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Lay perspectives on successful aging across cultures and societies: Insights from Togo, Morocco, and Switzerland

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Research Article

Keywords: Successful aging, Cultural and societal influences, Industrialization influences

Posted Date: November 13th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11051213/v1

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Additional Declarations: No competing interests reported.

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Abstract

The aging populations in low- and middle-income countries necessitate the promotion of aging well, tailored to local realities. The interaction between cultural and societal issues, influenced by a country's level of industrialization, could shape people's perceptions of successful aging. This study aimed to identify the lay perspectives of successful aging in Togo, Morocco, and Switzerland, and to explore the potential influences of industrialization on these perspectives.

A sample of 605 people aged between 18 and 101, including 209 Togolese, 208 Moroccans, and 188 Swiss was interviewed to gather lay perspectives of successful aging via open-ended questions. Participants' representations were analyzed using lexical analysis, entailing hierarchical descending clustering and cluster characterization.

The results revealed the crucial nature of a life-long preparation to aging successfully in Togo, including circular intergenerational and moral support, as well as financial anticipation and health prevention. In Morocco and Switzerland, the focus was on late life stages, emphasizing proactive health endeavors and positive affects. Unique to Switzerland, successful aging was viewed as an ideal process characterized by a smooth transition into old age and the maintenance of autonomy.

Our findings suggest both tangible and intangible influences of industrialization, including the necessity for long-term preparation in less industrialized countries where state support is lacking, and a more individualistic orientation toward successful aging emerging in industrializing countries. To effectively promote successful aging, it is essential for scholars

and policymakers to consider the potential cultural context influences on individuals' views on aging and their effects on the actual aging process.

Keywords: Successful aging; Cultural and societal influences; Industrialization influences; Cross-cultural; Social policies.

Introduction

In 2050, 80% of older adults will be living in low- and middle-income countries (WHO, 2022). This demographic shift places the concept of successful aging at the forefront of social policies, highlighting the need to address the aging experiences of older adults, while considering their specific contexts (Canham et al., 2018). To optimally promote successful aging in different countries it is necessary to understand their cultural and societal specificity. Therefore, the purpose of this study was to explore the social representations of successful aging in three low-, middle-, and high-income African and Western countries, and to consider the potential influence of industrialization when comparing them.

Rowe and Kahn's (1987) definition of successful, usual, and pathological aging shifted the gerontological focus from a loss-based perspective to an enhanced interest in the ways to age well. Numerous scholars have attempted to define and model aging successfully, focusing on physiological aspects, well-being, social engagement, and personal resources (Cosco et al., 2014). Yet, the scientific perspectives have offered a limited understanding of the multidimensionality of successful aging, which was better represented when listening directly to older adults' voices (Martinson & Berridge, 2015). Thus, the study of lay perspectives (i.e., non-scientific perspectives of people directly concerned) complemented scientific theories on successful aging (Jopp et al., 2015), by making visible the subjective dimensions of this concept (Pruchno et al., 2010). For instance, by exploring lay perspectives in Germany and United

States, Jopp et al. (2015) revealed the importance of factors not accounted for in theories, such as attitudes, coping and meaning in life. Investigation of lay perspectives also offered an opportunity to examine intra- and inter-cultural aspects of successful aging (Torres, 2006). This resulted in the identification of both demographic specificities as well as cultural beliefs and values complementing peoples' representations of successful aging.

Previous studies have demonstrated that, within cultures, beliefs and values differ according to sociodemographic characteristics (Greenfield, 2013). For instance, in individualistic cultures, young adults valued respect and success more than older adults to age successfully, and women prioritized social relationships more than men (Jopp et al., 2015). Furthermore, low-income older adults considered activities as income sources rather than a social engagement opportunity to age well (Chaudhry et al., 2016). Moreover, demographic specificities may vary between countries, following cultural norms. For example, Pakistanis' perspectives on successful aging differed between generations, with grandparents emphasizing religious aspects, parents' financial independence, and children autonomy and academic success (Sajjad & Malik, 2022). Thus, the exploration of intra-cultural specificities fostered an understanding of successful aging transcending the white and middle-class perspective conveyed by scientific theories (Ng et al., 2011), and the study of inter-cultural differences enabled the identification of lay components distinct from those emerging in Western countries.

Differences in how individuals see aging are likely to also exist across cultures, reflecting sociocultural and environmental influences on the aging experience (Pruchno & Carr, 2017). Initially, the lay perspectives of successful aging were assumed to be similar across contexts (Fernandez-Ballesteros et al., 2010), reflecting the cultural homogeneity of the white higher-education and high-income individuals whose representations were mostly studied. Further research has however shown that the meaning and importance attributed to components of successful aging were shaped through different cultural values and beliefs within and across

societies and groups (e.g., Jung & Jopp, 2024). For example, Conkova and Lindenberg (2020) showed the importance of "taking a rest" for successful aging among older adults in the Netherlands but also identified two subgroups attributing different meaning based on their background culture. While Indo-Dutch individuals understood "resting" as recovery from physical tiredness, Moroccan-Dutch perceived it as an absence of worries about oneself and others.

Few studies have explored lay perspectives of successful aging in low- and middle-income countries, particularly in the Middle East and Asia. Investigating older Iranians' representations, Zanjari et al. (2016) identified cross-culturally valued components of successful aging, such as social well-being and physical health, and culture-specific determinants, such as spirituality. Furthermore, societal factors, including financial security and adapted living contexts, were emphasized in their representations of successful aging. Moreover, in Bangladesh, older adults considered intergenerational family care and co-residence with children as contributing to a successful aging (Amin, 2017). Indeed, in a context where social security coverage is insufficient to ensure a decent life for older people, optimal family savings management will safeguard their basic needs (Amin, 2017). These findings suggest that lay perspectives on successful aging in low- and middle-income countries are not solely shaped though culture (i.e., shared understandings, ideas, and symbols providing meaning to a group's norms and practices; Napier et al., 2014), but also through a country's societal structure and provision. These may not only have a direct effect but also stand in an interplay with cultural factors. Thus, the dynamic interaction between culture and social institutions also needs to be considered when exploring contextual specificities of lay perspectives on successful aging. For example, Moroccans' trust in the local healthcare system was a condition whereby their spiritual beliefs protected their aging satisfaction from declining when health worsened ([Anonymized for review], submitted b). Unfortunately, such factors are

however rarely considered: in a systematic review, [Anonymized for review] (submitted a) showed that the interpretation of lay perspectives remains person-focused, and considers less often the potential territorial, historical, and institutional influences on successful aging, neither directly nor via interactions.

