

Negative and positive ageism in an Italian sample: how ageist beliefs relate to epistemic trust, psychological distress, and well-being

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ABSTRACT

Ageism is a social issue of growing concern; ageist beliefs can shape the individual and collective experience of aging. The present study aimed to explore positive and negative ageism in young adults (YA) (18-30 years) and adults (AD) (31-60 years) and their relationship with epistemic trust, psychological distress, and psychological well-being. 301 Italian adult participants completed an online survey that included the following self-report questionnaires: attitudes towards older people scale, epistemic trust, mistrust and credulity questionnaire, depression anxiety stress scale-21, and Warwick-Edinburgh mental well-being scale. Negative ageism was significantly higher in YA compared to AD; on the contrary, AD presented more positive ageism than YA. When considering the entire sample, negative ageism was correlated with various dimensions of psychological distress and epistemic trust. A mediation model revealed that epistemic mistrust fully mediated the relationship between age and negative ageism, suggesting that changes in ageist beliefs that seem to occur with age are mediated by a mistrustful epistemic stance. Future research should focus on further exploring the link between epistemic trust, mental health, and holding ageist beliefs. The results are also discussed in terms of their implications for the treatment of older patients..

Key words: ageism, epistemic trust, epistemic mistrust, epistemic credulity, psychological well-being.

Introduction

Everyone has explicit and implicit assumptions about different age groups (*e.g.*, children, adolescents, adults, and older people); people use age in different ways to better understand themselves, others, and the social world in which they live. These practices can lead to a prejudiced and stereotypical way of thinking and behaving. Investigating how these assumptions, specifically about older people, develop and interact with other dimensions, such as psychological well-being, psychological distress, and epistemic trust, could add great value to the existing literature.

Although ageism is a bias based on chronological age that can be directed towards any age group, in this study the term ageism is used to indicate prejudice and stereotypes towards older people since most of the research on ageism has focused on this particular age group (Iversen *et al.*, 2009). Acquiring knowledge about ageism against older people seems pivotal at present, considering that an astonishingly progressive aging of society is taking place. Since older adults form a significant por-

tion of the global population, research on how biases against them interact with other psychological variables and how positive and negative ageism develop during the lifespan is needed to better understand the concept of ageism, as it is a social phenomenon with a global impact.

Ageism is a multifaceted concept that has undergone many changes over time, gaining complexity. Although many definitions of ageism have been proposed over the years, in this study, we refer to the definition given by Iversen *et al.* (2009). The authors describe ageism as either negative or positive stereotypes, prejudice and/or discrimination against (or to the benefit of) aging people, embracing the affective, cognitive, and behavioral components of ageism, the conscious and unconscious dimensions, and the individual and social/institutional relevance of the problem (Iversen *et al.*, 2009).

For a long time, scientific research focused mainly on negative biases against the elderly, while much less attention has been paid to positive or benevolent ageism (Levy & Macdonald, 2016). While, in terms of negative ageism, older people are stereotyped as dependent, incompetent, and a burden on family and society, positive ageism projects traditional values such as wisdom or kindness onto the elderly (Cuddy *et al.*, 2005). Nonetheless, positive discrimination may also have negative consequences, as is the case with so-called compassionate stereotypes, which can lead to overwhelming empathy or condescendence which ultimately support ageist behaviors (Cary *et al.*, 2017). Both negative and positive ageism can be found in perceptions, actions, and affects toward older people and can contaminate different domains other than the individual's behavior, such as organizational regulations and cultural values; hence, stereotypes and prejudices based on chronological age are often pervasive and ubiquitous (Ayalon & Tesch-Römer, 2018; Donizzetti, 2019). Negative perceptions of aging can have damaging repercussions on various domains of physical and mental health (for a review, see Chang *et al.*, 2020) and amplify healthcare costs (Levy *et al.*, 2020). Conversely, more positive self-perceptions of aging in older individuals are associated with higher levels of overall well-being and longevity (Levy *et al.*, 2002; Steverink *et al.*, 2001).

