

A Critical Phenomenology and Ethics of Aging and Dementia: Understanding Lived Experience and Advocating for Justice

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Received: January 13, 2024

Accepted: November 15, 2024

Online Published: November 25, 2024

doi:10.5539/ijps.v16n4p38

URL: <https://doi.org/10.5539/ijps.v16n4p38>

Abstract

This paper explores aging and dementia through a critical phenomenological lens, emphasizing the lived experience, ethical considerations, and social justice implications. By integrating phenomenology with critical theory, it challenges dominant narratives of decline and dependency that marginalize older adults and individuals with dementia. The analysis highlights how aging and dementia disrupt traditional notions of selfhood, embodiment, and temporality while underscoring the need for a relational and dignity-centered approach to care. This framework situates aging and dementia within broader sociopolitical and ethical contexts, addressing structural inequalities and advocating for justice. The paper concludes with practical applications in caregiving, policy, and advocacy, aiming to foster equity, inclusivity, and the recognition of personhood for aging populations.

Keywords: aging, dementia, phenomenology, ethics of care, personhood, social justice

1. Introduction

Aging and dementia are universal experiences that affect millions of people worldwide, yet both remain deeply misunderstood and often stigmatized in contemporary societies. While aging is often reduced to a process of inevitable physical decline, dementia is frequently seen solely as a loss of cognitive function, where the individual's identity and personhood are presumed to vanish (Beauvoir, 1970). These traditional biomedical and individualistic perspectives fail to account for the full complexity of aging and dementia, overlooking the rich and multifaceted dimensions of these experiences, such as their relational, emotional, and existential aspects (Gilleard & Higgs, 2010). Additionally, societal perceptions of aging and dementia are shaped by ageism, fear, and misunderstandings that devalue older adults and those living with cognitive impairments (Cole & Walker, 1993).

A critical phenomenological approach, rooted in the lived experience of aging and dementia, offers an alternative framework that challenges the reductionist views of these phenomena. Phenomenology centers the subjective, first-person experience and emphasizes how aging and dementia alter one's relationship with time, memory, embodiment, and identity (Carel, 2016). A critical perspective, meanwhile, explores how societal structures and power dynamics marginalize and diminish the value of older adults, particularly those with dementia (Gergen & Gergen, 2006). By integrating phenomenology with critical theory, this paper aims to shed light on how these experiences are lived, understood, and shaped by broader social forces, while proposing ethical frameworks for care, policy, and advocacy that promote dignity, justice, and personhood.

Through this lens, aging and dementia are not merely conditions to be managed or medicalized, but complex, transformative processes that require a deeper ethical engagement and a shift in how we perceive aging, identity, and community (Ricoeur, 1991). By focusing on the lived experiences of older adults and individuals with dementia, this paper explores how these phenomena challenge established ideas of selfhood and autonomy, calling for new ethical principles that center care, interdependence, and social inclusion (Tronto, 1993).

1.1 Research Questions

(1) How do Aging and Dementia Transform Lived Experience and Selfhood?

This question seeks to explore the ways in which aging and dementia alter an individual's sense of self, identity, and temporality, considering the impact of cognitive decline and bodily changes on the experience of continuity and personal narrative. (Merleau-Ponty, 1945)

(2) What Ethical Principles should Guide Care and Policy for Aging Individuals and those with Dementia?

This question examines the ethical considerations involved in caring for older adults and individuals with dementia, focusing on frameworks that prioritize dignity, autonomy, and relational care. It also explores the ethical responsibilities of society and caregivers in ensuring justice and respect for these populations (Levinas, 1969; Noddings, 2012).

(3) How do Societal Structures Shape the Marginalization or Inclusion of these Populations?

This question addresses how social, cultural, and institutional structures contribute to the marginalization or inclusion of older adults and individuals with dementia, investigating the roles of ageism, healthcare policies, and societal attitudes in shaping the experiences of aging and cognitive decline (Higgs & Gilleard, 2010; Gergen & Gergen, 2006).

By addressing these questions, this paper seeks to provide a comprehensive understanding of aging and dementia that moves beyond individual medical diagnoses and treatments, positioning these experiences within larger ethical and social frameworks that promote justice and dignity.

2. The Phenomenology of Aging and Dementia

The phenomenology of aging and dementia explores how these processes reshape fundamental aspects of lived experience, including embodiment, memory, identity, and time. By drawing on key philosophical concepts, this section examines how aging and dementia alter the body and selfhood in profound ways, leading to a transformed experience of existence.

2.1 Lived Experience and Embodiment

Aging and dementia dramatically change how individuals experience their bodies and the world around them. Merleau-Ponty's concept of embodiment, which emphasizes the body as the primary site of experience and knowledge, offers an insightful framework for understanding these transformations. For Merleau-Ponty, the body is not just a physical object but a lived, subjective presence that shapes one's perception of the world (Merleau-Ponty, 1945). As individuals age, they often experience a gradual loss of physical capabilities, which disrupts their sense of bodily autonomy and spatial awareness. Mobility, strength, and sensory perception may decline, making everyday activities more challenging and altering the relationship between the self and the environment. The lived experience of the body becomes increasingly characterized by a sense of vulnerability and limitation, challenging previously held assumptions about physical independence and control.

Dementia exacerbates these changes in a more radical way, as cognitive decline affects the brain's ability to process sensory information and regulate bodily actions. Individuals with dementia may experience a disconnection between their internal sense of self and their bodily movements. This disruption can lead to feelings of confusion and frustration, as well as a loss of agency over one's actions (Carel, 2016). The body becomes less predictable, and the person may struggle to recognize or control it. Memory and motor functions may become disjointed, and the individual might feel alienated from their own physical being. Dementia thus not only affects cognitive processes but also alters the embodied experience of the self, complicating the relationship between mind and body.

The phenomenological approach also highlights the importance of relational embodiment the way aging and dementia affect one's interactions with others. As physical and cognitive capabilities decline, relationships with caregivers, family members, and society at large become more significant. The aging body often requires greater care and attention, changing the dynamics of social interactions. Caregiving relationships, in particular, may shift from mutuality to one-sided dependence, posing new challenges to notions of autonomy and interdependence (Gilleard & Higgs, 2010). The embodied experience of aging and dementia thus unfolds in a complex network of physical, emotional, and social dimensions, all of which require a rethinking of personhood and agency.

2.2 Temporal Disruption and Selfhood

Aging and dementia challenge traditional notions of temporal continuity, which are foundational to the construction of selfhood. Human beings understand themselves as beings in time, and the ability to recall past experiences and anticipate future possibilities is central to maintaining a coherent sense of identity (Ricoeur, 1991). However, both aging and dementia disrupt this temporal continuity in significant ways.

For individuals with dementia, temporal experience becomes fragmented, as cognitive decline impairs memory, orientation, and the ability to form new memories. This disruption of memory causes a profound shift in how individuals relate to their past and future. As temporal coherence breaks down, the person may lose a sense of continuity in their own life narrative. What remains is a fragmented self, where experiences and identities no longer align in a seamless story. Heidegger's concept of being-toward-death suggests that our awareness of mortality shapes our experience of time and selfhood. In the case of dementia, this awareness becomes more immediate and present, as individuals experience the gradual erosion of their cognitive abilities and their capacity to remember or plan for the future (Heidegger, 1962).

Ricoeur's work on narrative identity further expands this idea by emphasizing that selfhood is constructed through stories. A coherent life narrative requires the integration of past experiences with future goals. In dementia, however, this narrative structure is disrupted, leading to a sense of disintegration and loss. The individual may no longer be able to "make sense" of their life in the same way, leading to existential questions about the nature of the self and its continuity over time (Ricoeur, 1991). Memory loss, in this context, is not just a cognitive issue but an existential one, as it undermines the very fabric of who the person is.

At the same time, aging itself brings its own challenges to temporal experience. While aging may not cause the same profound disintegration of memory and selfhood as dementia, it does alter how time is experienced. As people grow older, their relationship with time changes, often marked by a growing awareness of the past, fewer future possibilities, and a shift in priorities. Time, in this sense, becomes something to be reflected upon rather than looked forward to. This alteration in temporal focus influences one's sense of purpose and direction in life (Gilleard & Higgs, 2010).

In both aging and dementia, the disruption of time forces a reevaluation of the self as an ongoing, coherent entity. The individual must navigate an existence in which the past is no longer fully accessible, and the future becomes uncertain. This temporal disruption, however, does not necessarily mean the loss of selfhood. Phenomenology suggests that even in the face of memory loss and cognitive decline, there remains an ongoing experience of being-in-the-world, shaped by a more immediate, embodied presence rather than by the past or future. Thus, although the narrative of selfhood may be fragmented or altered, the self remains present in the here and now.

