

## RESEARCH ARTICLE

# The expected ups and downs of aging: Influencing factors of ageism among Iranian older adults

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## ABSTRACT

Ageism is a complex phenomenon influenced by many social structures, including economic systems, political ideologies, cultural norms, and prevailing social attitudes. This study aimed to explore the factors contributing to ageism using a qualitative approach. A purposive sample of 20 older adults aged 60 and over participated in semi-structured, face-to-face interviews. Data were analyzed through thematic analysis involving transcription, review, and category extraction. Three main themes and ten sub-themes emerged, encapsulating the participants' experiences and perceptions of ageism within the Iranian context, including reactions to remarriage, insecurity and vulnerability, and death. These themes offer insights into older adults' acceptance or denial of aging. To foster healthier attitudes towards aging and mitigate ageism, it is essential to strategically utilize existing political, economic, social, and cultural infrastructures.

**Keywords:** ageism; aging; older adults; qualitative research; remarriage; insecurity; vulnerability; death

## 1. Introduction

Aging is an inherent aspect of human life, commencing from birth. Various factors such as declining birth rates, increased life expectancy, medical advancements, and educational progress have led to a more rapid

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growth in the population aged 65 and over compared to the general population<sup>[1]</sup>. Projections indicate that the global population of adults aged 60 and over will rise from 600 million in 2000 to 2 billion by 2050<sup>[2]</sup>. In Iran, census data show that the proportion of individuals aged 60 and over increased from 5.3% to 9.3% of the total population<sup>[3]</sup>. Concurrently, the 21st century is marked by significant shifts in lifestyle. As Iranian society undergoes increased industrialization and places a higher emphasis on productivity, perceptions of aging and the social roles ascribed to older adults<sup>[4,5]</sup> are undergoing transformation<sup>[4]</sup>.

While older adults in Iran are often accorded respect, power, and authority<sup>[6]</sup>, aging itself is generally considered undesirable, leading to age discrimination<sup>[7]</sup>, particularly from younger individuals. Nelson describes aging as the “fear of the future”<sup>[8]</sup>. Ageism is the harboring of stereotypes, prejudice, or discrimination against individuals based on their chronological age<sup>[8]</sup>, although it can also manifest in favor of specific age groups<sup>[8]</sup>. Most research on ageism has focused on its impact on older adults. Ageism is a multifaceted construct encompassing cognitive, behavioral, and emotional dimensions<sup>[9]</sup>. For example, the cognitive dimension may include stereotypes that older adults are forgetful or frail, the behavioral dimension could manifest as older employees being passed over for promotions, and the emotional dimension might involve societal attitudes that marginalize the aging population.

While race and gender are used frequently as categories for classifying individuals, age is the third most common criterion<sup>[10]</sup>. Ageism takes diverse forms across different cultural and societal contexts<sup>[8]</sup>. For example, self-directed ageism, characterized by discrimination against one’s own age group in later life, arises from the internalization of age-based stereotypes accumulated over the life span<sup>[11]</sup>. The adverse effects of ageism<sup>[11]</sup> are especially pertinent<sup>[8]</sup> in contemporary society, given the rising population of older adults<sup>[12,13]</sup>.

Ageism has become somewhat normalized in today’s society, and thus, addressing it is rarely considered a priority<sup>[7]</sup>. However, ageism has many negative consequences. For instance, older adults may see themselves as a social burden on society and develop a sense of “waiting to die.” Some evidence indicates that negative stereotypes impact older adults’ engagement in physical activities and social participation<sup>[14]</sup>.

In an Australian ageism study, experiences of ageism for those aged 60 or over were related to increased stress and symptoms of depression and anxiety<sup>[15]</sup>. In another study, about half of Korean older participants were reported to have experienced at least one instance of age discrimination<sup>[16]</sup>. Shiovitz-Ezra et al. acknowledged that the existence of ageism towards older adults can lead to their separation and isolation from society<sup>[17]</sup>. The onset of depressive symptoms, increased abuse and stress, decreased self-esteem, self-efficacy, and reduced quality of life are other adverse effects of ageism<sup>[11,18,19]</sup>. Some evidence indicates that physical activity and ageism are related in that individuals who experience higher levels of ageism tend to engage in more physical activity<sup>[20,21]</sup>, as physical activity is related to longevity<sup>[22]</sup>.

Moreover, a recent study found that regular physical activity in people over 60 years of age was associated with socio-environmental and health benefits, such as higher educational level and income, so attention should be paid to variables that may influence a better understanding of the motives and variables that influence physical activity in older people<sup>[23]</sup>. The relationship between physical activity and ageism needs to be better understood. Understanding this relationship could help illuminate a vital health determinant that ageism may impact<sup>[24]</sup>.