A more general process that may underly the mutual influence between culture and social institutions could be industrialization (Touré, 2021). Industrialization influences a country's economic, political, and social system (Ingelhart & Baker, 2000). Accordingly, this process might bring to the fore certain aspects that citizens identify as key to aging successfully, such as one's physical health, independence, and social engagement (Reich et al., 2020). The advent of industrialization promoted individualistic values such as independence, emphasizing physical health as an individual asset that must be maintained or developed (Grinfield, 2013). Additionally, the industrial trend toward urbanization transformed the physical and social structures, shifting from family extended systems to nuclear families (Adam et al., 2023), which can limit older adult's opportunities for social engagement. Religion, considered as a specific cultural component of successful aging, was shown to have less significance in Western compared to Eastern or African countries (Poushter & Fetterlof, 2019). The importance attached to religion within a country is influenced by citizens' existential security, being in turn associated with factors arising from industrialization, such as access to healthcare and lower mortality risk (Inglehart, 2020). Thus, to fully grasp successful aging in low-, middle-, and high-income countries, it may be critical to consider their degree of industrialization when examining their cultural specificities.

The present study aimed to explore lay perspectives of successful aging in Togo, Morocco, and Switzerland. The populations of African low- and middle-income countries are aging, yet no study has explored the representations of successful aging among their citizens (Reich et al., 2020). The individualistic trend in interpreting lay perspectives on successful

aging might mismatch with the need to consider social realities and individual needs in these rapidly aging countries ([Anonymized for review], submitted a). Hence, promoting successful aging in these countries requires understanding the influence of societal phenomena, such as industrialization. However, to the best of our knowledge, no study has explored the potential influences of industrialization on citizens' perspectives of successful aging.

First, we sought to identify country-specific components underlying individuals' views of successful aging in Morocco and Togo, to tackle the knowledge gap in these regions. Switzerland, representing a country with high industrialization, served as comparison. Second, we investigated the associations between identified successful aging determinants and demographic variables, living circumstances, and cultural beliefs and values, to unveil group specific components of successful aging beyond country realities. By selecting countries based on their degree of industrialization (UNIDO, 2021), we aimed to explore the influences of industrialization on lay perspectives on successful aging, uncovering its influence by inspecting in more detail the country-specific components. Moreover, the cultural and societal specificities of the components of successful aging were considered alongside, following Touré's (2021) approach to industrialization as a process underlying the interplay between a country's cultural and societal characteristics.

Methods

Procedure and Participants

This cross-sectional study was part of the AfricAging project, exploring lay perspectives of successful aging among adults living in Togo, Morocco, and Switzerland. The research protocol was approved by the Social and Political Sciences Ethics Committee of the University of [Anonymized for review] ([Anonymized for review]).

A life-span sample of 605 people aged 18 to 101 was recruited (M = 44.01, SD = 19.91), including 209 Togolese, 208 Moroccans, and 188 Swiss residents. Non-probabilistic snowball sampling was conducted in the Maritime, Plateaux, Centrale, and Kara regions of Togo, in the Moroccan regions of Casablanca-Settat, Fès-Meknès, Marrakech-Safi and Rabat Salé-Kénitra, and in French-, German- and Italian-speaking Switzerland. Given that the age distribution varied across countries, sampling was based on age categories thresholds defined per country, using recent estimates in sub-Saharan Africa (Ashirifi et al., 2023), Moroccan statistics (Kingdom of Morocco, 2020), and Swiss statistics (OFS, 2024). While people aged 18 to 29 were consistently considered young adults, individuals were regarded as older adults if they were 50 or more years old in Togo, 55 or more in Morocco, and 65 or more in Switzerland, to reflect differences in life expectancy across countries. After obtaining written consent, participants' representations of successful aging, demographic information, financial adequacy, place of living, religiosity, and self-concept were collected via researcher-administered questionnaire. Data collection was performed between May and September 2023 by two authors, supported by trained local interpreters. Participation was voluntary and did not imply compensation.

The Togolese sub-sample included 65 young, 78 middle-aged, and 66 older adults (18–88 years, M = 43.15, SD = 31.58). The Moroccan sub-sample included 75 young, 55 middle-aged, and 78 older adults (18–101 years, M = 44.14, SD = 19.69). The Swiss sub-sample included 77 young, 71 middle-aged, and 40 older adults (18–85 years, M = 44.82, SD = 21.06). In each country, participants included women and men, and had different demographic characteristics, living circumstances, and cultural beliefs and values (Table 1). Whereas participants' age distributions did not differ across countries ($F(2, 601) = 0.36$, $p = .70$, $\eta^2 = .00$), the following variables differed by country: distributions of the following variables were not independent of the country in which participants lived: gender ($\chi^2(1, N = 604) = 12.49$, p

=.00, $V = .14$), children ($\chi^2(1, N = 593) = 31.25$, $p < .001$, $V = .23$), financial adequacy ($\chi^2(2, N = 585) = 150.40$, $p < .001$, $V = .40$), place of living ($\chi^2(1, N = 599) = 111.18$, $p < .001$, $V = .43$), religiosity ($\chi^2(1, N = 602) = 271.85$, $p < .001$, $V = .47$), and self-concept ($\chi^2(1, N = 570) = 64.39$, $p < .001$, $V = .34$).

Table 1

Participants' demographic characteristics, cultural beliefs and values by country

	Togo		Morocco		Switzerland	
	M	*SD*	*M*	*SD*	*M*	*SD*
Age	43.15	19.11	44.14	19.96	44.85	18.85
Young adults	22.49	3.72	23.96	3.01	22.77	2.59
Middle-aged adults	40.14	6.20	41.98	6.90	51.76	6.85
Older adults	67.05	9.61	67.05	9.12	75.15	5.42
	n	%	*n*	%	*n*	%
Gender [a]						
Women	101	48.35	101	50.50	121	65.05
Men	108	51.65	99	49.50	65	34.95
Children [b]						
Yes	148	72.20	89	45.88	97	52.43
No	57	27.80	105	54.12	88	47.57
Financial adequacy [c]						
Less money than needed	169	82.04	77	40.96	39	21.43
Enough money	28	13.59	94	50.00	122	67.03
More money than needed	9	4.37	17	9.04	21	11.54
Place of living [d]						
Rural	103	49.52	10	4.97	79	43.65
Urban	105	50.48	191	95.03	102	56.35
Religiosity [e]						
Low	21	10.19	62	34.44	154	84.15
High	185	89.81	118	65.56	29	15.85
Self-concept [f]						
Independent	87	62.59	148	93.08	155	95.68
Interdependent	52	37.41	11	6.92	7	4.32

Note. Missing values: [a] Morocco ($n = 8$), Switzerland ($n = 2$); [b] Togo ($n = 4$), Morocco ($n = 18$), Switzerland ($n = 3$); [c] Togo ($n = 3$), Morocco ($n = 20$), Switzerland ($n = 6$); [d] Togo ($n = 1$), Morocco ($n = 7$), Switzerland ($n = 7$); [e] Togo ($n = 3$), Morocco ($n = 28$), Switzerland ($n = 5$); [f] Togo ($n = 70$), Morocco ($n = 49$), Switzerland ($n = 26$).

Measures

Lay perspectives on successful aging

Lay perspectives were gathered through two open-ended questions to identify successful aging components (see Jopp et al., 2015). Participants were asked "What is successful aging in

your view?" and "What contributes to successful aging?". Following Jopp et al. (2015) data collection technique, when the concept "successful aging" was not understood, it was rephrased as "aging well". To avoid any influence or cultural bias, no examples were provided. Interviewers summarized the first response and reiterated the question, inquiring if any additional elements could complement their answer. This procedure of summarizing and asking for complementary elements was done three times.

Descriptive measures

Demographic variables. Participants reported their age (i.e., years), gender (i.e., women, men), and whether they had children (i.e., yes vs. no).

Living circumstances. Participants' financial adequacy was estimated by asking "What is your financial situation?". Individuals indicated whether they (1) did not have enough money to cover their needs, (2) had enough money to cover their needs, (3) had more money than needed to cover their needs. Moreover, information on living place was also collected (i.e., rural vs. urban).

Cultural beliefs and values. Participants rated their religiosity using an item from the Multidimensional Measurement of Religiousness / Spirituality for Use in Health Research (Fetzer Institute, 1999), asking "To what extent do you consider yourself a religious person?". Participants answered using a 4-point Likert scale, ranging from (1) *not religious at all* to (4) *very religious*. To facilitate comparisons, responses 1 (*not religious at all*) and 2 (*slightly religious*) were combined into low-religious, and 3 (*moderately religious*) and 4 (*very religious*) into high-religious. Moreover, participants' degree of independent self-concept was assessed by four items of the Self-Construal Scale (Singelis, 1994). Participants indicated their agreement to items such as "I enjoy being unique and different from others in many respects" on a 7-point Likert scale, ranging from (1) *strongly disagree* to (7) *strongly agree*. Internal consistency was acceptable in Switzerland (α = .71), Morocco (α = .73), and Togo (α = .67).

Data Analysis

A two-step analysis was performed using the software IRaMuTeQ. First, hierarchical descending clustering (HDC) was conducted. Starting with all text segments (i.e., TS) in a single class, the HDC iteratively subdivided them into homogeneous clusters, based on lexical similarities (e.g., Cruz et al., 2023). The uncovering latent structure was further confirmed through chi-squared tests, revealing both significantly different distributions of TS between clusters, and words significantly representative of each cluster. Then, countries and subgroups derived from descriptive measures (see Table 1) were projected onto clusters, and chi-square tests indicated significant associations between subgroups and clusters. To better understand what characterized the clusters, we also calculated subgroup specificities (i.e., the proportion of participants in a subgroup whose response fell within a particular cluster, with 100% indicating that the entire subgroup gave a cluster-specific response). Moreover, a Correspondance Factor Analysis (CFA) was performed to graphically visualize the proximities and oppositions of associations between clusters, countries, and subgroups. Overall, this unbiased exploration aimed to uncover latent structures within the data (Lahlou, 2012), and to identify potential macro-social patterns, such as the influences of industrialization on lay perspectives of successful aging.

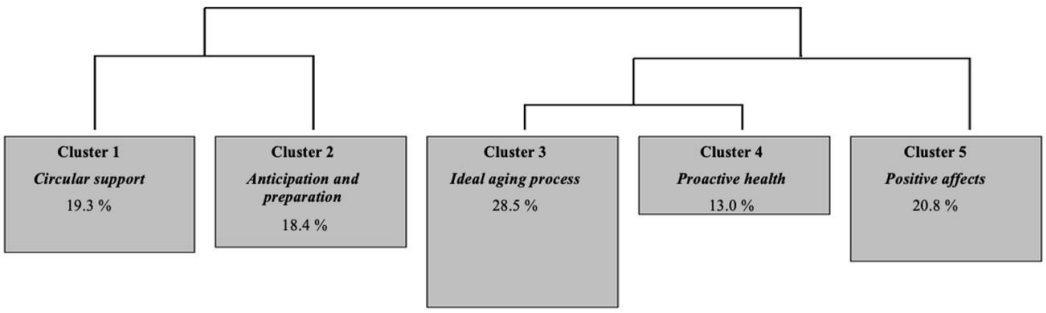
Results

The results of the hierarchical descending clustering showed that the TS were structured within 5 clusters, indicating different components of successful aging (Figure 1). Cluster 1 (n = 118; 19.4% of the text corpus) illustrated the importance of circular support, and Cluster 2 (n = 112; 18.36%) revealed the essential role of anticipation and preparation; together, they both referred to the life-long construction of successful aging. Moreover, Cluster 3 (n = 174; 28.5%) highlighted the importance of an ideal aging process, Cluster 4 (n = 79; 13.0%) of proactive

health efforts, and Cluster 5 (n = 127; 20.8%) of positive affects to age well; together, they captured an understanding of successful aging as primarily occurring in old age. In the forthcoming subsections, we first describe the observed components of successful aging (i.e., clusters) in more detail, illustrating representative responses for each cluster (for further examples of TS associated with the clusters, see Table A in Supplemental Materials). Then, to further characterize each component, we present their significant associations with countries and demographic measures, living circumstances, and cultural beliefs and values, highlighting representative subgroups of clusters.

Figure 1

Dendrogram of the cluster-segmented hierarchical structure of successful aging representations (size of the grey boxes representing the clusters reflects the percentage of TS per cluster): Words characterizing each cluster are presented according to their strength of association with the cluster (reported as chi-square and effect size)



Word	$\chi^2(4)$	V	Word	$\chi^2(4)$	V	Word	$\chi^2(4)$	V	Word	$\chi^2(4)$	V	Word	$\chi^2(4)$	V
Child	176.67**	.45	**Eat**	255.36**	.54	**Aging**	106.43**	.31	**Mental**	133.66**	.41	Being	73.06**	.19
Money	141.90**	.40	**Organic**	130.49**	.38	**Succeed**	88.97**	.29	**Physical**	120.95**	.39	Family	50.32**	.16
God	80.29**	.31	**Food**	110.60**	.35	**Age**	69.73**	.25	**Maintain**	75.77**	.31	Friend	49.17**	.15
Small	51.03**	.23	**Sport**	108.05**	.35	Life	27.43**	.16	**Engage**	47.60**	.25	*Satisfy*	41.18**	.14
Faith	33.80**	.20	Alcohol	45.21**	.23	Accept	27.33**	.16	Travel	47.13**	.24	*Feel*	41.13**	.14
Help	32.22**	.19	Healthily	40.62**	.21	Individual	22.89**	.15	Relationship	40.60**	.23	*Regret*	33.38**	.13
Problem	26.37**	.17	Save	38.98**	.21	*Allow*	21.87**	.14	Activity	35.32**	.21	*Physically*	33.38**	.13
Invest	20.46**	.15	Economy	38.90**	.21	*Autonomous*	21.87**	.14	Spiritual	33.89**	.21	*Grandchild*	26.93**	.11
Educate	19.99**	.15	Work	35.31**	.20	*Stage*	20.31**	.14	Lively	27.06**	.19	*Mentally*	26.93**	.11
Education	19.99**	.15	Hard	31.49**	.19	*Happy*	19.93**	.14	Mobility	27.06**	.19	*Association*	23.05**	.11
Husband	19.99**	.15	Prepare	28.87**	.18	*Advance*	18.04**	.13	Artistic	27.06**	.19	*Love*	21.86**	.10
House	18.55**	.14	Youth	28.87**	.18	*Daily*	17.61**	.13	Faculty	26.63**	.18	*Health*	19.75**	.10
Occupy	16.51**	.14	Produce	26.94**	.17	*Important*	15.18**	.12	Leisure	25.53**	.18	*Share*	19.17**	.10
Woman	16.09**	.14	Future	21.43**	.16	*Part*	15.18**	.12	Stimulate	20.26**	.16	*Useful*	19.17**	.10
Pensive	12.57**	.12	Drink	21.43**	.16	*Fulfillment*	13.23**	.11	Meet	20.26**	.16	*See*	17.41**	.09
Liberate	12.57**	.12	Old-age	19.94**	.15	*Live*	12.86**	.11	Curious	20.26**	.16	*Surround*	16.81**	.09
Intervene	12.57**	.12	*Ease*	17.90**	.14	*Realize*	10.87**	.10	Brain	20.26**	.16	*Respect*	15.31**	.09
Create	12.57**	.12	*Quality*	16.52**	.14	*Intellectual*	10.87**	.10	Memory	20.10**	.16	*Provide*	14.92**	.08
Calm	11.89**	.12	*Care*	15.65**	.13	*Change*	10.87**	.10	Independence	20.10**	.16	*Close*	13.14**	.08
Nourish	11.89**	.12	*Healthy*	15.42**	.13	*Adapt*	10.74**	.10	Well-being	20.10**	.16	*Need*	12.90**	.08
Accompany	11.89**	.12	*Precariousness*	13.41**	.12	*Follow*	10.09*	.10	Possible	17.45**	.15	*Peace*	11.47**	.07
Surround	11.44**	.11	*Exercise*	13.41**	.12	*Period*	10.09*	.10	*World*	15.51**	.14	*Happy*	11.47**	.07
Go	10.13*	.11	*Chemical*	13.41**	.12	*Illness*	9.19*	.09	*Act*	13.75**	.13	*Die*	10.71*	.07
Thinking	9.68*	.10	*Field*	13.30**	.12	*Keep*	9.09*	.09	*Level*	11.07*	.12	*Loss*	10.71*	.07
Job	8.90*	.10	*Nutrition*	13.30**	.12	*Think*	8.99*	.09	*Financial*	10.52*	.12	*Situation*	8.54*	.06
Material	8.70*	.10	*Activity*	12.78**	.12	*Arrive*	8.73*	.09	*Answer*	9.90*	.11	*Return*	8.54*	.06
Harmony	8.70*	.10	*Balanced*	9.78*	.11	*Pass*	8.59*	.09	*Negative*	9.90*	.11	*Contact*	8.54*	.06
Depend on	8.63*	.10	*Savings*	9.61*	.10	*Staying*	7.55*	.08	*Lose*	9.87*	.11	*Last*	7.73*	.06
Save	8.61*	.10	*Regularly*	9.43*	.10	*Process*	7.55*	.08	*Community*	9.87*	.11	*Source*	7.17*	.06
Family	8.41*	.10	*Salary*	8.62*	.10	*Plan*	7.55*	.08	*Cognitive*	9.87*	.11	*Moral*	7.17*	.06
Support	7.99*	.09	*Bad*	8.62*	.10	*Phase*	7.55*	.08	*Body*	8.78*	.11	*Stable*	6.69*	.06
Hospital	7.99*	.09	*Favorable*	8.62*	.10	*Hospitals*	7.55*	.08	*Reading*	7.72*	.10	*Religion*	6.69*	.06
Difficult	7.99*	.09	*Worry*	8.42*	.10	*Perform*	7.55*	.08	*Decline*	7.72*	.10	*Financially*	6.69*	.06
Side	7.68*	.09	*Stay*	7.39*	.09	*Healthcare*	6.55*	.08	*Move*	7.38*	.10	*Community*	4.19*	.05
Old	7.36*	.09	*Avoid*	7.11*	.09	*Medical*	6.55*	.08	*Keep*	7.38*	.10	*Sufficient*	4.19*	.05
Young	6.80*	.09	*Day*	6.79*	.09	*Connect*	6.55*	.08	*Capacity*	6.97*	.09	*Morality*	4.19*	.05

Note. Words in bold have a large effect size (Cramer's $V \geq .25$), words in normal font have a moderate effect size ($.25 > V \geq .15$), and words in italics have a small effect size ($.15 > V \geq .05$), according to Kim (2017). Only words with at least a small effect size were reported. * $p < .01$. ** $p < .001$

Lay components of successful aging

Circular support

The lay perspectives presented in Cluster 1 emphasized the importance of intergenerational and spiritual support for successful aging, framing it as a legacy that older people enjoy through their life-long efforts. Educating and securing a future for children were seen as an important parental investment, enabling them to be supported as they age. For instance, the words child, money, help, invest, educate, depend on, family, and support were strongly associated with this cluster. For example, an older Togolese woman stated that "children who are well educated and who support the elderly contribute to successful aging". Moreover, peace of mind and spiritual growth, described as essential for successful aging, were seen as not solely arising from aging but from sustained life-long moral conduct, including problem avoidance and constant religious practice. For instance, the words God, faith, problem, liberate, and harmony were associated to this component. For example, an older Togolese woman considered that to age successfully, "you need to feel at peace [and for that] we need God to intervene and help us. It's necessary to free ourselves from problems and to pray […].".

Anticipation-Preparation

The lay perspectives featured in Cluster 2 understood successful aging as the results of a healthy lifestyle and economic preparedness throughout the life course. On one hand, the TS specific to this cluster underlined the importance of a long-term health-conscious lifestyle, focusing on aspects such as organic food, alcohol consumption, and sleep. More precisely, the words eat, organic, sport, alcohol, and healthily were most strongly associated to this cluster.

For example, a middle-aged Togolese woman stressed that to age well "you shouldn't eat chemicals, [but] eat organic […]". On the other hand, considering aging as a phase of life characterized by economic issues, the savings generated from work in younger age would enable people to avoid labor in later life, and, therefore, age well. For instance, the words save, economy, work, hard, prepare, and youth were related to this cluster, and a young Togolese man stated that to age successfully one needs to "work hard in youth, build houses and rent them [out] to gain and be economically comfortable in old age […]".

Ideal aging process

The lay perspectives presented in Cluster 3 regarded successful aging as the result of a smooth transition into old age, during which successful aging would be enabled by good health status, low risk of illness, an active social life and a serene acceptance of the aging process. This ideal aging process would allow individuals to stay autonomous and embrace their freedom in pursuit of self-fulfillment. Besides the terms of aging, succeed, age, the words life, individual, autonomous, stage, happy, and fulfillment were significantly associated with this cluster. For example, a middle-aged Swiss man stated, "successful aging means growing old without realizing it, cultivating your passions and doing things that, for lack of time, you haven't been able to do before [and] to achieve this […] it's opportune to have a certain tranquility".

Proactive health

The lay perspectives included in Cluster 4 considered successful aging as reflecting the maintenance of autonomy, enabling people to travel and adapt to a changing word. These narratives stressed the fundamental importance of physical, cognitive, social, and spiritual health. According to participants' perspectives, successful aging is more than just having a good health status; it involves proactive efforts to maintain it. Accordingly, individuals will age successfully by fostering curiosity, practicing physical activity, and committing to self-fulfilling activities. Among the words associated with this cluster, maintain, mental, physical,

independence, leisure, stimulate, and curious stressed the importance of actively engaging in the pursuit of a good health status to age well. This perspective was illustrated by a young Swiss man who said aging well requires "[…] obviously maintaining good physical and mental health [and] continuing to nurture human relationships".

Positive affects

The lay perspectives enclosed in Cluster 5 suggested that successful aging is favored by the positive affects experienced during old age. Particularly, experiencing peace of mind and having a positive retrospective on life contribute to age well. According to these representations, the love received from one's entourage would be central to age successfully. Additionally, spirituality and a sense of closeness to God would play a restorative role, easing the way through the losses of aging. This cluster was mainly composed by words such as being, family, friends, satisfy, feel, regret, grandchild, love, and share. For instance, a middle-aged Moroccan man claimed that "being surrounded by people with whom you share love" would promote successful aging, while a middle-aged Swiss woman asserted that to age well "you have to be happy with the life you've lived, both the positive and the negative, without any regrets".

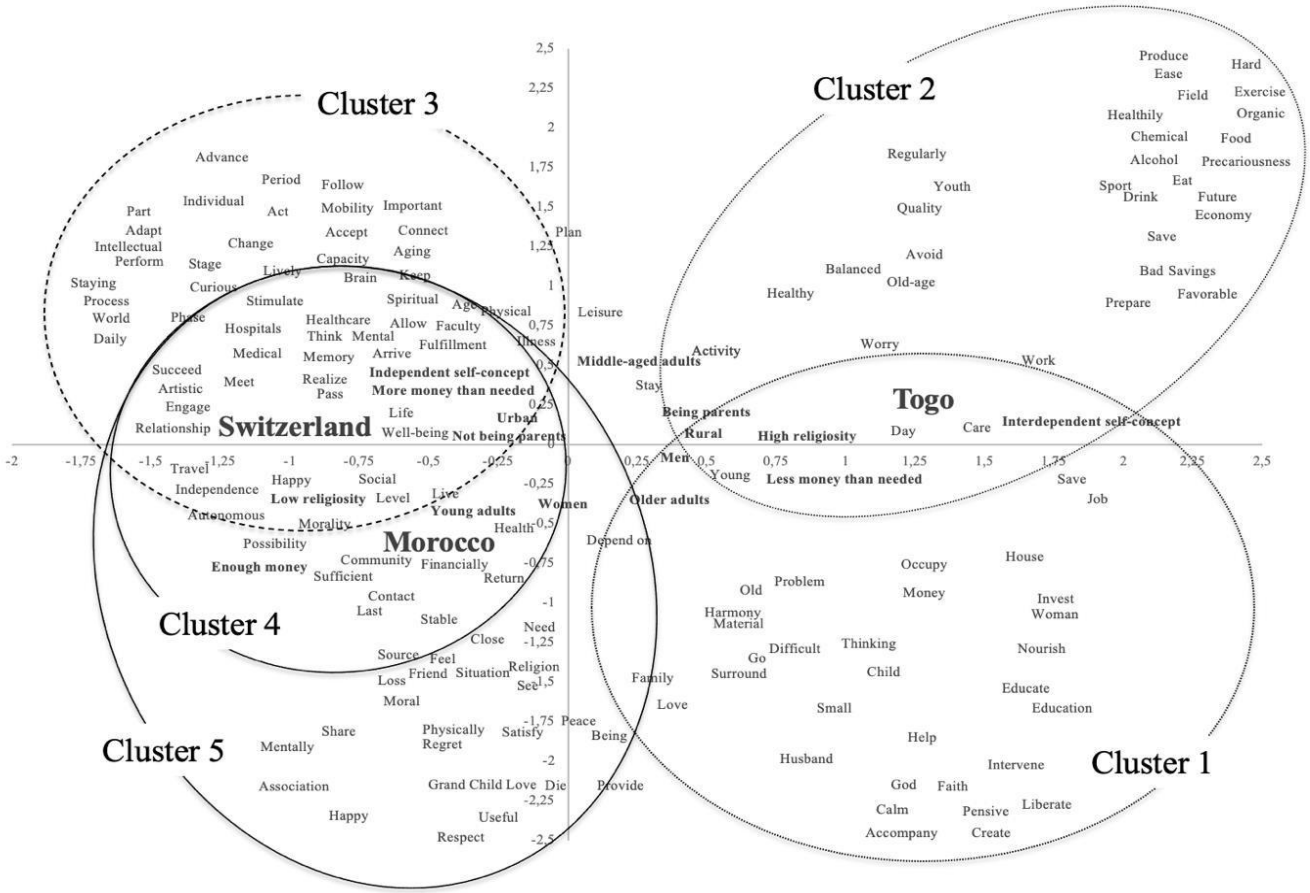
Cluster characterization by country, demographic variables, living circumstances, and cultural beliefs and values

The findings of the Correspondence Factor Analysis (CFA; see Figure 2) indicated that two factors explained 36.2% and 26.0% of the model. CFA supported a proximity between Clusters 1 and 2, in opposition to Clusters 3, 4, and 5, in line with the hierarchical structure found in the cluster analysis. Moreover, the CFA revealed that the countries were differently positioned, indicating that some successful aging components were more strongly present in different countries. Specifically, there was a positioning of Togo within Clusters 1 and 2, of Morocco within Clusters 4 and 5, and of Switzerland within Clusters 3, 4, and 5.The graph also shows that the position of Togo within the cloud of terms was quite distant from Morocco and

Switzerland, which were much closer to each other, illustrating the greater similarity of their successful aging conceptions. Moreover, chi-square tests were performed to identify significant associations between clusters and subgroups of participants (Table 2).

Figure 2

Correspondance factor analysis for the distribution of country, demographic variables, living circumstances, and cultural beliefs and values (in bold) across representative cluster words (normal font)



Note. Values on the x-axis represent the coordinates of Factor 1 (36.2%) and values on the y-axis the coordinates of Factor 2 (26.0%).

Table 2

Cluster characterization through association with countries and demographic variables, living circumstances, and cultural beliefs and values

Cluster		Cluster characterization			Cluster-subgroup association	
		Subgroup	*n*	%	$\chi^2(4)$	Exact *p*-value
1.	Circular support	Togo	77	36.15	59.25	<0.001
		High religiosity	97	29.13	45.00	<0.001
		Low financial adequacy	89	30.48	44.51	<0.001
		Interdependent self-concept	22	37.93	14.19	<0.001
		Older adults	45	24.86	5.02	0.03
		Rural	45	23.94	3.67	0.06
		Being parent	72	21.69	2.56	0.10
2.	Anticipation-preparation	Togo	98	46.01	166.91	<0.001
		High religiosity	97	29.13	56.73	<0.001
		Low financial adequacy	84	28.77	40.47	<0.001
		Interdependent self-concept	24	41.38	22.66	<0.001
		Men	65	24.90	13.03	<0.001
		Being parent	76	22.89	9.98	0.00
		Rural	47	25.00	7.99	0.01
		Middle-aged adults	45	23.20	4.44	0.04
3.	Ideal aging process	Switzerland	97	46.41	49.89	<0.001
		Low religiosity	100	40.65	29.73	<0.001
		Average financial adequacy	90	36.73	13.54	<0.001
		Independent self-concept	33	45.83	12.00	<0.001
		High financial adequacy	21	45.65	7.16	0.01
		Younger adults	78	33.19	4.08	0.04
4.	Proactive health	Average financial adequacy	46	18.78	12.32	<0.001
		Independent self-concept	18	25.00	10.51	0.00
		Morocco	36	19.15	9.26	0.00
		Switzerland	37	17.70	6.37	0.01
		Low religiosity	41	16.67	5.05	0.03
5.	Positive affects	Low religiosity	75	30.49	23.38	<0.001
		Switzerland	66	31.58	22.33	<0.001
		Morocco	53	28.19	8.96	0.00
		Independent self-concept	51	28.18	8.45	0.00
		Not being parent	62	24.12	2.94	0.09

Note. Subgroups are ordered in accordance with the strength of cluster association.

Circular support was mentioned by over a third of the Togolese participants' perspectives (36.2%). At the individual level, circular support was over-represented in the narratives of older adults (24.9%) and of people with at least one child (21.7%). Circular support was particularly valued for successful aging by people with a low financial adequacy (30.5%), and by individuals living in rural areas (23.9%). This cluster was further characterized by people with an interdependent self-concept (37.9%) and highly religious people (29.1%).

As for the Cluster Anticipation-Preparation, almost half of the Togolese participants stressed its importance for successful aging (46.0%). Men's (24.9%), middle-aged adults' (23.2%) and parents' (22.9%) narratives were over-represented in the Anticipation-Preparation cluster. Concerning living circumstances, people with low financial adequacy (28.8%) and living in rural areas (25.0%) were over-represented in anticipatory and preparatory cluster. Regarding cultural beliefs and values, anticipation and preparation were significantly more present in the responses of individuals with an interdependent self-concept (41.4%), and of highly religious people (29.1%).

The Ideal Aging Process presenting successful aging was mentioned by almost half of the Swiss participants (46.4%). This understanding of successful aging was more prevalent in young adults (33.2%) compared to the other age groups. Furthermore, this cluster was specific to people with high (45.7%) or average (36.7%) financial adequacy. As for cultural beliefs and values, the ideal aging process cluster was over-represented in the perspectives of people with an independent self-concept (45.8%), and individuals with low levels of religiosity (40.7%).

Proactive health efforts were an over-represented component of successful aging in the representations of Moroccan (19.2%) and Swiss (17.7%) participants. This cluster was not found to be dominated by any demographic group. Yet, this successful aging determinant was specific to people with an average financial adequacy (18.8%). Regarding cultural beliefs and values, the proactive health component was prominent in the perspectives of people with an independent self-concept (25.0%), and individuals with low levels of religiosity (16.7%).

The importance of positive affects for successful aging was over-represented in the perspectives of Swiss (31.6%) and Moroccan (28.2%) participants. This component of successful aging was marginally stronger represented by individuals who had no children (24.1%). While living circumstances did not characterize this cluster, the relevance of positive

affects was more prevalent in the representations of people with an independent self-concept (28.2%), and to individuals with low levels of religiosity (30.5%).

Discussion

To our knowledge this study is the first to explore the lay perspectives of successful aging in Togo, Morocco, and Switzerland. The results highlighted the importance of a life-long construction of conditions for a successful aging in Togo, including both circular intergenerational support and moral development, as well as financial and health preparation. Conversely, in Morocco and Switzerland, we observed that the understanding of successful aging was more strongly focused on later life phases, emphasizing the importance of proactive health behaviors and positive affects. Moreover, in Switzerland, we found lay perspectives stressing an ideal aging process for aging successfully, which was less prominent in Morocco, and absent in Togo.

Our findings demonstrate that there is less convergence in the lay perspectives on successful aging in Togo and Morocco than one could expect based on a more similar cultural background compared to Switzerland. At the same time, there seems some more convergence of successful aging lay perspectives between Morocco and Switzerland, which is also somewhat surprising, given notable differences regarding the prevalent cultures. While these similarities and differences may stem from many sources, the results might be better understood when contextualizing them within the tangible and intangible impacts of the industrialization process (Harfst et al., 2018).

According to this line of thought, the long-term building approach towards successful aging in Togo could reflect the tangible characteristics of low-industrialized countries. This life course perspective of successful aging was previously identified in other low-industrialized regions (Nimrod & Ben-Shem, 2015). The emphasis on circular support in Togolese narratives might be understood through the dynamic interactions between societal and cultural

dimensions, highlighting the intangible aspects of industrialization (Touré, 2021), with collectivism contributing to successful aging in social contexts where opportunities to age well are limited. Specifically, normative family support will ensure that older adults' basic needs are met in the absence of alternative state solutions (Aboderin, 2017). This support can also be in the economic interest of the government, and this is not only the case in countries with low industrialization. This intergenerational support is conveyed as a moral duty of reciprocity and gratitude, based on the significance of benefits previously provided to younger generations (Jecker, 2021). As such, collectivism, as a regulator of social relations, would guarantee the profitability of investments in children, in terms of the support to be received later in life.

Moreover, beyond intergenerational relations, the circularity of support reflects ethical standards in sub-Saharan Africa (Jecker, 2020). The lifelong cultivation of a moral integrity brings peace of mind in old age (Jecker, 2020), and is particularly promoted within religious communities in sub-Saharan Africa (Banda, 2019). Thus, despite low socio-economic status and lack of state support in rural areas, cultural dimensions of interdependence and religion might favor successful aging trough moral investments: according to Togolese narratives, people should behave well during their life course and avoid problems, in order to have a good moral integrity as they age, allowing them to age successfully. Thus, our results could be interpreted in a way that in countries with low levels of industrialization such as Togo, cultural views on aging put at the fore behaviors that counterbalance societal risks associated with a long life (Touré, 2021).

The determinants of successful aging mentioned by the Togolese may highlight the imperative of preparing oneself for old age when state support is limited. For instance, the components of anticipation-preparation and circular support were less present in the Western conception of aging well, where the aging process is supported by a welfare state (LloydSherlock, 2000). Notably, the importance of financial and lifestyle anticipation may

reflect the absence of pension systems (Kakwari & Subbarao, 2007), and unequal access to healthcare that characterize low-industrialized countries. Consequently, people must ensure throughout their lives that they can care for themselves and do not require state support to overcome any economic and health challenges that may come with old age. In prior work, anticipation as a component of successful aging was found in representations of working-age people, who are often responsible for the household's economic income in sub-Saharan African countries (Blackden et al., 2006). Furthermore, the preventive view on health suggests an attitude geared towards avoiding dependence on health systems, which may be deficient in low-industrialized countries. More specifically, the primacy of the terms *eat* and *organic* might reflect a resistance to the influx of processed foods in low-industrialized countries, as a way of preserving health into old age.