3. A Critical Phenomenological Approach

A critical phenomenological approach to aging and dementia interrogates the cultural, institutional, and social systems that shape the experiences of older adults and those with dementia. This perspective moves beyond individualistic and medicalized understandings of these phenomena, focusing on the power structures, ethical dimensions, and relational aspects that define how aging and dementia are experienced, understood, and acted upon in society. By combining phenomenology with critical theory, this approach seeks to reveal the complexities of aging and dementia while advocating for more just and inclusive frameworks of care, policy, and social engagement.

3.1 Power, Ageism, and the Medicalization of Aging

The medicalization of aging and dementia has significantly shaped the way society understands these processes. Medicalization refers to the tendency to frame natural life processes, such as aging, in terms of pathology, disease, and dysfunction. In this view, aging is often seen as a series of inevitable declines—both physical and cognitive—that must be managed or treated, usually through biomedical interventions (Gilleard & Higgs, 2010). This approach reduces the experience of aging and dementia to a set of medical conditions that need to be controlled, ignoring the rich complexity of lived experiences and existential dimensions of these phenomena. By medicalizing aging, society tends to overlook the social, cultural, and relational aspects of growing older, which can lead to the marginalization of older adults, who are often treated as passive subjects rather than active agents in their own lives.

In addition to medicalization, ageism plays a critical role in shaping how older adults and those with dementia are perceived and treated. Ageism refers to the prejudices, stereotypes, and systemic discrimination that older adults face, often portrayed as dependent, frail, and burdensome to society. These stereotypes reinforce notions of decline and dependency, positioning older individuals as lacking agency and autonomy. Ageist discourses, both in popular

culture and in medical practice, can diminish the value of older adults, reducing them to their physical or cognitive limitations rather than recognizing their ongoing personhood, relational capacities, and contributions to society (Cole & Walker, 1993).

Ageism also intersects with the medicalization of dementia, where cognitive decline is often framed in terms of "loss"—the loss of memory, identity, and functionality. This framing neglects the lived experience of dementia, which can involve a complex and varied relationship with time, selfhood, and personhood. The emphasis on loss risks overlooking the dignity and humanity of individuals with dementia, reducing them to mere medical cases rather than recognizing their agency, desires, and capacities for connection (Kitwood, 1997). A critical phenomenological approach challenges these reductionist perspectives, advocating for a more nuanced and inclusive understanding of aging and dementia that rejects stereotypes of dependence and emphasizes the full humanity of older individuals.

3.2 Relationality and Interdependence

A central tenet of critical phenomenology is the rejection of individualistic models of autonomy, which emphasize independence and self-sufficiency as key to human dignity. Instead, this approach highlights the importance of relationality and interdependence in understanding the human condition, particularly for aging and dementia populations. Drawing from the works of Emmanuel Levinas and feminist care ethics, this section emphasizes that care is not just a practical necessity but a moral and existential responsibility.

Levinas's philosophy of ethics centers on the idea that the self is always already responsible to others. For Levinas, human existence is fundamentally relational; our sense of self is shaped by our interactions with others, particularly those who are vulnerable (Levinas, 1969). In the context of aging and dementia, this perspective shifts the focus from individual autonomy to the relational dimensions of care. Older adults and individuals with dementia may require care and support, but this need for care is not a sign of weakness or dependency—it is an integral part of the human experience. The vulnerability that accompanies aging and dementia is not a deficiency but a shared aspect of human existence, which calls for moral responsibility, compassion, and mutual care (Mackenzie & Stoljar, 2000).

Feminist care ethics, notably articulated by scholars like Joan Tronto and Nel Noddings, also challenges the individualistic conception of autonomy. Care ethics emphasizes that human beings are inherently interdependent and that care is central to maintaining human dignity and well-being (Noddings, 2012). Care is not a transaction or a service rendered; it is a relational practice that fosters mutual respect and recognition. For older adults and individuals with dementia, care is not just about meeting physical needs but about maintaining dignity, personhood, and inclusion in society. Care, from this perspective, becomes a vehicle for social justice ensuring that vulnerable populations are not excluded, marginalized, or rendered invisible.

In contrast to the dominant narratives of aging and dementia, which often emphasize independence and self-sufficiency, the relational model rooted in care ethics recognizes that care is a shared, communal responsibility. The act of caring for others—whether through formal caregiving or informal family support—creates and sustains social bonds, enabling individuals to maintain their dignity and a sense of personhood even in the face of decline. This model of interdependence highlights the importance of community, connection, and collective responsibility, positioning aging and dementia as social phenomena that require societal attention, empathy, and action (Tronto, 1993).

