ORIGINAL ARTICLE

The trouble with personhood and person-centred care

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Abstract

The phrase 'person-centred care' (PCC) reminds us that the fundamental philosophical goal of caring for people is to uphold or promote their personhood. However, such an idea has translated into promoting individualist notions of autonomy, empowerment and personal responsibility in the context of consumerism and neoliberalism, which is problematic both conceptually and practically. From a conceptual standpoint, it ignores the fact that humans are social, historical and biographical beings, and instead assumes an essentialist or idealized concept of personhood in which a person is viewed as an individual static object. From a practical standpoint, the application of such a concept of personhood can lead to neglect of a person's fundamental care needs and exacerbate the problems of social inequity, in particular for older people and people with dementia. Therefore, we argue that our understanding of PCC must instead be based on a dynamic concept of personhood that integrates the relevant social, relational, temporal and biographical dimensions. We propose that the correct concept of personhood in PCC is one in which persons are understood as socially embedded, relational and temporally extended subjects rather than merely individual, autonomous, asocial and atemporal objects. We then present a reconceptualization of the fundamental philosophical goal of PCC as promoting selfhood rather than personhood. Such a reconceptualization avoids the problems that beset the concept of personhood and its application in PCC, while also providing a philosophical foundation for the growing body of empirical literature that emphasizes the psychosocial, relational, subjective and biographical dimensions of PCC.

KEYWORDS
consumerism, dementia, identity, person-centred care, personhood, selfhood

1 | INTRODUCTION

The idea of 'person-centred care' (PCC) was proposed by Kitwood (1997), who adopted the terminology from Rogers' (1957) theories of 'client-centred psychotherapy' and 'person-centred counselling', and applied it to dementia care (Brooker, 2007). Kitwood (1997), like many others, recognized that the traditional approach to dementia care, which focused primarily on medical and behavioural management of dementia as disease, and the provision of the bare essentials of daily living, was radically inconsistent with the moral and humanistic ideals that both he and Rogers (1957) advocated for. Such ideals include, self-actualisation, wellbeing, dignity, empathy and genuine care relationships, ideals that many people share, and which also shape our sense of social justice and how we strive to address health inequality (Powers & Faden, 2006). It was also radically inconsistent with our understanding of dementia as a health condition, one that was affecting more and more people as populations grew and aged. Kitwood (1997) had pointed out that dementia was not merely a neurological condition but also a psychosocial condition caused by interrelated factors associated with physical health, personality, biography and the social environment. Thus, he proposed an 'enriched model of dementia' as a new way of understanding dementia and advocated for a new culture of dementia care that would bring into focus the personhood of people with dementia, the humanistic ideals many of us share and, ultimately, the moral obligation we have towards others in virtue of their being persons (Kitwood, 1993).

Nowadays, PCC is synonymous with best practice across a broad range of settings that include acute care, allied health care and social support services. However, it has also become a buzzword open to multiple interpretations and definitions (many of which are inconsistent with Kitwood's), which renders it relatively devoid of meaning. Some researchers and scholars have thus devoted much work on clarifying and defining PCC (Edvardsson et al., 2010; McCormack, 2004; Morgan & Yoder, 2012; Slater, 2006), whereas others have instead focused on what PCC is supposed to entail in concrete terms, namely the provision of what is referred to as 'fundamental care' (Feo et al., 2018; Kitson, 2018; Kitson et al., 2013; Mudd et al., 2020).

> Fundamental care is care that respects and focuses on a person's essential and unique needs to ensure their safety, health, and wellbeing. These needs are met through timely and responsive care and the negotiation and integration of the person's physical, psychosocial and relational needs. Meeting these needs involves developing a trusting and positive relationship with the person being cared for, whilst understanding their culture, level of dependency, context of care, and clinical condition (Feo et al., 2018, p. 2289).

It is easy to understand why PCC, especially when viewed through the lens of fundamental care, has such broad relevance and application. In all those settings referred to above, care providers are aiming to fulfil a moral obligation that we as a society have towards others (and, conversely, which we expect for ourselves), which is to provide an appropriate standard of care that also addresses one's fundamental care needs. From the perspective of moral philosophy, it is often understood as a moral obligation we have in virtue of our being persons (or having personhood). However, whether care services and the public policy that frames, professionalizes and institutionalizes those services, are able to facilitate fundamental care provision and thus genuine PCC has become a matter of ongoing concern. PCC or 'person-centredness' has become entrenched in our understanding of health care, particularly in aged care; yet, it has been appropriated in ways that depart from the traditional humanistic notion that Kitwood advocated for. PCC has become synonymous with an individualistic and consumerist notion of care, in which care recipients are primarily viewed as individual consumers of care. Such an approach is framed as being 'person-centred' in virtue of promoting autonomy, self-determination and empowerment (under the guise of consumer choice), but it is inconsistent with the humanistic ideals that underpin PCC and constitutes a systemic barrier to the provision of high-quality fundamental care for many older people.

In this study, we begin by demonstrating how such a view of older care recipients and the related conceptualization of PCC is problematic, because it ignores the social, relational and temporal dimensions of personhood. Essentially, it assumes persons are merely objects with particular attributes but lacking those dimensions. As a case in point, we discuss the development of the Australian aged care system in recent years and its failure to provide adequate fundamental care for older people. We then argue for a reconceptualization of personhood, one that integrates the social, relational, temporal and biographical dimensions of personhood with other relevant dimensions (particularly autonomy and agency), which enables it to be better aligned with the humanistic and moral ideals that underpin PCC. Hence, our reconceptualisation proposes that persons are not merely objects with various properties or attributes (such as autonomy and agency), but subjects with a sense of identity that derives from their social and relational environment and biographical history. This entails that the relevant concept to guide our understanding of PCC is not personhood per se (which is a notoriously problematic concept in philosophy), but selfhood (understood as one's sense of identity). Hence, on our view, the fundamental philosophical goal of PCC is not to promote personhood but to promote selfhood.

Such a reconceptualisation not only avoids the problems that beset the concept of personhood and its application but it also provides a philosophical foundation for the growing body of empirical literature that highlights the effect dementia has on selfhood, which has shaped our recent understanding of PCC in dementia care contexts. For example, there is evidence that various degrees of selfhood and its elements persist in people with dementia (Caddell & Clare, 2010, 2013; Fazio & Mitchell, 2009; Sabat, 2018; Sabat & Collins, 1999), which has helped to inform subsequent and emerging views about PCC and the role that promoting or maintaining continuity of selfhood plays in PCC (Britten et al., 2017; Caddell & Clare, 2011; Edvardsson et al., 2010; Kelly, 2010; Norberg & Wisniewski, 2019; Tieu, 2021; Tieu & Matthews, forthcoming).

2 | ON PERSONS AS CONSUMERS

Due to the prevalence of substandard care that included various forms of neglect, abuse and assault of older people living in residential care settings, a Royal Commission into Aged Care Quality and Safety in Australia was established in October 2018. The goal was to inquire into matters related to the quality of aged care services and how to ensure that such services are person-centred (Australian Government Royal Commission into Aged Care Quality and Safety, 2018; Beech, 2018; Ibrahim, 2019). A 'Final Report' was published in March 2021, which described the Australian aged care system as having been developed in piecemeal fashion, difficult to access and navigate, pervaded by substandard care and abuse, and negatively affected by systemic problems. The report also identified a set of clear and common themes around community expectations of the aged care system (e.g., dignity and respect, self-determination, quality of life and relationships), all of which highlight the importance and relevance of fundamental care (Australian Government Royal Commission into Aged Care Quality and Safety, 2021). Additional reports stemming from the Royal Commission indicated that an increasing number of primary carers were dissatisfied with the range of support services available and also reiterated that care outcomes fell well short of community expectations (Australian Government Royal Commissioninto Aged Care Quality and Safety, 2021 ; Ratcliffe et al., 2021).

Such is the current state of the aged care system in Australia despite efforts a decade earlier to implement major reforms (known as the 'Living Longer, Living Better' reforms) to meet the challenges arising from an aging population, increased prevalence of dementia, and increased care needs and complexity of care needs of older Australians. At the time of those reforms, the public policy discourse emphasized the need for an economically sustainable aged care system that would also provide high quality of care and a greater range of services tailored to meet the individual preferences and needs of future care recipients. The discourse was framed in terms of promoting 'person-centred' services and the model of care implemented was 'consumer-directed care' (CDC), a model that currently only applies in community aged care settings, although intended to eventually be applied in residential care settings (Australian Government Department of Health, 2012; Australian Government Productivity Commission, 2011).

Despite the various expected or perceived benefits of consumer choice, tensions between consumer choice and service providers' duty of care were identified after an initial trial period of the CDC model. For example, service providers had concerns about consumers making requests that they regarded would compromise their care, as well as consumers choosing to forgo regular support to build up a sizable contingency fund (KPMG, 2012). A legislated independent review of the effectiveness of the reforms was conducted several years later, in which it defined aged care as 'centred on the individual, responding to their capacities, abilities and requirements', and recommended a broad range of further and ongoing reforms to 'serve the important goal of creating a system that is more consumer centred' (Australian Government Department of Health, 2017, pp. 6, 12). The Australian Government's Aged Care Quality and Safety Commission (2018) subsequently published a set of standards and guidelines that all publicly funded aged care providers must comply with. It consists of eight quality standards intended to reflect community expectations of the quality of care and services, all of which frame aged care recipients as consumers, and are explicitly aimed at a specific 'consumer outcome' (Australian Government Aged Care Quality and Safety Commission, 2018).

