

Cross-cultural cognitive and affective differences in aging: Can culture shape the expression and perception of psychopathology in old age?

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Summary

This review aims to analyze intercultural differences in aging and psychopathology. First, the construct of aging is examined, which is considered to be not only a biological phenomenon, but also a social and cultural construction, influenced by ethnicity, class, gender, as well as the political and economic climate. Then, findings regarding the cognitive functions of the elderly are presented through the prism of Eastern or Western cultures. Through studies coming from various countries, differences are presented in the emotional and social dimension of aging. Aging is also associated with positive and negative perceptions and stereotypes. In fact, through examples from surveys that have been carried out, the age stereotypes in the workplace, and the reasons for their appearance are mentioned. Finally, an extended reference is made to psychopathology-mental disorders of old age influenced by culture, with particular emphasis on dementia, anxiety disorders, depression and suicidality.

Keywords: culture, «successful ageing», stereotypes, perceptions, bias, psychopathology.

Introduction

Old age is considered a concept with a chronological onset, which varies over the course of different eras. People over the age of 65 are considered to belong to the population group of the Third Age⁴. According to Erikson's stages of psychosocial development, aging is placed in the last stage, that of Ego Integrity or Despair^{1,2,27}. Regardless of that research, aging is treated as something that happens individually to our bodies-slowly, imperceptibly and inevitably⁷. Aging is not only a biological phenomenon, but is also a social and cultural one^{7,47}, influenced by ethnicity, class, gender, as well as the political and economic climate⁷. It is also shaped by developments, such as the growing population of elderly people⁷.

“Successful aging” is a concept with values which are culturally determined^{21,22,48}. Culture refers to the learned and shared values, beliefs and behaviors of a community of interacting people¹². Culture is dynamic, not static, and there are great variations within each group. It is remarkable that cultural processes often differ within the same ethnic or social group, due to differences in age cohort, gender, political affiliation, class, religion, ethnicity, and even personality¹². Based on the specific cultural context, aging can be understood and experienced either as regression or as progression²³. Then, they become noticeable the differences of various cultures regarding aging, within and from surveys that have been conducted.

Cognitive Functioning of the Elderly During Aging-Investigations

The interaction between age and culture may have various consequences for cognitive functioning, as age represents the effect of biological processes, while culture represents the result of the preservation of experiences³⁴. With increasing age, adults show reduced performance in many cognitive domains, including processing speed, working memory, long-term memory, and reasoning, although measures of general cognition appear to be age-invariant³⁴.

Westerners (e.g. North Americans and Western Europeans, therefore, tend to be analytical in their reasoning-focusing on an important object, separating it from context, and basing their reasoning on logical rules. On the other hand, East Asians (e.g. Koreans, Japanese and Chinese)

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tend to be holistic—they look broadly at the whole context and base their reasoning on experiential knowledge (e.g. intuition)³⁴.

Thus, according to research conducted, it was found that both younger and older participants in Japan and the USA showed cultural differences of comparable magnitude on cognitive tasks that are sensitive to cultural experiences, but do not necessarily require cognitive resources³⁴. Specifically, researchers found that one's responses to these tasks were not associated with basic cognitive functions such as processing speed³⁴.

The aforementioned findings suggest that East Asians may perform better from Westerners, relative to memory for object-context associations^{52,53}. East Asians appear to prioritize contextual information while Westerners prioritize object-based information in processing complex scenes⁵³.

Indeed, as shown in a study examining memory for complex scenes, participants of Japanese descent were found to remember more background information than Americans, although both groups showed equivalent memory for central objects. Furthermore, object recognition was more impaired in Japanese than in Americans by changing or removing the relevant background. These findings suggest that East Asians may associate objects in related contexts more easily than Westerners⁵³.

The accumulated cultural experience (e.g., socialization, language acquisition, and parent-child interactions) guides older adults' attention to select certain aspects of information (e.g., focal objects or contexts) over others for processing and recall. Specifically, individuals from Western cultures (e.g., North America) tend to view the world analytically and attend to object-based information, while individuals from East Asian cultures (e.g., Japan, China, and Korea) view the world in a holistic way and attention to contextual details⁵³.

According to research, Americans are more likely to use categorical classification to classify two objects of a triad, and show a semantic priming for categorical pairs (e.g., chicken-cow), relative to relational ones (e.g., cow-grass). In contrast, subjects of Chinese descent were equally likely to engage in categorical and relational sorting and responded equally quickly to categorical and relational pairs⁵².

Additionally, Americans were found to outperform Asians (i.e. the Chinese and the Koreans) in classifying new animals into different categories based on a set of rules. In this situation, Americans with European origins tend to use standard logical rule-based reasoning, whereas East Asians rely more on intuitive, experience-based reasoning, and thus tend to misclassify animals that are similar to the exemplars, but do not satisfy the rules. This finding supports ancient philosophical views that Western cultures, in general, follow Greek philosophy that aims to explain events with universal logical rules, while Chinese philosophers, especially the Taoists, are more pragmatic and intuitive⁵².

The significant effects of age on object and context memory replicate the finding of age-related decline in episodic memory⁵². However, this age effect tends to be significant only for Chinese, but not for Canadians. The lack of age-related decline in conceptual source memory and internal-external source monitoring has been demonstrated with Western populations. The findings suggest that this memory of categorically processed information, which is not protected by aging, is specific to Western cultures, in which categorization is likely to be automatically engaged and remain effective throughout life⁵².

Emotional-Social Dimension of Aging-Research

According to surveys conducted in the northern and southern hemispheres, it is observed that in the countries of the northern hemisphere, independence and autonomy are highly valued²³. Individuals are expected to succeed on their own, not through the support of others. On the other hand, in the countries of the southern hemisphere there is an emphasis on greater importance on interdependence and rules of reciprocity. Family and friends, as well as the wider community, are expected to provide support to a person²³.