While it appears well-established that experiences of ageism can be damaging to mental health and adversely impact psychological well-being (Kang & Kim, 2022; Lyons *et al.*, 2018), the relationship between these latter variables and ageist beliefs has not been thoroughly investigated. Overall, most research has focused on how people who are targets of prejudice and discrimination may experience psychological problems, but few have investigated if individuals who harbor prejudicial beliefs also suffer from psychological distress (Dinh *et al.*, 2014). Therefore, the current study explores ageist beliefs instead of experiences of ageism to fill this gap in the literature, which requires further attention.

Moreover, to offer a more complex picture of the actual range of views on aging and older people, in this study, ageism will be explored in conjunction with other constructs that are particularly salient in this framework: epistemic trust, mistrust, and credulity.

Epistemic trust has been defined as an individual's ability to trust that interpersonally transmitted new knowledge is authentic, trustworthy, generalizable, and relevant to oneself; it enables openness to social learning and allows individuals to benefit from their social environment (Fonagy & Allison, 2014). Epistemic mistrust reflects a stance in which the person tends to consider any source of information as unreliable or ill-inten-

tioned, whereas epistemic credulity pertains to a naïve trust in other people, characterized by a lack of vigilance and discrimination (Campbell *et al.*, 2021). Exploring the epistemic stance of different age groups in relation to ageism could shed light on how people with different ageist beliefs trust others.

Furthermore, this study may help clinicians gain perspective on the broad impact of ageism and lead them to examine their own negative ageist beliefs towards older patients, which may have detrimental consequences for the therapeutic relationship and outcome.

The origin of ageist beliefs in psychotherapy goes back to the early days of psychoanalytic practice. Jung (2014) had a positive attitude towards aging and believed that in the second half of life, the individual may approach life with a new sense of individuality and wholeness. On the other hand, Freud argued that older adults' minds lack flexibility, preventing them from benefiting from therapy (Freud, 1905). Despite evidence indicating that older patients respond positively to psychotherapy (Cuijpers *et al.*, 2014), ageist biases regarding older adults' treatability are still common (Ayalon & Tesch-Römer, 2018; Lederman & Shefler, 2022). Butler (1975) referred to this skepticism surrounding psychotherapy with older people as therapeutic nihilism.

Psychotherapy with older adults is still often considered a wasted effort; inadequate training regarding gerontological content contributes to a lack of enthusiasm for working with older clients. Furthermore, when considering ageism in a therapeutic context, one must consider the feeling of discomfort that may be evoked in clinicians in relation to their own aging process (American Psychological Association, 2014; López *et al.*, 2020).

Several studies have explored ageist biases among psychotherapists, identifying them as a problematic factor in psychotherapy with older adults, even among therapists that are more experienced with this age group (Kessler & Blachetta, 2020; Lederman & Shefler, 2022). Even therapists who are aware of the harmful impact of ageism, whether it comes from themselves or other people in the patient's life, may retain certain ageist beliefs and behaviors. Therefore, clinicians should thoroughly examine the manifestations and implications of ageism that may occur both within therapy and in the patient's social world.

In light of these considerations, particular attention should be paid to the challenging psychological assessment of older people, as it requires awareness of generational differences related to biological, psychological, and social aspects. Of course, cultural views and attitudes toward aging must also be considered in the assessment process, especially since it comprises a psychodynamic dimension (Lingiardi & McWilliams, 2017).

Thus, our study had three main objectives. The first one was to explore the differences in positive and negative ageism and other psychological dimensions (*i.e.*, psychological distress, psychological well-being, epistemic trust, mistrust, and credulity) in the two age groups [*i.e.*, young adults (YA) and adults (AD)]. We hypothesized that YA would present more negative ageist beliefs and that AD would score higher with respect to positive ageism. The second goal was to evaluate the relationship between ageism and psychological distress. We hypothesized that greater scores of ageism would be associated with higher levels of psychological distress (*i.e.*, anxiety, stress, and depression). The last objective was to explore the relationship between negative ageism and disruptions of epistemic trust. We hypothesized that negative ageism would be associated with higher scores of epistemic mistrust and epistemic credulity.

Methods

Procedure

Participants were recruited through an internet-based survey hosted by Survey Monkey. The survey was released on October 12th, 2021, and data were collected within a time frame of 6 months. Participation was voluntary and no financial compensation was offered. The study was approved by the Ethics Committee of the Department of Dynamic and Clinical Psychology and Health Studies, Sapienza University of Rome, Italy (Prot. n. 0000065 - UOR: SI000092 - Classif. VII/15) and conformed to the Code of Ethics of the World Medical Association (Declaration of Helsinki), as printed in the British Medical Journal (July 18, 1964). All subjects were required to provide written informed consent.

Participants

Although 304 participants were initially enrolled, 3 of them had to be excluded for failing to complete the survey. Therefore, the final sample consisted of 301 Italian adult participants (mean age 31.61, standard deviation 11.26; 178 women). Participants were recruited through social media and word-of-mouth. To meet the inclusion criteria, participants had to: i) be of Italian nationality; ii) be aged 18 years or older.

Measures

Attitudes towards older people

The scale of attitudes towards older people is a self-report questionnaire consisting of 16 items. The questionnaire has been used in the literature to measure both positive and negative attitudes and beliefs toward older people (Henderson *et al.*, 2008; Johnson, 1992). Specifically, the attitudes towards older people questionnaire is divided into 7 positive items (*e.g.*, elderly people are respected for their wisdom) and 9 negative items (*e.g.*, elderly people live too much in the past), and they all include a Likert-scale type of response (1=strongly agree; 5=strongly disagree). The translation and adaptation processes were entrusted to AFB and LZ. Cronbach's α for this study was .71.

Depression anxiety stress scale-21

The depression anxiety stress scale-21 (DASS-21) is a self-reported questionnaire consisting of 21 items, shortened from its original 42-item version (Antony *et al.*, 1998; Bottesi *et al.*, 2015). The DASS-21 is widely used in the literature to measure and differentiate symptoms related to depression and anxiety that have occurred in the prior 7 days. Example items include: "I couldn't seem to experience any positive feeling at all" for depression, "I felt scared without any good reason" for anxiety, and "I found myself getting agitated" for stress. Responses are provided on a 4-point scale from 0 to 3. Item scores are then added for each subscale to produce a total score, which is then multiplied by two, as recommended by the authors, to make the scores comparable with the longer 42-item version of the scale (Henry & Crawford, 2005). The validated Italian version was used in the current study (Bottesi *et al.*, 2015). Cronbach's α for this study was .86.

Warwick-Edinburgh mental well-being scale

The Warwick-Edinburgh mental well-being scale (WEMWBS) is a self-report scale developed to measure mental well-being in the general population (Tennant *et al.*, 2007). The WEMWBS covers the eudemonic and hedonic aspects of positive mental health and appears to have good reliability and validity as a measure of positive mental health (Stewart-Brown *et al.*, 2009; Tennant *et al.*, 2007). The questionnaire includes 15 items with 5 response categories that refer to their experience over the prior 2 weeks. Example items include "I've been feeling optimistic about the future" and "I've been feeling good about myself". Item scores are added to produce a total score between 14 and 70, with higher scores indicating greater positive mental health. The items were constructed to be worded positively and to cover both feeling and functioning aspects of mental well-being. The present study used the validated Italian version of the WEMWBS (Gremigni & Stewart-Brown, 2011). Cronbach's α for this study was .76.

Epistemic trust, mistrust and credulity questionnaire

The epistemic trust, mistrust and credulity questionnaire (ETMCQ) is a self-report questionnaire that measures the 3 dimensions of epistemic trust: trust, mistrust, and credulity (Campbell *et al.*, 2021; Liotti *et al.*, 2023). The questionnaire includes 15 items, divided into the 3 afore-mentioned subscales (*i.e.*, 5 items each). Example items include: "I usually ask people for advice when they have a personal problem" for trust, "If you put too much faith in what people tell you, you are likely to get hurt" for mistrust, and "I am often considered naive because I believe almost anything that people tell me" for credulity. The items include a Likert-scale type response (1=strongly agree; 7=strongly disagree). The items included in each subscale are summed to provide a score for each dimension. Cronbach's α for this study was .74.

Statistical strategy

Data processing was performed using SPSS (IBM, Armonk, New York, USA). In order to evaluate differences in ageism, participants were initially separated into 2 groups: YA (n=195; 18-30 years old) and AD (n=106; 31-60 years old). All group comparisons were performed using both parametric (*i.e.*, two-sample t-test) and non-parametric (*i.e.*, two-sample Mann-Whitney's U) statistical tests to evaluate the convergence of the results. In order to first test for group differences in demographics and psychological characteristics, two-sample t-tests and two-sample Mann-Whitney's U tests were computed on: age, education level, mental well-being, stress, depression, anxiety, trust, mistrust, and credulity. Chi-square was also conducted to test for differences in sex distribution between the 2 groups. Finally, to test for group differences in ageism, 2-sample t-tests and 2-sample Mann-Whitney's U tests were conducted on positive and negative ageism. Cohen's d was calculated for all comparisons to quantify the effect size. Due to the results obtained in the previous step, in order to evaluate the relationship between ageism and psychological characteristics, partial correlations (controlling for age) were conducted on the entire sample (n=301) on both positive and negative ageism and the following variables: mental wellbeing, stress, depression, anxiety, trust, mistrust, and credulity.

The potential mediating role of psychological variables on the relationship between age and negative ageism was explored

using mediation analysis. The psychological distress, stress, and mistrust variables were selected as potential mediators as they significantly correlated with both age and negative ageism. A simple mediation model [Model 4; 95% confidence interval (CI); 5000 bootstraps] was computed using the PROCESS macro for SPSS version 27 (Hayes, 2017).

Results

Sample characteristics

Participants were separated into 2 groups: YA (n = 195; 18-30 years old; mean age 24.65±2.70) and AD (n=106; 31-60 years old; mean age 44.42±9.64). The 2 groups were comparable in terms of distribution of biological sex ($X^2=.268$; $p=.605$) and education level ($t=.539$; $p=.539$), and only differed significantly in terms of age ($t=-20.680$; $p=.000$). The psychological characteristics of the 2 age-groups are shown in Table 1.

Ageism between age-groups

Results regarding group differences in positive and negative ageism are shown in Figure 1. Parametric (*i.e.*, t-test) and non-parametric (*i.e.*, Mann-Whitney's U) test results overlaid each other entirely. The effect size of the result regarding positive ageism was $d=-.303$, whereas the effect size of the result regarding negative ageism was $d=.359$.

Psychological correlates of ageism

To explore the psychological correlates of positive and negative ageism, a series of partial correlations were conducted on the entire sample (n=301). Having observed a significant difference between age groups (*i.e.*, YA vs AD) in both positive and negative ageism (Figure 1), age was controlled for in all of the following analyses. The results regarding the psychological correlates of positive and negative ageism are shown in Table 2.

Mediators of the relationship between age and negative ageism

The potential mediating role of psychological distress (*i.e.*, DASS total), stress, and mistrust on the relationship between age and negative ageism was explored through a mediation analysis; these specific psychological variables were selected as

they significantly correlated with both age and negative ageism. As displayed in Figure 2, epistemic mistrust fully mediated the relationship between age and negative ageism [total effect=-.056; $p=.036$; 95% CI (-.109, -.004); direct effect=-.043; $p=.108$; 95% CI (-.096, .010)].

Discussion

The purpose of this study was to thoroughly investigate positive and negative ageist beliefs toward older people in an Italian sample of YA and AD. We aimed to explore the link between participants' psychological characteristics (*i.e.*, psychological distress, psychological well-being, epistemic trust) and ageism in two different age groups. Regarding age differences, we found that YA reported higher levels of negative ageism and lower levels of positive ageism compared to AD. Results present in the literature in terms of the relationship between ageism and age are contradictory; similarly to our results, some have found that young people report higher ageism levels (Rupp *et al.*, 2005), whereas others found that older people had significantly more negative attitudes against their own age group, compared to younger age groups (Cherry *et al.*, 2016). However, other researchers failed to find any significant difference in ageism between age groups (Cherry & Palmore, 2008); this discrepancy with the results obtained in the current study may be due to the

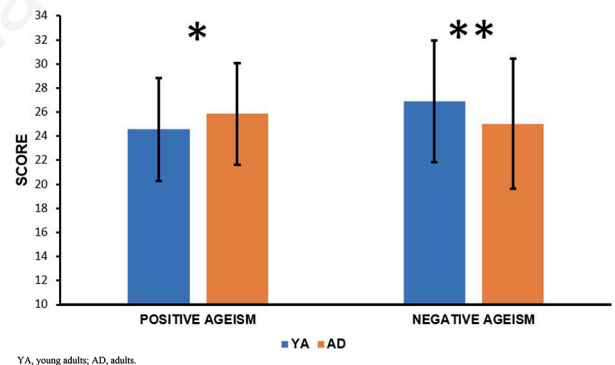


Figure 1. Group differences in positive and negative ageism scores. Parametric (t-test) and non-parametric (Mann-Whitney's U) results overlaid each other entirely.

Table 1. Psychological characteristics of the two age groups.

Questionnaire	Measure	YA	AD	Mann-Whitney's U p	T-test		Cohen's d
					t	p	
WEMWBS	Mental well-being	39.24 (±8.75)	39.31 (±11.84)	.064	.058	.954	-.007
DASS-21	Stress	8.89 (±4.73)	6.40 (±4.12)	.000	4.751	.000	.561
	Depression	6.45 (±4.85)	4.51 (±4.21)	.000	3.618	.000	.427
	Anxiety	3.96 (±3.81)	2.47 (±3.07)	.000	3.696	.000	.431
	Total	19.30 (±11.84)	13.38 (±9.94)	.000	4.611	.000	.542
ETMCQ	Trust	23.50 (±6.41)	22.00 (±7.80)	.211	1.797	.073	.210
	Mistrust	18.74 (±6.30)	16.54 (±6.86)	.009	2.812	.005	.334
	Credulity	12.78 (±5.97)	10.77 (±5.94)	.004	2.797	.005	.338

YA, young adults; AD, adults; WEMWBS, Warwick-Edinburgh mental well-being scale; DASS-21, depression anxiety stress scales-21; ETMCQ, epistemic trust, mistrust and credulity questionnaire. Values in italics are significant.

different age ranges considered when creating the age groups and the diversity of the measures used.

In the current study, YA also reported higher levels of epistemic mistrust and credulity compared to AD. Given that, with respect to the entirety of the sample, negative ageism was linked to higher levels of mistrust and credulity, a mediation model was constructed to demonstrate how age may indirectly affect the level of negative ageism through epistemic mistrust and epistemic credulity. Interestingly, the relationship between age and negative ageism was found to be fully mediated by epistemic mistrust, a trait-like characteristic that decreases with age and is positively correlated to negative ageism. The results regarding the relationship between age and epistemic mistrust are similar to those obtained in the Italian validation of the ETMCQ (Liotti *et al.*, 2023), in which mistrust showed a significant negative association with age, suggesting that suspiciousness towards others may decrease with aging. Interpreting the results of the model, one may argue that negative ageism could encompass a dimension of mistrust towards the authority of older people, who are often considered to be judicious and wiser. The observed results indicate a disruption of an otherwise expected transgenerational chain, reflecting how young people regard the knowledge of older people. Some authors who have dealt with the study of epistemic mistrust have found that those who are more mistrustful tend to manifest a rejection of authoritative information (Pierre, 2020; Tanzilli *et al.*, 2022) and that mistrust in experts (typical of conspiracy mentality) decreases the perceived credibility of powerful sources (Imhoff *et al.*, 2018). One may argue that experts and authority are often associated with an older age group; therefore, mistrust addressed to these epistemic agents could represent an ageist dimension.

Regarding the observed association between negative

ageism and credulity, according to the study by Henry *et al.* (2019), naïve realism may lead to authoritarian aggression, authoritarian submission, and conventionalism, which in turn may increase the value that individuals give to social hierarchies, potentially having an impact on the development of ageist beliefs. Naïve realism is a personal epistemology characterized by a belief that knowledge is composed of facts, that doubts are excluded, and that a correct answer exists for every question (Wilkinson & Migotsky, 1994). This epistemic style could be associated with epistemic credulity, which comprises inappropriate trust in unreliable informants and a pronounced lack of discrimination, resulting in a potential vulnerability to misinformation. Nevertheless, as this is the first empirical research focused on the relationship between ageism and epistemic trust, mistrust, and credulity, further studies should investigate this topic, perhaps extending the study of mistrust to authority and institutions as well.

Our results regarding age and negative ageism can also be read in light of the social identity theory (Tajfel & Turner, 2004), which postulates that being a member of a societal group shapes one's sense of self and therefore one's beliefs, affects, and behaviors. Individuals tend to define their group (in-group) in a distinctly positive way compared to an out-group, which in turn is defined in negative terms. This process provides members of the in-group with a positive social identity. When applied to aging, this theory may explain why young people are motivated to gain distinctiveness and self-esteem by internalizing a negative view of older age groups. Through this perspective, holding negative ageist beliefs and stereotypes would promote a more favorable perception of the younger group (Harwood, 2007). Packer & Chasteen (2006) found that young adults who strongly identified with their age group expressed more negative preju-

Table 2. Results regarding the psychological correlates of ageism.

Questionnaire	Measure	Positive ageism		Negative ageism	
		r	p	r	p
WEMWBS	Mental well-being	.089	.125	-.117	.043
DASS-21	Stress	-.082	.155	.092	.110
	Depression	-.159	.006	.173	.003
	Anxiety	.025	.666	.056	.336
	Total	-.91	.116	.127	.028
ETMCQ	Trust	.040	.490	-.096	.099
	Mistrust	-.078	.178	.206	.000
	Credulity	.022	.702	.189	.001

WEMWBS, Warwick-Edinburgh mental well-being scale; DASS-21, depression anxiety stress scales-21; ETMCQ, epistemic trust, mistrust and credulity questionnaire. Values un italics are significant.

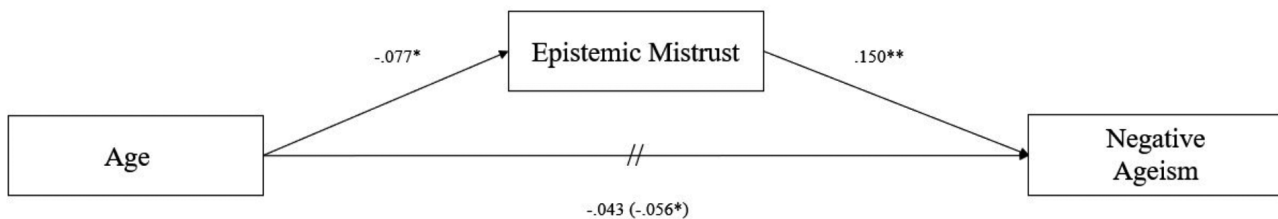


Figure 2. Schematic model of the mediating role of epistemic mistrust in the relationship between age and negative ageism. Standardized regression coefficients are displayed; the standardized regression coefficient between age and negative ageism, controlling for epistemic mistrust, is in parentheses (*p<.5; **p<.01).

dice about older adults when imagining themselves as older. Furthermore, Taşdemir (2020) observed that young people who like being a member of a young group, and who define themselves based on their age group, expressed more negative stereotypes towards older people. Overall, the results of these studies suggest that young people who emphasize a valued social identity may express more negative ageist beliefs.

Moreover, given that previous research states that increased exposure to and interactions with older adults may reduce ageist views among younger people (Smith *et al.*, 2017) and that the quality of young people's experiences of contact with older people is associated with their attitudes toward them (Bousfield & Hutchison, 2010), greater intergenerational contact between older adults and young adults would be advisable to reduce negative ageist beliefs in the latter. According to the findings of a recent study on ageism during the coronavirus lockdown in Italy (Visintin, 2021), positive intergenerational relations are likely beneficial for public health. Regarding this issue, a growing body of research has examined the PEACE model (*i.e.*, positive education about aging and contact experiences), which aims to reduce negative stereotypes, aging anxiety, prejudice, and discrimination associated with aging in young people by focusing on education about aging and positive contact experiences with older adults (Levy, 2018; Lytle *et al.*, 2021).

In addition to intergenerational contact, the active aging paradigm and profiguration framework may be useful tools for social innovation and overcoming the ubiquitous problem of ageist beliefs toward older people. Active aging is a field of the social sciences that is becoming increasingly important and is defined as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002 - p. 12). Through this approach, older people are seen as a resource for the community and the broader social system. Many initiatives have tried to tackle the societal challenges that older people face, incorporating active aging components in policy objectives (Barbabella *et al.*, 2022; Lucantoni *et al.*, 2022). The active aging paradigm is also related to the concept of profiguration (and profigurative socialization), which refers to the encouragement of intergenerational interdependence, dialogue, and fostering active aging for older citizens. Therefore, profiguration is a pivotal element in improving integration between different generations (Molina-Luque *et al.*, 2022).

Within our sample, adults presented greater positive ageism than young adults. It is possible that individuals' subjective views of aging change with time and that developmental processes, life events, and greater exposure to older people may explain why adults, who are assumed to have lived more experiences and have had more contact with older people, were less ageist than younger participants. Adulthood and midlife are pivotal periods in which individuals adjust to transitioning social roles and in which they may feel closer to older adults than younger people. As people age, their beliefs about aging change, gaining complexity and heterogeneity. Cherry *et al.* (2016) suggest that ageist behaviors are related to a lack of knowledge of the aging process, bringing those with less knowledge to rely increasingly on stereotypes to form their beliefs about older people and aging. The study by Hummert *et al.* (1994) also supports the idea that older and middle-aged adults have more complex representations of aging than young adults.

Regarding the relationship between psychological distress, psychological well-being, and ageism, our results suggest that negative ageist beliefs are associated with psychological distress (*i.e.*, anxiety, stress, and depression) and that higher levels of

psychological well-being are related to fewer negative ageist beliefs. This finding indicates that it is vital for research on ageism to concentrate on the link between holding ageist beliefs and mental health, in a landscape where most studies, as outlined in the Introduction, have focused on the experience of ageism (Chang *et al.*, 2020; Levy *et al.*, 2002).

Moreover, it is possible that the timing of the survey completion (*i.e.*, during the COVID-19 pandemic) is relevant in interpreting the levels of psychological distress in our sample. Studies have found that, during the pandemic, young adults' mental health was more adversely impacted compared to adults and older people (Giovanardi *et al.*, 2022; Patel *et al.*, 2022); in line with these results, the current study observed higher levels of depression, anxiety and stress in YA compared to AD. The lack of sociality, uncertainty, and a sense of loss of control and perspective about the future experienced during this time may have taken a toll on younger people.

Lastly, it is important to note that aging often brings emotional and mental health benefits, such as an increased capacity to find meaning in life (Lingiardi & McWilliams, 2017); however, ageist beliefs may hinder acceptance of the inevitable aging process, causing one to solely focus on the negative aspects of old age. Although this study was not carried out on a clinical sample, these findings may draw attention to the implications and consequences of ageism in a clinical setting. Ageist beliefs may cause psychological distress and feelings of isolation and loneliness in older people; when the elderly are protected against social isolation and anxiety, successful aging (Rowe & Kahn, 1997) is more achievable. Nevertheless, ageist beliefs towards older people should also be considered when working with younger patients, as these may influence both their real relationships and their representations, hindering the separation-individuation processes and the re-signification of identification models.

Conclusions

The construct of ageism is fundamental to how individuals and institutions perceive and behave toward older people. The present study aimed to paint a complex picture of ageist beliefs and their relationship with different dimensions in an Italian sample. The results indicate that age is linked to ageism through a mistrustful epistemic stance and that holding negative ageist beliefs is related to psychological distress. Future research on this topic should focus on further exploring negative and positive ageist beliefs in different age groups and evaluating their relationship with mental health and other psychological correlates.

Understanding ageist dynamics could be very useful to clinicians when working with both older and younger patients. