

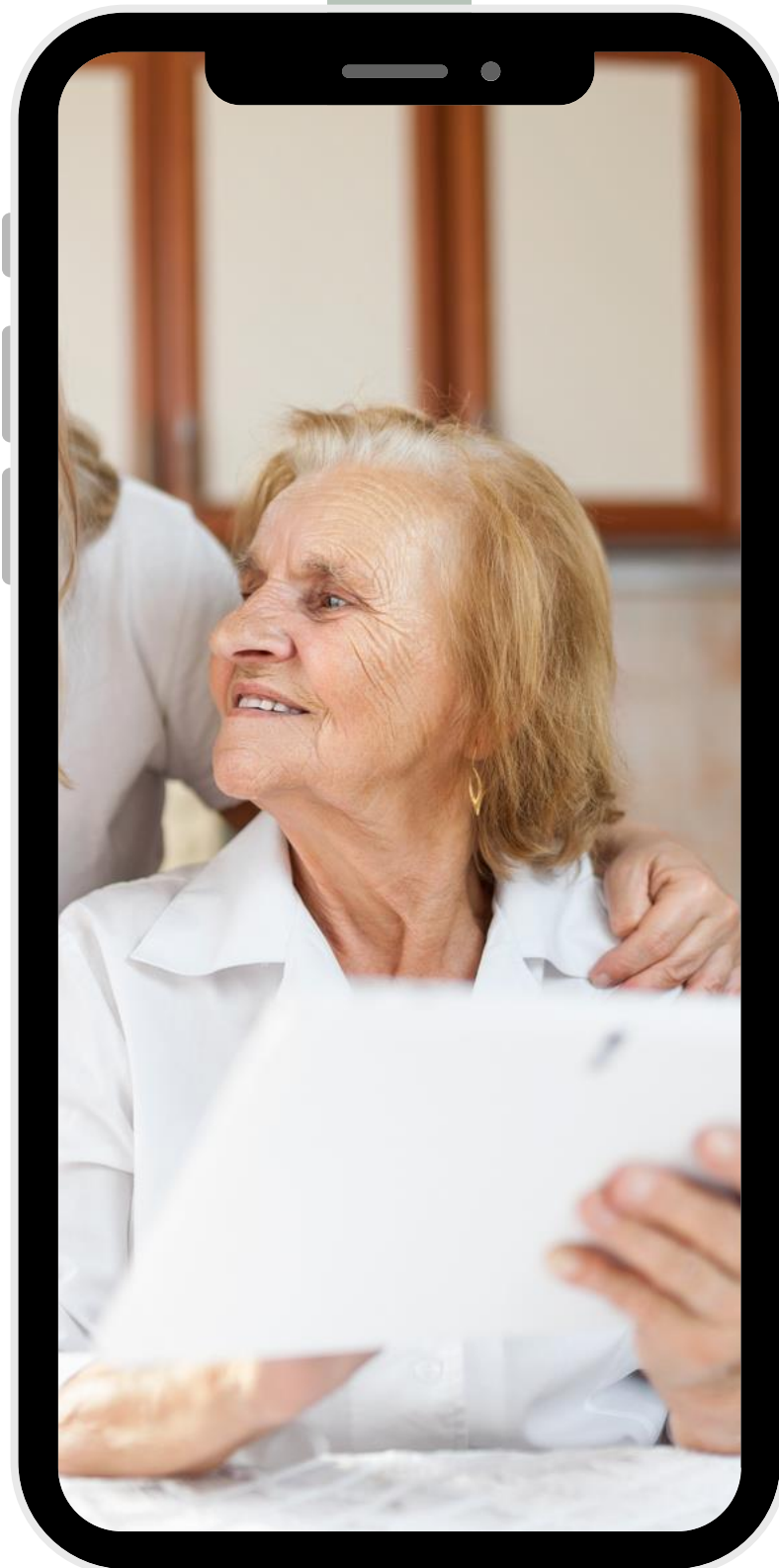
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DIGNITY OF RISK AND RELATIONAL ENGAGEMENT: A COMMUNICATIONAL PERSPECTIVE

How can we engage a person living with cognitive difficulties and their family in decisions involving the dignity of risk?

Presentation as part of the Symposium on the
Dignity of Risk – April 29, 2026





Imagine...

An 82-year-old woman living with cognitive decline. Her daughter is worried. A protection mandate is being considered.

The question isn't only... *is she safe?*

The question is... *how do we preserve her dignity... even when we may need to limit her autonomy...?*

**And what if the issue isn't only ethical...
but communicational?**

INHERENT CONTEXT OF THE DIGNITY OF RISK

- Loss of autonomy / need for self-determination
- Legal protection / homologation
- Possible removal of rights
- Presence of cognitive/physical impairments
- Worried family
- Often restrictive institutional framework

Key questions

- How to **engage** without infantilizing?
- How to **protect** without erasing effacer ?
- How to **acknowledge risk** without denying dignity?