Ageism has also been shown to be related to an increased number of older adults experiencing suicidal ideation and poor quality of life<sup>[25]</sup>. Given that the older adult population is steadily growing and the cohort is often considered a burden on society, it is necessary to clarify different attitudes towards aging to reduce the negative impacts of ageism for this population<sup>[26]</sup>.

In Eastern cultures, such as Iran, strong family ties are emphasized, and older individuals are often

respected due to their age. Consequently, people from these cultures generally exhibit more positive attitudes toward older adults<sup>[27]</sup>. Numerous studies have investigated societal and individual perspectives on ageism<sup>[28,29]</sup>. The existing literature identifies the workplace, family, social interactions, sexual life, and healthcare systems as the primary settings where ageism is prevalent. Within these contexts, older adults face limited employment opportunities, forced early retirement, and diminished attention and respect in educational and healthcare settings<sup>[10,30]</sup>.

Other studies report that ageism is determined by social structures, including economic frameworks, political values, and social attitudes<sup>[10,31,32]</sup>. Culture is one of the determining factors in the experience of ageism. In some Western societies, individuals and groups may have more positive attitudes towards young people than older adults. In contrast, respect and care for older adults in some Eastern cultures tend to be emphasized.

In Middle Eastern countries like Iran, where most of the population is Muslim, social structures are predominantly family-oriented. Maintaining strong family ties and caring for older family members is highly emphasized, as placing older adults in nursing homes is generally frowned upon in Iranian society<sup>[33,34]</sup>. Older adults are often respected and valued for their age, leading to generally more positive attitudes toward this demographic than many Western cultures<sup>[27]</sup>. However, some research suggests that economic development, urbanization, and rising consumerism may make Eastern cultures increasingly susceptible to ageism, potentially even more so than their Western counterparts<sup>[35,36]</sup>.

### **The current study**

Given that ageism is a complex construct, examining it from the perspective of older adults becomes essential. Therefore, the present study aims to elucidate the mechanisms through which ageism manifests in older adults. Specifically, this research aims to identify and describe the factors contributing to ageism, considering the contextual and cultural variables that may influence its development.

## **2. Materials and methods**

The present study utilized a qualitative research approach, specifically employing thematic analysis. Thematic analysis offers a flexible framework for identifying, analyzing, and interpreting patterns within qualitative data. This technique organizes the dataset and provides detailed descriptions of its content. Each emerging theme encapsulates key concepts pertinent to the research question and represents a recurring pattern of meaning within the data. This study adopted an inductive approach for theme identification, ensuring that the themes are closely tied to the data. Both textual and non-textual data were coded, and similar codes were grouped under a single theme. No themes were predefined; patterns emerged organically during the analysis process. This inductive approach to thematic analysis shares similarities with grounded theory<sup>[37]</sup>.

### **2.1. Sample and data collection**

Participants were selected by purposive sampling method. The older adults were sampled to ensure a diverse and rich sample, including distribution of gender, level of education, marital status, place of residence, and economic status. The study included a sample of 20 older adults. Most interviews were conducted in the individual's home, and data were collected through face-to-face and semi-structured interviews. The main interview questions were: "What is your experience of old age?", "What changes have occurred in your personal life as you grow older?", and "What do those around you think of you as an older adult?" For more information, follow-up questions were used, such as "Can you explain more about this?", "When you say ... what do you mean?", or "Do you have another example in this regard?". The duration of each interview was between 20 and 75 minutes. Verbal and written informed consent were obtained from the interview participants.

## 2.2. Data analysis

Data analysis was conducted parallel to data collection. After meticulous review and transcription, the interview data was segmented into semantic units representing the smallest meaningful components. These units were then grouped into sub-classes and main classes based on semantic similarity. To enhance the rigor of the findings, the study adhered to the four criteria outlined by Guba and Lincoln: credibility, dependability, confirmability, and transferability<sup>[31,32]</sup>. Validation of the findings involved cross-checking and, if necessary, modifying the extracted codes with the respective interviewees. The data collection process extended over one year.

To ensure the credibility of the findings, the first and fifth authors and an external faculty member not involved in the research reviewed and approved the interview transcripts, codes, and classification categories. Detailed records of the research process were maintained to improve the reliability of the findings. Furthermore, deliberate efforts were made to achieve a diverse participant sample, thereby enhancing the generalizability and applicability of the research outcomes.

## 3. Results

Twenty participants were interviewed in the present study, eight male and 12 female. The age range of participants was 60 to 89 years old, with an average age of  $71.3 \pm 8.21$  years. Four participants were interviewed twice to clarify some of the answers and provide further explanations. The characteristics of the participants are provided in **Table 1**.

**Table 1.** Participants' demographic information.

Code	Age	Gender	Marital status	Educational status	Occupation	Current residence	Economic status
1	61	Female	Married	Secondary	Housewife	Private house	More advantaged
2	89	Male	Widowed	Primary	Retired	Private house	Less advantaged
3	72	Male	Married	Diploma	Freelancer	Private house	More advantaged
4	77	Male	Married	Primary	Retired	Private house	Less advantaged
5	87	Female	Widowed	Illiterate	Housewife	Private house	Less advantaged
6	72	Female	Widowed	Cannot read and write	Housewife	Private house	Poor
7	72	Male	Married	Primary	Mercer	Private house	Poor
8	62	Female	Married	Cannot read and write	Housewife	Private house	Less advantaged
9	60	Female	Widowed	Higher Education	Teacher	Private house	More advantaged
10	77	Male	Married	Diploma	Retired	Private house	Less advantaged
11	68	Female	Married	Diploma	Retired	Private house	More advantaged
12	69	Female	Married	Diploma	Retired	Private house	More advantaged
13	62	Female	Single	Diploma	Retired	Private house	Well off
14	71	Female	Married	Diploma	Housewife	Private house	More advantaged
15	76	Male	Married	Higher Education	Retired	Private house	Well off
16	62	Female	Married	Higher Education	Housewife	Private house	Well off
17	74	Male	Married	Primary	Mercer	Private house	Well off
18	70	Male	Widowed	Primary	Retired	Private house	More advantaged
19	80	Female	Widowed	Cannot read and write	Housewife	Private house	Well off
20	65	Female	Divorced	Diploma	Retired	Private house	Well off

Based on the participants' descriptions, three themes and ten sub-themes were extracted as factors which

result in age discrimination experienced by Iranian older adults (**Table 2**).

**Table 2.** Challenges expected in aging.

Themes	Subthemes
Reaction to remarriage	Positive reflection The remarriage stigma
Insecurity and vulnerability path	Retirement: Opportunity or threat Physical and mental deterioration Financial ageism Regret of the past, hope for the future
Death: The next step	The life and death paradox Spouse death reflection

### 3.1. Reaction to remarriage

#### 3.1.1. Positive reflection

Many of the older adults in the study reported living alone or with their spouse rather than with their extended family due to changing family lifestyles, rapid development, and urban life. When one spouse dies from old age or illness, the other spouse's life changes negatively. Such conditions impose loneliness on older widowed adults, which affects their psychological wellbeing. For widowed or separated older adults, remarriage was reported as an opportunity to overcome loneliness. Interestingly, remarriage was also welcomed by the families, especially the children of these older people.

“When I was proposed to marry Haji, I consulted with Emad and Erfan. I told the children if you accept, I get married and overcome my loneliness. My younger son had no idea, but my older son said get married because in the future we will get married, and it is you who will be alone. It is better to get married.”

#### 3.1.2. The remarriage stigma

In Iran, societal attitudes toward marriage or remarriage among older adults are predominantly negative. Such unions in later life are often stigmatized as embarrassing, exemplified by the frequent citation of the proverb “There is no fool like an old fool.” However, it is essential to recognize that older adults have legitimate needs for companionship, and marriage can continue to fulfil essential human needs, especially in later years. Despite this, societal stereotypes and ageism contribute to lower remarriage rates among older adults. These attitudes are often rooted in the misconception that older individuals lack sexual desire and do not need remarriage.

Furthermore, the present study's interviews revealed varying desires and expressions of remarriage among older Iranian men and women who had lost their spouses. These differences can be partly attributed to cultural factors, as older widows, despite their inclination to remarry, often abstained from doing so due to concerns about being judged and rejected by their children.

“No, it's over for me. I don't think *the life is between the old dogs*. Now, for example, a woman may ask me: do you have sexual desire, I would say no, so will tell bye.”

“It's over for me. I'm fed up with life. Another husband? At all! Dignity and respect will diminish. My children will hate me and say our mother is married. Do I deny my children? I deny my life? Being someone else's wife? God forbidden...”

### **3.2. Insecurity and vulnerability path**

#### **3.2.1. Retirement: Opportunity or threat**

While employment is a means of livelihood across all age groups, it gains particular importance for older adults due to its associated “sense of worth.” Retirement often signifies a phase in later life where liquid assets may decrease, while expenses could increase compared to earlier life stages. As a result, the loss of employment opportunities due to age can lead to the eliminating of their primary income source.