The Australian example summarized above is one among many of how contemporary aged care policy and practice within developed welfare states view aged care recipients primarily as consumers, and where PCC and aged care policy is thus framed around promoting individual choice and autonomy. Other examples include the United Kingdom's system of personal health budgets referred to as 'self-directed support' (Manthorpe & Samsi, 2016; Moffatt et al., 2012), Sweden's 'Act on Free Choice System' reforms (Moberg et al., 2016); Austria's 'Federal Long Term Care Allowance Act' (Keigher, 1997), Germany's 'Social Dependency Insurance' programme for both in-home and institutional care (Cuellar & Wiener, 2000), and the various 'Consumer-directed' home and community services throughout the United States (Kodner, 2003; Tilly & Wiener, 2001). From a health policy perspective, this conceptualization of the aged care recipient as a consumer seemed inevitable given the enormous pressure to develop and sustain aged care systems that could cater to the various complex care needs of older people, as well as promote their capacity for autonomy, agency and self-determination. Underpinning this policy direction, is also a political ideology (neoliberalism) entrenched in western liberal democracies since the 1970s and 1980s, which aims to minimize the role of the State and public services and instead allow market forces to play a key role in the economy (Harvey, 2005). It entails the commodification of aged care services wherein individuals assume greater responsibility and control over their care, whereas service providers compete in the free market for their patronage, all of which are expected to drive improvement in quality of care services.

Insofar as consumerist models of care are considered to be person-centred, the operative concept of personhood is thus predicated on being an individual and having the capacity to exercise autonomy and self-determination. However, such a concept ignores that fact that persons are also embedded within their social surroundings and undergoing significant development and change over the life course. It views persons as homogenous, individual, static, socially independent objects, lacking in temporal and biographical history. Ultimately, a consumerist model of care assumes a very narrow and idealized concept of personhood, one that is primarily based on individual autonomy and personal responsibility, which it then applies to all human beings as either a category under which they belong or as a standard to which it assumes all aspire. Such a concept is not only crude and inadequate, but when applied in practice, risks negative outcomes for many vulnerable people.

2.1 | The social and relational nature of care and being

Kitwood (1997) had explicitly defined personhood as 'a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust' (p. 8). That is why he placed great emphasis on the role of positive social interactions, authentic communication and genuine relationships in dementia care. Despite Kitwood's definition of personhood and the emphasis on the importance of the relational aspect of dementia care, PCC in aged care contexts has been appropriated by policy makers and service providers in such a way so as to be synonymous with various notions of 'consumer-centred', 'patient-centred', 'client-centred', or 'individualized' care. All of those notions focus primarily on promoting individual choice and thus assume a narrow definition of autonomy, self-determination and empowerment with little consideration of our understanding of the social, relational and temporal nature of care and being (Dewing, 2008; Kitson et al., 2021; Morgan & Yoder, 2012; Ould Brahim, 2019; Slater, 2006).

It should be noted that there is much in common between PCC and 'patient-centred care', particularly given their origins in Rogerian humanism and the emphasis placed on the unique circumstances, and preferences of the patients/persons rather than health professionals (Latimer et al., 2017; Morgan & Yoder, 2012). However, on some definitions of patient-centred care, viewing an individual as a patient shifts the focus of care onto their illness or medical condition and subsequently the balance of power towards the health professional. In contrast, viewing an individual as a person constitutes a holistic focus that goes beyond their illness or medical condition and shifts the balance of power towards the individual (Lines et al., 2015; Slater, 2006). There is also the idea that the goal of patient-centred care is a functional life whereas the goal of PCC is a meaningful life (Eklund et al., 2019). This kind of shift in the balance of power towards the patient/person and emphasis on more circumscribed aspects of care is underpinned by the goal of promoting autonomy and providing individualized care and thus reflects an individualized and consumerist notion of patient-centred care. Generally speaking, individualist or consumerist notions of PCC assume and affect a particular kind of relationship between care provider and care recipient. It is a relationship that is antipaternalistic whereby the care provider is not an active participant in the care relationship and whereby the responsibility to make decisions about care rests primarily on the care recipient. Neoliberalism assumes and affects the same kind of relationship between the state and its citizens, which we now see throughout the developed world including the coveted welfare states and mixed economies of Scandinavia (Dahlborg et al., 2021). Some have pointed out that such policy direction is an attempt to affect and legitimate this kind of relationship and have described the associated policy discourse as politically insincere (Gilleard & Higgs, 1998; Latimer et al., 2017; Moore, 2021).

In contrast to the consumerist notion of PCC, a traditional humanistic notion views the relationship between care provider and care recipient as one of collaboration, negotiation, interconnectedness, interdependence and shared responsibility. On this view, a person's capacity for autonomy, self-determination and empowerment is dependent on the quality of the relationship they have with their care provider(s) and their social networks, and is expressed through shared decision-making and shared social responsibility (Evans, 1999; McCormack, 2001; Munthe et al., 2012; Nolan, 2001; Ould Brahim, 2019). This is why some have redefined PCC as 'relationship-centred care' (Beach & Inui, 2006; Nolan et al., 2004; Nundy & Oswald, 2014; Ryan et al., 2008; Tresolini, 1994). Such views recognize the fact that humans are relational beings (McCance et al., 2011; McCormack, 2004), which is a central feature of Kitwood's definition of personhood and our understanding of fundamental care (Kitson, 2018; Kitson et al., 2013; Mudd et al., 2020). It is also a central feature of the Rogerian notion of self-actualisation, the idea that an individual has a self-concept (a sense of who they are) that they are striving to realize or maintain as part of an inherent tendency of 'development toward autonomy and away from heteronomy, or control by external forces' (Rogers, 1959, p. 196). Such an idea may seem consistent with an individualistic notion of autonomy and empowerment, but Rogers (1959) had explicitly pointed out that it was dependent on social interaction and interpersonal relationships in the form of receiving 'unconditional positive regard' from significant others 'through relationships marked by a complete and communicated emphatic understanding of the individual's frame of reference' (p. 234).

We can thus begin to see how and why a consumerist conceptualization of the care recipient can be problematic and inconsistent with the humanistic ideals that underpin PCC. It assumes an idealized concept of personhood in which a person is viewed as an individual or as a circumscribed object capable of (or aspiring towards) exercising autonomy, self-determination and assuming personal responsibility, which it then applies it to all care recipients and operationalizes it in care policy and provision. Such a conceptualization of persons ignores the heterogeneity and inequities that exist within populations, the supportive role that social networks play, the temporally extended nature of personhood and the associated care needs arising from significant changes that take place over the life-course[1]. All of those elements are integral to a person's capacity for autonomy and personal responsibility but are not adequately captured by such an idealized concept of personhood.

As mentioned above, a consumerist model of PCC confers the responsibility of decision-making onto the care recipient. Thus, collaboration, negotiation and shared decision-making between care provider and care recipient may be minimal or absent. As a result, our understanding of how we ought to provide care for older people, has shifted towards individualistic notions of self-care and self-management (Ould Brahim, 2019; Rowe & Kahn, 1998) in which they must be able to effectively draw upon both personal resources (material and psychological) and external resources (informal and formal social support) in the face of ongoing age-related challenges and adversity (Abdi et al., 2019; Lawless et al., 2021; Meinow et al., 2011; Walsh et al., 2016). As time goes by, they will become increasingly dependent on external sources of social and material support (Cesari et al., 2017; Clegg et al., 2013; Irwin et al., 2018). It

should also be noted that many older people are informal carers (mainly caring for their partners or parents), a role that can often impact negatively on their health and ongoing capacity to provide both self and informal care (Jowsey et al., 2013; Lindt et al., 2020; Stacey et al., 2016). However, older people are not a socioeconomically and culturally homogenous group and not all have adequate access to appropriate resources, and thus not all are able to exercise the kind of autonomy and self-determination associated with the idealized concept of personhood assumed in a consumerist model of PCC.

Ultimately, a consumerist model of PCC and associated conceptualization of personhood ignores extant social inequality, the role that social support networks play and the stage of life that a person is at. Conversely, it assumes that all care recipients are able to (and want to) make decisions from a vantage point of independent knowledge, and relative social and material wellbeing (Bury, 1995; Donaldson et al., 1991; Gilleard & Higgs, 1998). In economic terms, it assumes that all care recipients are at an age and place in which they are able to make a rational and informed choice to maximize their interests and thus to fulfill the role of what Donaldson et al. (1991) describe as a 'good consumer'.

> Good consumers are those who are able to judge the quality of health care and who, furthermore, have the ability and the desire to 'shop around' to obtain the best deal for themselves and/or their family in terms of cost and quality (Donaldson et al., 1991, p. 280).

2.2 | The temporally extended nature of care and being

We are not arguing that consumerism has no place or relevance in our understanding of personhood or of PCC. In fact, it is consistent with many of the humanistic ideals described previously and represents a general ideal that many people aspire to (especially for those living in western liberal democracies). For example, the capacity to exercise individual autonomy and assume personal responsibility is considered by many to be necessary for self-actualisation, dignity and wellbeing (Fjordside & Morville, 2016; Gallagher et al., 2008; Tauber-Gillmore et al., 2018). There is also the ideal of the 'self-made' middle class and their role as 'good consumers' in driving improvement in quality and efficiency of products and services and generally supporting economic growth (Kravets & Sandikci, 2014; Organisation for Economic Co-operation and Development, 2019). However, the relevance of this idealized consumerist concept of personhood is limited primarily because it does not give due consideration to the temporally extended nature of personhood which enables us to understand that persons exist within a lifespan context.

The human lifespan is generally divided into the following developmental stages: prenatal, infancy, early childhood, middle childhood, adolescence, early adulthood, middle adulthood and late adulthood (Hoffnung, 2019). Infants, children and adolescents are in a relatively nascent stage of development (lacking autonomy, capacity for self-actualisation and responsible decision-making) and thus the consumerist concept of personhood does not apply to them (but it does constitute an aspirational ideal and an inevitable or immanent developmental milestone). The consumerist concept of personhood is most applicable to those in their early (20–40 years) and middle (40–65 years) stages of adulthood, who have the relevant capacities and thus are able to fulfil the role of 'good consumer'. When it comes to those who are in late adulthood (65 years and beyond), the matter is much more nuanced. The consumerist concept of personhood is still very much applicable to many in this stage of the lifespan. We know that nowadays older people have greater potential for health, mental fitness, physical fitness, wellbeing and a higher life expectancy compared with previous generations (Baltes & Smith, 2003; Hansen & Slagsvold, 2012; Whitbourne & Sneed, 2002). Such positive outcomes have been attributed to individual potential to adapt and adjust to changing conditions, combined with advancements in medicine, and more access to resources and better support systems (Anstey, 2013; Baltes & Baltes, 1990; Goh & Park, 2009; Reuter-Lorenz & Park, 2014; Swift et al., 2014). It has also given rise to the notion of 'successful aging', an idea popularized by Rowe and Kahn (1998), which is generally understood as referring to how a person maintains or expands their health and function in older age[2]. Rowe and Kahn (1998) had described successful aging as an achievement 'largely under the control of the individual', 'dependent upon individual choices and behaviours', and 'attained through individual choice and effort' (p. 37). Thus, on this view, the 'successful ager', like the 'good consumer', fits the consumerist concept of personhood.

However, it is obvious that not all older people are able to fulfill this consumerist concept of personhood, especially those who as a result of living longer are more likely to experience various kinds of age-related challenges and adversities (as described in the previous section), which prevent them from achieving 'successful aging' as defined above (Katz & Calasanti, 2015; Iliffe & Manthorpe, 2020; Minkler & Fadem, 2002; Rubinstein & de Medeiros, 2015). The recent experience of older care recipients in Australia exemplifies the difficulty and challenge of achieving such an ideal of personhood. Older Australians do value the capacity to make their own decisions about the care services they receive, but they report difficulty understanding what services are available to them and what they are entitled to, and trouble accessing relevant information about costs, charges, and fees. This has also led to some becoming reluctant to embrace having the freedom to choose (Beer et al., 2018; Gill et al., 2018; McCallum & Rees, 2017). Without access to relevant resources and support networks to assist in decision-making, older people cannot fulfill the role of a 'successful ager' or 'good consumer'. They also risk further disadvantage, inequality, declining health, marginalization, and indeed potential exploitation by service providers who typically operate within highly competitive marketplaces and with limited resources.

One of the more extreme examples of the way in which a consumerist model of care can fail to deliver on its ideals relates to the challenges facing 'frail, homebound and bedridden people' (FHBP), who are a highly vulnerable cohort, with complex,

incapacitating and debilitating illnesses or injuries (particularly myalgic encephalomyelitis, which is also known as 'chronic fatigue syndrome'). Many also experience significant financial hardship, social isolation and poor mental health (Choi et al., 2014; Lee et al., 2020; Pinero de Plaza, 2021; Pinero de Plaza, Beleigoli, et al., 2021). Being bedridden and/or unable to leave home means they face significant logistical difficulties with accessing and engaging with care services, which in Australia is primarily structured around physical attendance (Buchanan, 2018). Here we see an overt example of how extant disparity in individual health and social circumstances, in conjunction with a care system that assumes all people make their care decisions from a vantage point of relative social and material wellbeing, is a profound systemic barrier to receiving health care for an entire cohort of people. Thus, FHBP are entirely dependent on informal carers to help them gain access to health care and navigate the logistical complexities of engaging with the health care system. Furthermore, given that the responsibility for accessing care services is borne by such informal care relationships, it is particularly concerning that the care system in Australia does not provide adequate compensation for informal carers of FHBP, and that it treats nonattendance as a problem of patient noncompliance (Buchanan, 2018). Ultimately, framing the personhood of FHBP in consumerist terms, which thus shifts the burden of responsibility onto FHBP and their limited support networks, has not led to them having greater autonomy or becoming empowered. It has led to them being treated as virtually non-existent by the health care system, an outcome that is both dehumanizing and antithetical to our understanding of personhood and PCC.

The prevalence of neglect, abuse and premature death of older people in residential facilities and the complete disregard of FHBP epitomizes some of the worst possible consequences of the assumption that all care recipients have the relevant capacity and necessary resources to fulfill the consumerist concept of personhood. It also demonstrates how current consumerist models of care risk undermining the very ideals it aims to promote. Far from shifting the balance of power to the older person or the FHBP, a consumerist model of care shifts the burden of responsibility (including moral responsibility) onto vulnerable citizens and their informal support networks, while transferring autonomy and power over to those who govern, manage, administer and provide care services (i.e., government, public service and service providers), while also absolving them of a significant part of their social and moral responsibility.

Fulfilling the moral obligation that we as a society have towards other persons cannot be the primary responsibility of private citizens but a shared responsibility between private citizens and the state. It is only through a genuine understanding of personhood as socially embedded, relational and temporally extended, an understanding that is easily obscured by a consumerist concept personhood and PCC, that we can genuinely fulfill such a moral responsibility. However, the concept of personhood is a notoriously problematic one from a philosophical standpoint, so our aim in the following section is to provide an appropriate reconceptualization of personhood, one that avoids the philosophical problems that plague the concept, incorporates the relevant dimensions of personhood discussed previously, and resists consumerist appropriation.

3 | ON THE CONCEPT OF PERSONHOOD AND 'PERSON-CENTREDNESS'

The two pillars on which Kitwood's definition of PCC is based are his 'enriched model of dementia' and his relational and biographical definition of personhood. The former is relatively uncontentious and is essentially an application of George Engel's biopsychosocial model of disease (Engel, 1977), although Kitwood incorporates the additional dimensions of biography and relationships into the aetiology of dementia. Regarding the latter, Kitwood (1993) conceptualized the dementia sufferer as 'a sentient, relational and historical being' (p. 541), which, in conjunction with his social definition of personhood (as described previously), yields a relational and biographical concept of personhood. From a philosophical standpoint, such a conceptualization of personhood is problematic but this is not unique to Kitwood (1993). It exemplifies the deep philosophical and practical problems with the concept of personhood itself, one that moral philosophers, and in particular bioethicists, are familiar with. Thus, in this section we argue that it would be more helpful to apply a different though related concept to our understanding of PCC, namely selfhood (understood as one's sense of identity).

3.1 | The philosophical problem

There are many conceptualizations of personhood in the philosophical literature (especially in both the continental and analytic traditions). However, here we focus on one important aspect of how personhood has been addressed in analytic philosophy so as to highlight how and why various ways of defining personhood run into difficulty. Generally speaking, to be a person, or to have personhood, is to have the kind of moral status that obliges others to extend to that person an appropriate standard of consideration and treatment. Hence, the concept of personhood enables us to determine who or what is morally deserving (or not) of a particular standard of consideration. It has served as a foundational concept in much of contemporary ethical, legal and human rights discourse and practice. For example, many contemporary debates in bioethics, such as those concerning human embryonic stem cell research, assistive reproductive technology, preimplantation genetic diagnosis, abortion, euthanasia, and treatment of nonhuman animals, hinge on whether the subjects in question are persons. On the matter of what constitutes personhood, there is a historical legacy of regarding it as synonymous with humanity, implying that only human beings are persons and thus only human beings have a certain kind of moral status. The idea is closely linked to the notion of the 'sanctity of human life' found in various religious traditions and also tacitly assumed by many in the secular community. It is also reflected in our language in which the

term 'person' generally refers only to human beings. It suggests that belonging to the species Homo sapiens is necessary and sufficient for personhood and thus only humans are persons. However, such an anthropocentric conception of personhood is criticized as a form of human-centred prejudice ('speciesism') associated with the unethical treatment of nonhuman animals (Singer, 2009). As an alternative, some philosophers base their definition on features or capacities that have traditionally been attributed only to human beings, particularly our rational and volitional capacities (Dennett, 1976; Frankfurt, 1971; Korsgaard, 2013). Of course, such a conception remains tenuous given the moral implications for those who might lack or be diminished in one or more of those capacities (e.g., human embryos, fetuses, infants, those in a persistent vegetative state and people with dementia) and, conversely, for those nonhuman animals (e.g., great apes), which may turn out to possess one or more of those capacities (Cavalieri & Singer, 1994; DeGrazia, 1997; Hess, 2008; Varner, 2012).

The definitions of personhood offered in the context of PCC run into the same kinds of problems. For example, if we take Kitwood's (1997) definition of personhood as 'a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being' (p. 8), those who are not bestowed such a standing or status (which includes all people who have been socially isolated, marginalized or excluded) do not qualify as being persons. Of course, this is contrary to what Kitwood (1997) was trying to convey, which is that one ought to bestow on people with dementia such a standing or status. The same problem arises if we incorporate a biographical dimension into the definition of personhood. For example, someone alive at a particular point in time whose biographical history was unknown and who did not have a sense of their own biographical history (a situation that applies to many people with dementia) might not qualify as a person. Here we see that Kitwood's definition falls short of being a rigorous philosophical definition. It is more of an ethical imperative that presupposes that people with dementia are persons, but how, why or on what basis they are persons remains unclear.

Consider also the definition offered by Hughes (2001, p. 86), who defines a person as a 'situated embodied agent'. Similarly, McCormack (2004) also emphasizes agency in his definition, although he frames it in terms of possessing capacity for reflective evaluation without necessarily being able to act accordingly so as to accommodate those who have lost their volitional capacities due to dementia. These definitions, face the same kinds of problems as Kitwood's definition, which is that they exclude those who are no longer 'situated embodied agents' or those who are no longer able to express the kind of reflective evaluations that human beings typically express due to their condition (which includes people with dementia). If the criteria are modified so as to accommodate such cases, then the definition risks being too broad such that nonhuman animals that might have a comparably limited form of situated or embodied agency and free will would qualify as persons and thus ought to be given the same level of moral consideration (e.g., being afforded PCC).

The general problem is that all definitions of personhood that appeal to essential criteria based on certain features, capacities or attributes of humans, ipso facto exclude those for whom such conditions do not obtain. If the criteria reflect normal or idealized conditions (e.g., the 'good consumer' and 'successful ager') then this will exclude many people, in particular older people and people with dementia. If the criteria are broadened to accommodate those who do not meet such normal or idealized conditions, it risks becoming inclusive of nonhuman animals. An anthropocentric definition offers an easy solution (especially given the assumption that PCC applies only to human beings) but remains highly contentious. It is for these reasons that many contemporary philosophers have pointed out that the concept of personhood is either too simplistic, confusing, superfluous, or merely used as a proxy for other concepts, such as human being, rational agent, unity of consciousness and persistence of personal identity (Ayer, 1963; Beauchamp, 1999; Gordijn, 1999; Higgs & Gilleard, 2016; Ohlin, 2005). Some also take the view that the concept of persons does not refer to anything ontologically real (DeGrazia, 1997; Farah & Heberlein, 2007).

Despite such philosophical problems, the concept of personhood remains an integral part of our folk understanding of morality and a staple of contemporary ethical discourse. Philosophers and ethicists may have no choice but to deal in various conceptualizations and definitions of personhood and grapple with the inevitable complexities that arise. Such challenges are not merely philosophical or intellectual in nature. A lack of conceptual clarity on personhood entails uncertainty about what it means to be a person and thus uncertainty about what 'person-centredness' entails, all of which translate into outcomes in care and policy settings.

3.2 | Persons as subjects

We have discussed how a consumerist concept of personhood and its derivatives (i.e., 'good consumer' and 'successful ager') is predicated on capacity for individual autonomy, personal responsibility and informed decision-making. However, we pointed out that such capacities are underpinned by varying degrees of access to material and social resources that change over the lifespan. Thus, our view is that the appropriate concept of personhood should be one that integrates such capacities with a person's social surroundings, support networks, biography, and position along the lifespan. A consumerist concept of personhood and the various definitions of personhood described previously, all reflect a tendency to frame persons in an essentialist and idealized manner and as static objects existing independently of their social environment and temporal history. A definition or concept of personhood that views persons in this way will not provide the conceptual clarity needed to inform and guide our approach to PCC. What is needed is a concept whose application logically or necessarily entails appropriate consideration of the social, relational and biographical dimensions of personhood. This does not require abandoning the concept of personhood

completely, but it does require viewing personhood in a different way.

Philosophers dating back to John Locke have pointed out that persons can be viewed in two distinct, although related, ways. Locke stated that 'where-ever a man finds what he calls himself there, I think, another may say is the same Person' (Locke, 1689/2000, p. 112). Here, the terms 'himself' and 'Person' refer to the same entity but what is different is the perspective. The former refers to someone describing themselves from a first-person perspective, whereas the latter refers to someone else describing them from a third-person perspective. Thus, we have two ways in which we can view or understand persons, that is, as subjects or as objects (respectively).

> It is a philosophical commonplace that we have a dual perspective on persons. On the one hand, we view persons as one of the types of objects in the world, but, on the other, we view them as subjects and agents, creatures with a way of experiencing the world and with affect and volition (Schechtman, 1990, p. 87).

Viewing persons as subjects capable of first-personal thoughts may provide a philosophical solution to the problems related to the various definitions of personhood already discussed. Our subjectivity and our capacity for first-personal thoughts and experiences enables us to gain a sense of ourselves from which we derive our selfhood, or more specifically, our sense of identity[3]. Our sense of identity conceptually entails the integration of the social, relational and biographical dimensions of personhood. The same kind of conceptual integration is not entailed by the concept of personhood (as we have already seen in the various definitions discussed above) but only insofar as personhood is explicitly understood or defined in those terms (i.e., insofar as we view persons as subjects). Thus, it is selfhood rather than personhood that may provide an appropriate philosophical foundation for PCC. In the following section, we elaborate of how the social, relational and biographical dimensions are integral to our understanding of selfhood, but here we acknowledge that selfhood is a very complex topic and further investigation is required to fully explicate these ideas.

3.3 | Promoting selfhood in PCC

Persons are not merely social, relational, and biographical objects. They are autobiographical subjects with a sense of identity and purpose, which is derived in large part from social and relational history. Sense of identity is fundamentally based on having a self-concept, which psychologists define as a belief, perception, evaluation and interpretation of oneself, often in terms of one's actual self and one's ideal self (Baumeister, 1999; Oyserman et al., 2012; Rogers, 1959; Turner, 2010). Self-concept emerges early in childhood where it is significantly shaped by interpersonal interactions of care and nurturing within the immediate (microsocial) context of the parent-child dyad (Thompson, 2006; Trevarthen, 1979) and within broader macrosocial contexts (Markus & Kitayama, 1991). Further development of self-concept into a more robust sense of identity occurs through more complex forms of interpersonal interactions and socialization during adolescence and early adulthood (Arnett et al., 2014; Arnett, 2000; Tarrant et al., 2006). In mature adult life, one's identity takes on a more social nature, in which it develops within, and is determined by, various kinds of social contexts, such as our social and occupational roles, and the various cultural and political affiliations we may have (Adams, 1985; Burke & Stets, 2009; Ellemers et al., 2002; Ellemers & Haslam, 2012).

There are two kinds of identity that are important for our consideration. One is a relatively stable and robust one, which constitutes a person's overarching sense of identity. This notion of identity is what Harré (1998) refers to as the 'Self-2' in his influential tripartite model of selfhood. It is created from discursive practices of both private thought and interpersonal conversation and captures a person's past and present physical and psychological attributes (as well as their beliefs about those attributes) as a diachronic unity. Another kind of identity is a more fluid and dynamic one, which constitutes a person's role identity. It is what Harré (1998) refers to as the 'Self-3' and arises from situational or context-dependent interactions associated with the specific roles that a person might occupy (e.g., familial, social and occupational roles). Some role identities are linked to purpose and meaning in life and thus may be more central or prominent than others (Stryker & Serpe, 1982; Thoits, 2003, 2013). This reflects the fact that role identities may be consciously appropriated and integrated into one's overarching sense of identity, or conversely may constitute a willing expression of it. Hence, although social context is highly influential in the construction of identities, its influence does not exist in isolation nor is it independent of factors internal to the individual.

In fact, the social context is only influential to the extent that humans are endowed with internal features (i.e., cognitive mechanisms), which allow it to be influential, in particular mechanisms of social cognition or what is referred to as 'mindreading' (Fuchs & De Jaegher, 2009; Gallagher, 2008; Hutto, 2017; Nichols & Stich, 2003; Zlatev et al., 2008), autobiographical-episodic memory linked with imaginative prospection (Conway, 2005; Suddendorf & Corballis, 1997) and autobiographical reasoning (D'Argembeau et al., 2014; Habermas & Köber, 2015). Such mechanisms facilitate the kinds of interpersonal interactions and hermeneutical processes that are necessary for individuals and their interlocutors to be coconstructors of their identities, and particularly, authors of the autobiographical narratives that constitute their overarching sense of identity (Bruner, 2003; MacIntyre, 1985; Ricoeur, 1985; Schechtman, 1996; Taylor, 1989; Velleman, 2006). Therefore, insofar as selfhood is constituted by an overarching sense of identity, it cannot be understood merely as a subjective phenomenon limited to the purview of one's individual perspective. Rather, it is best understood as an inherently intersubjective phenomenon, arising from interpersonal relations and reflections between the individual and significant others, all of which take place over the life course[4].

Furthermore, one's sense of identity also guides and constrains decision-making. We enact or express our identities in ways that tend towards maintaining integrity of those identities, ourselves and associated social relations over time. Hence, one's capacity for agency and autonomy is an integral part of one's sense of identity and therefore also linked to the same social and relational contexts that one's sense of identity depends on. Ultimately, what constitutes genuine autonomy and empowerment is the capacity to act in accordance with one's sense of identity. This is an idea that some philosophers have referred to as 'practical identity' or 'narrative identity' (Atkins, 2008; Korsgaard & O'Neil, 1996; Mackenzie, 2014).

> When I ask myself who I am and how I should live, I draw upon a self-narrative, an interpretation of my life in which other people are deeply implicated; a life that has a past and a present, and which I project into the future, and in virtue of which I make sense of myself and my world (Atkins, 2008; pp. 1–2).

As time goes by, and as we enter into the late stages of adulthood, our sense of identity is challenged by various forms of age-related physical, material and psychosocial adversity. Our capacity to exercise individual autonomy and personal responsibility will diminish, and we are unlikely to be able to live our lives in accordance with the ideals we might once have held, in particular the ideals associated with the consumerist concept of personhood and its derivatives ('good consumer' and 'successful ager'). As discussed previously, we must draw upon the resources available to us, much of which will come from formal and informal support networks. The need for such support and the inability to live up to the consumerist ideal of personhood is much more acute when we consider the possibility that we may become frail and suffer from serious conditions, particularly dementia. Thus, what will define our sense of identity in the latter stages of our lives emerges from the integration of an increasingly relational and socially distributed notion of agency and autonomy with the autobiographical narratives that we construct to make sense of it all.

For those in the early and middle stages of adulthood, sense of identity may be aligned with the idealized consumerist concept of personhood and thus a consumerist model of PCC may be appropriate here. However, if a person's sense of identity diverges from the idealized consumerist concept of personhood, for reasons related to physical, psychosocial, material, socioeconomic circumstances, then a consumerist model of PCC is no longer appropriate. Therefore, rather than having a model of PCC that is understood as promoting an idealized consumerist concept of personhood, a model of PCC that has the fundamental goal of promoting a person's sense of identity (i.e., their selfhood) and where possible, maintaining its continuity, will be inclusive of more people and thus more appropriate[5]. Such a view accords with much of the dementia care literature that emphasizes the importance promoting autobiographical unity (Macleod et al., 2021; McKeown et al., 2010; Surr, 2006; Tieu, 2021), embodied expressions of identity (Cedervall et al., 2015;

Twigg & Buse, 2013; Tieu & Matthews, forthcoming), interactive discourse (Hyden, 2013; Kontos et al., 2017; Toffle & Quattropani, 2015; Williams & Keady, 2006) and relational autonomy and agency (Hedman et al., 2016; Reed et al., 2017; Skaalvik et al., 2016; Wolf et al., 2017). It also aligns with our understanding of high-quality fundamental care (Feo et al., 2018; Kitson, 2018; Kitson et al., 2013; Mudd et al., 2020) and the importance of applying a life-course perspective to understanding a person's care needs (Kitson et al., 2021).

4 | CONCLUSION

Our goal in this study was to present a pragmatic reconceptualization of personhood, person-centredness and PCC that highlights the relevance and importance of the relationship between care provider and care recipient, as well as the dynamic and relational nature of personhood over the life course. Our emphasis on selfhood is not necessarily a repudiation of the concept of personhood in PCC but is more of a clarification of the concept and an elaboration on Kitwood's definition. We hope that this reconceptualisation can provide a philosophical and ethical foundation for PCC and a rationale for shifting away from a purely individualistic and consumerist notion of personhood and PCC.

We do acknowledge that many people can benefit from a consumerist model of care, and that many also aspire to fulfill the related notion of personhood associated with having the capacity for individual autonomy and being able to achieve self-determination without depending on social support networks or indeed the state. However, such aspirations must not come at the cost of marginalizing those who may not share the same aspirations or those for whom such aspirations are biologically, socially or economically unattainable. The challenge from a care provision and public policy perspective is to develop a care system that is flexible enough to provide appropriate care for all persons at all stages of life, regardless of their physical, psychosocial, material and socioeconomic circumstances.

CONFLICTS OF INTEREST
The authors declare no conflicts of interest.

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ENDNOTES
[1] Lack of a life-course perspective also leads to fragmented approaches in care (where the primary focus is on addressing specific conditions at specific points in a person's lifespan), thus limiting the possibility of more integrative approaches that meet the fundamental care needs of patients (Kitson et al., 2021).

[2] Health and functionality are understood in both a biomedical (i.e., absence of disease, maintenance of physical and mental function) and psychosocial sense (i.e., life satisfaction, social participation, psychological resources and personal growth; Bowling & Dieppe, 2005; Urtamo et al., 2019).

3 Self and selfhood are terms that have been used to refer to a variety of distinct though often related phenomena. Here we use the term selfhood to describe one's sense of identity. It is what philosopher David Velleman refers to as the social psychologist's notion of selfhood to distinguish it from the metaphysical notion of selfhood associated with personal identity that philosophers have been preoccupied with (Velleman, 2006). Additionally, given that the self refers to individual beings, and having selfhood can denote individualistic notions of autonomy and self-determination, defining selfhood in this way helps us avoid the criticism that promoting selfhood could also mean promoting an individualistic and consumerist notion of PCC.

4 Such a view reiterates the intersubjective nature of human experience as emphasized in traditional phenomenology (Beyer, 2020; Husserl, 1970; Merleau-Ponty, 2012; Stein, 1964; Tanaka, 2015) and contemporary phenomenology (Gallagher, 2007; Zahavi, 2018; Zahavi and Overgaard, 2020).

5 In dementia care contexts, the applicability of promoting selfhood in terms of one's sense identity may be limited (due to cognitive deficits associated with dementia). However, a shift towards promoting embodied forms and expressions of selfhood remains broadly consistent with our view. Such a discussion is beyond the scope of this paper but see Tieu and Matthews (forthcoming) for a detailed exposition.

REFERENCES

Abdi, S., Spann, A., Borilovic, J., de Witte, L., & Hawley, M. (2019). Understanding the care and support needs of older people: A scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF). BMC Geriatrics, 19(1), 195. https://doi.org/10.1186/s12877-019-1189-9

Adams, G. R. (1985). Identity and political socialization. New Directions for Child Development, 30, 61–77. https://doi.org/10.1002/cd.23219853006

Anstey, K. (2013). Optimizing cognitive development ovJohn Benjamins Publishing Companyer the life course and preventing cognitive decline: Introducing the Cognitive Health Environment Life Course Model (CHELM). International Journal of Behavioral Development, 38(1), 1–10. https://doi.org/10.1177/0165025413512255

Arnett, J. J. (2000). Emerging adulthood. A theory of development from the late teens through the twenties. The American Psychologist, 55(5), 469–480.

Arnett, J. J., Žukauskienė, R., & Sugimura, K. (2014). The new life stage of emerging adulthood at ages 18-29 years: Implications for mental health. The Lancet Psychiatry, 1(7), 569–576. https://doi.org/10.1016/S2215-0366(14)00080-7

Atkins, K. (2008). Narrative identity and moral identity: A practical perspective. Routledge.

Australian Government Aged Care Quality and Safety Commission. (2018). Guidance and resources for providers to support the aged care quality standards. https://www.agedcarequality.gov.au/sites/default/files/media/Guidance_%26_Resource_V14.pdf

Australian Government Department of Health. (2012). Living longer, living better. Aged Care Reform Package. https://apo.org.au/node/29086

Australian Government Department of Health. (2017). Legislated review of aged care 2017. https://www.health.gov.au/resources/publications/legislated-review-of-aged-care-2017-report

Australian Government Productivity Commission. (2011). Caring for older Australians: Overview (Report No. 53, Final Inquiry Report, Canberra). https://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-volume1.pdf

Australian Government Royal Commission into Aged Care Quality and Safety. (2018). Terms of reference. https://agedcare.royalcommission.gov.au/about/terms-reference

Australian Government Royal Commission into Aged Care Quality and Safety. (2021). Final report–Executive summary. https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf.

Ayer, A. J. (1963). The concept of a person, The concept of a person (pp. 82–128). Palgrave. https://doi.org/10.1007/978-1-349-01903-8_4

Baltes, P. B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P. B. Baltes, & M. M. Baltes (Eds.), Successful aging: Perspectives from the behavioral sciences (pp. 1–34). Cambridge University Press. https://doi.org/10.1017/CBO9780511665684.003

Baltes, P. B., & Smith, J. (2003). New frontiers in the future of aging: from successful aging of the young old to the dilemmas of the fourth age. Gerontology, 49(2), 123–135. https://doi.org/10.1159/000067946

Baumeister, R. F. (1999). The nature and structure of the self: An overview. In R. Baumeister (Ed.), The self in social psychology (pp. 1–20). Psychology Press (Taylor & Francis).

Beach, M. C., & Inui, T. (2006). Relationship- centred Care: A constructive reframing. Journal of General Internal Medicine, 21(S1), S3–S8.

Beauchamp, T. L. (1999). The failure of theories of personhood. Kennedy Institute of Ethics Journal, 9(4), 309–324. https://doi.org/10.1353/ken.1999.0023

Beech, A. (2018, 16 September). Scott Morrison announces royal commission into aged care; advocates expect 'appalling' cases of mistreatment to surface. https://www.abc.net.au/news/2018-09-16/scott-morrison-announces-royal-commission-into-aged-care-sector/10252850

Beer, A., Beilby, J., Cornell, V., Faulkner, D., Karnon, J., & Thredgold, C. (2018). Consumer Directed Care: The expectations and experiences of people aged 50 years and over in Australia, Final Report, ARC Linkage Project LP130100045.

Beyer, C. (2020). Edmund Husserl. In Zalta, E. N. (Ed.), The Stanford encyclopedia of philosophy (Winter 2020 edition). https://plato.stanford.edu/archives/win2020/entries/husserl/

Bowling, A., & Dieppe, P. (2005). What is successful ageing and who should define it? BMJ, 331(7531), 1548–1551. https://doi.org/10.1136/bmj.331.7531.1548

Britten, N., Moore, L., Lydahl, D., Naldemirci, O., Elam, M., & Wolf, A. (2017). Elaboration of the Gothenburg model of person-centred care. Health expectations: An International Journal of Public Participation in Health Care and Health Policy, 20(3), 407–418. https://doi.org/10.1111/hex.12468

Brooker, D. (2007). Person-centred dementia care: Making services better. Jessica Kingsley Publishers.

Bruner, J. (2003). Self-making narratives. In R. Fivush, & C. A. Haden (Eds.), Autobiographical memory and the construction of a narrative self: Developmental and cultural perspectives (pp. 209–225). Lawrence Erlbaum Associates, Inc.

Buchanan, R. (2018). Just invisible: Medical access issues for homebound/bedridden persons. https://www.notdoneliving.net/just-invisible.html

Burke, P. J., & Stets, J. E. (2009). Identity theory. Oxford University Press.

Bury, M. (1995). Ageing, gender and sociological theory. In S. Arber, & J. Ginn (Eds.), Connecting gender and ageing: A sociological approach (pp. 15–29). Open University Press.

Caddell, L. S., & Clare, L. (2010). The impact of dementia on self and identity: A systematic review. Clinical Psychology Review, 30(1), 113–126.

Caddell, L. S., & Clare, L. (2011). Interventions supporting self and identity in people with dementia: A systematic review. Aging and Mental Health, 15(7), 797–810.

Caddell, L. S., & Clare, L. (2013). Studying the self in people with dementia: How might we proceed? Dementia, 12(2), 192–209.

Cavalieri, P., & Singer, P. (1994). The Great Ape Project: Equality beyond humanity. St. Martin's Press.

Cedervall, Y., Torres, S., & Åberg, A. C. (2015). Maintaining well-being and selfhood through physical activity: Experiences of people with mild

Alzheimer's disease. *Aging and Mental Health, 19*(8), 679–688. https://doi.org/10.1080/13607863.2014.962004

Cesari, M., Calvani, R., & Marzetti, E. (2017). Frailty in older persons. *Clinics in Geriatric Medicine, 33*(3), 293–303. https://doi.org/10.1016/j.cger.2017.02.002

Choi, N. G., Hegel, M. T., Marti, N., Marinucci, M. L., Sirrianni, L., & Bruce, M. L. (2014). Telehealth problem-solving therapy for depressed low-income homebound older adults. *The American Journal of Geriatric Psychiatry: Official Journal of the American Association for Geriatric Psychiatry, 22*(3), 263–271. https://doi.org/10.1097/JGP.0b013e318266b356

Clegg, A., Young, J., Iliffe, S., Rikkert, M. O., & Rockwood, K. (2013). Frailty in elderly people. *Lancet, 381*(9868), 752–762. https://doi.org/10.1016/S0140-6736(12)62167-9

Conway, M. A. (2005). Memory and the self. *Journal of Memory and Language, 53*(4), 594–628. https://doi.org/10.1016/j.jml.2005.08.005

Cuellar, A. E., & Wiener, J. M. (2000). Can social insurance for long-term care work? The experience of Germany. *Health Affairs (Project Hope), 19*(3), 8–25. https://doi.org/10.1377/hlthaff.19.3.8

D'Argembeau, A., Cassol, H., Phillips, C., Balteau, E., Salmon, E., & Van der Linden, M. (2014). Brains creating stories of selves: The neural basis of autobiographicalreasoning. *Social Cognitive and Affective Neuroscience, 9*(5), 646–652. https://doi.org/10.1093/scan/nst028

Dahlborg, E., Tengelin, E., Aasen, E., Strunck, J., Boman, Å., Ottesen, A. M., Dahl, B. M., Helberget, L. K., & Lassen, I. (2021). The struggle between welfare state models and prevailing healthcare policy in Scandinavian healthcare legislative documents. *International Journal of Health Governance, 26*(1), 51–64. https://doi.org/10.1108/IJHG-04-2020-0041

DeGrazia, D. (1997). Great apes, dolphins, and the concept of personhood. *The Southern Journal of Philosophy, 35*, 301–320. https://doi.org/10.1111/j.2041-6962.1997.tb00839.x

Dennett, D. (1976). Conditions of personhood. In A. Rorty (Ed.), *The identities of persons* (pp. 175–196). University of California Press.

Dewing, J. (2008). Personhood and dementia: revisiting Tom Kitwood's ideas. *International Journal of Older People Nursing, 3*(1), 3–13. https://doi.org/10.1111/j.1748-3743.2007.00103.x

Donaldson, C., Lloyd, P., & Lupton, D. (1991). Primary health care consumerism amongst elderly Australians. *Age and ageing, 20*(4), 280–286. https://doi.org/10.1093/ageing/20.4.280

Edvardsson, D., Fetherstonhaugh, D., & Nay, R. (2010). Promoting a continuation of self and normality: person-centred care as described by people with dementia, their family members and aged care staff. *Journal of Clinical Nursing, 19*(17-18), 2611–2618.

Eklund, J. H., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., Sundler, A. J., Condén, E., & Meranius, M. S. (2019). "Same or different?" A review of reviews of person-centered and patient-centered care. *Patient Education and Counseling, 102*(1), 3–11. https://doi.org/10.1016/j.pec.2018.08.029

Ellemers, N., & Haslam, S. A. (2012). Social identity theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (pp. 379–398). Sage Publications Ltd. https://doi.org/10.4135/9781446249222.n45

Ellemers, N., Spears, R., & Doosje, B. (2002). Self and social identity. *Annual Review of Psychology, 53*, 161–186. https://doi.org/10.1146/annurev.psych.53.100901.135228

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196*(4286), 129–136.

Evans, M. (1999). Ethics: Reconciling conflicting values in health policy. https://www.nuffieldtrust.org.uk/resource/ethics-reconciling-conflicting-values-in-health-policy

Farah, M. J., & Heberlein, A. S. (2007). Personhood and neuroscience: Naturalizing or nihilating? *The American Journal of Bioethics, 7*(1), 37–48.

Fazio, S., & Mitchell, D. B. (2009). Persistence of self in individuals with Alzheimer's disease: Evidence from language and visual recognition. *Dementia: The International Journal of Social Research and Practice, 8*(1), 39–59. https://doi.org/10.1177/1471301208099044

Feo, R., Conroy, T., Jangland, E., Muntlin Athlin, Å., Brovall, M., Parr, J., Blomberg, K., & Kitson, A. (2018). Towards a standardised definition for fundamental care: A modified Delphi study. *Journal of Clinical Nursing, 27*(11-12), 2285–2299. https://doi.org/10.1111/jocn.14247

Fjordside, S., & Morville, A. (2016). Factors influencing older people's experiences of participation in autonomous decisions concerning their daily care in their own homes: A review of the literature. *International Journal of Older People Nursing, 11*(4), 284–297. https://doi.org/10.1111/opn.12116

Frankfurt, H. G. (1971). Freedom of the will and the concept of a person. *The Journal of Philosophy, 68*(1), 5–20.

Fuchs, T., & De Jaegher, H. (2009). Enactive intersubjectivity: Participatory sense-making and mutual incorporation. *Phenomenology and the Cognitive Sciences, 8*(4), 465–486.

Gallagher, S. (2007). Moral agency, self-consciousness, and practical wisdom. *Journal of Consciousness Studies, 14*(5-6), 199–223.

Gallagher, S. (2008). Direct perception in the intersubjective context. *Consciousness and Cognition, 17*(2), 535–543. https://doi.org/10.1016/j.concog.2008.03.003

Gallagher, A., Li, S., Wainwright, P., Jones, I. R., & Lee, D. (2008). Dignity in the care of older people–A review of the theoretical and empirical literature. *BMC Nursing, 7*, 11. https://doi.org/10.1186/1472-6955-7-11

Gill, L, Bradley, S. L., Cameron, I. D., & Ratcliffe, J. (2018). How do clients in Australia experience Consumer Directed Care? *BMC Geriatrics, 18*(1), 148. https://doi.org/10.1186/s12877-018-0838-8

Gilleard, C., & Higgs, P. (1998). Old people as users and consumers of healthcare: A third age rhetoric for a fourth age reality? *Ageing and Society, 18*(2), 233–248. https://doi.org/10.1017/S0144686X98006904

Goh, J. O., & Park, D. C. (2009). Neuroplasticity and cognitive aging: The scaffolding theory of aging and cognition. *Restorative Neurology and Neuroscience, 27*(5), 391–403. https://doi.org/10.3233/RNN-2009-0493

Gordijn, B. (1999). The troublesome concept of the person. *Theoretical Medicine and Bioethics, 20*(4), 347–359. https://doi.org/10.1023/a:1009990632439

Habermas, T., & Köber, C. (2015). Autobiographical reasoning in life narratives buffers the effect of biographical disruptions on the sense of self-continuity. *Memory, 23*(5), 664–674. https://doi.org/10.1080/09658211.2014.920885

Hansen, T. (2020). The age and well-being paradox revisited: A multidimensional perspective. *Innovation in Aging, 4*(Suppl 1), 459. https://doi.org/10.1093/geroni/igaa057.1485

Hansen, T., & Slagsvold, B. (2012). The age and subjective well-being paradox revisited: A multidimensional perspective. *Norsk Epidemiologi, 22*(2). https://doi.org/10.5324/nje.v22i2.1565

Harré, R. (1998). *The singular self. An introduction of the psychology of personhood.* Sage.

Harvey, D. (2005). *A brief history of neoliberalism.* Oxford University Press. https://doi.org/10.1093/oso/9780199283262.001.0001

Hedman, R., Hansebo, G., Ternestedt, B. M., Hellström, I., & Norberg, A. (2016). Expressed sense of self by people with Alzheimer's disease in a support group interpreted in terms of agency and communion. *Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society, 35*(4), 421–443. https://doi.org/10.1177/0733464814530804

Hess, E. (2008). *Nim chimpsky: The chimp who would be human.* Bantam Books.

Higgs, P., & Gilleard, C. (2016). Interrogating personhood and dementia. *Aging and Mental Health, 20*(8), 773–780.

Hoffnung, M. (2019). *Lifespan development, 4th Australasian Edition*. John Wiley & Sons, Incorporated.

Hughes, J. C. (2001). Views of the person with dementia. *Journal of Medical Ethics*, 27(2), 86–91. https://doi.org/10.1136/jme.27.2.86

Husserl, E. (1970). *Cartesian meditations*. Martinus Nijhoff. (Original work published 1945, translated by Cairns D.).

Hutto, D. D. (2017). Basic social cognition without mindreading: minding minds without attributing contents. *Synthese*, 194(3), 827–846.

Hyden, L. C. (2013). Storytelling in dementia: Embodiment as a resource. *Dementia*, 12(3), 359–367. https://doi.org/10.1177/1471301213476290

Ibrahim, J. (2019, January 18). Aged care royal commission benefits Generation X: It's too late for the silent generation. https://theconversation.com/aged-care-royal-commission-benefits-generation-x-its-too-late-for-the-silent-generation-106607

Iliffe, S., & Manthorpe, J. (2020). Medical consumerism and the modern patient: Successful ageing, self-management and the 'fantastic prosumer'. *Journal of the Royal Society of Medicine*, 113(9), 339–345. https://doi.org/10.1177/0141076820911574

Irwin, K., Sexton, C., Daniel, T., Lawlor, B., & Naci, L. (2018). Healthy aging and dementia: Two roads diverging in midlife? *Frontiers in Aging Neuroscience*, 10, 275. https://doi.org/10.3389/fnagi.2018.00275

Jowsey, T., McRae, I., Gillespie, J., Banfield, M., & Yen, L. (2013). Time to care? Health of informal older carers and time spent on health related activities: An Australian survey. *BMC Public Health*, 13, 374. https://doi.org/10.1186/1471-2458-13-374

Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging: does it "appeal more than it illuminates"? *The Gerontologist*, 55(1), 26–33. https://doi.org/10.1093/geront/gnu027

Keigher, S. M. (1997). Austria's new attendance allowance: a consumer-choice model of care for the frail and disabled. *International Journal of Health Services: Planning, Administration, Evaluation*, 27(4), 753–765. https://doi.org/10.2190/B9NT-9W76-TVT4-YGH9

Kelly, F. (2010). Recognising and supporting self in dementia: A new way to facilitate a person-centred approach to dementia care. *Ageing and Society*, 30(1), 103–124. https://doi.org/10.1017/S0144686X09008708

Kitson, A. (2018). The fundamentals of care framework as a point-of-care nursing theory. *Nursing Research*, 67(2), 99–107. https://doi.org/10.1097/nnr.0000000000000271

Kitson, A., Conroy, T., Kuluski, K., Locock, L., & Lyons, R. (2013). *Reclaiming and redefining the fundamentals of care: Nursing's response to meeting patients' basic human needs*. Nursing Research Series: 2. School of Nursing, The University of Adelaide. https://hdl.handle.net/2440/75843

Kitson, A., Feo, R., Lawless, M., Arciuli, J., Clark, R., Golley, R., Lange, B., Ratcliffe, J., & Robinson, S. (2021). Towards a unifying caring life-course theory for better self-care and caring solutions: A discussion paper. *Journal of Advanced Nursing*, 78, 6. https://doi.org/10.1111/jan.14887

Kitwood, T. (1993). Towards a theory of dementia care: The interpersonal process. *Ageing and Society*, 13, 51–67.

Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Open University Press.

Kodner, D. L. (2003). Consumer-directed services: Lessons and implications for integrated systems of care. *International Journal of Integrated Care*, 3, e12. https://doi.org/10.5334/ijic.80

Kontos, P., Miller, K. L., & Kontos, A. P. (2017). Relational citizenship: Supporting embodied selfhood and relationality in dementia care. *Sociology of Health and Illness*, 39(2), 182–198. https://doi.org/10.1111/1467-9566.12453

Korsgaard, C. (2013). Personhood, animals and the law. *Think*, 12(34), 25–32.

Korsgaard, C., & O'Neill, O. (1996). *The Sources of Normativity*. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9780511554476

KPMG. (2012). Evaluation of the consumer-directed care initiative–Final report. http://www.tdsa.org.au/wp-content/uploads/2016/03/KPMG-CDC-Final-Report-2012-ALL-merged.pdf

Kravets, O., & Sandikci, O. (2014). Competently ordinary: New middle class consumers in the emerging markets. *Journal of Marketing*, 78(4), 125–140.

Latimer, T., Roscamp, J., & Papanikitas, A. (2017). Patient-centredness and consumerism in healthcare:An ideological mess. *Journal of the Royal Society of Medicine*, 110(11), 425–427. https://doi.org/10.1177/0141076817731905

Lawless, M. T., Tieu, M., Feo, R., & Kitson, A. L. (2021). Theories of self-care and self-management of long-term conditions by community-dwelling older adults: A systematic review and meta-ethnography. *Social Science and Medicine*, 287, 114393. https://doi.org/10.1016/j.socscimed.2021.114393

Lee, J. H., Suh, Y., & Kim, Y. (2020). Multidimensional factors affecting homebound older adults: A systematic review. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3566156

Lindt, N., van Berkel, J., & Mulder, B. C. (2020). Determinants of overburdening among informal carers: A systematic review. *BMC Geriatrics*, 20(1), 304. https://doi.org/10.1186/s12877-020-01708-3

Lines, L. M., Lepore, M., & Wiener, J. M. (2015). Patient-centered, person-centered, and person-directed care: They are not the same. *Medical Care*, 53(7), 561–563. https://doi.org/10.1097/MLR.0000000000000387

Locke, J. (1689/2000). An essay concerning human understanding. In G. Fuller, R. Stecker, & J. P. Wright (Eds.), *John locke: An essay concerning human understanding in focus* (1st ed, pp. 67–122). Routledge.

MacIntyre, A. (1985). *After virtue. A study in moral theory*. Duckworth.

Mackenzie, C. (2014). Embodied agents, narrative selves. *Philosophical Explorations*, 17(2), 154–171. https://doi.org/10.1080/13869795.2014.886363

Macleod, F., Storey, L., Rushe, T., & McLaughlin, K. (2021). Towards an increased understanding of reminiscence therapy for people with dementia: A narrative analysis. *Dementia*, 20(4), 1375–1407. https://doi.org/10.1177/1471301220941275

Manthorpe, J., & Samsi, K. (2016). Person-centreddementia care: current perspectives. *Clinical interventions in aging*, 11, 1733–1740. https://doi.org/10.2147/CIA.S104618

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), 224–253. https://doi.org/10.1037/0033-295X.98.2.224

McCallum, J., & Rees, K. (2017). Consumer directed care in Australia: Early stage analysis and future directions. https://nationalseniors.com.au/research/health-and-aged-care/consumer-directed-care-in-australia-early-stage-analysis-and-future-directions

McCance, T., McCormack, B., & Dewing, J. (2011). An exploration of person-centredness in practice. *Online Journal of Issues in Nursing*, 16(2), 1.

McCormack, B. (2001). Autonomy and the relationship between nurses and older people. *Ageing and Society*, 21(4), 417–446.

McCormack, B. (2004). Person-centredness in gerontological nursing: an overview of the literature. *Journal of Clinical Nursing*, 13(3a), 31–38.

McKeown, J., Clarke, A., Ingleton, C., Ryan, T., & Repper, J. (2010). The use of life story work with people with dementia to enhance person-centred care. *International Journal of Older People Nursing*, 5(2), 148–158. https://doi.org/10.1111/j.1748-3743.2010.00219.x

Meinow, B., Parker, M. G., & Thorslund, M. (2011). Consumers of eldercare in Sweden: The semblance of choice. *Social Science and Medicine (1982)*, 73(9), 1285–1289. https://doi.org/10.1016/j.socscimed.2011.08.015

Merleau-Ponty, M. (2012). *Phenomenology of perception*. Routledge. (Original work published 1945, translated by Landes D. A.).

Minkler, M., & Fadem, P. (2002). "Successful aging": A disability perspective. *Journal of Disability Policy Studies*, 12, 229–235. https://doi.org/10.1177/104420730201200402

Moberg, L., Blomqvist, P., & Winblad, U. (2016). User choice in Swedish eldercare–Conditions for informed choice and enhanced service quality. *Journal of European Social Policy*, 26(3), 281–295. https://doi.org/10.1177/0958928716645076

Moffatt, S., Higgs, P., Rummery, K., & Jones, I. (2012). Choice, consumerism and devolution: Growing old in the welfare state(s) of Scotland, Wales and England. *Ageing and Society*, 32(5), 725–746. https://doi.org/10.1017/S0144686X11000602

Moore, C. B. (2021). Consumer directed care aged care reforms in Australia since 2009: A retrospective policy analysis. *Health Policy*, 125(5), 577–581. https://doi.org/10.1016/j.healthpol.2021.03.012

Morgan, S., & Yoder, L. H. (2012). A concept analysis of person-centered care. *Journal of Holistic Nursing: Official Journal of the American Holistic Nurses' Association*, 30(1), 6–15. https://doi.org/10.1177/0898010111412189

Mudd, A., Feo, R., Conroy, T., & Kitson, A. (2020). Where and how does fundamental care fit within seminal nursing theories: A narrative review and synthesis of key nursing concepts. *Journal of Clinical Nursing*, 29(19-20), 3652–3666. https://doi.org/10.1111/jocn.15420

Munthe, C., Sandman, L., & Cutas, D. (2012). Person centred care and shared decision making: Implications for ethics, public health and research. *Health Care Analysis: HCA: Journal of Health Philosophy and Policy*, 20(3), 231–249. https://doi.org/10.1007/s10728-011-0183-y

Nichols, S., & Stich, S. (2003). *Mindreading*. Oxford University Press.

Nolan, M. (2001). Successful ageing: Keeping the 'person' in person-centred care. *British Journal of Nursing*, 10(7), 450–454. https://doi.org/10.12968/bjon.2001.10.7.5330

Nolan, M. R., Davies, S., Brown, J., Keady, J., & Nolan, J. (2004). Beyond person-centred care: a new vision for gerontological nursing. *Journal of Clinical Nursing*, 13(3a), 45–53. https://doi.org/10.1111/j.1365-2702.2004.00926.x

Norberg, A., & Wisniewski, T. (2019). Sense of self among persons with advanced dementia, *Alzheimer's Disease*. Codon Publications. https://doi.org/10.15586/alzheimersdisease.2019.ch13

Nundy, S., & Oswald, J. (2014). Relationship-centered care: A new paradigm for population health management. *Healthcare*, 2(4), 216–219. https://doi.org/10.1016/j.hjdsi.2014.09.003

Ohlin, J. (2005). Is the concept of the person necessary for human rights? *Columbia Law Review*, 105(1), 209–249.

Organisation for Economic Co-operation and Development [OECD]. (2019). *Under Pressure: The Squeezed Middle Class*. OECD Publishing. https://doi.org/10.1787/689afed1-en

Ould Brahim, L. (2019). Reconsidering the 'self' in self-management of chronic illness: Lessons from relational autonomy. *Nursing inquiry*, 26(3), e12292. https://doi.org/10.1111/nin.12292

Oyserman, D., Elmore, K., & Smith, G. (2012). Self, self-concept, and identity. In M. R. Leary, & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 69–104). The Guilford Press.

Pinero de Plaza, M. A. P. (2021). Making the invisible visible: Exploring the experiences of frail homebound and bedridden people. *Flinders University: Caring Futures Institute*. https://doi.org/10.6084/m9.figshare.14417987.v3

Pinero de Plaza, M. A. P., Beleigoli, A., Mudd, A., Tieu, M., Lawless, M., McMillan, P., Feo, R., Archibald, M., & Kitson, A. (2021). *Not well enough to attend appointments: Telehealth versus health marginalization*. IOS Press Series, Studies in Health Technology, and Informatics.

Powers, M., & Faden, R. (2006). *Social justice*. Oxford University Press.

Ratcliffe, J., Chen, G., Khadka, J., Kumaran, S., Hutchinson, C., Milte, R., Savvas, S., & Batchelor, F. (2021). Australia's aged care system: The quality of care experience and community expectations. https://agedcare.royalcommission.gov.au/sites/default/files/2021-02/qce-and-community-expectatons.pdf

Reed, P., Carson, J., & Gibb, Z. (2017). Transcending the tragedy discourse of dementia: an ethical imperative for promoting selfhood, meaningful relationships, and well-being. *AMA Journal of Ethics*, 19(7), 693–703. https://doi.org/10.1001/journalofethics.2017.19.7.msoc1-1707

Reuter-Lorenz, P. A., & Park, D. C. (2014). How does it STAC up? Revisiting the scaffolding theory of aging and cognition. *Neuropsychology Review*, 24(3), 355–370. https://doi.org/10.1007/s11065-014-9270-9

Ricoeur, P. (1985). History as narrative and practice: Peter Kemp talks to Paul Ricoeur in Copenhagen. *Philosophy Today*, 29(3), 213–222. https://www.digitalricoeurportal.org/ricoeur-bib/s/drb/item/1325

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103.

Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as develop in the client-centred framework. In S. Koch (Ed.), *Psychology: A study of a science. Formulations of the person and the social context* (Vol. 3, pp. 185–256). MgGraw-Hill.

Rowe, J. W., & Kahn, R. L. (1998). *Successful aging*. Random House.

Rubinstein, R. L., & de Medeiros, K. (2015). "Successful aging," gerontological theory and neoliberalism: A qualitative critique. *The Gerontologist*, 55(1), 34–42. https://doi.org/10.1093/geront/gnu080

Ryan, T., Nolan, M., Reid, D., & Enderby, P. (2008). Using the senses framework to achieve relationship-centred dementia care services. *Dementia*, 7(1), 71–93.

Sabat, S., & Collins, M. (1999). Intact social, cognitive ability and selfhood: a case study of Alzheimer's disease. *American Journal of Alzheimer's Disease*, 14(1), 11–19.

Sabat, S. R. (2018). *Alzheimer's disease and dementia: What everyone needs to know*. Oxford University Press.

Schechtman, M. (1990). Personhood and personal identity. *The Journal of Philosophy*, 87(2), 71–92.

Schechtman, M. (1996). *The constitution of selves*. Cornell University Press.

Singer, P. (2009). Speciesism and moral status. *Metaphilosophy*, 40(3-4), 566–81.

Skaalvik, M. W., Norberg, A., Normann, K., Fjelltun, A. M., & Asplund, K. (2016). The experience of self and threats to sense of self among relatives caring for people with Alzheimer's disease. *Dementia*, 15(4), 467–480. https://doi.org/10.1177/1471301214523438

Slater, L. (2006). Person-centredness: a concept analysis. *Contemporary Nurse*, 23(1), 135–144. https://doi.org/10.5172/conu.2006.23.1.135

Stacey, A. F., Gill, T. K., Price, K., Warmington, R., & Taylor, A. W. (2016). Unpaid informal caregivers in South Australia: Population characteristics, prevalence and age-period-cohort effects 1994-2014. *PLoS One*, 11(9), e0161994. https://doi.org/10.1371/journal.pone.0161994

Stein, E. (1964). *On the problem of empathy*. Springer Science+Business Media. (Original work published 1916, translated by Stein W.).

Stryker, S., & Serpe, R. T. (1982). Commitment, identity salience, and role behavior: A theory and research example. In W. Ickes, & E. S. Knowles (Eds.), *Personality, roles, and social behavior* (pp. 199–218). Springer-Verlag.

Suddendorf, T., & Corballis, M. C. (1997). Mental time travel and the evolution of the human mind. *Genetic, Social, and General Psychology Monographs*, 123(2), 133–167.

Surr, C. A. (2006). Preservation of self in people with dementia living in residential care: a socio-biographical approach. *Social Science and Medicine*, 62(7), 1720–1730.

Swift, H. J., Vauclair, C. M., Abrams, D., Bratt, C., Marques, S., & Lima, M. L. (2014). Revisiting the paradox of well-being: the importance of

national context. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 69(6), 920–929. https://doi.org/10.1093/geronb/gbu011

Tanaka, S. (2015). Intercorporeality as a theory of social cognition. *Theory and Psychology*, 25(4), 455–472. https://doi.org/10.1177/0959354315583035

Tarrant, M., MacKenzie, L., & Hewitt, L. A. (2006). Friendship group identification, multidimensional self-concept, and experience of developmental tasks in adolescence. *Journal of Adolescence*, 29(4), 627–640. https://doi.org/10.1016/j.adolescence.2005.08.012

Tauber-Gilmore, M., Addis, G., Zahran, Z., Black, S., Baillie, L, Procter, S., & Norton, C. (2018). The views of older people and health professionals about dignity in acute hospital care. *Journal of Clinical Nursing*, 27(1-2), 223–234. https://doi.org/10.1111/jocn.13877

Taylor, C. (1989). *Sources of the self*. Harvard University Press.

Thoits, P. A. (2003). Personal agency in the accumulation of multiple role-identities. In P. J. Burke, T. J. Owens, R. Serpe, & P. A. Thoits (Eds.), *Advances in Identity Theory, and Research* (pp. 179–194). Kluwer Academic/Plenum.

Thoits, P. A. (2013). Self, identity, stress, and mental health. In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), *Handbook of sociology of mental health* (2nd ed, pp. 357–377). Springer Science+Business Media.

Thompson, R. A. (2006). The development of the person: Social understanding, relationships, conscience, self. In N. Eisenberg, W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology: Social, emotional, and personality development* (pp. 24–98). John Wiley & Sons, Inc.

Tieu, M. (2021). Truth and diversion: Self and other-regarding lies in dementia care. *Bioethics*, 35(9), 1–7. https://doi.org/10.1111/bioe.12951

Tieu, M., & Matthews, S. (Forthcoming). The relational care framework: Promoting continuity or maintenance of selfhood in person-centred care. *Journal of Medicine and Philosophy*.

Tilly, J., & Wiener, J. M. (2001). Consumer-directed home and community services programs in eight states: policy issues for older people and government. *Journal of Aging and Social Policy*, 12(4), 1–26. https://doi.org/10.1300/J031v12n04_01

Toffle, M. E., & Quattropani, M. C. (2015). The self in the Alzheimer's patient as revealed through psycholinguistic-story based analysis. *Procedia-Social and Behavioral Sciences*, 205, 361–372. https://doi.org/10.1016/j.sbspro.2015.09.013

Tresolini, C. P.The Pew-Fetzer Task Force 1994). *Health professions education and relationships-centred care: A report of the Pew-Fetzer Task Force on advancing psychosocial education*. Pew Health Professions Commission.

Trevarthen, C. (1979). Communication and cooperation in early infancy: A description of primary intersubjectivity. In M. Bullowa (Ed.), *Before speech: The beginning of human communication* (pp. 321–347). Cambridge University Press.

Turner, J. C. (2010). Social categorization and the self-concept: A social cognitive theory of group behavior. In T. Postmes, & N. R. Branscombe (Eds.), *Rediscovering social identity* (pp. 243–272). Psychology Press.

Twigg, J., & Buse, C. E. (2013). Dress, dementia and the embodiment of identity. *Dementia*, 12(3), 326–336. https://doi.org/10.1177/1471301213476504

Urtamo, A., Jyväkorpi, S. K., & Strandberg, T. E. (2019). Definitions of successful ageing: A brief review of a multidimensional concept. *Acta Bio-Medica: Atenei Parmensis*, 90(2), 359–363. https://doi.org/10.23750/abm.v90i2.8376

Varner, G. E. (2012). *Personhood, ethics, and animal cognition: Situating animals in Hare's two level utilitarianism*. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199758784.001.0001

Velleman, J. D. (2006). The self as narrator. In J. D. Velleman (Ed.), *Self to self: Selected essays* (pp. 203–223). Cambridge University Press.

Walsh, K., Scharf, T., & Keating, N. (2016). Social exclusion of older persons: A scoping review and conceptual framework. *European Journal of Ageing*, 14(1), 81–98. https://doi.org/10.1007/s10433-016-0398-8

Whitbourne, S. K., & Sneed, J. R. (2002). The paradox of well-being, identity processes, and stereotype threat: Ageism and its potential relationships to the self in later life. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 247–273). The MIT Press.

Williams, S., & Keady, J. (2006). The narrative voice of people with dementia. *Dementia*, 5(2), 163. https://doi.org/10.1177/1471301206062247

Wolf, A., Moore, L., Lydahl, D., Naldemirci, Ö., Elam, M., & Britten, N. (2017). The realities of partnership in person-centred care: A qualitative interview study with patients and professionals. *BMJ Open*, 7(7), e016491. https://doi.org/10.1136/bmjopen-2017-016491

Zahavi, D. (2018). Intersubjectivity, sociality, community: The contribution of the early phenomenologists. In D. ZahaviEd.*The Oxford handbook of the history of phenomenology* (pp. 734–752). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780198755340.013.29

Zahavi, D., & Overgaard, S. (2020). Intersubjectivity. *International Encyclopedia of Ethics*, 121, 1–11. https://doi.org/10.1002/9781444367072.wbiee274.pub2

Zlatev, J., Racine, T. P., Sinha, C., & Itkonen, E. (2008). *The shared mind: Perspectives on intersubjectivity*. John Benjamins Publishing Company. https://doi.org/10.1075/celcr.12