

THE DIGNITY OF RISK

Kay Van Norman

The “dignity of risk” concept has been a driving force in the disability movement for decades.

The dignity of risk simply refers to the right of individuals to make choices about how they want to live their lives, how to balance personal risk with safety, regardless of age or functional challenges.

However, this concept is often overshadowed by negative expectations of aging. For example, consider what happens if a 35-year-old has a stroke. Family, friends and healthcare providers all rally with resources and encouragement to help the individual overcome challenges and get back to a full life. When a 75-year-old has a stroke, the goal is more likely focused on getting them healthy enough to return home and then making their environment safer and their world smaller to cope with challenges. These are two very different mindsets, driving dramatically different outcomes.

For young people with disabilities, the dignity of risk embedded in disability services encourages them to overcome even severe challenges and accomplish remarkable things. By contrast, in the absence of positive expectations, many older adults end up in a “safety bubble” with resources, tools and encouragement to cope with rather than overcome challenges.

Older adults who haven’t insulated themselves against aging stereotypes can easily fall victim to subconscious, negative aging scripts; and well-intentioned family members and helpers can make it difficult for someone to activate resilience.

Expectations of Others

A dramatic example of this phenomenon is chronicled in a book, “Into the Blue.” It’s the story of Wayne Edsall from my town of Bozeman, Montana. Edsall, active and healthy with a passion for re-building and flying World War II airplanes, had a massive stroke in his 70s. Doctors told his family to place him in skilled nursing care. They said he would never recover.

The family rejected this diagnosis and relentlessly pushed for rehabilitation, but they were denied rehab services due to his age and severity of the stroke.

Undeterred, his daughters spent hours every day for months helping Edsall regain function and helping him recapture his passion for flying. Against all odds, he recovered fully and even regained his pilot’s license to return to the air.

This story inspires me, but it also breaks my heart. I’m not suggesting that every person could recover as well as Edsall, but how many people are never given the chance to recover simply because of age bias from others?

Personal Expectations

Internalized expectations can also create recovery barriers. My mom survived a brain aneurysm with surprisingly few functional deficits. However, this ranch woman, who drove tractors, climbed corrals and drove her four-wheeler around the ranch with wild abandon, bitterly yet faithfully lived the aging script running in her head about what happens when you have a stroke in your 70s.

Every encouragement to re-engage in life was met with the same rebuke, “I can’t, I’ve had a stroke.” Family relationships fractured along the line of those who wanted to build a small safety bubble life, and those who wanted to help her adapt and move forward. I know many people are either living or have lived that same journey with a loved one.

In contrast, my friend Eldo fully recovered his independence and reclaimed his love for horseback riding after falling off a haystack and breaking his back and neck at age 82. His positive belief system drove his recovery.

Eldo was also fortunate to have a doctor, a horseback rider himself, who understood that recovery is far more than physical and encouraged Eldo to live his passion for riding despite the very real risk of severe injury if he was to fall off of a horse. How different the outcome could have been if his doctor, family and friends had insisted he retreat to the safety of his recliner and had not afforded him the dignity of risk.

When Harriet, 80, expressed interest in providing part-time childcare for my infant son, Cole, her friends and mine issued dire warnings and admonishments. What were we thinking? Her age wasn’t a factor for me; but I did express concern about her advanced osteoporosis, which included spinal kyphosis, a rounded upper spine as a result of small fractures. After making a career out of advising people to focus on possibilities, not disabilities, could I live it with so much at stake?

With equal parts amusement and determination, Harriet said, “Oh, I’ve had a bad back my whole life and took care of my own kids. I don’t know why it would be any different now!”

Embracing the dignity of risk and adaptive strategies to prevent injury, Harriet watched Cole from the time he was 6 months old until he went to school, and she was a part of our family for the rest of her life.

She employed the dignity of risk again in her 90s and was using a walker. People pressured her to move out of her second-floor apartment with no elevator access.

“I want to see the mountains when I wake up in the morning,” Harriet said. “I’ll scoot up on my butt if I have to!” She lived at the apartment through age 100.

Start Now

Both external forces and internalized expectations can support or diminish an individual’s chances of living fully in the face of challenges. Take steps every day to build internal defenses against negative expectations of aging. Guard against external forces by insisting on the dignity of risk for you or a loved one, regardless of age or challenges.

Visit kayvannorman.com for healthy aging resources and more information on building a mindset of well-being.