“We have an English word called useless, which sometimes makes one think to myself that I sit here and what do I do, I get dressed and go shopping, for example, I put the garbage in the door and then I say to myself that one day I used to tell ten people to take the garbage out or go and do something, and these situations make me feel useless.”

#### **3.2.2. Physical and mental deterioration**

The older adult participants in this study indicated that the transition to old age introduced various physical and psychological limitations, each with potential adverse effects on their individual and social lives. A notable change is the shift in preferences, primarily due to physical constraints and alterations in mood and psychological states. Many older adults opt to limit their social interactions, driven by a desire to evade dependency and the associated sense of being a burden. Participants with more physical ailments often link old age with the emergence of multiple disabilities, whereas those in better physical condition may hold a different view.

The feeling of being a burden, especially among those with significant physical challenges, can lead to social withdrawal and heightened feelings of helplessness. When older adults compare their current capabilities to their past, a sense of inadequacy may develop, often accompanied by self-blame. This feeling can stem from comparisons to their previous life and current limitations in performing personal tasks or garnering attention from others. Some older adults reported a shift away from material possessions in later life, influenced by the belief that such belongings are no longer appropriate for their age, reflecting their attitudes toward end-of-life preparation. Participants also noted a perceived decline in cognitive abilities and decreased libido, particularly emphasized by male participants.

“For example, at that time, suppose you liked a movie you went to cinema and the story and image of that movie stay in your mind for a long time, but now, for example, I went to the cinema a while ago and slept there, while I used to believe in an actor and knew his name, I wanted to know its script, who’s for, which actor was good, I went into details but not now.”

“They say come with us, but I say I cannot come because I’m sick. I have no urine control. That’s why I cannot go. I am not comfortable to go to their home, I’m ashamed...”

“Here, the older adult is seen as a dead wood, the community view is the same as government, as long as one of you is needed and you are paying attention and have maximum energy, they regard you, but after that, they would have nothing to do with you. For example, I was in charge of a project, the employer used to highly regard me, but now it is possible that when he sees me on the street, turning his face around and just walk away. These can be seen repeatedly in the society.”

#### **3.2.3. Financial ageism**

Financial issues represent a significant aspect of ageism, often leading to what can be termed financial ageism. This experience may cause older adults to withdraw socially, as economic challenges frequently influence interpersonal relationships, especially with children and spouses. Increased financial support for older individuals often corresponds with greater assistance from family members. When older adults face

financial difficulties, they may expect or depend on financial help from their children. Another approach that older adults may adopt to alleviate financial strain is to curtail social activities. They often view celebrations and gatherings as requiring considerable expenses, thus exacerbating their financial burden.

“My wife is a little calmer, but well, sometimes she complains about why our sofas are for 8 years ago, why we did not change them 10 years ago. The carpets are also old but I don’t notice because I cannot buy a new one. So I don’t take her seriously whether she is telling the truth or lie.”

“At that time, I was earning money, when children were coming, I was making kebabs, I was doing some things and they also love but I am ashamed now they sometimes bring food themselves, I have no income.”

“Well, if I have money, I would implant my teeth. Why should I be with no tooth? I am not being able to do so and postpone it.”

“Sometimes they say we want some money or they say let’s build an apartment instead of our house, but a 40 meters’ house worth nothing and because I cannot support them financially, they don’t care their mother and I as we wish and leave us alone.”

### **3.3. Death: The next step**

#### **3.3.1. Regret of the past, hope for the future**

In later life, individuals frequently perceive a daily decline in physical strength, accompanied by feelings of suffering and hopelessness. During this phase, older adults may engage in retrospection, contemplating either a life well-lived or missed opportunities. Concurrently, many maintain a sense of hope for the future, albeit one tinged with uncertainty, fears of losing vitality or becoming incapacitated, and concerns about dependency.

“Maybe I did not use the opportunities I had. Maybe, according to Saadi, if you come back to live twice, live and experience once and using the experience for second time, it would be the best kind of life. this is a very interesting thing in my mind, but it is not possible, it is just a pity...”

“I say it’s a bad period, why I should get this way, youth is so good as time flies, it gets worse. Well, when one wakes up in the morning, sees oneself in the mirror, however we put makeup to be happier, going out to have a better mood but again in the morning and these thoughts come back to the same place.”

“I feel bad. Now, for example, I’m 61 years old and have no feeling of old age. I like dancing, partying and a happy environment. Then I say how long can I be like this?’ I would like to be 70 years old, I would like it again, unless, for example, I become physically incapable.”