In practical terms, a critical phenomenological approach to care encourages policies and caregiving practices that prioritize relational care. This includes ensuring that older adults and individuals with dementia have access to comprehensive care that is not just about managing medical conditions but about enhancing the quality of life, preserving dignity, and fostering social inclusion. Care should be viewed as a moral and political responsibility, shaping a society where vulnerability is met with empathy and interdependence rather than neglect or marginalization.

4. The Ethics of Aging and Dementia

The ethics of aging and dementia is a complex domain that intertwines issues of personhood, dignity, justice, and care. These themes are crucial in understanding how we ethically engage with aging individuals, particularly those living with dementia. The process of aging and the experience of dementia pose challenges to prevailing ethical frameworks, demanding a re-evaluation of how we think about autonomy, personhood, and justice. In this section, we explore ethical frameworks that uphold the dignity and personhood of those affected by dementia, critique utilitarian approaches that reduce care to mere efficiency, and discuss the intersectional challenges marginalized aging populations face.

4.1 Ethical Frameworks for Dignity and Personhood

A key ethical principle in the care of individuals with dementia is the recognition that despite cognitive decline, these individuals retain their personhood and dignity. A person-centered approach to dementia care, as proposed by Tom Kitwood (1997), emphasizes that individuals with dementia continue to possess a unique and irreplaceable identity, one that should be respected and valued. Kitwood's model rejects the reductionist view of dementia as simply a loss of function or memory, instead highlighting the importance of understanding the lived experience of individuals with dementia and honouring their ongoing personhood. This perspective emphasizes that even as cognitive functions decline, individuals retain the capacity for emotions, relationships, and subjective experience.

Ethical caregiving, therefore, requires responding to the lived experience of individuals with dementia, not simply managing their symptoms or treating them as medical cases. This requires caregivers to engage with individuals empathetically, respecting their wishes and desires, and maintaining their dignity through relational care. In practice, this means moving beyond the logic of utilitarianism, which may prioritize efficiency, cost-effectiveness, or medical outcomes over the well-being of the individual. Utilitarian approaches may, for instance, endorse practices that focus on minimizing resource use or maximizing the ease of care, even at the expense of the person's emotional and social needs. Such an approach risks reducing individuals to mere objects of care rather than recognizing their humanity and the importance of fostering relationships that sustain dignity (Beauchamp & Childress, 2001).

Instead of relying on utilitarianism, a relational ethics framework offers a more suitable approach to dementia care. This model emphasizes care as a moral and existential responsibility, where the relationship between caregiver and care recipient is centered on respect, empathy, and mutual understanding. Drawing from feminist ethics of care and philosophers such as Emmanuel Levinas and Martha Nussbaum, this approach underscores the importance of responsibility in caregiving. Rather than viewing caregiving as a transactional duty, relational ethics sees care as part of a broader moral obligation to recognize and honour the personhood of others, especially those who are vulnerable due to age or cognitive decline (Nussbaum, 2006). In this sense, ethical caregiving involves understanding and responding to the subjective experience of individuals with dementia, providing a framework for moral engagement that transcends efficiency and utilitarian calculations.

4.2 Justice in Aging

The intersection of aging with race, class, and gender reveals systemic inequities that impact access to care, resources, and social inclusion for marginalized aging populations. Aging is not a neutral experience, and the social conditions under which individuals age profoundly shape their opportunities, health outcomes, and quality of life. For instance, racial and ethnic minorities, particularly in the context of Western societies, often face structural barriers to healthcare access and experience worse health outcomes compared to their white counterparts (Williams & Mohammed, 2009). The economic status of an individual also significantly affects access to care—older adults in lower socioeconomic strata may not be able to afford quality healthcare or long-term care services, which leads to unequal care experiences.

Moreover, gender disparities often intersect with aging, particularly in the case of older women, who may face greater health risks, caregiving responsibilities, and social isolation. Older women are more likely to live in poverty than older men, partly due to factors such as the gender pay gap and longer life expectancies, which can compound the challenges they face in accessing healthcare or social services (Sharma, 2016). These intersectional factors create a landscape of distributive injustice in the context of aging, where access to the resources necessary for a dignified life is unevenly distributed based on social, economic, and demographic factors.

