

Older adults, perceived ageism, civic participation and mental health: a qualitative study

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ABSTRACT

Objectives: This study has three objectives: A) To investigate the relationship of ageism on older adults' civic activities; B) To analyze the influence of ageism on mental health; and C) To explore the impact of civic participation on older adults' mental health.

Method: This qualitative study included 782 older people from three different nationalities (Portuguese, Brazilian, and English) ranging in age from 65 to 88. All the interviews went through the process of content analysis.

Results: For the first objective, the findings encompass one high-level theme (Social and individual incompetence), which included social rejection (86%), reduced competence (84%), expectations of failure (83%), and not being able to contribute (77%). For the second objective, findings indicated two overarching categories: Perceived inability, including frustration and impotence (89%), incompetence (77%) and irrelevance (71%); and Perceived distress, including anger (81%), feelings of anxiety (68%); and emotional bursts (63%). For the third objective, the following two high-level themes emerged: Ego-oriented resources, which comprised the development of a sense of purpose (81%), learning cognitive skills (71%), and (A3) practising sense of agency (67%); and Social-oriented resources, encompassing feeling socially integrated (80%); and expressing emotionally (54%). Findings indicated that the most verbalized themes for the three objectives were the same across the three nationalities.

Conclusions: Ageism made it difficult for people to participate in civic life, which has been linked to better mental health. These findings emphasize the need to encourage inclusive civic involvement to improve older individuals' mental health.

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Introduction

The global population is ageing due to declining fertility rates and rising life expectancy (United Nations, 2019). By 2050, the global population aged 60 and over is projected to double to nearly two billion (22% of the worldwide population; von Humboldt, Ribeiro-Goncalves et al., 2022). Social and economic changes influence this transition in age structure in any twenty-first-century society experiencing ageing. The transition profoundly affects individual, family, and societal social, economic, and health conditions, such as intergenerational social support system, pension, retirement, and other social benefits. Health and associated medical costs in old age are an additional concern, as older people tend to be more susceptible to chronic conditions, leading to negative attitudes in old age (Maurya et al., 2022; von Humboldt, Leal, Pimenta, et al., 2013; von Humboldt, Leal, Santos, et al., 2013; von Humboldt, Low, et al., 2022).

These demographic shifts emphasize the need to promote the health and well-being of older populations so that they can age as independently, comfortably, and healthily as possible. The most recent global report on ageing and health highlights significant challenges and health disparities among the senior population, particularly regarding mental health. In this way, environmental factors' influence on older adults' mental health has received increasing attention in recent decades (von Humboldt, Ribeiro-Goncalves et al., 2022).

Ageism refers to the stereotyping, prejudice, and discrimination against older adults (even among older adults) based on their age (Nelson, 2016), analogous to the corresponding terms for sexism and racism.

Exposure to ageism can imply in the internalization of ageist attitudes and stereotypes and increased stress and anxiety, as described in stereotype internalization theory, stereotype embodiment theory and model minority stress theory (Kang & Kim, 2022). Ageist beliefs and attitudes are understood as a result of chronic lifetime exposure to (predominantly negative) societal views and stereotypes about older adults, which are assimilated and influence people's emotions, perceptions, and behaviour toward older individuals (von Humboldt et al., 2021).

According to Iversen et al. (2009), ageism has three dimensions: stereotypes, prejudice, and discrimination. People hold generalized, often oversimplified beliefs about specific groups of people (e.g. 'Older adults are slow in movement and thought'), which reflect how people think (cognitive dimension). Prejudices are feelings and attitudes formed about a person or group of people regardless of evidence or experience (affective dimension; for example, considering older adults to be uninteresting conversation companions). Often, prejudiced reactions are founded on stereotypes. Lastly, discrimination is the application of beliefs based on stereotypes and prejudices and pertains to how people behave toward members of a particular

group of individuals (behavioural dimension; for example, older adults are not taken seriously; Brinkhof et al., 2022).

Moreover, ageism is not limited to being aimed at others; it can also be directed at oneself (Ayalon & Tesch-Römer, 2017). As shown by Levy (2009) in stereotype embodiment theory, prolonged exposure to ageism can internalize ageist attitudes and stereotypes. Older adults tend to internalize the negative ageist stereotypes that continue to be perpetuated in current society and restrain themselves to age-related stereotypes, such as feeling vulnerable, incapable, unreliable or less able to accept new learning opportunities (Kang & Kim, 2022).

Ageism can be observed in different dimensions, namely at the institutional level, through unadjusted policies; at the interpersonal level, in which older individuals may be treated with condescendence or avoidance; and at the individual level, in which older adults may perceive themselves as less competent or accountable (World Health Organization [WHO], 2021). Importantly, ageism is insidious because it is profoundly ingrained, more socially accepted than many other forms of bias, and frequently goes unnoticed. At least one in two individuals hold moderately or strongly ageist attitudes, and more than one in three senior individuals have been the target of ageism (von Humboldt, Leal, Laneiro, et al., 2013).

Age barriers like ageism obstruct active and healthy ageing (von Humboldt et al., 2014, 2020; von Humboldt & Leal, 2015). According to WHO (2002), active ageing includes social, economic, cultural, spiritual, and civic participation. Villar et al. (2016) concluded in their research study that among four active ageing-promoting activities (looking after grandchildren, taking care of dependent relatives, volunteering and political participation), those involved in volunteering and political participation demonstrated greater life satisfaction. Both political participation and volunteering come under civic participation. Moreover, among activities promoting active ageing, not all activities hold the same importance and have variable personal and social outcomes depending on individual and community-related factors (Vega-Tinoco et al., 2021).

This study is steered by social exchange theory and the social capital framework, which indicates that the civic engagement of older adults is related to the mutual relationship between them and others (Blau, 1969). Concerning this, Adler and Goggin (2005) define civic participation as active citizen participation outside the circle of friends and family in the life of a community to shape the community's future or to improve conditions for others. There is a distinction between civic engagement (or attention or involvement) and civic participation. Participation conveys the concept of action and must be conceptualized as behavioral (Serrat et al., 2020). Although civic engagement merely denotes psychological attention to social and political issues, participation conveys the concept of action and must be conceptualized as behavioral.

First, civic participation includes activities conducted individually (individual, private, or informal participation) or collectively (as collective, public, or formal participation). Second, civic activities may primarily aim to help others, solve a community problem, or produce the common good without manifest political intent (referred to as social, civil, community, pre-political, or latent political participation), or they may explicitly seek to influence political outcomes (referred to as political participation or manifest political participation). Combining the first and second classification dimensions yields a typology of four types of civic activities (Serrat et al., 2020).