#### **3.3.2. The life and death paradox**

Many older adults in the present study mentioned they were often afraid of death. However, several respondents noted that this fear motivated them to better care of their health. These older adults considered death a part of the human life process. However, other older adults reported being overcome by the fear of death in the face of a crisis and wanting to extend their life despite the inevitability of death.

“I think we should not ask God for a long life, must beg God to keep me alive. Basically, one hour of life here is the years of that world. When we are in this world, see everything, old friends and grandchildren.”

“They may think their chances and times are great, but we think that our chances may be less and we want to make the most of it. I do not think about death, whenever it wants to come, it comes has nothing to do with my age and circumstances, everyone comes one day and leaves one day.”

Ageism is sometimes directed at older adults because it reminds them of mortality and aging. While some

older adults acknowledge and accept the proximity of death more readily than other age groups, others may deny its inevitability. This denial often stems from a reluctance to part with their lives, children, and possessions. Uncertainty and ambiguity regarding what comes after death further contribute to this denial, as reported by some participants, to mitigate feelings of anxiety and tension.

In addition, receiving messages from others about their age can make older adults think they are close to death. Experiencing these conditions may add to fear and anxiety.

“I am afraid of death, know why? Because we live in this world for 60 years and 70 years and our destiny is in that world which is not known.”

“For example, a place breaks down. I tell the children, they say, ‘What do you want to do? Let it break, you are old, and you won’t need it anymore.’”

“For example, behind the ruined canvas, it rained a lot some time ago. The night I was sitting, I saw that something had a noise. In the morning, when Mr. Nasser came, I said that it rained a lot last night and fell on the roof, I told him to fix it and he said, “Grandma, what do you want to do with it?”

### **3.3.3. Spouse death reflection**

According to the older adults in the present study, ageism is perceived as a decline in the value of life within this age group, equated with existential deterioration. They view the grief experienced by survivors (e.g., spouses) following the death of a loved one as a manifestation of ageism. After the death of a spouse, survivors note a significant behavior change compared to the period before the death, leading to feelings of neglect, reduced prestige, loneliness, and depression. Reactions to a spouse’s death also display gender-specific patterns. In the Iranian context, men are often the primary income earners. Consequently, the death of a husband, if not offset by sufficient financial support or assistance from children, can result in a reduced sense of dignity for the surviving spouse, along with various psychological symptoms.

“God bless my husband who when was alive, children liked to come. Now, for example, they don’t. I was valued but not anymore. My children want to have their share from their father assets, no one listens to me anymore and left me beside. They throw out what is old. They say we are young, and we are old. They do not help. I do not know what to do. I had a good time when my husband was alive. Everyone was coming...”

“A lot has changed since my husband died. Because his death was almost equal to the start of the corona, and I could not even hold a dignified ceremony for him. I wish he was, even if he was sick. He left me and left...”

“I see my sister sitting at home in the morning making a food, and then I see that 80% of her problems are mental, because when her husband died, felt boycotted and can no longer have any contact with anyone. Always waiting for her children to visit her and has expectations and when they don’t come, her pain puts more pressure on her.”

## **4. Discussion**

This study aimed to identify the factors affecting ageism among older adults in Iran using a qualitative approach. Various factors and conditions that either intensified or alleviated ageism were identified. The responses given by the older adult participants to these conditions, coupled with the reported reactions of those around them, collectively contributed to a deeper understanding of the factors influencing ageism.

### **4.1. Reaction to remarriage**

Ageism has reduced remarriage rates among older widowed adults in Iran. This pattern can be attributed



to social pressures against late-life remarriage, partly from the misconception that older individuals do not need to marry and partly from children's concerns about inheritance and assets. Fearing the dilution of their inheritance due to a parent's remarriage, children significantly influence their parents' decisions<sup>[33]</sup>. For example, Participant Number 2 wished to remarry but refrained from doing so, primarily due to concerns about potential conflicts between his children and a new partner. Attuned to these pressures, older adults place importance on their children's attitudes and expectations. Support from children and friends thus becomes crucial in overcoming these social constraints<sup>[34,35]</sup>. Beyond ongoing sexual needs, individuals frequently seek emotional intimacy, companionship, care, interdependence, and a sense of belonging—needs often fulfilled through marriage. Committed companionship serves as a psychological antidote to loneliness and is identified as one of the benefits of remarriage<sup>[36–38]</sup>. Wilcox and Knock also underscore that meeting emotional needs is a primary factor in remarrying<sup>[38]</sup>.

The inclination yet ultimate abstention from remarriage, especially among women, can be attributed to cultural and social factors. As Kant suggested, understanding and explaining a specific social phenomenon is only feasible within the context of its originating society. A significant barrier to remarriage following the loss of a spouse is the prevailing societal attitude toward this practice within the Iranian population<sup>[39]</sup>.

Many older individuals suppress their desire for remarriage, opting for solitude to avoid the associated stigma. Remarriage among men is generally more accepted by children and society<sup>[40]</sup>. Hatch argued that older women seeking close relationships may face “double jeopardy” due to the combined effects of ageism and sexism on perceptions of sexuality. This intersection of ageism and sexism significantly influences the context in which new relationships are formed in later life. Hurd, Clarke, and Griffin also noted that women engage in beauty work as a response to ageism, driven by societal messages about youthfulness, attractiveness, femininity, and sexual desirability<sup>[41,42]</sup>.

#### **4.2. Insecurity and vulnerability path**

Retirement and older age are interconnected phenomena that usually occur concurrently. These major life events often coincide with physical and mental changes<sup>[43,44]</sup>. Some participants in the current study, specifically participants 4 and 16, viewed retirement as the beginning of older age. They indicated that the onset of this phase led to a significant reduction in the work they were previously capable of performing.

Findings from a qualitative study showed that some retired older individuals, influenced by ageism, refrain from pursuing opportunities for advancement, education, and alternative employment<sup>[45]</sup>. In Iran, individuals nearing retirement typically do not undergo psychosocial training to prepare for a work-free life, potentially leading to isolation post-retirement. Consequently, the stress experienced by those approaching retirement, coupled with the physical and psychological effects of aging, can be substantial and manifest even before actual retirement occurs<sup>[45,46]</sup>.

Walker highlighted the legal retirement age as a critical manifestation of ageism, where older individuals are compelled to exit their jobs based solely on age<sup>[47]</sup>. Other researchers have suggested that forced retirement, motivated by a country's economic and political interests, can be viewed as an organizational form of ageism<sup>[45,46]</sup>. Retirement usually leads to a decrease in income, and as individuals enter this stage, they may experience feelings of frustration, being overwhelmed, and experiencing economic decline<sup>[44]</sup>. Extending the retirement age and prolonging workforce participation could address these issues and delay retirement-related challenges. However, such solutions are often dismissed due to economic inefficiency, societal and economic conditions, and the demand for a younger workforce, except in countries with favorable economic potential<sup>[46]</sup>.

Several older adults in the current study (participants 9, 11, 12, and 15) not only refrained from viewing retirement negatively but also expressed a positive outlook, seeing it as an opportunity to pursue personal

interests and learning. In this regard, Pond et al. termed this phase as “maximizing the use of life,” referring to the desire to retire to achieve personal goals, thus enabling one to spend the remaining years of life with health and vitality<sup>[48]</sup>. Additional studies have emphasized that addressing older adults’ financial, economic, and health conditions is crucial for offering emotional and social support<sup>[49,50]</sup>.

The impact of financial difficulties, as reported by participants in the current study, persists beyond the initial retirement phase. Faced with economic constraints, some older adults in Iran reduce interactions, even with close family and children, to limit expenses. These conditions result in various physical and mental challenges for the older individual, thereby contributing to ageism on both individual and societal levels<sup>[17,46]</sup>. Another study’s findings indicated that the financial dependence of older adults creates a context for age discrimination, particularly on an individual level. This dependence constrains the social interactions of older adults, reinforcing existing barriers<sup>[47]</sup>.

In addition to the previously mentioned themes related to the contexts of ageism, psychosocial deficiencies also contribute to its formation. During the aging process, individuals often confront a range of challenges, including declining physical strength, changes in appearance, feelings of guilt or self-blame, thoughts of mortality, loss of social or professional status, an inability to compete with younger individuals, and fears of loneliness, isolation, and retirement. These challenges can manifest daily in the lives of older adults, leading to symptoms such as fatigue, aimlessness, emptiness, fear of rejection, loss of loved ones—particularly a spouse—and age-specific anxiety. These experiences may indicate a prevailing sense of hopelessness within this demographic.

Research has increasingly focused on hope as a positive factor that could mitigate vulnerabilities in life stages such as old age<sup>[48,49]</sup>. Consistent with the current study’s findings, a prior study in Iran identified past regrets and concerns about the future as significant issues among older adults<sup>[50]</sup>. The presence of paradoxical feelings in old age is both expected and natural. Given their extensive life experiences, older adults often have positive and negative feelings about themselves and their life paths. These mixed emotions can be associated with subsequent life satisfaction or dissatisfaction. For example, recalling specific memories may trigger feelings of regret and despair, sometimes accompanied by self-blame. Such blame may arise from reflections on missed interactions or opportunities that could have led to better outcomes. Simultaneously, hope and fear about the future add to the complexity of emotions experienced in old age and notably impact the phenomenon of ageism<sup>[51,52]</sup>.

Generally, these paradoxical feelings of positivity and negativity are often linked to self-discrimination in older age. Such distress may arise from an ‘incomplete perception of self-image’ or a ‘loss of personal identity,’ commonly related to declining physical strength<sup>[53]</sup>. In societies where physical attributes are highly valued, older age may signify a loss of cultural identity, as individuals are no longer seen as productive and influential members of society. A decline in physical strength can result in a significant identity crisis. The loss of vitality separates an individual from a past life where they could rely on and take pleasure in their physical capabilities.

Perceptions of aging or physical decline are shaped by social contexts, which influence self-perception and can induce significant anxiety. Internal ageism can manifest under these conditions<sup>[54,55]</sup>. Practically, the lack of specific types of social support, essential for sustaining relationships, self-esteem, and health, may also be a contributing factor<sup>[56]</sup>. Attention to cultural variables affecting psychological phenomena is crucial. Recognizing cultural influences can be valuable in devising various psychological, social, and even political interventions and studies<sup>[27]</sup>.

Islamic teachings have deeply influenced Iranian culture for centuries. Islam places significant emphasis

on all developmental and age groups, including older adults. Various verses, hadiths, and narrations concerning old age highlight its importance from an Islamic viewpoint. These hadiths clarify Islam's perspective on older adults, shedding light on the value accorded to this demographic. As stated by the Holy Prophet of Islam, showing respect to older Muslims is akin to showing respect to God; the presence of older adults in the community enhances mercy and divine grace, facilitating the distribution of divine blessings. Overall, in Islam and the broader Iranian culture, high regard for older adults is strongly advocated, underscoring the importance and esteem of older individuals within Iranian-Islamic culture<sup>[56]</sup>.

### **4.3. Death: The next step**

The findings of this study suggest that ageism is not solely linked to the fear of aging but also contributes to a fear of death<sup>[57]</sup>. Various studies have also indicated a relationship between ageism and the fear of death<sup>[57,58]</sup>. Ageism can be connected to the fear of death, as outlined by Allen et al. within the framework of Terror Management Theory. This theory suggests that humans are torn between biological systems geared for survival and cognitive self-awareness, which includes the ability to anticipate both the present and future, leading to an awareness of mortality. This dichotomy creates the potential for death anxiety. The theory explains that humans have developed methods to alleviate such anxieties through shared cultural worldviews, which provide a sense of self-worth, meaning, and stability. These worldviews offer a literal sense of immortality, such as belief in an afterlife, and a symbolic one, like the legacy left through children and accomplishments. These factors may remind older adults that they are transitioning towards death<sup>[58,59]</sup>. The current study's findings also revealed that most participants harbored a fear of death and took measures to guard against it.

According to participants in the current study, the fear of death was mainly associated with concerns about leaving the world and their children and uncertainties about the afterlife, factors that intensify their anxiety. In line with these findings and supporting Terror Management Theory, Greenberg et al.<sup>[60]</sup> argued that the human instinct for survival, combined with the cognitive awareness of death's inevitability, creates the potential for fear of death. Like ageism, the fear of death has a multidimensional structure, including fears of non-existence, separation from the known world, and dying itself (such as physical decay). Specific reminders of death, including events, objects, or individuals, can exacerbate this fear by highlighting human vulnerability<sup>[60]</sup>. Similarly, older people's presence can be a reminder of death, signalling to younger individuals that death is inevitable and physical changes are unavoidable. These reminders may lead to discriminatory attitudes and behaviors, consistent with the principles of Terror Management Theory<sup>[61]</sup>. Such thoughts negatively impact younger people, who often see themselves as far removed from death, and heighten the fear of death among older individuals.

The current study identified the death of a spouse as another key factor contributing to ageism among older adults. This event is one of the stressors that can increase the risk of mortality<sup>[62]</sup>. According to attachment theory, mutual dependence often intensifies as couples age, manifesting in separation anxiety and the fear of losing a partner. Older men may increasingly rely on their partners for instrumental support, such as help with daily tasks, while older women may become more financially dependent on their partners<sup>[63]</sup>. Thus, increased dependence may heighten the anxiety of losing a spouse<sup>[64]</sup>. The current study's findings indicate that widows face more economic, physical, and psychological challenges than men. Losing a spouse exacerbates feelings of loneliness and may elevate stress levels even before widowhood, as the spouse often takes on caregiving responsibilities. Additionally, the loss of a spouse in older adulthood is associated with increased healthcare costs, an issue that appears to be more prevalent among men than women<sup>[65-67]</sup>.

