, on the contrary, the continuation of life (as a couple or alone) in a large dwelling. As we shall see, the home is often the object of various adjustments and other reconfigurations, depending on its plasticity.

With the departure of children from the home and with widowhood, older households are more exposed to the risk of under-occupation than younger ones. According to the 2013 housing survey, 63% of elderly households experience pronounced or very pronounced under-occupancy,² whereas this is the case for only around 37% of households where the

¹ All the quantitative data analyzed in the following article concern single-family homes in which the reference person in the household is aged 65 or over.

² In the housing survey, under-occupation is defined as very pronounced when the number of rooms in the dwelling is greater than the number of rooms required for the household +2 (if it is equal to this number, it is considered

reference person is aged under 65. At the same time, 20% declare that the size of their dwelling exceeds their needs, twice as many as younger households. In addition, “large homes” may be difficult to maintain or may generate significant costs (Dejoux and Gaimard, 2021).

We have shown that the majority of elderly people live in “large” detached houses. In the current context of an aging population, it is now worth exploring the recurring motives that lead older people to prefer this type of housing and the lifestyle that accompanies it.

2. What does it mean to be elderly and to age in a single-family house? Representations and practices of the elderly

First, we will see that the very possibility of living in a single-family house as one ages is linked to a set of indicators that make living in this type of dwelling realistic, primarily in view of the autonomy it implies. Secondly, we will examine the adjustments, trade-offs and other tensions that have arisen for elderly people who continue to live in single-family homes despite advancing age. In the end, we shall explain that, given the trajectories of each individual, remaining at home in a detached house seems to be a real opportunity to age well, or at least more comfortably. However, this choice requires regular readjustments to maintain a secure lifestyle over time.

2.1. The preference for single-family homes: mobility, accessibility, territorial roots, interactivity and sociability

Many of the elderly people we met living in single-family homes come from middle-class backgrounds¹ and have benefited from various schemes to encourage home ownership: almost all of them own their homes, which they have finished paying for. For these aging, sedentary residents (Gateau, 2017), staying at home is above all conditioned by the possibility of mobility or, if not, by that of finding and implementing strategies to meet daily needs. For the mobile people we met, there are three main scenarios: either it is still possible to drive a car or daily trips can be made on foot or by public transport (one hypothesis not excluding the other). In the second case, the possibility of getting around is intrinsically linked to the presence or absence of such infrastructure.

The elderly subjects in our survey live in single-family homes in small and medium-sized towns in Burgundy, a region marked by its rural character and the dispersion of its housing, as described, for example, by E. Charmes in relation to the urban area of Dijon, which is particularly fragmented (Charmes, 2019). In these rural and peri-urban areas, automobility is a shared norm - including for the elderly (Gateau, 2020). In fact, overall, only 3.4% of households in which the reference person is under 65 do not own a car, rising to 15.9% among those aged 65 or over and to 33.6% among those aged 80 or over. Even so, this means that the majority of aging people continue to drive, especially in rural and suburban areas.

In addition to the issue of accessibility to facilities, this observation is partly the result of the fact that “the construction of vast residential housing developments did not anticipate aging in their organization (...). Single-family home developments were built around a specific image of a lifestyle combining home ownership, nuclear families, car ownership and domestic autonomy” (Gateau and Marchal, 2020: 17). Thus, to grow old in these peri-urban but also rural areas, where the problems are similar, the use of the car is absolutely essential. Numerous testimonials indicate that owning and driving a car, over and above the very

pronounced). The number of rooms required for a household is calculated on a normative basis (e.g.: one living room for the household, one room for the reference person, one room for single people aged 19 and over, one room for two children if they are of the same sex or under 7, otherwise one room per child).