Individual social participation includes prosocial or altruistic behaviour toward non-family members, such as monetary donations to charities or non-governmental organizations. Collective participation entails engagement in community or charitable organizations and volunteering. Individual forms of political participation include voting, contacting political representatives, donating money to political parties and organizations, registering petitions, and publishing online political content, among other political manifestations. Collective forms of political participation include running for or holding public office, participating in campaigns and demonstrations, and joining political and social movement organizations (Serrat et al., 2020).

The civic participation of older adults holds promise for fostering healthy and fulfilling pathways through ageing, concurrently enhancing and fortifying communities (Morrow-Howell et al., 2019). However, ageism can prevent older individuals from meaningfully participating in civic life. The relation between ageism and low civic participation stresses the need to combat ageist attitudes and practices to promote inclusive and participatory societies for people of all ages (Buffel et al., 2013). The marginalization or exclusion of older adults from decision-making processes, community initiatives, and social movements may result from increasing assumptions and ageist stereotypes (Scharlach, 2012; Serrat et al., 2020).

Due to ageism, several obstacles contribute to the limited civic engagement of older individuals. Ageist stereotypes, such as lack of vitality, technological proficiency, or pertinent knowledge in older adults, can exclude them from various civic activities (Reyes, 2023). Furthermore, age-related cognitive and physical changes may be misinterpreted as limitations that prevent older adults from participating actively in civic life. Lamont et al. (2015) pointed out that structural barriers, such as inaccessible environments or the absence of age-appropriate opportunities, can further limit the civic engagement of older adults.

Ageism may also undermine senior adults' self-esteem and self-confidence, reducing their incentive to participate in civic activities. When older adults meet ageist attitudes or discriminatory practices, they may internalize these negative beliefs, resulting in a decreased sense of agency and inner belief in their ability to make significant contributions to the community. The internalization of ageist attitudes can lead to withdrawal from civic engagement, consequently influencing their well-being and sense of purpose (Reyes, 2023).

Ageism is increasingly recognized as a risk factor associated with elevated stress, anxiety, depression, and diminished life satisfaction (Kang & Kim, 2022). Previous research has demonstrated that ageism poses a significant threat to older adults' physical and mental health. Chang et al. (2020) argue that it deserves increased recognition as a threat to successful ageing. Levy (2009) found an association between ageism and premature mortality (up to 7.5 years on average) and slower recovery from disability. In addition, increased ageism experiences predicted poorer mental health (e.g. depression, anxiety, and general stress) and well-being (Han & Richardson, 2015; Lyons et al., 2018; von Humboldt, Leal, et al. 2013; von Humboldt & Leal, 2013, 2017). Older adults who (frequently) perceive age discrimination or negative age stereotypes are more likely to have negative self-perceptions of ageing, which can contribute to decreased life purpose and increased depressive symptoms (Kim et al., 2019; von Humboldt, Ribeiro-Gonçalves, et al., 2022).

Moreover, when negative attitudes about ageing are (unconsciously) assimilated (*via*, e.g. stereotype embodiment or stereotype threat; Swift et al., 2017), individuals show reduced physical and functional mental health (Levy, 2009), are less likely to engage in preventive health behaviours (e.g. eating a balanced diet, exercising, medication adherence; Levy, 2009) and underperform on cognitive or memory tests (Lamont et al., 2015). Negative attitudes toward ageing can also reduce a person's resilience (and thus increase their vulnerability) by increasing their negative emotional reactivity to daily stressors (Bellintier & Neupert, 2018). It was discovered that internalized expectations and stereotypes of loneliness at a later age were associated with substantially increased loneliness eight years later (Pikhartova et al., 2016; i.e. stereotype embodiment). Consequently, exposure to age-related prejudices, stereotypes, and discrimination can have a self-fulfilling prophecy effect. Identifying strategies to combat ageism within aging populations is essential (Brinkhof et al., 2022). Indeed, internalizing age-related stereotypes can lead to diminished self-esteem and self-confidence levels (Orth et al., 2010), with potentially adverse effects on the health outcomes of older individuals (Emile et al., 2014), particularly on their mental health and on their overall well-being (von Humboldt et al., 2018). Individuals who perceive themselves to be too old may be more susceptible to the adverse effects of ageism, such as diminished self-efficacy and increased negative emotions (Eibach et al., 2010). Positive perceptions and attitudes about ageing may positively impact psychological health (von Humboldt et al., 2018). Those who have encountered age-based discrimination may be more susceptible to stressors and depression that are detrimental to their mental health (Kang & Kim, 2022).

Civic engagement enhances social connections and develops a social support network (Griep et al., 2017). Social interactions contribute to less loneliness and isolation, more sense of belonging and a more supportive community environment (Griep et al., 2017).

Older adults who participate in civic activities frequently feel valued and appreciated, which enhances their self-esteem and sense of self-worth, with substantial mental health benefits (Goth & Småland, 2014). Moreover, civic engagement offers cognitive stimulation, crucial for preserving cognitive function and reducing the likelihood of cognitive decline among older adults. Many civic activities require mental focus, learning, and problem-solving skills, all of which significantly promote mental well-being in old age (Haslam et al., 2014). Furthermore, civic engagement gives older adults autonomy and a sense of control. By participating actively in decision-making processes and having a voice in their communities, older adults experience a greater sense of agency and autonomy, promoting mental health outcomes (Vega-Tinoco et al., 2022). Participating in civic activities, such as volunteering or community engagement, has been found to improve older adults' mental health by providing a sense of purpose and meaning in life and lower depression rates (Griep et al., 2017). Moreover, research also suggests that volunteering may serve as a protective factor against cognitive decline by enhancing volunteers' cognition (Keefer et al., 2023).

It has been demonstrated that ageism negatively affects the mental health of older individuals. Negative stereotypes, discrimination, and exclusion based on age can cause older individuals to experience elevated stress levels, depression, and anxiety. To date, few studies have focused on ageism and the underdeveloped potential of civic participation that promotes mental health in older populations. In this context, this study

aims to examine the relevance of ageism concerning civic engagement and the mental health of older adults. Specifically, it aims to investigate the influence of ageism on older adults' civic activities and how it affects their mental health. Thirdly, the study intends to investigate the potential role of civic engagement in promoting positive mental health among older adults.

Method

Recruitment and sampling

For this study, 900 older adults were contacted; however, 118 were not included because they were unavailable or because the information they provided was incomplete. The final study sample was 782 older people selected through purposive sampling. In this research, 63.2% of the participants were female, 87.0% were married and ranged in age from 65 to 88 ($M = 75.1 \pm 4.16$).

Portugal, the UK, and Brazil were used to enlist participants (see Table 1). We adhered to the sampling equivalence guidelines Buil et al. (2012) outlined. Only 89.3% shared a home, and 15.0% had a high school diploma. To participate, individuals had to meet the following requirements: (a) be at least 65 years old; (b) clearly understand why they were doing the study; (c) report no history of cognitive deficit functions due to psychiatric or neurological diseases, drug or alcohol abuse, or other conditions; and (d) participation on civic activities.

Senior universities, message boards, private emails, community center list services, and social media marketing were used as recruitment sources. The relationship between ageism, civic participation and mental health among this population may be explored through semi-structured interviews. Participants were first informed of the study's objectives, that all information would be utilized solely for this investigation, and the anonymity of all participant replies. Individuals were interviewed online with their permission using Skype, Zoom, and Whatsapp. Telephone or online help was offered for any problems.

For the study, the concept of civic participation was initially explained to the participants as the involvement of people in local, state, and national government and democratic processes.

Table 1. Sample of sociodemographic and health characteristics.

Characteristics	Portuguese 260 (33.2)	Brazilian 276 (35.3)	English 246 (31.5)	Total 782 (100.0)
Age, average \pm SD				75.1 \pm 4.16
Biological sex, <i>n</i> (%)				
Female	175 (67.3)	181 (65.6)	138 (56.1)	494 (63.2)
Male	85 (32.7)	95 (34.4)	108 (43.9)	288 (36.8)
Marital status				
Married	232 (89.1)	216 (78.3)	233 (94.5)	680 (87.0)
Single	28 (10.9)	60 (21.7)	13 (5.5)	102 (13.0)
Education, <i>n</i> (%)				
Primary school	117 (45.0)	124 (44.9)	112 (45.4)	353 (45.1)
Middle school	99 (38.1)	107 (38.8)	106 (43.1)	312 (39.9)
\geq High school	44 (16.9)	45 (16.3)	28 (11.5)	117 (15.0)
Household				
Live with someone	233 (89.6)	239 (86.6)	226 (91.9)	698 (89.3)
Live alone	27 (10.4)	37 (13.4)	20 (8.1)	84 (10.7)
Family Annual Income, <i>n</i> (%)				
\leq 25,000 €	121 (46.5)	117 (42.4)	119 (48.4)	357 (45.6)
>25,000 €	139 (53.5)	159 (57.6)	127 (51.6)	425 (54.4)
Perceived health, <i>n</i> (%)				
Good	144 (55.4)	141 (51.1)	136 (55.3)	421 (53.9)
Poor	116 (44.6)	135 (48.9)	110 (44.7)	361 (46.1)

It could include several activities, such as voting, political activism, volunteering, and community engagement.

The interview's three main questions were: 'In your opinion, how does ageism affect your civic participation?' 'How do you feel that ageism contributes to your mental health?' and 'In your opinion, how does civic participation contribute to your mental health?' (see Appendix, Table A1). The first question aimed to understand how ageist stereotypes and discrimination influence civic engagement and to explore the influence of age-related patterns that may influence civic activities. The second question explored the connection between ageism and mental health, seeking insights into the emotional impact of age-related discrimination. The third question explored the potential influence of civic engagement on mental health.

Interviews lasting around 30 min were organized after examining the eligibility and availability of participants and interviewers. Between July and October 2022, interviews were conducted. Later, for a more in-depth examination, the complete transcription and translation of the interviews were completed. We ensured that questions were comparable across cultures and languages. Hence, the translation of questions followed Buil et al. (2012) recommendations, prioritizing equivalence of meaning over literal translation. We ensured consistency across cultures and languages through rigorous training of interviewers, who were scholars fluent in the participants' language. No mediating elements proposed by the interviewees were incorporated. All procedures were approved by the Ethics Committee of the William James Center for Research, ISPA–Instituto Universitário, and were in accordance with the ethical standards of the 1964 Helsinki Declaration and its subsequent amendments or with comparable ethical standards, and the Portuguese Psychologists' Code of Ethics. Informed consent was obtained from all subjects.

Data analysis

After acquiring and verbatim transcribing all of the data, content analysis followed Bardin's (1977) methods in an adapted step-by-step process. To analyze the interview data, a continuous comparative method was used, and to increase the consistency and reliability of the coding procedure, gerontological researchers fluent in the language and inured with the culture of the participants, analyzed the structure during several debriefing sessions between peers and reviewed them adequately (Sampaio & Lycarião, 2018; Lincoln & Guba, 1985).

We ensured consistency and validity of the data analysis, following Lincoln and Guba (1985) criteria. Concerning this, the coding and analysis procedure respected the rules of credibility, transferability, dependability and confirmability. For example, codes applied consistently, mutually exclusive codes, and coding processes implemented by multiple coders (Sampaio & Lycarião, 2018). Moreover, a set of classification principles was applied in order to constitute a categorization of consensual and robust themes while creating a reliable and valid system of themes (Sampaio & Lycarião, 2018; Vala, 1989). These principles included mutual exclusion (each element can exist only in one category), homogeneity (a single classification principle must prevail in the organization within a single set of categories), relevance (categories belong to the defined theoretical framework and reflect the research intentions); objectivity and reliability (categorized variables must be clearly defined and the parts of the same material must be similarly coded, specifying the indexes that determine classification of an element into a

category); and productivity (the categories provide fertile results, inferences, new hypotheses, and exact data; Bardin, 1977). Additionally, we included a negative case analysis, as a critical analytic strategy for ensuring validity in the data analysis (Lewis & Ritchie, 2003).

Three researchers independently coded all interviews. An alphanumeric code was initially allocated to each pertinent theme, resulting in the data, and a code list was built for further analysis of the categories. This system of codes later enabled a more complete and organized analysis (Sampaio & Lycarião, 2018). The major themes were separated into distinct, autonomous groups with concise and apparent titles.

In two steps—descriptive analysis and qualitative analysis of the themes that emerged—a matrix for interpreting results was established for the theoretical and empirical discussion of the data. We used a data-driven approach and a relevant theoretical framework to develop themes. Language and cultural differences were considered during the discussion sessions between the researchers. All disagreements in coding were thoroughly discussed among the team to ensure analytical rigor, and consensus was reached through collaborative deliberation. A strong inter-researcher agreement was verified ($0.87 < k < 0.91$), with a p value of less than 0.01 in every analysis.

Results

The first query revealed one high-level theme regarding the impact of ageism on the civic engagement of older adults (A): Social and individual incompetence (1), which included four themes: (1.1) Social rejection (86%); (1.2) reduced competence (84%), (1.3) expectations of failure (83%); (1.4) and not being able to contribute (77%).

Overarching theme A.1.: Social and individual incompetence

Theme A.1.1.: Social rejection (86%)

Most participants expressed experiencing social rejection due to ageism, potentially affecting their inclination to engage in civic activities. This theme emerged prominently across all nationalities, with 86% of older participants articulating feelings of social rejection. This theme suggests that this sentiment becomes increasingly prevalent with age and significantly influences their engagement in civic endeavors. Sam said, 'My own experience has shown that ageism may lead to a feeling of exclusion, making older people feel less respected or important in society. That may greatly influence someone's desire to engage in civic activities. It may result in a lack of confidence, which would make people less eager to participate, provide ideas, or even assume leadership positions' (Sam, male, 76 years old). Rita also verbalized, 'When expressing my possible engagement in some activities. I occasionally felt a subliminal suspicion and hesitancy. These age-related prejudices made me feel socially rejected and discouraged from engaging in more activities. I believe ageist presumptions should be challenged and inclusive spaces should be created' (Rita, female, 71 years old).

Theme A.1.2.: Reduced competence (84%)

The next topic mentioned was feeling less competent (84% of participants), influencing older adults' civic participation.

This sentiment was predominantly expressed by Portuguese older adults, indicating that perceptions of reduced competence may hinder their involvement in civic activities. Julian verbalized, 'organizations, in my opinion, do not take older people's skills and contributions to civic engagement seriously. They should be looking for older people who have a variety of talents and experiences. However, I frequently feel incompetent and doubt my value in helping the cause' (Julian, male, 81 years old). Penelope also said, 'I don't always feel competent or confident that I can have a significant influence because of my age. And that can significantly affect my motivation to take part in civic activities. Honestly, I really believe in building environments that respect and honor the wisdom of the elderly while simultaneously welcoming the new insights of newer generations' (Penelope, female, 69 years old).

Theme A.1.3.: Expectations of failure (83%)

A substantial 83% of participants reported feeling burdened by expectations of failure resulting from ageist attitudes, negatively impacting their motivation to participate in civic activities. This finding suggests that perceptions of age-related limitations can significantly impede older adults' willingness to participate in civic endeavours. Interestingly, older Brazilian participants primarily indicated the third theme, highlighting potential cultural variations in the experience and impact of ageism on civic participation. Carolina exemplified, 'I was driven by an intense desire to use my knowledge and abilities to help our community. But some acquaintances and even some close friends implied that my age would limit my abilities to lead or implement change. I felt instantly the uncertainty due to these age-based societal expectations of unsuccess' (Carolina, female, 66 years old). Helena also mentioned, 'I occasionally wanted to help, but everyone says I won't succeed. So why should I even try? I have no reason to believe it if even my family does not. If I had other motivation, like mentorship programs, I may think twice' (Helena, female, 72 years old).

Theme A.1.4.: Perceived inability to contribute (77%)

Older participants indicated that being unable to contribute was a factor that influenced their civic participation. This theme was frequently reported across all nationalities, suggesting that this may be as prominent a barrier to civic engagement compared to other factors. Nuno explained, 'Many times, I question my ability to contribute meaningfully to the project because every time I feel like no one hears me. None of my ideas are implemented but that is because all of them are ignored. Just because I'm old, they think my ideas are old too, outdated' (Nuno, male, 67 years old). Ian also adds, 'It makes me feel frustrated, impotent, and as like my knowledge and talents are no longer recognized or useful. I don't feel I'm contributing so I'm discouraged from participating actively in civic projects. But we must remove these age-restrictions' (Iana, female, 77 years old).

Participants were asked about the relationship between ageism and mental health (B). Their responses unveiled two overarching categories: (1) perceived inability, including (1.1) frustration and impotence (89%), (1.2) incompetence (77%), and (1.3) irrelevance (71%), and (2) perceived distress, including (2.1) anger (81%), (2.2) feelings of anxiety (68%), and (2.3) emotional bursts (63%).

Overarching theme B.1.: Perceived inability

Theme B.1.1.: Frustration and impotence (89%)

The first theme was mentioned by 89% of the participants, stating that they experienced feelings of frustration and impotence with ageing, consequently impacting their mental health. This theme was the most frequently reported across all nationalities, suggesting that the experience of these feelings is a common challenge faced by older adults in cross-cultural contexts, with notable implications for mental health. Jose exemplified, 'I used to work for a well-known corporation and had a lot of expertise and experience in my profession. But as I got older, I saw that people were treating me differently. In meetings, I would bring up ideas, only to have them rejected or ignored without any thought. I felt frustrated and inferior because of the ongoing fight against ageism, which influenced both my career and my mental health' (Jose, male; 71 years old). Emilia also stated, 'I made the decision to join a neighborhood sports club some time ago. However, many individuals were young, and I felt excluded and invisible. I noticed that I was hesitant to fully participate in activities, doubting my skills and wondering if I could keep up with the younger members. So, I was feeling powerless and frustrated' (Emilia, female, 69 years old).

Theme B.1.2.: Incompetence (77%)

Feeling incompetent was verbalized by 77% of older participants, revealing that their mental health was influenced by the greater presence of this feeling throughout ageing due to ageist stereotypes. This theme underscores the significant impact of age-related perceptions of incompetence on older adults' mental well-being; English participants mainly reported it. Kim mentioned, 'I can think of an instance where I need help using a software application in a community center. The younger staff person who was assigned to assist me came across as condescending from the start, presuming that because of my age, I would have trouble using technology. Despite my willingness to adapt I could feel her frustration and lack of confidence in my talents throughout the conversation. I felt incompetent here ...' (Kim, female, 66 years old). Diana also verbalized, 'When I volunteered once, the organization appeared afraid to give me responsibilities that needed decision-making, as they believed that because I was older, I was less technologically savvy or had not the drive or ambition to do the job well' (Diana, female, 80 years old).

Theme B.1.3.: Irrelevance (71%)

Seventy-one percent of participants mentioned that they felt more irrelevant, and their contributions and opinions were disregarded once they got older, negatively affecting their mental health. These findings highlight the profound psychological consequences of feeling marginalized and overlooked in later life. Portuguese participants mostly verbalised this theme. Ana explained, 'Conversations and activities frequently center on subjects or trends that I find difficult to relate to or am not very interested in, which can make me feel rather irrelevant at times. It becomes clear that my viewpoints are out of date. I have ongoing self-doubt about my capacity to connect with people, which lowers my self-esteem and may be a factor for the decline of my mental health' (Ana, female, 83 years old). Carlos also mentioned, 'My ability to completely participate in talks with my grandkids is becoming more and more difficult since, despite

my genuine interest in their life, I frequently felt like an outsider in these conversations. I feel out of the loop, unwelcome, or irrelevant in the situation' (Carlos, male, 77 years, old).

Overarching theme B.1.: Perceived distress

Theme B.2.1.: Anger (81%)

The next theme that negatively contributed to the mental health of these older participants is anger, experienced by 81% of the older individuals in response to ageist attitudes and discriminatory behaviors. This finding highlights the significant emotional toll that ageism can have on older adults and was predominantly reported by Portuguese participants. Hugo verbalized 'As I've become older, I've observed situations when younger individuals, whether they be friends, strangers, or even family members, tend to discredit my thoughts based on my age. My inputs to talks or discussions have occasionally been ignored or deemed irrelevantly dated. Feeling like my opinions and viewpoints are instantly discounted because of my age is angering!' (Hugo, male, 82 years old). Susan also adds, 'In films, television programs, and marketing initiatives, I've observed a glaring absence of older people and their representation in positive ways. Characters my age were typically either nonexistent or presented as unimportant, ugly, or reliant on others. I feel angry about this unfairness of being neglected and devalued based only on age. By embracing all that come with age, we can improve the mental health of older people like me' (Susan, female, 76 years old).

Theme B.2.2.: Feelings of anxiety (68%)

The next theme, indicated by 68% of the participants, was the feeling of anxiety more present in older life compared to younger life, which impacted mental health. This theme underscored the profound relationship between age-related anxiety and the well-being of older individuals and was mostly verbalized by English participants. Layla verbalized, 'I can very clearly recall asking for guidance on a health issue, and instead of receiving genuine attention, I felt hurried and ignored. The doctor didn't seem to perform a thorough check or rule out other options before attributing my issues to my age alone. I was anxious and concerned about my health. So, my age is the explanation for all my issues?' (Layla, female, 68 years old). Brian also mentioned, 'Everyone just assumes that older adults are out of touch or unable to keep up with the quick changes in society. So, every day and everywhere, I need to deal with these stereotypes, which make me quite anxious because sometimes I self-doubt myself too' (Brian, male, 72 years old).

Theme B.2.3.: Emotional bursts (63%)

The last topic mentioned was emotional bursts (63% of participants) as a result of ageism experiences that had impacted older adults' mental health over the years. This theme highlights the enduring psychological consequences of age-related discrimination and underscores the need for interventions to address its detrimental effects. English participants mostly reported the last theme. Lisa explained, 'I can go back to a recent argument I had with a younger family member about a choice that directly touched both of us. Based on the assumption that I was unable to properly comprehend the problem owing to my age, my perspective was quickly discarded. An emotional burst was brought on by this disdain' (Lisa, female, 74 years old).

Ryan also added, 'When I was still employed, a younger coworker disregarded my recommendations simply because of my age. I exploded at a team meeting because of my frustration building inside of me and my inability to control my emotions. Over the years, this had a negative influence on my mental health and general job happiness' (Ryan, male, 66 years old).

Upon investigating the relationship of civic engagement on mental health (C), participant responses from interviews revealed two-high level themes: (1) Ego-oriented resources, including (1.1) development of a sense of purpose (81%), (1.2) learning cognitive skills (71%), and (1.3) practicing sense of agency (67%); and (2) Social-oriented resources, including (2.1) feeling socially integrated (80%); and (2.2) expressing emotionally (54%).

Overarching theme C.1.: Ego-oriented resources

Theme C.1.1.: Development of a sense of purpose (81%)

Eighty-one percent of older participants mentioned that civic participation helped to develop a sense of purpose, which may contribute positively to their mental health. This finding suggests that engaging in civic activities gives individuals a meaningful direction in life, enhancing their overall well-being. Interestingly, this theme was primarily emphasized by participants from all three nationalities, indicating its universal relevance across diverse cultural contexts. Eric explained, 'I have a strong feeling of joy and fulfillment when I provide my time, skills, and knowledge towards initiatives that deal with local issues. My involvement in civic events has, in my opinion, given me a strong sense of purpose' (Eric, male, 76 years-old). Dylan also verbalized, 'I developed a feeling of purpose after joining a local group working to educate underprivileged children, and this had a positive effect on my mental health. I see the improvement of these kids and I feel good!' (Dylan, male, 68 years-old).

Theme C.1.2.: Learning cognitive skills (71%)

Learning cognitive skills was mentioned by 71% of participants as a theme that civic participation positively impacted their mental health. This theme suggests that engaging in civic activities fosters social connections and provides opportunities for cognitive stimulation, which can enhance mental well-being. English participants verbalised this theme. Claire verbalized, 'Participating in civic life exposes us to a variety of viewpoints, problems, and experiences. It promotes learning, development, and the acquisition of new abilities. Our mental health and cognitive vigor depend on this ongoing learning and interaction with the world around us' (Claire, female, 78 years old). Philip also mentioned, 'I enrolled in a community gardening course once. Through this experience, I was also able to learn useful cognitive abilities like problem-solving, critical thinking, and creative decision-making. I encountered various challenges, but these activities also help keep our minds active and sharp, which influences our mental health' (Philip, male, 73 years old).

Theme C.1.3.: Practicing sense of agency (67%)

By engaging in civic initiatives, 67% of participants reported practicing a sense of agency and control over their lives, positively affecting their mental health. These results suggest that involvement in civic activities empowers individuals to take charge of their circumstances, contributing to their overall well-being. English participants mostly reported this theme.

Thomas mentioned, 'I engaged in campaigns and projects aimed at encouraging eco-friendly habits since I've always been concerned about protecting our natural resources. Through my engagement, I saw that my efforts, no matter how small, could have an impact' (Thomas, male, 74 years old). Antony also verbalized, 'When we realize that our behaviors have an impact on our communities and the world around us, we gain a sense of direction and meaning, which has a significant impact on our mental health' (Antony, male, 81 years old).

Overarching theme C.2.: Social-oriented resources

Theme C.2.1.: Feeling socially integrated (80%)

The second theme, identified by 80% of older participants, highlighted the importance of feeling socially integrated in civic activities. This sense of social integration enables individuals to cultivate supportive social networks, which can positively affect their mental health. This finding underscores the significance of social connections in promoting well-being among older adults. Brazilian participants verbalised this theme. Gabriela explained, 'We create strong connections and create social networks when we actively engage in our communities. We experience societal integration. These relationships support our general well-being, particularly our mental health' (Gabriela, female, 72 years old). Raquel added, 'My neighborhood organization plans several activities and community-building projects. I took part in these events as much as possible and I have to tell you that I have made significant contacts and gained a strong feeling of social integration. And honestly, that definitely contributed for my mental health' (Raquel, female, 81 years old).

Theme C.2.2.: Expressing emotionally (54%)

Expressing emotionally was indicated by 54% as a relevant theme, indicating that engaging in this type of activity provides individuals with opportunities to express themselves emotionally, which can benefit their mental health. This theme was mainly verbalized by Portuguese participants. Kyle verbalized, 'I committed my time as a volunteer tutor to mentoring kids and assisting them in the development of their academic abilities. Observing their growth and the good improvements in their lives gave me a strong sense of meaning and brought me great delight' (Kyle, male, 71 years old). Sean also mentioned, 'As an animal lover, spending time with the shelter animals and making a difference in their welfare makes me really happy and enables me to share my love and care for animals. So, with initiatives like this I had improved my mental health' (Sean, male, 81 years old).

While mutually exclusive themes emerged from our content analysis, negative case analysis is important to the constant comparative method of data analysis used to establish points of comparison with typical cases (Lewis & Ritchie, 2003).

Regarding the impact of ageism on the civic engagement of older adults, three participants indicated that ageism did not negatively impact their civic engagement. Moreover, these participants felt empowered and actively engaged in civic activities: 'I never felt ageism when I volunteered in the hospital. To the contrary, people respected my person, and this made me feel empowered and integrated' (Maria, female, 67 years old).

Concerning the relationship between ageism and mental health, seven participants reported that ageism did not affect their mental health negatively. These individuals reported well-being and agency when actively contributing to their

communities: 'I understand that some people are a bit ignorant about older adults' reality, and I never felt that ageism affected me negatively' (Joana, female, 71 years old).

Finally, concerning the relationship between civic engagement and mental health, 14 participants indicated that civic engagement brought them feelings of stress and anxiety: 'Working with the community can be very tiring, and sometimes I wonder if it is good for me. Often, I come home anxious and stressed' (Mark, male, 71 years old).

Discussion

This qualitative study aimed to explore the relationship between ageism and older adults' civic activities, to analyze the influence of ageism on mental health and explore the impact of civic participation on older adults' mental health.

A high-level theme (social and individual incompetence) and subsequent distinct themes emerged from the content analysis for the first objective: social rejection (86%), reduced competence (84%), expectations of failure (83%), and not being able to contribute (77%). Interestingly, social rejection stood out for the three nationalities as the predominant theme.

These findings emphasize the negative relationship of ageism on the sense of social belonging and civic engagement of older adults. Ageism results in feelings of social rejection, which hinders older adults' participation in civic life. Remarkably, this relationship was observed consistently across all three nationalities, highlighting the widespread influence of age-related discrimination on social inclusion and community involvement. These findings seem to align with the stereotype internalization theory and the stereotype embodiment theory (Kang & Kim, 2022). Ayalon and Tesch-Römer (2017) concluded that individuals with negative stereotypes and attitudes toward senior adults were more likely to experience social rejection as they aged. In turn, feelings of social rejection were associated with decreased civic engagement.

Moreover, according to a model proposed by Swift et al. (2017), the risks of the ageism model, ageism can function as a barrier to active aging, including civic participation. Ageism, which is characterized by negative attitudes and stereotypes toward older individuals, results in feelings of social exclusion and rejection. These negative experiences inhibit the motivation and inclination of older individuals to participate in civic activities. Previous research highlights the need to combat ageism and promote inclusive attitudes to promote active ageing and civic participation (Swift et al., 2017).

Reduced competence was the third most verbalized theme by these participants. A study by Swift et al. (2017) investigates the pervasiveness and persistence of stereotypes about older adults, such as perceptions of incompetence. Ageism can perpetuate the stereotype that senior adults are less competent, less adaptable, or incapable of keeping up with technological advances. These beliefs can impact how older people are regarded and restrict their opportunities to demonstrate competence (Swift et al., 2017).

These participants pointed out that ageism resulted in a social expectation of failure, which can inhibit the civic engagement of older adults. Ageism can result in an expectation of failure by perpetuating negative perceptions regarding older adults' competence, productivity, and abilities. These stereotypes can lead to self-doubt and the internalization of the belief that failure is expected in multiple domains, including civic

engagement. Due to a perceived lack of support and confidence in their abilities, this social expectation of failure can discourage older adults from engaging in civic activities (von Humboldt et al., 2023).

Ageism promotes negative attitudes and stereotypes regarding senior adults, thereby fostering a social expectation of failure. These negative expectancies can undermine the confidence of older individuals in their abilities and their belief that they can contribute meaningfully to civic engagement. The social expectation of failure can act as an impediment, discouraging older individuals from participating in civic activities (Swift et al., 2017).

Not being able to contribute was the last theme reported by these participants. Ageism can give the impression that their contributions are not valued or significant. According to Reyes (2023), older individuals may feel less inclined to participate in civic activities if they believe their input and efforts will not make a significant difference. Ageism can cause older individuals to mistrust their abilities and to feel incapable of contributing effectively. This perception can reduce their motivation to engage in civic engagement, as they may believe their skills and expertise are undervalued or irrelevant. This feeling of incapability inhibits their desire to participate in civic activities (Reyes, 2023).

Regarding our second objective, aimed at analyzing the influence of ageism on mental health, two overarching themes: Perceived inability, which included frustration and impotence, incompetence and irrelevance, and Perceived distress, which included anger, feelings of anxiety, and emotional bursts.

These themes resonated consistently across the three nationalities, with a notable emphasis on frustration and impotence as the most prevalent themes for the three nationalities. These results align with the model minority stress theory (Kang & Kim, 2022).

The great majority of the participants reported feelings of frustration and powerlessness, consistent with previous research. Interestingly, this theme was consistently reported as the most frequent across all nationalities, indicating its universal relevance and significance in the context of ageism and its impact on mental health. This theme suggests that perceptions of age-related limitations transcend cultural boundaries and profoundly affect individuals' emotional well-being across different cultural contexts. North and Fiske (2012) noted that ageist beliefs can propagate the notion that older people are less capable, less competent, or burdensome, which can lead to the frustration of not being taken seriously or being excluded from decision-making processes.

Han and Richardson (2015) study indicated that older adults who perceive unjust treatment or negative stereotypes associated with ageing may experience frustration and helplessness due to ageism. This may result in increased stress, diminished self-esteem, and helplessness. Ayalon and Tesch-Römer (2017) emphasized the psychological effects of ageism on older adults. They underscored that ageism could contribute to frustration and helplessness, as older people may encounter barriers, prejudices, and limitations that diminish their sense of control and agency.

Various participants have indicated that ageism can also contribute to feelings of incompetence. Kornadt and Rothermund (2011) analyzed the influence of age stereotypes on various life domains, such as competence. These authors concluded that ageism could contribute to older adults' perceptions of incompetence, as they may be stereotyped as less

capable, less productive, or less competent due to their age. These stereotypes can hinder the recognition of the abilities of senior individuals and contribute to feelings of incompetence (Kornadt & Rothermund, 2011). Additionally, negative self-perceptions can undermine the confidence of older individuals in their abilities, including their perceived competence in civic participation, which can inhibit their participation in such activities (Levy, 2009).

A substantial number of older participants experienced feelings of irrelevance due to ageist beliefs. Berger (2017) investigated the effect of stereotype denial on affective responses to elder and younger adults. Ageism can result in the perception of irrelevance among senior individuals, who may be stereotyped as irrelevant, technologically inept, or disconnected from contemporary values and trends. In addition, Ayalon and Tesch-Römer (2017) discussed the concept of irrelevance as a manifestation of ageism, in which aged individuals are perceived as irrelevant in various societal contexts. These studies demonstrate the connection between ageism and senior adults' perceptions of irrelevance. Ageist attitudes and stereotypes can contribute to the notion that older adults are no longer valuable, knowledgeable, or able to make meaningful contributions to society.

The participants also noted that ageism can manifest itself through anger, which is corroborated by the literature (Phillips et al., 2006). Due to the unfair treatment, marginalization, and negative attitudes faced by older individuals, ageism can provoke anger. Ageist stereotypes and discriminatory experiences can elicit anger in older adults because they perceive the unfairness and injustice of being regarded negatively due to their age (Phillips et al., 2006). Additionally, for Lamont et al. (2015), ageism can provoke anger because it challenges a person's identity, autonomy, and dignity.

Most participants verbalized that they felt anxious due to ageism. Anxiety and ageism are frequently intertwined, as older individuals may experience increased anxiety due to the negative stereotypes, discrimination, and societal pressures associated with ageing. Nelson (2016) also investigated the psychological effects of ageism and concluded that ageism can induce anxiety in senior adults who anticipate or experience age-based discrimination. Fear of being devalued, overlooked, or discriminated against can increase anxiety levels and negatively impact the well-being of older adults. Additionally, Lyons et al. (2018) emphasized that ageism can lead to adverse psychological outcomes, including anxiety, depression, and general stress.

Lastly, these participants highlighted that the negative stereotypes, prejudices, and discriminatory behaviours associated with ageing can also cause older individuals to experience intense emotional reactions. Ageism can contribute to emotional outbursts in older adults, who may react intensely to negative depictions and assumptions regarding their abilities, appearance, or cognitive functioning. These emotional outbursts can be caused by the perception of being devalued or marginalized, resulting in frustration, anger, or sorrow (Kotter-Grühn & Hess, 2012). In addition, Nelson (2016) argued that ageism can provoke emotional outbursts in older adults, who may experience pain, humiliation, or anger when confronted with negative stereotypes or discriminatory behaviours. These intense emotional responses may result from perceiving injustice or maltreatment (Nelson, 2016).

For the third objective, which sought to explore the impact of civic participation on older adults' mental health, two overarching themes emerged: Ego-oriented resources, which

included the development of a sense of purpose, learning cognitive skills, and practicing sense of agency; and Social-oriented resources, which included feeling socially integrated and expressing emotionally. Findings indicated that the three nationalities unanimously agreed on the paramount significance of a sense of purpose.

Most participants indicated that civic engagement is essential to developing a sense of purpose in older adults. Volunteering, community involvement, and advocacy are examples of civic activities that can give older adults opportunities to contribute to society and experience a sense of purpose. Although all three nationalities agreed that civic engagement is essential to developing a sense of purpose in older adults, the context of civic participation in later life across these three countries differs. While civic engagement in the Brazilian context, in practice, the evidence collected by the OECD (2020) shows that this construct is not harmonised among public authorities and non-public stakeholders in Brazil. Hence, civic participation is not widely spread. From a different perspective, civic engagement is integrated with governmental and non-governmental institutions in Portugal and the UK. However, the literature indicates that these two countries, as important recipients of migrant movements, currently face challenges related to civic engagement related to migrants, concerning partnerships, perceptions of neighbourhood engagement, social cohesion and sense of belonging (Fonseca et al., 2019).

Emphasizing the universal recognition of the importance of civic engagement in fostering a sense of purpose among older adults is crucial, regardless of cultural background. Indeed, Warburton et al. (2013) found that civic engagement, such as volunteering, contributes positively to older adults' sense of purpose and overall health. Engaging in meaningful activities that address social issues or benefit others can give older adults a sense of purpose and fulfilment. In addition, civic engagement can be viewed as a form of bridge employment in which older adults continue to contribute to society beyond their traditional work responsibilities. Civic engagement offers opportunities for personal growth, social connections, and a sense of purpose, all of which improve the quality of life in retirement (Warburton et al., 2013).

Learning cognitive skills was relevant for most of the participants. Civic engagement positively affects the cognitive skill acquisition of individuals, including older adults. Engaging in civic activities that involve intellectual stimulation, problem-solving, and knowledge acquisition can help maintain and improve cognitive abilities (Keefer et al., 2023). Ageism contributes to negative self-perceptions of ageing, such as the belief that cognitive abilities decline with age. These negative perceptions can potentially undermine senior adults' confidence in their cognitive ability, impeding their engagement in cognitively demanding activities, such as civic participation. The study suggests that combating ageism and encouraging positive self-perceptions of ageing may promote cognitive health and civic engagement (Keefer et al., 2023).

Civic engagement frequently entails cognitive demands, such as acquiring new knowledge, problem-solving, and decision-making. Bowling et al. (2016) found that engaging in these cognitive activities through civic engagement can help older adults maintain and enhance cognitive abilities, including memory. These activities can improve cognitive skills, such as attention, processing speed, and executive functions, thereby preserving cognitive skills in older adults (Bowling et al., 2016).

Additionally, volunteering and other forms of civic engagement can involve learning new tasks, problem-solving, and social interactions, which can improve cognitive abilities. The benefits of civic participation on cognitive skills may vary depending on an individual's cognitive ability at the outset, with greater benefits observed in those with a lower cognitive function (Keefer et al., 2023).

A sense of agency was verbalized by most of the participants. Civic engagement enables older individuals to actively participate in their communities and develop a sense of agency over their surroundings. Seniors can actively shape environments that meet their needs and preferences by participating in community projects, urban planning initiatives, or neighborhood associations (Vega-Tinoco et al., 2022). Civic engagement is essential for nurturing a sense of autonomy in individuals, including older adults. Civic engagement enables older adults to participate in decision-making processes actively, advocate for their interests, and contribute to positive social change (Vega-Tinoco et al., 2022). Moreover, civic engagement can give older adults a sense of autonomy by providing them a voice and an active role in addressing social issues and community challenges. By engaging in civic activities, seniors can assert their autonomy and influence decisions that affect their lives and the well-being of their communities (Vega-Tinoco et al., 2022).

Feeling socially integrated was the second most important theme for these participants. Moreover, civic engagement substantially influences the promotion of social integration among older individuals. Engaging in civic activities provides opportunities for older individuals to develop social networks and a sense of community, according to the theory of social integration (Blau, 1969; Warburton et al., 2013). By enabling older adults to engage with their local neighborhoods, participate in community events, and collaborate with others to shape their shared environment, civic engagement promotes social integration among older individuals (Warburton et al., 2013). These activities foster social integration by nurturing a sense of belonging, social support, and connection. As a form of civic engagement, volunteering provides opportunities for older individuals to actively engage with their communities and make significant contributions. By volunteering, senior adults interact with diverse groups of people, establish social connections, and feel socially integrated because they are a part of something greater than themselves (Lie et al., 2009).

Emotional expression was expressed by more than half of the participants and it can be facilitated for individuals, including older adults, through civic engagement. Civic engagement frequently entails participation in public forums, community discussions, and advocacy efforts where individuals can express their thoughts, concerns, and sentiments openly. Individuals, including older adults, can collectively convey their emotions through participation in civic activities. By participating in public demonstrations, rallies, or community events, individuals can express their shared sentiments and concerns alongside others, fostering a sense of belonging and agency (Gouin et al., 2009). Individuals, including older adults, can constructively express their emotions through civic engagement, which may contribute to improved emotional health. Individuals can find outlets to express their emotions and concerns by participating in community discussions, advocacy, or public speaking (Gouin et al., 2009), contributing to their overall emotional health. Older adults can convey their emotional reactions to social and

political issues through civic engagement. Individuals can express their emotions by engaging in civic activities, be they passion, frustration, wrath, or hope, thereby contributing to the collective movement for change and social transformation (Gouin et al., 2009).

This study shows some limitations. Ageism and civic participation are multifaceted, but this study assessed these variables generally. Future research studies can break down the individual perceptions and study their interaction in detail.

Moreover, ageism is perceived differently by different individuals based on biopsychosocial and cultural factors. Although this sample was cross-national, results were relatively homogenous across different cultures. Including diverse samples from different ethnicities and age groups can widen the study implications, in particular when considering that over 98% of gerontological civic participation empirical knowledge is based on White Americans and European older adults, with little attention to immigrants and racially marginalized populations (Serrat et al., 2020).

Moreover, in terms of analysis, there might have been subjective biases in the interpretation of qualitative data despite efforts to maintain objectivity. Additionally, the sampling method, which relied on purposive sampling, may have introduced selection bias and limited the generalizability of our findings. More participants with higher education levels and income and who were married were interviewed. Furthermore, despite efforts to encompass in our study citizenship participation, racial/ethnic differences and geopolitical and cultural contexts, while using inclusive language, variations in interviewer style and participant responses could have influenced the data collected. Future mixed-method research studies can also help study the various underlying factors and facets of ageism, civic participation, and mental health.

A more thorough exploration of ageism as a systemic issue is imperative, extending beyond individual attitudes to encompass broader societal structures. Current gerontological frameworks may inadvertently perpetuate ageist ideals by framing older adults' participation as limited or passive while also placing pressure on them to demonstrate utility or productivity to counteract perceived biases (Morrow-Howell & Gonzales, 2020). This dual expectation highlights the complexities within an ageist society, in which older adults face both marginalization and the expectation to conform to societal norms of productivity and contribution, and which devalues the different ways older adults contribute to society within their varied capacities and interests (Morrow-Howell & Gonzales, 2020; Reyes, 2023).

Notwithstanding these limitations, this innovative study has several implications. The study highlighted the need to increase awareness of ageism and its detrimental influence on older individuals' mental health and civic engagement. Disseminating the study's findings can help educate older adults, policy makers, and healthcare professionals about the significance of dealing with ageism and promoting age-friendly environments. Moreover, the findings of this study can inform the creation of policies and initiatives designed to fight ageism and promote social inclusion and active ageing. Policymakers can use the research to advocate for legislation that protects the rights of older adults, fights ageist stereotypes, and encourages their active participation in community and civic activities.

Moreover, this study can inform the creation of interventions and programs that target ageism and its influence on mental health and civic engagement. Interventions may include

educational campaigns, community engagement initiatives, and support services that empower senior adults, combat ageist attitudes, and encourage opportunities for meaningful civic engagement. By recognising the impact of ageism on mental health, the study highlighted the significance of providing older individuals with adequate mental health support and resources. Using the findings, mental health professionals can tailor interventions and treatment strategies to address the unique challenges presented by older individuals with ageism-related stress and mental health issues.

Furthermore, the study highlighted the importance of fostering social integration and intergenerational interactions by creating inclusive communities. Communities can improve older individuals' overall well-being and sense of belonging by encouraging participation in civic activities, volunteer work, mentorship programs, and social connections.

To conclude, this study highlighted that ageism mainly affected older adults' civic activities through social rejection and this theme prevailed for all nationalities. When we analyzed the influence of ageism on mental health, the prominent themes of frustration and impotence emerged as a common thread among the participants. Finally, in investigating the impact of civic participation on older adults' mental health, the emphasis on developing a sense of purpose highlighted that civic involvement is empowering and enriching influence on fostering a greater sense of meaning and fulfilment in their lives. These consistent findings across diverse nationalities further underscore the importance of addressing ageism and promoting inclusive, age-friendly environments that uphold the dignity and well-being of older adults in different cultures worldwide. This study explored ageism, as characterized by negative stereotypes and discriminatory attitudes toward older adults, and its negative influence on mental health by creating obstacles and challenges that hinder older adults' well-being and active participation in community and civic activities.

Additionally, this study examined the relationship between ageism and adverse mental health. Ageist attitudes and experiences contribute to elevated levels of frustration, impotence, anxiety and a decline in overall psychological health. This study indicated that ageism negatively influences older adults' participation in civic activities. Indeed, negative stereotypes and discriminatory practices limit their opportunities to meaningfully contribute to society, resulting in declining participation in community organizations, volunteer work, and political engagement. The study acknowledges the intertwined nature of ageism, mental health, and civic engagement. Ageism can negatively impact senior adults' mental health, hindering their motivation and ability to participate in civic activities.

In contrast, increased civic engagement can positively affect the mental health of senior individuals. Moreover, this research highlighted the importance of challenging ageist attitudes, stereotypes, and discriminatory practices. Creating age-friendly environments that promote inclusion, respect, and the active engagement of older individuals is essential for fostering their health, social integration, and contribution to society. Most importantly, this study provided evidence of the negative influence of ageism on civic engagement and the mental health of older adults in different cultures. Policymakers, healthcare professionals, and society can combat ageism, promote mental health, and cultivate an environment that values and includes older individuals in civic life by recognizing these relationships.

Authors' contributions

Contributions: SVH: study concept and design, analysis and interpretation of data, recruitment of subjects, preparation of manuscript; NI: preparation of manuscript; IL: study concept and design, interpretation of data. All authors read and approved the final manuscript.

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Data availability statement

This manuscript has associated data in a data repository.

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Appendix A

Table A1. Sociodemographic questionnaire and interview questions.

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1. What is your age? (in years)
 2. What is your gender assigned at birth?
 3. With which gender do you identify?
 4. What is your sexual identity?
 5. Which country do you live in?
 6. What is your nationality?
 7. What is your marital status?
 8. What is your household composition?
 9. What was the highest level of education you completed?
 10. Are you retired?
 11. In which of the following ranges is your household's approximate annual gross income?
 12. Do you consider yourself a spiritual person?
 13. What is your religion?
 14. How would you describe your overall health status?
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1. In your opinion, how does ageism affect your civic participation?
 2. How do you feel that ageism contributes to your mental health?
 3. In your opinion, how does civic participation contribute to your mental health?"
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