In Iranian culture, women are traditionally viewed as supporters and nurturers, and their death often leads

to significant grief for their husbands. For older women, the death of their husbands is particularly impactful due to the financial support they receive from them<sup>[50]</sup>. Historically, women were primarily seen as “housewives,” responsible for household tasks, and thus faced a loss of financial support upon their husbands’ deaths. Specific sources of social support may be vital for emotional adjustment to widowhood, helping to mitigate the adverse effects of spousal loss<sup>[68–70]</sup>. Existing literature suggests that older adults often experience a reduced social network and less frequent social contact in later life<sup>[71,72]</sup>. This reduction is often attributed to significant life events like decreased mobility and a partner’s or peer’s death. A meta-analysis by Pinquart and Sorenson found that increased social contact correlates with lower levels of loneliness. However, other factors, such as the emotional quality of contacts, also play a role<sup>[73]</sup>.

Following the experience of spousal death, older adults may strive to maintain their self-esteem and dignity. They often feel ignored and discriminated against due to societal perceptions that they are no longer productive or active. This perceived lack of productivity is interpreted as ageism, where older individuals are considered unproductive and irrelevant<sup>[74]</sup>. Such circumstances and the resulting perception of ageism can lead to feelings of worthlessness and dependency. These sentiments are expected to be more pronounced among women who lose their husbands<sup>[75]</sup>. As noted in the current study, older individuals who have lost their spouses often feel dependent for meeting their life needs, and the prevalence of such conditions serves as a basis for individual-level ageism.

Given the rising older adult population, addressing ageism has become increasingly important. While ageism may be inevitable, education and intervention measures targeting nursing students and nurses—often serving as role models—are valuable. Training should focus on recognizing older adults as valuable individuals deserving of quality services and treatment. This training should extend beyond clinical settings to bridge the gap between theory and practice, a notable challenge in nursing education. Theoretical instruction on age discrimination and strategies to address it should be integrated into the nursing curriculum and subsequently applied in clinical settings to assess the effectiveness of the training.

Promoting a positive attitude towards older adults can yield beneficial personal and social outcomes, bridging the generational gap. Intergenerational communication is reciprocal, fostering changes in attitudes towards older adults and encouraging social connection and service activities among both young and older individuals. Implementing strategies to reduce ageism can improve the quality of life for older adults and increase their willingness to engage in social activities<sup>[76]</sup>.

## **5. Limitations of the study**

In the present study, all participants were selected from Tehran, the capital city of Iran, which may limit the generalizability of the findings. However, a purposive sampling method was used to ensure a diverse sample across various socio-demographic variables to mitigate this limitation. The sample size was deemed appropriate for the qualitative research methodology employed.

## **6. Conclusion**

In the current study, ageism is understood as a multifaceted concept influenced by various factors. These factors contribute to either positive or negative societal reactions towards older adults. Elements such as remarriage, retirement, financial challenges, and the concept of death were identified as dual-natured influences on the adaptation of Iranian older adults to aging and their experience of ageism. To mitigate ageism, particularly in countries with an aging population, it is essential to leverage existing political, economic, social, and cultural infrastructures to enhance older citizens’ physical and mental wellbeing.

## Author contributions

Conceptualization, AY, KA and HM; methodology, AY, SA, LMD and MS; software, SA, KA, HM and LMD; validation, AY, KA and HM; formal analysis, AY; investigation, KAA and HC; resources, LMD and SA; data curation, AY and KAA; writing—original draft preparation, AY, KAA, HC and LMD; writing—review and editing, AY, KAA, HC, LMD and SA; visualization, KAA and HC; supervision, AY; project administration, AY; funding acquisition, AY. All authors have read and agreed to the published version of the manuscript.

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## Contribution to the field statement

The population of older adults has seen a significant increase in recent years, accompanied by evolving perspectives on aging and the social roles of this demographic. Ageism, or discrimination based on age, is a prevalent experience among older adults. This study aims to identify the factors contributing to ageism. Three primary factors influence ageism and older adults' acceptance or denial of aging: conflicting views on remarriage, a path characterized by insecurity and vulnerability, and the concept of death. By focusing on these identified factors, interventions can be designed to encourage positive attitudes towards aging, thereby promoting health and wellness among older adults.

## Conflict of interest

The authors declare no conflict of interest.

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