In addressing these inequities, justice in aging must be grounded in distributive justice—the fair allocation of resources, opportunities, and benefits across society. Distributive justice demands that policies and practices be shaped by an understanding of the unequal social structures that affect aging populations. Policies should prioritize equity, ensuring that marginalized groups, whether based on race, class, or gender, have access to the care and resources they need to live dignified, fulfilling lives in their later years. This includes the expansion of universal healthcare, affordable long-term care, and age-friendly communities that provide accessible housing, transportation, and social engagement opportunities.

Furthermore, a global perspective on aging calls attention to the disparities between the Global North and Global South, where aging populations in low-income countries often lack the infrastructure and resources needed to care for their elderly. These global disparities further underscore the ethical imperative of prioritizing justice for aging populations, as older adults worldwide should be entitled to access basic care, social inclusion, and protection from exploitation or abuse. The justice in aging must involve a recognition of the intersecting forces of inequality that shape the experiences of older adults, particularly those in marginalized communities. Aging policies must address

these structural inequities through inclusive practices that recognize the dignity of all older adults, regardless of race, class, or gender.

5. Applications and Implications

The insights from critical phenomenology and ethics can be applied to various aspects of caregiving, policy-making, and societal attitudes toward aging and dementia. This section outlines practical strategies for transforming care practices, policy recommendations for creating more inclusive and equitable systems, and cultural shifts needed to rethink aging as a meaningful and valuable stage of life.

5.1 Transforming Care Practices

Person-centered care, grounded in phenomenology, prioritizes the lived experience of individuals with aging and dementia. This approach acknowledges the subjectivity of the experience, focusing on the individual's perspectives, desires, and needs. Rather than treating individuals solely based on their medical conditions or cognitive deficits, person-centered care seeks to honor their dignity and personhood (Kitwood, 1997). Practical strategies for implementing this approach include narrative-based interventions, sensory engagement, and environmental design tailored to the unique needs of each person.

(1) Narrative-based interventions: This strategy involves engaging individuals in activities that help reconstruct and preserve their personal life stories. Such interventions can foster a sense of continuity and coherence, particularly in individuals with dementia who may struggle with memory loss. By focusing on personal histories, caregivers can support the maintenance of identity and enhance the relational bond between the person and their caregivers (Baldwin, 2012). Encouraging storytelling or life reviews can promote a sense of self-recognition and dignity, even when cognitive function is impaired.

(2) Sensory engagement: Sensory interventions such as music therapy, art therapy, or exposure to nature can stimulate emotional and cognitive responses that foster well-being. These practices are especially important for individuals with advanced dementia, where verbal communication may be limited but sensory engagement can activate memories, emotions, and a sense of connection. Sensory activities also help in reducing agitation, promoting relaxation, and creating a more positive care environment (Cohen-Mansfield, 2000).

(3) Environmental design: The physical environment in which individuals live can significantly impact their quality of life. Environmentally tailored interventions, such as designing spaces that are more navigable, personalized, and stimulating, can enhance the independence and well-being of individuals with dementia. This includes adjustments to lighting, room layout, and the presence of familiar objects that evoke positive memories. Environments that prioritize safety, autonomy, and sensory engagement can improve both the lived experience of aging and the quality of care provided (Wahl & Oswald, 2010).

These approaches not only improve the quality of care but also encourage the relational aspect of caregiving, where caregivers see themselves as active participants in sustaining the dignity, agency, and personhood of individuals with dementia.

5.2 Policy and Advocacy

Policymakers and advocates play a critical role in shaping systems and practices that support aging populations. To effectively address the challenges faced by aging individuals and those with dementia, ethical and phenomenological insights should be integrated into public policy and advocacy strategies. This includes addressing systemic barriers to care, combating ageism, and fostering an environment where older adults are valued and supported.

(1) Expanding long-term care support: One of the key areas for policy reform is the expansion of accessible and affordable long-term care services. Many older adults, especially those with dementia, require ongoing care that goes beyond basic medical needs. Policies should ensure that resources are available for individuals to live with dignity and in familiar settings, whether at home or in supportive communities. This includes support for caregivers and family members, who often face the burden of providing care without sufficient resources or training (Stone, 2000).

(2) Inclusive urban planning: In addition to healthcare, cities and communities must be designed to be age-friendly. This includes accessible public spaces, transportation systems, and housing options that support the mobility and social inclusion of older adults. Urban planning should prioritize social engagement for aging populations, ensuring that public spaces encourage interaction and reduce isolation. Policies should also ensure that communities are equipped with resources like support networks, day programs, and community centers that cater

to the unique needs of aging individuals, particularly those with cognitive impairments (World Health Organization, 2007).