Successful aging determinants featured in Cluster 3, 4, and 5 express a fundamentally Western perspective on the life course, envisioning old age as a normal phase of life (Hareven, 2018). Proactive health and positive affects were components echoing early theories (e.g., Havighurst et al., 1963) and previously identified lay determinants of successful aging (e.g., Jung & Jopp, 2024). Being particularly prevalent in the representations of people with an independent self-concept, these components convey an understanding of successful aging as a person's responsibility. The specificity of these components in Swiss contexts aligns with previous insights from Western countries (e.g., Jopp et al., 2015), while their presence in Morocco might be understood in terms of the intangible impacts of industrialization (Harfst et al., 2018). This is in line with prior reflections according to which in industrializing countries, traditional cultural values converge with those of industrialized countries (Inglehart & Baker, 2000), leading to a lesser predominance of the cultural values that were dominant until then. For instance, the co-evolution of cultural values and industrialization was expressed in North African countries by a trend toward individualistic values (Santos et al., 2017). This might

account for the increase in the value of individual components of successful aging in a traditionally collectivist country like Morocco. Despite the shift in cultural values due to industrialization, distinct cultural traditions persist in industrializing countries (Inglehart & Baker, 2000), as illustrated by referring to positive affects through a religious community-oriented perspective rather than solely a person-centered one. Thus, the presence of religion related words in the positive affect cluster could reflect the persistence of a disposition towards spiritual interpretation of everyday experiences in Morocco despite a change in cultural values related to industrialization (Arabiat et al., 2013).

In industrializing countries, individual-centered values coexist alongside community-oriented values, whereas industrialized countries are prominently characterized by individualistic values, which are reinforced through social institutions and mass media (Inglehart & Baker, 2000). Seeing successful aging as an ideal aging process may reflect early theoretical approaches to successful aging (Havighurst et al., 1963), which strongly influenced the societal ideal of aging well, but also the current trend of self-optimization that has taken over discussions on aging in the social media. Considering the Swiss context in which this view of successful aging was particularly prevalent, this component may echoe the neoliberal mainstream perspective of successful aging as stemming from the individual's choice to remain engaged, active and healthy throughout life (Rozanova, 2010). This interpretation is in line with our finding that individuals characterized by high levels of independence were over-represented in this component. Furthermore, the strong representation of people with high or average socioeconomic status in this cluster also reminds of researchers' tendency to overlook economic aging inequalities in industrialized countries. Indeed, while the promotion of an ideal of personal responsibility for aging well lies in the state's economic interests, it does not take into account life-long discrepancies in socio-economic status, living situations, work contexts, gender or genetic disparity. Overall, the industrial conception of successful aging conveyed by

this component is part of an oxymoronic understanding of successful aging, according to which aging well requires not getting old at all (Torres & Hammarström, 2009), as illustrated by its specificity to the representations of young adults.

Limitations

Despite the valuable insights provided, this study acknowledges methodological and interpretative limitations that warrant consideration. Exploring lay components of successful aging through short open-answer questions involves both strengths and limitations. While this could have limited the linguistic bias implied by both the contribution of local interpreters and the translation of responses, employing extended interviews could have enriched the identification of lay components of successful aging. Furthermore, the use of focus groups could have facilitated the formulation of shared constructs within groups, leading to more refined social representations; yet, this could have led to a more biased co-construction, and a less objective perspective relative to the current unbiased methodological approach. Future studies should combine individual and group-centered data collection to achieve a more nuanced understanding of successful aging. Moreover, the purposively construction of the sample and the intra-national diversity characterizing the study countries limit the generalizability of our results. Specifically, the lay components may vary within each country across regions which were not represented in the sample (e.g., rural Morocco and northern Togo). It is thus crucial to caution against generalizing the observed components in Morocco and Togo to North and sub-Saharan Africa contexts due to their cultural and societal diversity. Finally, the exploration of the possible influences of industrialization on successful aging was primarily grounded on theoretical conceptualizations of this process, rather than on the measurement of its objective impacts. Although this exploration provides important insights into the possible macro-social features of successful aging, it is necessary to further investigate the impact of industrialization through objective indicators.

Conclusion

The diversity in lay components of successful aging observed in Togo, Morocco, and Switzerland is noteworthy and uncovers important aspects that show similarities and differences across countries. The observed discrepancies in what individuals consider important for successful aging likely reflect the levels of industrialization of these countries, being influenced by their cultural and societal profiles. In low-industrialized countries like Togo, where state support is lacking, successful aging is thought to be possible through long-term intergenerational, moral, health, and financial preparedness. In Morocco, advancing industrialization promotes health practices alongside the maintenance of traditional cultural values, such as the religious dimension of positive affects. In Switzerland, a highly industrialized country, the valued components of successful aging may overshadow social inequalities in favor of an individual approach to responsibility for aging well.

These findings call for appropriate social policies, tailored to local realities. In Togo, governmental measures should address the basic needs of older adults and prevent the consequences of declining cultural traditions as the country industrializes. In Morocco, social policies and stakeholders should support older adults by encouraging health behaviors while acknowledging the cultural aspects of aging. In Switzerland, efforts are needed to promote alternative visions of successful aging through social institutions and media, ensuring inclusivity beyond ideals of autonomy and individual responsibility. This may be encouraged by adopting more collective and community-based approaches, such as citizen mutual support networks, that enable older people to integrate into society regardless of their age.

By outlining the potential influence of industrialization, this study highlights the importance of considering the macro-social aspects in shaping successful aging. Future research should further explore contextual influences on successful aging to effectively promote diverse pathways to aging well to support graying populations worldwide.

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