In Western culture, aging not only views late life through a prism of economic utility, but also connotes social conformity. Specifically, aging in North America is shaped more by culture than by biology, more by beliefs, customs, and traditions than by physical changes⁷. Social inequality characterizes American aging, but there is emotional and intellectual growth. More generally, in America older women and men are viewed in a utilitarian light of cost, and not of possibilities⁷.

Awareness of social constructions and the resistance to these structures it is crucial for the comfortable aging life of women. A study of older North American women found that their main regrets about advancing age were declining vision and mobility, but these concerns were balanced by perceived gains. Women considered themselves more calm and melancholic, enjoyed fewer obligations, reviewed their past accomplishments, and felt that they had grown emotionally and psychologically stronger over time⁷.

In the USA, there appear to be issues of elderly health, social integration and economic status. Elderly respondents self-reported typical daily routines that included walking around town, doing housework, and visiting at the senior center. According to surveys, the majority receives a pension from a former job, and also declares satisfaction with life. However, they did not receive financial support from relatives¹⁷.

The data indicate a wider range of daily and weekly activities. In fact, it appeared that the USA sample spent time completing household chores, going to the senior center, religious activities, cooking, reading, spending time with grandchildren/friends, walking, exercising, volunteering, or

continuing to work outside the home. In addition, they were very or fairly satisfied with life¹⁷.

One of the key features of aging in the USA is that older adults sometimes find themselves at odds with prevailing societal values, attitudes, and beliefs, a phenomenon that has largely deprived and marginalization from the rest of the population⁴³.

In addition, the Hollywood area seems to be particularly hostile to the elderly, to the point of ignoring them⁴³. This attitude has reinforced cultural stereotypes associated with aging and reduced older people's sense of self-worth⁴³. In addition, the overemphasis on self-reliance and the belief that the elderly must take care of themselves, that their problems are theirs and no one else's, are attitudes that are characteristic of white middle-class life, as opposed to Indian life of America, many of whom are accustomed to interdependence and reciprocity, and the needs of old age are judged less severely⁷.

The same seems to be true of Latinos, who are used to leave adult children to assume their responsibility. However, the willingness to seek help and the admission that one is not completely self-sufficient are signs of emancipation from socially constructed aging⁷. The roles that individuals take on in Asian societies have greater lifelong continuity than in Western societies, and older adults engage in activities that are considered important to society. Asian societies are more organized around extended families, in which older generations are fully integrated into the family structure¹². However, not all societies meet the same criteria. Indeed, as can be seen in the case of the Chinese, those who are expected to take care of the old parents are their own sons and wives. Parents who have only daughters may find themselves without anyone to care for them in the Third Age¹².

In other societies, the elderly may be considered to be peacemakers or mediators, may be 'keepers' of traditions or repositories of specialist knowledge⁷. One sign of the social construction of aging is the overemphasis on physical decline. The whole meaning of old age then becomes physical loss, resulting when the elderly become limited in bodies that wear out, easily to be marginalized⁷. Within these contexts many consequences can be observed, the most important of which is the medicalization of aging⁷.

In addition, according to other studies from Thailand, it was observed that issues of rapid population aging are also particularly important, with the increase in the number of older adults being associated with a rapid decline in fertility, as well as an increase in longevity within the country. The social structure in Thailand is designed in a way that considers the family as the primary responsible for the elderly. Additionally, according to interview data, it was observed that the average day of older adults includes exercise and gardening¹⁷. At the same time, in the context of the answers, it was observed that a large percentage of participants declared satisfaction with life. In fact, most of the respondents received financial support from relatives¹⁷. However, there

are cases that rely on income security programs⁴⁴.

Regarding the country of Botswana, older participant patterns seem to follow a more organized day. Most of the time is for tasks outside the home, completing household chores and/or doing tasks necessary for life. However, in Botswana, in contrast with other countries, no financial support comes from relatives¹⁷.

Age norms and expectations affect later life. Social integration and physical activity are two of the most important determinants of health and well-being in later adulthood. Physical activity not only improves and heals the body, but also affects psychological well-being in later life e.g. they experience less chronic disease, less unhappiness, dissatisfaction, isolation, anxiety and depression. Despite the strength of this relationship, only a small percentage of older adults exercise regularly⁴⁷.

According to Stereotype Embodiment Theory^{24,31}, age expectations of American and Canadian older adults have been linked to their quality of life related to physical and mental health, depression, and physical activity³¹. In particular, one study found that people with lower age expectations had more comorbidities and limitations in activities of daily living (e.g. need help with bathing)³¹.

Korean older adults with lower age expectations reported worse health-related quality of life and less physical activity³¹. Middle-aged adults in Singapore with higher age expectations reported better health and fewer depressive symptoms. It is argued that while optimism is associated with better health in Westerners, having more negative expectations about one's future was beneficial to the well-being of older Chinese adults over time³¹.

Research regarding the lifestyle of Greeks living in Greece and those living abroad, the following findings are observed. Greeks living abroad age more successfully, in contrast to the rest³⁶. In addition, through the results of the research it was found that the Greeks abroad experience a better financial and educational situation, as well as the levels of social activity vary at higher levels, compared with the rest of the Greeks. It was also observed that men regardless of location reported aging more successfully than women. In fact, there was a higher level of depression for Greeks living in their country³⁶.

Indeed, depression is a common and painful reality for a large percentage of the elderly³⁸. The way of management and perception of depressive symptoms is a strong predictor of quality of life in older adults with depression³⁸. However, there seems to be provision of support to the elderly by their family environment, a process that is used very often in Greece, in collaboration with health services³⁸.

Regarding the care provided to the elderly, the following observations are noted: In countries with minimal public services, many families employ private or other caregivers, mainly to help elderly relatives with household chores. This

pattern appears very often in Greece, but it is also quite common in other countries, such as Italy, Portugal, Spain, Austria, Bulgaria and France⁶.

In addition, according to another survey aiming to investigate the differences between the Greeks of the Diaspora (France & Canada) and the Greek residents in Greece, it appeared that the Greeks of the Diaspora were in a better economic position than the native Greeks, with the persons residing in Canada to have the highest proportion of financially well-off participants. Those living in France reported an intermediate level of income, while native Greeks had the lowest proportion of residents with high incomes. Considering the impact of the economic crisis on Greece, it is evident that native Greeks are at a disadvantage in terms of their mental and physical condition and Healthy Aging³⁹.

Perceptions-Stereotypes about Aging-Factors Influencing Perceptions

Aging is associated with positive and negative stereotypes (e.g., senility vs. wisdom) and with expected changes in various domains (e.g., physical, cognitive, and social-emotional changes). Perceptions of physical and cognitive changes may be more common across cultures if biological changes are more influential in these domains. In contrast, perceptions of social and emotional change are particularly likely to vary based on social and individual context³¹.

Empirical research into western cultural attitudes towards the elderly, argues that elders are treated negatively²⁸. These stereotypes include perceptions of the elderly as grumpy, irritable, impoverished, cranky, weak, cognitively deficient, unhappy and dissatisfied with their lives²⁸. The tradition of respect of the elderly in Eastern cultures has led researchers to hypothesize that East Asian adults have more positive perceptions of aging than those from Western societies. However, other studies find no cross-cultural differences, and a growing number show that East Asian respondents have more negative perceptions of aging³¹.

A recent meta-analysis found that respondents from East Asian countries had more negative perceptions of aging than those from Western societies^{31,35}. However, there was heterogeneity within regions^{31,35}. For example, South Korean participants had more negative perceptions of aging than participants from Western countries, but the overall perceptions of Chinese participants did not differ significantly from Western participants (African Americans, Latin Americans, Koreans, and Chinese living in the United States)³¹.

Through studies it has been shown that Latino culture is also collective^{5,31}. However, it is considered that collectivism in Latino culture promotes greater positive affect as part of family obligations, while East Asian collectivism focuses more on emotional balance and harmony³¹. It is remarkable that respect for the elderly encourages people to value and seek advice from the elderly, and these social func-

tions are expected to be emotionally positive³¹.

Also African Americans are more individualistic than European Americans according to research³¹. Latin Americans are no different from European Americans, but Asian Americans are slightly less individualistic. Non-Latino white and African American participants have similar expectations of functional impairment with age³¹. Latino participants expect a greater decrease overall, but have comparable expectations with other participants adapting for training, something associated with higher age expectations³¹.

Perceptions of aging (age stereotypes and perceptions on the aging of the individual) have been linked to the physical, cognitive and social functioning of the elderly^{25,31,32}. Given that age expectations span multiple domains (e.g., physical vs. cognitive), and biological changes are also expected to shape perceptions, culture may influence some perceptions more than others. Living in different cultures can, not only to shape exposure to different representations of aging, but also how older people tend to process this information³¹.

North and Fiske's (2015) meta-analysis found that cultural individualism predicted more positive perceptions of aging. In theory, individualism facilitates the recognition of older people's contributions and the appreciation of their experiences, whereas in collectivist societies, the elderly can be considered a burden³¹. Another possible explanation emphasizes the context in which people internalize cultural values, shape their goals, the influence behavior and development^{13,31}. Individualistic values, then, seem to promote the bias towards positive and away from negatively dynamic information, especially in later life³¹. In contrast, negative information (e.g., observing an angry face) is useful in interdependent East Asian cultures, so this attentional bias (i.e., negativity avoidance) is rarely seen among older adults in East Asia³¹.

The differential attention to negative information about aging (e.g., from media portrayals) in more individualistic versus interdependent/collectivistic cultures may manifest in different perceptions of aging³¹. The traditional Sub-Saharan societies are rather gerontocratic and the elderly can maintain their authority through the practice of initiation rites, of internal and oral transmission of knowledge and traditions²³. In addition, the trend for the older generation to live with their children continues to be powerful²³.

The language and expressions used to describe the elderly in Sub-Saharan Africa are revealing of how they generally perceive aging and old age: "the adults", "the one who knows", "the old"(expressions which are not used in a derogatory way). Experience, availability, eloquence, knowledge, wisdom: these characteristics justify their idyllic image. This can be explained by the fact that a society needs its elderly, symbols of its continuity as a collective memory and a condition for its reproduction²³. It is important to note that although the elderly in Sub-Saharan Africa are still considered important pillars of the community, their experience, knowl-

edge and wisdom are increasingly disputed by younger generations²³. Such threats to traditional social ties can partly be explained by the impact of modernization, globalization and formal education²³.

Western societies have an ambiguous and often negative perception of aging²³. In the case of Sub-Saharan Africa, as one grows older, greater levels of social, psychological and spiritual benefits can be achieved. Western societies have an ambiguous and often negative perception of aging. In the case of Sub-Saharan Africa, as one grows older, greater levels of social, psychological and spiritual benefits can be achieved²³.

The expression 'aging successfully' refers implicitly to 'staying young'. In other words, when a person ages well, they manage to combat the (collectively perceived) ravages of time, decay and obsolescence^{11,16,20,23,26,30,41}. In sum, Western societies strongly value independence, autonomy and (economic) productivity and therefore, it is plausible that these values legitimize and even reinforce age-based stigmatization, particularly in the specific context of caring for the vulnerable elderly people²³.

In this line, older Somali women tend to have a more positive than negative perception of the aging process²³. They consider aging a "blessing" and that they are "grateful to be alive". Aging is described as a process through which a person gains more and more "experience", more "knowledge". Consequently, elders also have more "wisdom", than their younger counterparts. The old women of Somalia do not deny the challenges of aging. Indeed, if growing older is in some ways a sign of progress for them, many emphasize its negative dimensions, especially in terms of physical and social obstacles²³. The weather in Canada (e.g., the winter season) was therefore mentioned as a major barrier that contributed to the sense of social isolation of Somali elders in Canada: "There is little sunshine, lots of snow and not so much walking (as in Somalia)"²³. However, Somali men felt great pride in the 'model' of aging in Somalia, emphasizing the strong community and family ties that allow the elderly to fully integrate into society²³.

Aging in Canada was described in very positive terms, in terms of public health and social support²³. The women's comments reflected a deep sense of gratitude. However, in terms of social dimensions, aging in Canada was perceived more negatively. In particular, for many female participants, Canadian society does not provide many opportunities for interaction and communication to its seniors. The debate about a certain level of marginalization of the elderly shifted to the issue of miscommunication between generations. Women claimed that aging means that someone loses his/her beauty²³.

While most older women emphasized the positive aspects of aging in Canada, the opposite pattern appeared to emerge from the focus group of men. The large majority were quite critical mainly regarding the "social" aspects of aging in Canada. Specifically, male participants described a

loss of social status, as more difficult theme which must be addressed²³. According to male participants, the fear of aging among Westerners is largely explained by this loss of social status, that the elderly are not attributed to them now a "decision maker" role²³.

Asian societies hold the elderly in higher esteem than Western societies¹². Younger family members believe that the elders have accumulated great wisdom, which they can share with each other, although the validity of this criterion has diminished in some parts of Asia due to industrialization that proceeded at a rapid pace e.g. In Japan¹². Thus, in the case of the Chinese, whose admiration, respect, and even worship of the elderly are considered strong points, it is observed that the actual behavior of the people, in almost every section of society, except for the highest class, it is not as positive as their attitudes are¹².

In Latino societies, the elderly are considered to have a special inner strength, while at the same time they are considered to be an invaluable source of knowledge for the rest of the family, who are younger. In addition to that, in many African societies, older people are considered to have had divine intervention and are called "elderly persons"¹².

Age Stereotypes in the Workplace-Explanations of Their Development-Research

Many Asian cultures have traditionally been characterized as having a more positive attitude toward old age, a stereotype that is grounded in Confucian ideals of filial piety²⁸. Some research has argued that compliance with norms in East Asia is associated with reduced levels of negative stereotypes, compared to the West. In particular, increased age comes with greater respect, wisdom, and even enormous social power in some Asian cultures. Generally, older and younger workers perceive different stereotypes, with stereotypes of older workers, they do not often have negative connotations, while stereotypes of younger workers tend to be comparatively more positive (e.g., young mental workers as physically, better prepared to meet the directives of today's workplace)²⁸.

In the comparison between young Thai and American workers' perceptions of age stereotypes of older and age-matched younger workers, both negative and positive age stereotypes are noted in the Thai sample²⁸. In other words, young Thai workers agreed that older workers make more mental mistakes, are slower to adapt to new technology, are more afraid of technology, and are less flexible at work (negative evidence)²⁸. However, apart from the negative elements, among the positives noted are the following: they are less absent, they have better attitudes towards work and have a higher level of commitment to the organization than younger workers²⁸.

In an attempt to interpret these findings, the ex-

tremely rapid pace of urbanization, industrialization, digitalization and westernization in Thailand is cited as a potentially exacerbating factor in the generation gap between older and younger workers due to changes in the workforce of technological developments. Young workers in Thailand may see older workers as knowledgeable, but also less prepared to deal with changes in technology. Many studies conjointly suggest that the devaluation of the elderly is more pronounced in Eastern than in Western cultures²⁸.

Psychopathology-Mental Disorders of the Third Age

Mental disorders are differentiated⁴⁵. Initially, the major psychiatric disorders are relatively severe, with severe impairment, including psychoses of various kinds, both functional and organic. On the other hand, mild psychiatric disorders are usually less severe, allowing a person to maintain a reasonable connection to reality⁴⁵. These include adjustment disorders and a group of disorders formerly categorized as neuroses. Major psychiatric disorders have prominent biological determinants and are less likely to be caused by psychological and sociocultural factors⁴⁵.

The influence of cultural factors seems to be present, but secondary^{45,54}. The origin of minor psychiatric disorder is more closely related to psychological factors and therefore sociocultural factors are more critical in their etiology⁴⁵. The influence of cultural factors on pathology can be so strong that it affects not only the level of symptom content, but also the syndrome as a whole⁴⁵.

Somatization is common in non-Western cultures, and ethnographic reports of depression in China and Taiwan suggest that elderly patients present with somatic symptoms⁸. There are parallels with older patients born in Britain, where somatization is a common presentation and many older people complain of somatic symptoms or sleep disturbances rather than depressed mood⁸.

Additionally, there have been many cross-cultural epidemiological studies of dementia, in which there appears to be difficulty in making reliable diagnoses and the importance of taking cultural factors into account⁸. Several studies have found that the prevalence of dementia is higher among black people and Hispanics in New York City, compared to white seniors⁸. In fact, based on research that has been carried out, it appears that in Japan and China, the prevalence of multiple infarct dementia exceeds that of SDAT (Senile Dementia of the Alzheimer's Type), while in Western cultures the prevalence of SDAT is higher⁸. Of particular interest is a recent interpretation, which provides good evidence that the prevalence of Alzheimer's disease is greater in the West than in Japan, while there is no difference in the prevalence of vascular dementia⁸.

In non-Western cultures, some kind of neurocognitive disorder is often seen the corresponding cognitive decline as part of the normal aging process⁸. Cohen (2010)

examined the conceptual constructions of aging in Banares, a city in Northern India and found that aging is not perceived as a medical problem. Hernandez (2010) points out that cultural factors may influence the perceived burden associated with caring for an elderly relative with dementia. A study among caregivers reported that African-American caregivers showed reduced stress in caring for their elderly relatives with senile dementia and were less institutionalized than whites⁸.

However, although dementia is likely to be stigmatized in China, this is additionally associated with the cost of failure to seek help and likely increases the burden on relatives⁸. However, although dementia is likely to be stigmatized in China, this is additionally associated with the cost of failing to seek help and likely increases the burden on relatives. It seems, therefore, that in Far East, the impact on the health, morale and lifestyle of caregivers of people with dementia is enormous⁸. It's understandable, then, that the effects of mental disorders on older adults are both significant and wide-ranging, both for those living with the disorders and for those who care for them¹⁹.

Also regarding anorexia nervosa it appears that older Hong Kong Chinese with anorexia nervosa rarely care if they are overweight⁴⁵. This is different from anorexia nervosa recognized and described in Western society, and the syndrome is referred to as "anorexia without fat". It should be noted that there are many factors related to parentage other than biology⁴⁵.

It is remarkable that older adults in the United States are more likely to be diagnosed with depression, anxiety, or other mental health illness. In the USA, one in five reported a mental health diagnosis, compared to five percent of older German adults³³. However, within USA racial and ethnic groups, there are clear differences. A significantly higher proportion of Hispanics/Latinos report having been diagnosed with a mental health illness compared to white or colored people³³. Specifically, older colored adults were the least likely to report such a diagnosis, although studies have found that experts are more likely to underdiagnose colored adults with mood disorders than other adults³³.

Self-reported emotional distress may provide a better understanding of the true mental health burden experienced by older adults³³. This is because not everyone with a mental health problem seeks help from a health professional, whether due to cultural factors, financial barriers or other reasons. As a result, many psychiatric illnesses remain undiagnosed and untreated, a problem that may be exacerbated during the COVID-19 pandemic³³. Particularly, although reports of anxiety and depression have increased in almost all countries since the pandemic began, are particularly elevated in countries where infection rates were high and there were strict lockdowns³³.

The elderly in France, which was locked down for eight weeks early in the pandemic, were more likely to report emotional distress across countries who participated in the research³³. While the USA is on par with many other high-in-

come countries, they were more likely to report emotional distress than older adults in Switzerland, Norway, Sweden and Germany. In the USA, significantly more Hispanics/Latinos reported emotional distress, compared to white or colored people. Mental health needs were most prevalent among older people in France, the USA and New Zealand, followed by Canada, Australia and the UK. Older people in Germany were the least likely to say they needed mental health care³³. It's easy to conclude that when COVID-19 first hit, depression rates skyrocketed in the USA, particularly among older Hispanic/Latino adults^{33,46}.

Regarding major depressive disorder (MDD), it appears to be one of the most prevalent disorders in the USA that is often underdiagnosed and untreated³. Recent studies show that among African Americans, those with socioeconomic stress are less likely to report psychological symptoms or remain compliant after starting treatment. While minority populations are less likely to suffer from acute episodes of MDD than Caucasians, they are more likely to suffer from prolonged, chronic, and severely debilitating depression with severe consequences on their level of daily functioning³.

Depression is a disease covering all genders, ethnicities, races and social classes. Studies have shown that approximately 18 million Americans experience mood disorders, and approximately ten million of these individuals suffer from major or clinical depression³. It is estimated that 10% to 15% of the elderly population in North America experience depression²². It thus appears that the burden of depression was borne more heavily by African Americans than by Caucasians in the United States, leading to a generally greater degree of functional impairment.

It has been argued that African Americans may have lower rates of depression compared to non-Hispanic Caucasians because of community resilience and greater religious support, but even these studies agree that these patients often tend to be underdiagnosed or misdiagnosed³. These studies also recognize that African Americans diagnosed with depression often tend to have more severe, chronic, and severely debilitating illness^{3,50}. Indeed, rates of depression have been observed to be higher in Western cultures than in Japanese cultures⁸.

Regarding the factors of depression, researchers found that age and illiteracy were positively and significantly associated with depression in the elderly in a study in rural India²². Indeed, in Goa of India, family conflict, neglect and abuse were found to be the main causes of depression. Additionally, family breakdown and social isolation were identified as factors in depression among South Asian older adults in Bradford, UK²². In East London, poor housing, low social support, health problems, household income and low English literacy were found to be the main factors in depression among Bengali migrants²².

Indeed, by focusing on examining risk factors for depression in African Americans, studies have focused on the role of discrimination as a major potential risk factor for MDD

in the African American community³. Racial discrimination has been strongly linked to the deterioration of mental and physical health, more so in African American women, than in men. Conversely, a strong sense of ethnic identity among African Americans has been shown to be a protective factor against mental illness in these communities. Ethnic identity is defined as a sense of commitment and belonging to an ethnic group, positive feelings about the group, and behaviors that indicate involvement with the ethnic group^{3,49}.

A variety of studies have emerged that examine the cultural and ethnic identity of populations in order to form a comprehensive picture of how positive ethnic identity can be cultivated and strengthened among community members in an effort to protect against psychological illnesses. However, it is worth noting that in addition to ethnicity and gender, risk factors such as lower annual income, socio-economic status, poverty status and employment are recognized as particularly important. This suggests that the wedding and the highest income level and education are protective factors in the African American community for depression. Job security, for example, was found to be associated with fewer depressive symptoms among African-American men than among Caucasian or Hispanic men³.

Depression, then, is a common one mental health illness affecting the elderly²². Depression in the elderly population is very often characterized by frequent occurrences and relapses in their symptoms, resulting in a higher mortality rate. Research also shows that depression is often the leading cause of suicide in the elderly population. In fact, studies show that one in four suicides are committed by people aged 65 and over, with depression being the main cause in two-thirds of cases²².

Suicide of Seniors

Older people have higher suicide rates than younger people in most countries worldwide⁴². Cultural and religious views are likely to determine whether or not suicide is an acceptable course of action. According to studies conducted, India has seen low suicide rates among the elderly and this may be a consequence of the support and companionship enjoyed by the elderly members of an Indian family⁸. However, Shimizu (2010) found that suicide was highly rated as a cause of death in elderly Japanese⁸.

Although suicide rates have declined for all age groups in Japan, rates are still significantly higher in the elderly than in younger age groups⁸. This may be due to the tradition of honorable suicide. Japanese culture is likely to have more influence on the elderly. In fact, a study by Cohen reveals that while the suicide rate in America is greater in older Americans compared to other USA population groups, it is less common in older colored people than whites. Also, older African Americans appear to have overcome more threats to self-esteem (compared to whites) and thus are better adapted to the new challenges associated with aging⁸.

The suicide rate in Japan is quite high, although not the highest among industrialized nations⁹. Germany has a fairly high suicide rate compared to its European neighbors⁹. The suicides in the Chinese population account for one fifth of all recorded suicides in the world. Furthermore, suicide is the leading cause of death from injury among all elderly groups in China, to which the elderly population is particularly susceptible^{10,40}. The Chinese elderly population has a higher prevalence of suicide than the general population. Suicide rates are reported to increase dramatically with age, with the rate peaking for those over ⁷⁵^{10,51}.

Where China has one of the highest suicide rates in the world, Chinese Americans over the age of 65 have the highest rate of completed suicide in the USA of any other racial group nationally¹⁰. In the USA, Chinese elderly immigrants have been identified as an underserved group with low levels of acculturation and high cultural and social isolation. Previous studies indicate that there are significant health disparities among Chinese, including chronic diseases, of cancer screening and treatment and psychological distress after relocation and loss of contact with native support network^{10,29}. In addition, Chinese immigrants experience more intense immigration and psychosocial distress, which is further exacerbated by huge cultural and language barriers, as well as physical frailty and stressful life events. The psychological distress experienced by this population imposes significant health-related consequences and further hinders the quality of life of Chinese older adults¹⁰.

It is remarkable that there is a significant association between depressive symptoms, suicide attempts and suicide mortality among elderly Chinese¹⁰. Depressive symptoms have been associated with previous suicide attempts. Negative events in family life and social well-being, including certain stressful events and life changes, were also found to be associated with suicide. Therefore, the loss of a partner and feelings of hopelessness can increase distress to the point where an older person feels that life has become unbearable and in turn has sought suicide¹⁰.

It is beneficial for healthcare professionals to understand the cultural factors that affect all aspects of their patients' lives. There are cross-cultural differences in the prevention, presentation, detection and management of psychiatric disorders⁸. Culture also appears to influence personality development, self-concept, counseling behaviours, what is perceived as stigma, patient role adoption choices and patients' own explanatory models of illness⁸. New conceptual models, tools and technologies, along with better data, support a cultural view of mental disorders that emphasizes how cultural contexts influence developmental processes and exposure to social adversity to increase risk for specific types of psychopathology¹⁸.

Culture functions as a given background that supports common sense and tacit knowledge of the social world, as well as clinical models, institutions, and practices¹⁴. There is no longer a necessarily evolutionary phase. The third age,

through health psychology, sees aging in a different way, dealing with it in a big way in advance and with the rehabilitation of the patient³⁷. Culture is recognized only on the margins, in the encounter with people who are considered different or "other". In recent years, immigration and telecommunications have brought new levels of cultural diversity to clinical settings in many parts of the world. Therefore, it is easy to conclude that culture presents itself as a daily problem of recognizing and dealing with diversity in the clinical application of psychiatric nosology¹⁴.

DISCUSSION

The aging process is influenced by a variety of factors, including cultural factors⁴⁷. These differences are noted in Western and Eastern societies, as well as within the same societies. Therefore, based on everything that has gone before, and through research that has been conducted, it is evident the power of culture to strengthen differences regarding cognitive function, the emotional-social dimension, the perceptions and stereotypes that prevail, psychopathology-mental disorders, as well as at the level of suicides in the elderly (duration of aging)^{15,21,23,48}.

However, it is beneficial, as Kofi Annan said, to have "a society for all ages that does not ridicule the elderly as sick and retired. Instead, it seeks a balance between supporting dependency and investing in lifelong development"⁷. A key to aging is people's ability to think critically about one's culturally defined place so that biased attitudes and contested assumptions can be challenged⁷. Within these contexts, it becomes necessary to treat aging in positive terms, as well as to consider the elderly as equal members of society⁴³.

References

1. Feldman S.R.H. Κοινωνική Ανάπτυξη και η Ανάπτυξη της Προσωπικότητας στην Ύστερη Ενήλικη Ζωή. Στο: Μπεζεβέγκης Η (επιμ), Εξελικτική Ψυχολογία-Δια βίου Ανάπτυξη. Gutenberg, Αθήνα, 2011
2. Feldman S.R.H. Κοινωνική Ανάπτυξη και η Ανάπτυξη της Προσωπικότητας στην Ύστερη Ενήλικη Ζωή. Στο: Μπεζεβέγκης Η (επιμ), Αναπτυξιακή Ψυχολογία-Δια βίου Προσέγγιση. Gutenberg, Αθήνα, 2019
3. Bailey R.K, Mokonoogo J, Kumar A. Racial and ethnic differences in depression: current perspectives. *Neuropsychiatric Disease and Treatment* 2019, 15: 603-609, doi: 10.2147/NDT.S128584
4. Bowman, C.G. *Living Apart Together: Legal Protections for a New Form of Family. LATs in the Third Age.* Τύπος NYU, 2020
5. Campos B, Kim H.S. Incorporating the cultural diversity of family and close relationships into the study of health. *American Psychologist* 2017, 72(6): 543-554, doi: 10.1037/amp0000122
6. Castiello M.C, Barrio E, Castejon P, Tortosa M.A, Sundstrom G, Malmberg B et al. Family care for elders in Europe: Policies and practices. In: Szinovacz, M, Davey A (eds) *Cultural, Familial, and Societal Implications.* Springer, New York, 2008
7. Cruikshank M. *Learning to Be Old: Gender, Culture, and Aging.* 3rd ed. Rowman & Littlefield Publishers, 2013
8. Dein S, Huline-Dickens S. Cultural aspects of aging and psychopathology. *Aging & Mental Health* 2010, 1(2): 112-120, doi: 10.1080/13607869757209
9. Domino G. Cross-Cultural Attitudes Towards Suicide: The SOQ and A Personal Odyssey. *Archives of Suicide Research* 2006, 9(2):107-122, doi: 10.1080/13811110590903963
10. Dong X, Chang E-S, Zeng P, Simon M.A. Suicide in the Global Chinese Aging Population: A Review of Risk and Protective Factors, Consequences, and Interventions. *Aging and Disease* 2015, 6(2): 121-130. doi: 10.14336/AD.2014.0223
11. Feng Q, Son J, Zeng Y. Prevalence and correlates of successful ageing: a comparative study between China and South Korea. *European Journal of Ageing* 2014, 12(2): 83-94, doi: 10.1007/s10433-014-0329-5
12. Ferdman M.B, Deane, R.B. *Diversity at Work: The Practice of Inclusion.* 33th ed. John Wiley & Sons, Hoboken, 2013
13. Fung H.H. Aging in Culture. *The Gerontologist* 2013, 53(3): 369-377, doi: 10.1093/geront/gnt024
14. Gone J.P, Kirmayer L. J. On the wisdom of considering culture and context in psychopathology. In: Millon T, Krueger R.F, Simonsen E (eds) *Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD-11.* The Guilford Press, New York, 2010
15. Harvey P. D, Reichenberg, A, Bowie, C. R. Cognition and Aging in Psychopathology: Focus on Schizophrenia and Depression. *Annual Review of Clinical Psychology* 2006, 2(1): 389-409, doi:10.1146/annurev.clinpsy.2.022305.095206
16. Hilton M.J, Gonzalez A.C, Saleh M, Moitoza R, Cole A.L. Perceptions of successful aging among older Latinos, in cross-cultural context. *Journal of Cross-Cultural Gerontology* 2012, 27(3):183-199, doi: 10.1007/s10823-012-9171-4
17. Karlin J. N, Weil J, Saratapun N, Pupanead S, Kgosidialwa, K. Etic and Emic Perspectives on Aging Across Four Countries: Italy, Thailand, Botswana, and the United States. *Ageing International* 2014, 39: 348-368, doi: 10.1007/s12126-014-9198-7.
18. Kirmayer L.J, Ryder A.G. Culture and psychopathology. *Current Opinion in Psychology* 2016, 8:143-148, doi: 10.1016/j.copsyc.2015.10.020
19. Knight, B.G, Sayegh, P. Mental Health and Aging in the 21st Century. *Journal of Aging & Social Policy* 2011, 23(3): 228-243, doi: 10.1080/08959420.2011.579494
20. Kolovou D.G, Kolovou V, Maurogeni S. We Are Ageing. *Aging and Cardiovascular Risk* 2014, doi: 10.1155/2014/808307
21. Kristiansen M, Razum O, Tezcan-Guntekin H, Krasnik A. Aging and health among migrants in a European perspective. *Public Health Reviews* 2016, 37(20), doi: 10.1186/s40985-016-0036-1
22. Lai D.W.L., Surood S. Predictors of Depression in Aging South Asian Canadians. *Journal of Cross-Cultural Gerontology* 2007, 23:57-75, doi: 10.1007/s10823-007-9051-5
23. Legace M, Charmakeh H, Grandena F. Cultural Perceptions of Aging: The Perspective of Somali Canadians in Ottawa. *Journal of Cross-Cultural Gerontology* 2012, 27:409-424, doi:10.1007/s10823-012-9180-3
24. Levy, B. Stereotype Embodiment: A Psychosocial Approach to Aging. *Current Directions in Psychological Science* 2009, doi: 10.1111/j.1467-8721.2009.01662.x
25. Levy R.B, Zonderman B.A, Slade D.M, Ferrucci L. Memory Shaped by Age Stereotypes over Time. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 2011, 67(4):432-436, doi: 10.1093/geronb/gbr120
26. Liu H, Byles E.J, Xu X, Zhang M, Wu X, Hall J.J. Evaluation of successful aging among older people in China: Results from China health and retirement longitudinal study. *Geriatrics & Gerontology International* 2016, 17(8): 1183-1190, doi: 10.1111/ggi.12848
27. Maree G.J. The psychological development theory of Erik Erikson : critical overview. *Early Child Development and Care* 2021, 191(7-8): 1107-1121, doi: 10.1080/03004430.2020.1845163
28. McCann M. R, Giles H, Ota H. Aging and Communication Across Cultures. In: Chen L (ed) *Intercultural Communication.* De Gruyter Mouton, Berlin, 2017
29. McCracken M, Olsen M, Chen M.S, Jemal A, Thun M, Cokkinides, V et al. Cancer Incidence, Mortality, and Associated Risk Factors Among Asian Americans of Chinese, Filipino, Vietnamese, Korean, and Japanese Ethnicities. *CA: A Cancer Journal for Clinicians* 2007, 57(4):190-205, doi: 10.3322/canjclin.57.4.190
30. McLaughlin J.S, Connell M.C, Heeringa G.S, Li W.L, Roberts S.J. Successful aging in the United States: prevalence estimates from a national sample of older adults. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences* 2009, 65(2): 216-226, doi: 10.1093/geronb/gbp101
31. Menkin A. J, Guan A.S, Araiza D, Reyes E.C, Trejo L, Choi E.S et al. Racial/Ethnic Differences in Expectations Regarding Aging Among Older Adults. *The Gerontologist* 2017, 57(2):S138-148, doi: 10.1093/geront/gnx078
32. Menkin A.J, Robles F.T, Gruenewald L.T, Tanner K.E, Seeman E.T. Positive Expectations Regarding Aging Linked to More New Friends in Later Life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 2016, 72(5): 771-781, doi: 10.1093/geronb/gbv118
33. Murina Z.G, Arnav S, Reginald D.W. Comparing Older Adults' Mental Health Needs and Access to Treatment in the U.S. and Other High-Income Countries. *Improving Health Care Quality* 2022. Available from <https://www.commonwealthfund.org/publications/issue-briefs/2022/jan/comparing-older-adults-mental-health-needs-and-access-treatment>
34. Na J, Huang C.M, Park D.C. When Age and Culture Interact in an Easy and Yet Cognitively Demanding Task: Older Adults, But Not Younger Adults, Showed the Expected Cultural Differences. *Frontiers in Psychology* 2017, doi: 10.3389/fpsyg.2017.00457
35. North S.M, Fiske T.S. Modern Attitudes Toward Older Adults in the Aging