STUDY CONTEXT

Simulated psychosocial assessments

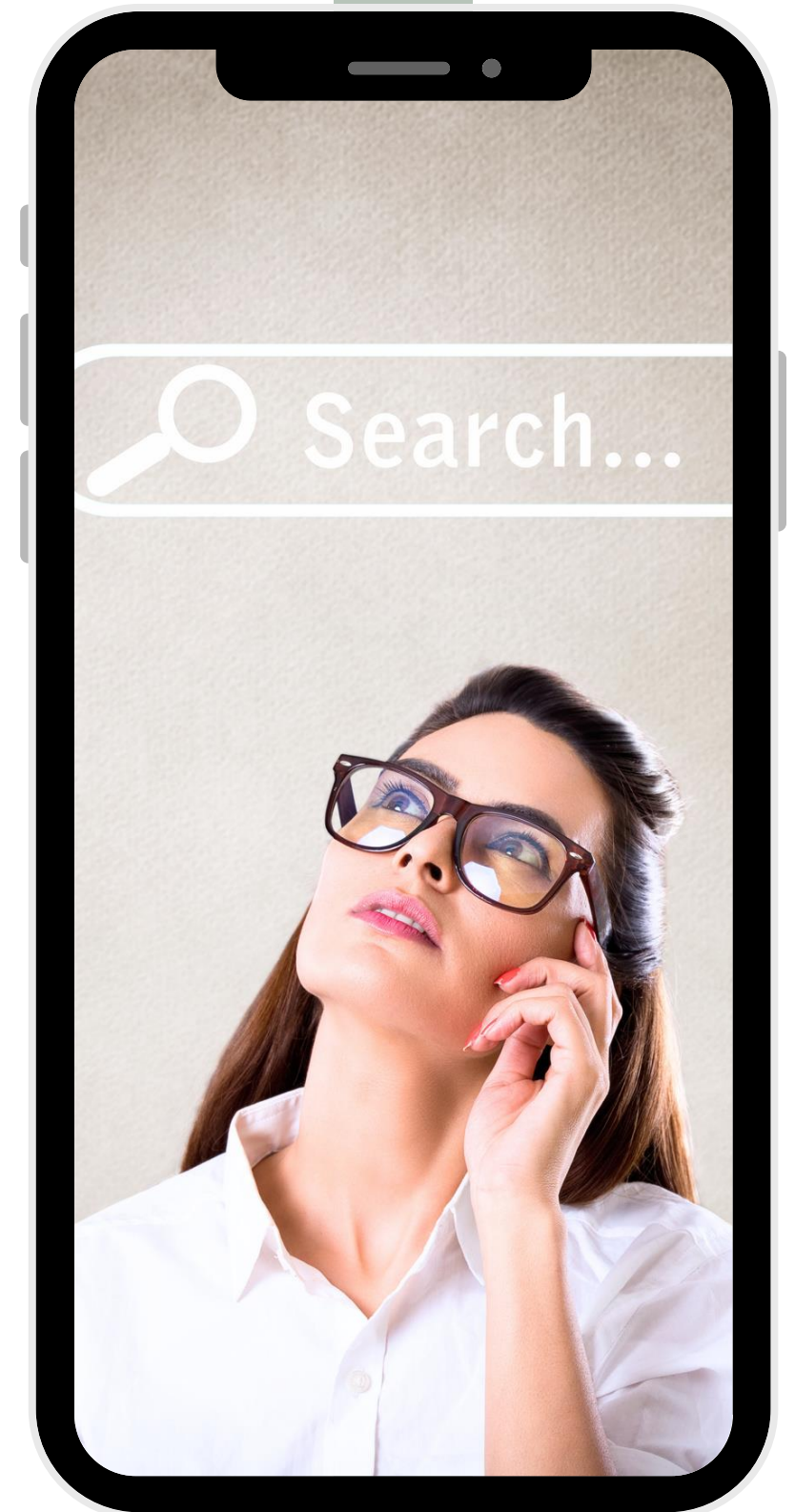
Social work students and actors (adult concerned and representative)

Interaction with adult concerned + representative

How the assessment is built through dialogue?

Psychosocial assessment is co-constructed

Delicate balance between relational engagement of stakeholders and institutional requirements



5 COMMUNICATIONAL ACTIONS

Constitutive acts of the dignity of risk:

Explain

Install a safe framework without closing the door to participation.

Understand

Recognize the person in their life context before deciding on their autonomy.

Assess

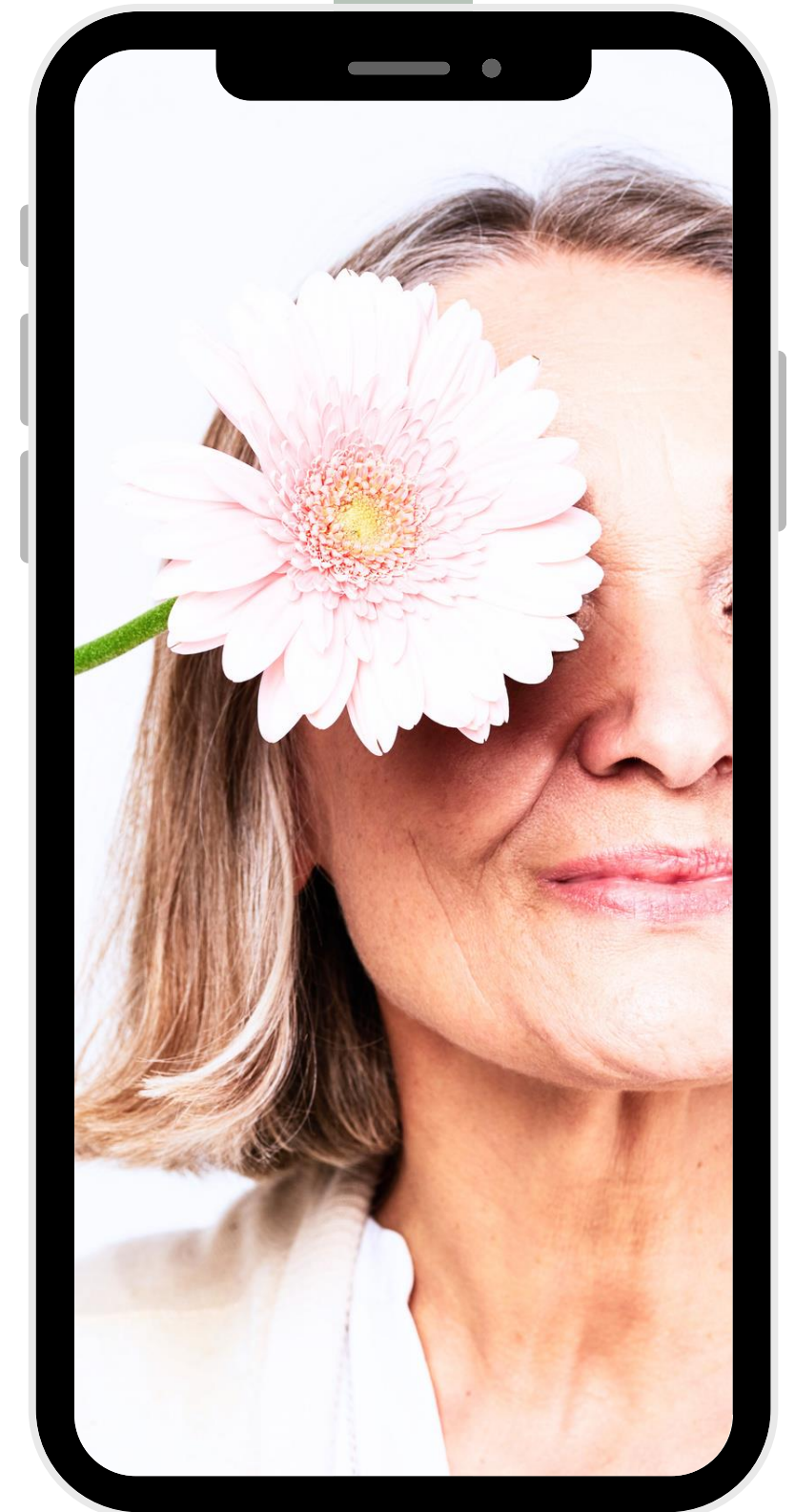
Observe functioning without reducing the person to their impairments.

Support

Support the emotional experience to maintain the relational alliance.

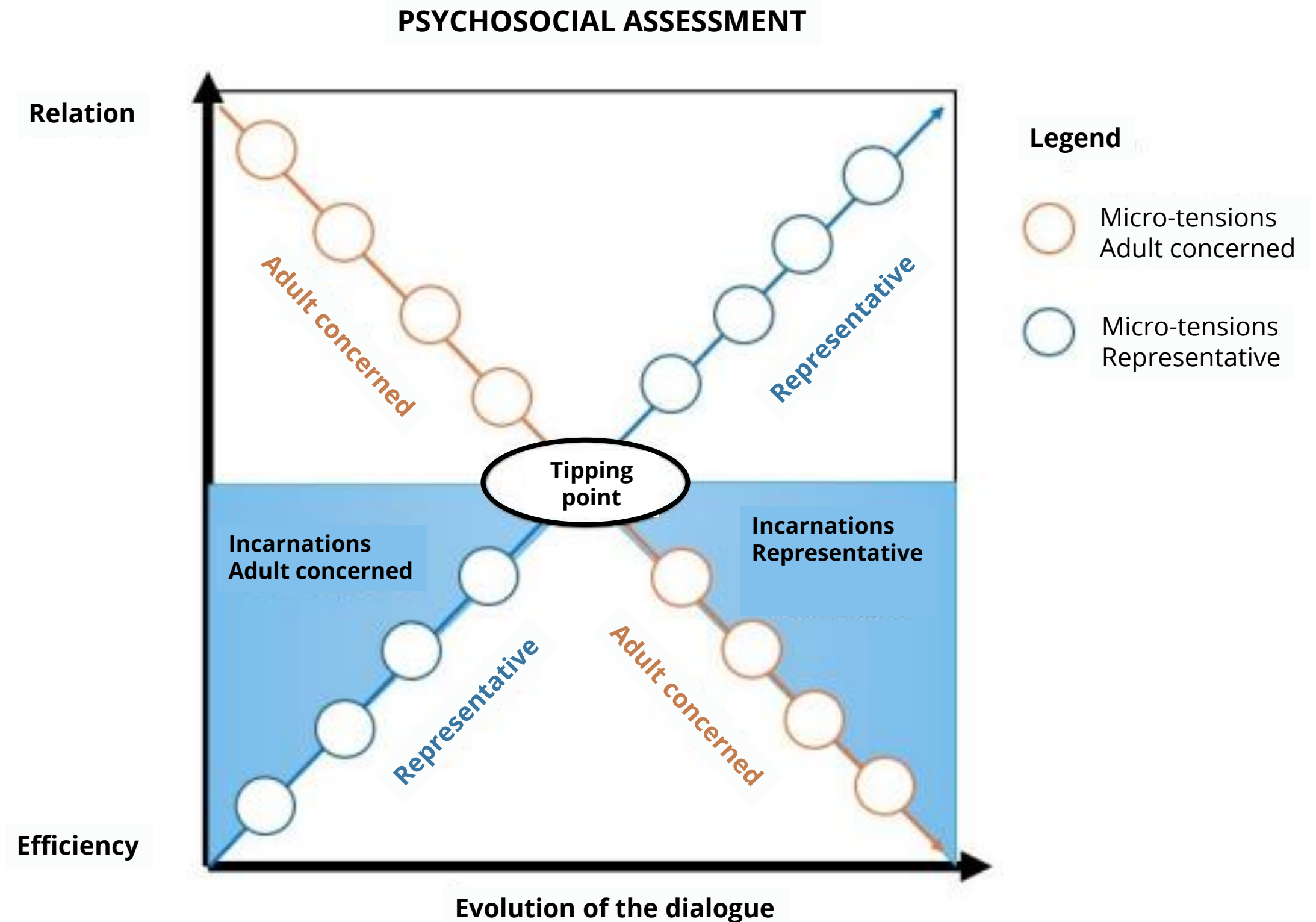
Validate

Ensuring mutual understanding to preserve decision-making power.



MIRROR EFFECT ADULT / REPRESENTATIVE

- The more the representative take over → the smaller the adult concerned becomes
- The more the adult concerned acknowledge his/her vulnerability → the more the representative step into the dialog
- The dignity of risk emerges in micro-adjustments → particularly in the negotiation of this framework
- The dignity of risk never concerns a single person; it **circulates among figures**





What this changes for practice...

Risk becomes a topic of conversation rather than a problem to eliminate.

1. Engaging is not the same as convincing

Engaging isn't about getting the person to accept a decision that has already been made. It's about giving them a real voice in the discussion, even if their participation is partial or fragile.

2. Protecting does not mean “deciding on their behalf”

Protecting does not mean withdrawing the person's voice or imposing a solution. It means seeking a balance between safety and respect through conversation.

3. Assessing does not mean neutralizing the dialogue

Assessment should not turn the exchange into simple data collection. It remains a dialogue where the individual continues to exist as an interlocutor, not merely an object of analysis.



Engaging within the dignity of risk

Ultimately, the dignity of risk is not based on the answer to "*Who decides?*", but rather on a another question, more demanding: "***Did the person truly participate in building the decision?***"



IN CONCLUSION

Engaging a person living with cognitive difficulties in a decision involving risk is not only giving them a choice.

It is maintaining, through dialogue, the possibility that they help construct the meaning.

Thank you !