¹ Although frequently used in the political sphere as well as in scientific fields, where it is the subject of much controversy, the notion of middle class has not been precisely defined in France. However, as it covers a large proportion of the population in the center of the social scale, the middle class is often used as a relevant indicator for estimating a country’s economic and social developments.

practical aspects (going shopping, to the doctor, not being dependent on others and continuing to enjoy a certain freedom), is also the vector of a feeling of security and a form of tranquility, particularly in the event of health problems and at least until “there comes a time when loss of autonomy forces a person to give up their car” (Mondou and Violier, 2010: 84).

For others, depending on the distance to the nearest town center and the infrastructure in place, public transport constitutes an alternative (Benlahrech, 2001), although our respondents explain that they use public transport either when they have no other alternative or only occasionally because of the constraints it entails (frequency of service, areas served, time spent away from home due to fixed timetables). Others, particularly the less physically fit, also mention the difficulty or even the fear of taking this form of transport, particularly when getting on and off buses, despite the increasing number of low-floor buses. Other factors, such as the distance between the stop and the home or place of work, the need to stand for long periods of time, or difficulties in orientation in terms of space and time, are also frequently cited by those who make little or no use of public transport.

For these people, whether they have given up using public transport or whether their community has little or no transport provision, alternative strategies must be implemented both for day-to-day needs and for more complex errands (medical or administrative appointments, for example). In these cases, mutual assistance from neighbors, relatives and acquaintances is a prime resource. The occasional use of a cab company, supplemented by the use of home delivery services, is another. Huguette, born in 1933, is a widow living in an outlying house in a small village of a few hundred inhabitants in the Nièvre region. Disabled,¹ she depends on the regular presence of domestic help and the alternating weekly visits of her two children:

Fortunately, the children take turns with the shopping once a week, and sometimes they drop in to surprise me with a loaf of bread or a newspaper. But they work and have families of their own, so I can't ask much more of them! Then there are the home helpers from the ADMR (aide à domicile en milieu rural; domestic help in rural areas), who are very helpful and run little errands for me if I need them, or take me to the doctor. When I'm not feeling well, the nurses drop in too... and they're nice company! But of course, they're the only ones, because I don't have any neighbors and... I don't leave the house anymore.

Huguette's situation shows that, in the face of reduced autonomy, outside help is needed not only for daily activities, but also to maintain a minimum of sociability, which is known to be important for a sense of well-being in one's home (Gateau and Marchal, 2020). This extract from the interview also highlights the role of family solidarity in the choice and possibility of remaining at home.

In all cases, the interviews show that, without being absolutely essential, staying at home is a little more manageable when the respondents' communities are located in an urban environment. This is exemplified in Michel's testimony. Born in 1942, with one child, he has lived with his wife for some forty years in a small one-story bungalow in a small town in the south of the Yonne department:

The advantage here is that my municipality has everything I need right on the spot! I can do everything on foot, even now that I have difficulty walking. The small supermarket is just ten minutes away, and so is the doctor... and the buses run quite regularly, so you just

¹ Huguette was a stay-at-home mother, her husband a construction worker. As a result of various health problems, she finds it extremely difficult to move around. However, she does not want to leave her home - and cannot afford a nursing home (EPHAD) - explaining that she does not know “where to go” or “what she would do there” because she feels so “comfortable” at home. Moreover, as for other respondents, EPHADs are synonymous with disruption and loss of freedom, and the mere mention of them often leads to talk of the risk of accelerated, overall decline.

have to get organized. Sometimes we order things delivered by La Poste too, we're modern... in any case we don't lack for anything, even if it was easier of course when I was still driving.

A home owner who still considers his house suitable despite the physical effects of his aging (various aches and pains, difficulty with mobility, etc.), Michel no longer drives and has therefore been obliged, over the last few years, to diversify his mobility practices. He now combines walking with the use of public transport or home delivery services, enabling him to continue moving around the local area without any apparent lack. It is also why he wants to stay, especially as he is as attached to his home as he is to his community, having lived there for over four decades. We know that this attachment, in addition to the length of occupancy associated with homeownership (Berger et al., 2010), also involves a number of social, economic, emotional, temporal, symbolic, material and spatio-temporal dimensions (Desprès and Lord, 2009).