- World: A Cross-Cultural Meta-Analysis. *Psychological Bulletin* 2015, 141(5):993-1021, doi: 10.1037/a0039469
- 36.Papadimitriou A, Foscolou A, Itsiopoulos C, Thodis A, Kouris-Blazos A, & Brazionis L et al. Successful aging and lifestyle comparison of Greeks living in Greece and abroad: the epidemiological Mediterranean Islands Study (MEDIS). *Archives of Gerontology and Geriatrics* 2021, 97, doi: 10.1016/j.archger.2021.104523
- 37.Peirone L, Gerandi E. The "evening sun": third age and health psychology. *Babel. Towards a Communication Exchange* 2009, 3(42):36-40. Available from <https://fiapam.org/wp-content/uploads/2012/10/page1052.pdf>
- 38.Perdikari E, Paraskecopoulou S, Tzanakis M. Depression and perspectives of life of the elderly in Greece. *Agora Psycho-Pragmatica* 2022, 15(1). Available from file:///C:/Users/User/Downloads/1692-Article%20Text-5420-1-10-20220126.pdf
- 39.Piperidi A, Foscolou A, Kouki K, Moussikoudi-Hatterer I, Papalazarou A, Tyrovolas S et al. The Association of Dietary Habits and Lifestyle Characteristics with Successful Aging among Older Greek Origin Individuals Living in France, Canada, and Greece: The Epidemiological Mediterranean Islands Study (MEDIS). *Ecology of Food and Nutrition* 2021, 61(2), doi: 10.1080/03670244.2021.1982708
- 40.Pritchard C, Baldwin D.S. Elderly suicide rates in Asian and English-speaking countries. *Acta Psychiatrica Scandinavica* 2008, 105(4): 271-275, doi:10.1034/j.1600-0447.2002.1014.x
- 41.Reich J. A, Claunch D.K, Verdeja A.M, Dungan T.M, Anderson S, Clayton C.K et al. What Does "Successful Aging" Mean to you?-Systematic Review and Cross-Cultural Comparison of Lay Perspectives of Older Adults in 13 Countries, 2010-2020. *Journal of Cross-Cultural Gerontology* 2020, 35(4): 455-478, doi: 10.1007/s10823-020-09416-6
- 42.Sachs-Ericsson N, Orden K.V, Zarit S. Suicide and aging: special issue of *Aging & Mental Health*. *Aging & Mental Health* 2015, 20(2): 110-112, doi: 10.1080/13607863.2015.1099037
- 43.Samuel R.L. *Aging in America: A Cultural History*. University of Pennsylvania Press, 2017.
- 44.Sasat S, Bowers J.B. Spotlight Thailand. *The Gerontologist* 2013, 53(5):711-717, doi: 10.1093/geront/gnt038
- 45.Streltzer J. *Culture and Psychopathology: A Guide To Clinical Assessment*. 2nd ed. Taylor & Francis, Oxfordshire, 2016
- 46.Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response. OECD (Cited 2021, May 12). Available from https://read.oecd-ilibrary.org/view/?ref=1094_1094455-bukuf1f0cm&title=Tackling-the-mental-health-impact-of-the-COVID-19-crisis-An-integrated-whole-of-society-response
- 47.Tahmaseb-McConatha J, Volkwein-Caplan K, DiGregorio N. Culture, Aging and Well-being: The Importance of Place and Space. *International Journal of Sport & Society* 2011,2(2):41-48, doi:10.18848/2152-7857/CGP/v02i02/54064.
- 48.Tam M. Understanding and Theorizing the Role of Culture in the Conceptualizations of Successful Aging and Lifelong Learning. *Educational Gerontology* 2014, 40(12):881-893, doi: 10.1080/03601277.2014.907072
- 49.Williams M.T, Chapman L.K, Wong J, Turkheimer E. The role of ethnic identity in symptoms of anxiety and depression in African Americans. *Psychiatry Research* 2012, 199(1), 31-36, doi: 10.1016/j.psychres.2012.03.049
- 50.Woodward A.T, Taylor R.J, Abelson J.M, Matusko N. Major Depressive Disorder Among Older African Americans, Caribbean Blacks, and Non-Hispanic Whites: Secondary Analysis of the National Survey of American Life. *Depression & Anxiety* 2013, 30(6): 589-597, doi: 10.1002/da.22041
- 51.Xia L, Zeping X, Shifu X. Suicide among the elderly in mainland China. *Psychogeriatrics* 2009, 9(2): 62-66, doi: 10.1111/j/1479-8301.2009.00269.x
- 52.Yang L, Chen W, Ng H. A, Fu X. Aging, Culture, and Memory for Categorically Processed Information. *The Journals of Gerontology: Series B* 2013, 68(6):872-881, doi: 10.1093/geronb/gbt006
- 53.Yang L, Li J, Spaniol J, Hasher L, Wilkinson J.A, Yu J et al. Aging, Culture, and Memory for Socially Meaningful Item-Context Associations: An East-West Cross-Cultural Comparison Study. *Plos One* 2013, doi: 10.1371/journal.pone.0060703
- 54.Giannouli V. Alzheimer's disease: Psychosocial dimensions of a modern plague? *Brain, Archives of Neurology and Psychiatry* 2017, 55, 33-38.