(3) Combating ageism through public education: A critical aspect of advocacy is challenging ageist stereotypes that contribute to the marginalization of older adults and those with dementia. Public education campaigns can raise awareness about the capabilities and potential of aging individuals, emphasizing the importance of respect, inclusion, and personhood. Efforts to combat ageism should aim to reshape cultural attitudes toward aging, encouraging society to value the contributions and wisdom of older generations, and dismantle the pervasive stereotypes of decline and dependency (Palmore, 2015).

5.3 Rethinking Aging in Society

One of the most profound cultural shifts needed is a reimagining of aging not as a process of inevitable decline but as a stage of life rich with potential for growth, connection, and meaning. Aging, like other life stages, can be a time of continued learning, personal development, and deepening relationships. Society must move away from the prevailing view that equates productivity with value, and instead embrace a broader understanding of human worth that includes well-being, connection, and personal fulfilment as key components of a fulfilling life.

(1) Cultural shifts to value aging and cognitive diversity: Society must begin to view aging as an opportunity for personal growth, exploration, and continued contribution. A more inclusive cultural narrative would celebrate aging and the wisdom that comes with it, while recognizing the potential for cognitive diversity. This means challenging norms that place a premium on youth and productivity and instead acknowledging the ongoing potential of individuals in later life, regardless of cognitive or physical changes. Efforts to promote positive portrayals of aging and cognitive diversity in media, art, and public discourse can help shift societal attitudes and reduce the stigma often attached to dementia (Keady et al., 2012).

(2) Prioritizing well-being over productivity: There needs to be a cultural shift away from the idea that the worth of an individual is tied to their economic productivity. This shift would encourage policies and societal practices that value the contributions of aging individuals, not only in economic terms but in terms of wisdom, experience, and relational capacity. Aging should be seen as a time when individuals can give back to their communities, mentor younger generations, or engage in creative and intellectual pursuits, regardless of their physical or cognitive limitations (Cohen, 2006).

In this vision, society would create spaces that encourage meaningful engagement for older adults, allowing them to contribute in ways that go beyond economic output. Fostering environments where aging is seen as a time of possibility rather than decline would enable individuals with dementia and other age-related conditions to live with dignity, value, and the full recognition of their personhood.

6. Conclusion

The critical phenomenology and ethics of aging and dementia provide a profound shift in how we understand and respond to these experiences. By foregrounding lived experience and personhood, this approach challenges the reductive, medicalized narratives that often dominate societal attitudes toward aging and dementia. Instead of framing aging as inevitable decline and dementia as the loss of self, this framework emphasizes the relational and embodied nature of these phenomena, affirming that older adults and individuals with dementia continue to possess agency, dignity, and meaning in their lives.

A critical phenomenology of aging and dementia calls attention to the importance of narrative continuity, social inclusion, and subjective experience, inviting us to reimagine care, policy, and society itself. It stresses the need to move beyond the biomedical model, which often pathologizes aging and dementia, to a more holistic approach that recognizes the existential, emotional, and relational dimensions of these experiences. By doing so, it advocates for care that is grounded in empathy, respect, and relational ethics, where the focus is not on curing or fixing but on honoring the individual and providing meaningful support.

Moreover, this framework uncovers the pervasive ageism and systemic inequities that shape the lives of aging populations, particularly those with dementia. It calls for policies that prioritize justice and equity, addressing the economic, social, and healthcare disparities that disproportionately affect marginalized groups. By integrating phenomenological insights into policy and advocacy, we can ensure that all aging individuals have access to the resources and care they deserve, irrespective of race, class, gender, or cognitive ability.

In conclusion, the critical phenomenology and ethics of aging and dementia present a transformative vision for the future, one that upholds the dignity, personhood, and human rights of all individuals as they age. This framework offers a path forward, one where aging is not defined solely by loss, but by the potential for continued growth, connection, and meaning. Moving forward, research and practice in aging and dementia must continue to integrate phenomenological and ethical insights, ensuring that these populations are cared for with the respect, justice, and compassion they deserve at every stage of life.

Contribution of Authors

The authors had full access to all data and information used in this research study. They independently conceptualized and designed the study, conducted a thorough review of relevant literature, and led the discussion. The authors alone are responsible for the content of the final manuscript, which they have studied and approved in its entirety.

Funding

No external funding is received for this study.

Declaration of Interest

The authors declare that he has no competing interests.

Ethics Approval

Applicable.

Consent to Participants

Applicable and Eligible

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