This testimonial also brings to light another essential dimension of successfully maintaining elderly people in their own homes: territorial anchoring (Rémy, 1996) and all the relational and emotional dimensions it entails. Among the elderly who seem to age best in single-family houses, this anchoring is a strong motivation to stay in their own homes. As Émilie explains so well:¹

I've always lived in this town, because I was born here and I've stayed here ever since. I built a little further on, on Rue de la Gare, and then circumstances forced me to sell. I bought this place a few years later. But I've never left my village. I really like this house, I love my village, I'm very involved in it (...), it's a nice place to live, it's comfortable. People are nice, and I know so many people!

As well as praising her place of residence as a “miniature city where everything is at your fingertips,” Émilie insists on the fact that she has known “everyone” for as long as she can remember. Although during her working life she had little time to meet new acquaintances or socialize with others, she says she has always maintained polite relations with other residents, above and beyond her professional activity. Deeply attached to her village, Émilie is also attached to her house, which is a place of family memory (Gateau and Marchal, 2020) and of family gatherings. Her home is also associated with a network of local contacts that is the result of a lifetime spent in the area, which has provided her with a great deal of social capital. Since retiring, her roots have been strengthened by the development of a dense, local social network through her involvement in multiple social spaces in the village: she is involved in several associations and is in her second term as a municipal councilor. Émilie is one of those “captives” who are captive by choice, contrary to what this notion usually implies (Rougé, 2009).

Sociability is therefore one of the elements that help older people enjoy living in their own homes. Although not always as well-developed as in Émilie's case, all our respondents - with the exception of those who live in relative isolation, like Huguette - maintain social relations with those in proximity, mainly with their neighbors. In the majority of cases, as with other segments of the population and age groups, social minimalism (Baumgartner, 1988) is the norm, punctuated by polite exchanges and, at best, the rendering of occasional minor services. The preservation of privacy and the maintenance of a reasonable distance are often invoked to justify this choice of cordial but guarded interaction, without seeking to further develop relational ties. Some of our subjects, because of their socialization, affinities (Héran, 1987) and length of time in the home, have been able to forge more profound relationships -

¹ Divorced and mother of two, she was born in 1952 in a Saône-et-Loire village of 1,500 inhabitants. She grew up there and later took over the family clothing store. Now retired, she has been living for 30 years in her third home, a comfortable house set on a large 2,500m² plot (with swimming pool).

reflected in more or less frequent visits, the exchange of services, sometimes joint activities or a form of “mutual vigilance” - and explain that they are attentive to shutters that are not opened or to changes in rituals (checking the mail, watering the plants, etc.). In any case, there is a form of familiarity made possible by the identification (albeit partial) of the neighborhood, a familiarity that in some cases can go hand in hand with solidarity.

2.2. The need for autonomy: consequences and practical adjustments

With the related functional decline occurring with advancing age, the elderly face multiple obstacles in the most ordinary activities of daily life: getting up, getting dressed, preparing breakfast, fetching mail, doing laundry or shopping (Piguet *et al.*, 2017). Another important indicator of the possibility of remaining at home, and of well-being in one's own home, therefore concerns the relationship maintained with the individual home and above all the way in which it can be adapted to advancing age. This is one of the *sine qua non* conditions for remaining at home: if daily life is impossible or very complicated (for reasons of mobility within the home and accessibility to certain equipment or rooms - bath, upper floor, household appliances, etc.), staying at home may become too dangerous, and leaving the single-family house becomes imperative.

Hence the importance of a certain plasticity in the home, with the possibility of adapting its spaces and equipment. We know, for example, that among households in which at least one member is aged 75 or over, a third have difficulty accessing the outside of their home, and around one in five explain that they have accessibility problems inside the premises¹ (Dejoux and Gaimard, 2021).

While this is nothing new, given the sharp rise in the number of people aging in their own homes and wishing to remain there (or even spend the rest of their lives there), and given the number of detached and single-family houses they occupy, this adaptability has become crucial. First of all, there is the question of access to the upper floors for all those who do not live in single-story homes. And in the majority of cases, because of the cost of converting a floor or of installing a mechanical stairlift,² the choice is often to close off areas that are difficult to access and no longer usable. This is the strategy chosen by Huguette, who, because of her reduced mobility, has redesigned her interior:

I've been here so long... I can't see myself going anywhere else. I've just rearranged the rooms, I've transformed the office a bit, which is my son's old room where there's nothing but junk... he's even stored some of his things in there because there's more room than at his place! And I've also moved into the living room, where I've set up my bed, because since my husband died (in 2015), I don't feel like sleeping in our bedroom anymore, and since it's upstairs and I can't move around as well as I used to, it's easier. Because really, I'm happy in this little house where all my memories are... and I have my little garden where I still have a few flowers growing... it's small, but it's enough for me and doesn't require much upkeep. And the house is well insulated because we had some work done (...) So you see, here... I like it, I don't see why, as long as things are going well, I should leave.

Huguette's story illustrates how the family home has been adapted to her limited autonomy, and at a minimal cost. Here, the upstairs has been closed off, and the other spaces are used differently. Other adaptations, such as the installation of several handrails

¹ These difficulties are linked, for example, to the narrowness of doors, unsuitable for disabled people, the presence of steps to move from one room or level to another, bathtubs that are too high, the absence of handholds or appropriate railings and so on. In addition, homes that have become too large often become difficult to maintain (physical cost) or generate excessive current expenditure (financial cost): exterior maintenance, heating, roofing, etc.

² Part of these costs and other assistance, subject to certain conditions, may be covered by various public policies, via the National Housing Agency (*Agence Nationale de l'Habitat*, ANAH) or through pension funds, local Community Centers for Social Action (CCAS), etc.

(bathroom, kitchen, toilet), have enabled her to remain at home, under the regular supervision of her children and the various caregivers who come and go almost every day to ensure her comfort. The adaptations to this home cannot be understood without underlining the process of disengagement Huguette is undergoing as an aging person (Gateau and Marchal, 2020). Ultimately, if she insists on “feeling good” in this familiar environment, every nook and cranny of which she knows and very often associates with anecdotes and family memories, it is because, over the past thirty years or so, she has largely appropriated places that are marked by forms of routine. In her eyes, her home, rearranged as she describes it, with spaces deviated from their original function, is more than enough for her, and continues to underpin her identity (Veysset, 1989). Her testimony also reveals the interweaving of objective factors, such as the physical adaptability of the home, with more subjective factors associated with feelings, a certain perception of well-being and the desire to remain in her home, even if it is a rearranged one.¹

In this respect, our various surveys reveal that all the elderly people we have met exclude whenever possible the eventuality of sharing their home, for example by subletting part of it to young workers or students. In other words, the hypothesis of intergenerational housing does not seem to concern those who wish to age peacefully in their own homes, preserving their privacy and precluding any risk of intrusion by “strangers,” in the sense of unfamiliar people, into their homes. Some of those surveyed already confess to difficulties in tolerating household help for example, and regret not being able to prepare their own meals - and therefore being “obliged” to “share” their kitchen with these helpers or agree to have meal trays delivered - and this list is far from exhaustive. In other words, it is clear from interviews with the elderly people we met, who are still independent but slowly moving towards dependency, that the intrusion and presence of others in their homes is resented. Piguët *et al.*, once again, emphasize that the elderly insist on “the imperative need to preserve their autonomy, biographical continuity and dignity,” adding that “the dimension of autonomy consists in preserving one’s self-determination, one’s freedom to make decisions at the core of one’s daily life, including, if necessary, the delegation of such decisions.” (*ibid.*: 97).

This is exactly what Daniel, born in 1948 and retired from the automotive industry, explains so clearly. He has lived in a small, single-story house on the outskirts of Dijon for over thirty years, and has lived there alone since the death of his wife in the early 2000s. Childless, Daniel had always been completely autonomous and “accustomed” to his solitary life until a stroke in 2015 forced him to accept the presence of various health professionals and home helpers in his house. This was the condition for remaining there alone:

I was better before my stroke, in every way. I was doing fine, I had my little routines. Now, I have to live with the carers and housekeepers who come and go. I know that if I want to stay at home, that's the price I have to pay. That's true. But it's changed everything a bit... sometimes I don't really feel at home anymore, I can't do what I want when I want, and because they must be underpaid, especially the housekeepers, they are always changing. As a result, I don't know them very well and it's very strange to see people, strangers, working in your own house. And let's face it, there'll be no going back... in fact, I only hope I'll be able to live out my old age here, even if... it's not as peaceful as I'd hoped.

Daniel’s words are powerful, raising the question of both intrusion and the end of life. Although he hasn’t reached that point yet, he wonders about the future and points out a kind of “discomfort.” Because of the frequent presence of others in his home, he has not only lost his routines, but also his privacy and even a form of freedom. Well aware that he has no other

¹ We echo here the words of Piguët *et al.* (2017: 99): “Nothing is left to chance in the organization of the living space [...] The spatial arrangements, sometimes calculated to the precise millimeter, are designed so that you can support yourself, dress yourself, adjust your balance and rest on your way from one room to another. The desire for control is explicit. It is clear that even the smallest details are thought out and anticipated by the elderly person.”

choice, Daniel is bitter, even if, in his eyes, the most important thing remains to grow old in his home, to which he remains strongly attached despite his health problems and the practical consequences on his daily life.¹

Conclusion

This article, now drawing to a close, has highlighted a number of determining factors which, in very concrete terms, help us to understand what constitutes the basis for successful aging in a single-family home. Between mobility, accessibility (of the dwelling itself, of shops and services, etc.), sociability and solidarity, particularly within the family, elderly people whose health allows it or who are well looked after can remain at home, even if this means reorganizing or even rethinking the spatial and material organization of their dwelling. As we have seen, this is the primary wish of this segment of the population, the majority of whom have been living in their own homes for several decades, and are therefore strongly attached to them, even going so far as to claim a strong territorial anchorage on the part of those who have spent their entire lives, or almost their entire lives, in the area.

However, the balance struck remains precarious: between difficulties in maintaining the home, gradual isolation or the onset or even worsening of health problems that can change the situation, the future of our respondents is necessarily uncertain, even beyond the consideration of advancing age. This text also shows that the question of autonomy and remaining at home must be approached on a case-by-case basis, according to the evolution (sometimes rapid or abrupt) of each person's situation. Daniel's story is a good illustration of this. When the material conditions for staying at home are no longer satisfactory, other means can be implemented to prolong the stay: recourse to home help and care, meal delivery, family involvement and mutual aid, etc. However, we have also seen that this presence of others, even when it is occasional, may be negatively perceived, undermining essential aspects of aging well, whether objective or more subjective: these include intimacy, freedom and feelings of decline in particular. This may lead to a kind of biographical rupture, which seems to constitute a turning point (Grossetti et al., 2009) when things change irrevocably, prompting the elderly to re-examine the spatial, material and social conditions of their final years.

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¹ Since his illness, Daniel, who has a small garden that used to be his beloved vegetable patch, can hardly set foot in it anymore. It's the neighbors now who occasionally mow the lawn, giving a semblance of life to this small plot of land, which looks like it has been abandoned. Afflicted with mobility difficulties and chronic fatigue, Daniel now spends most of his time in his living room, where he watches a lot of television, and in his bedroom, where he spends his nights.

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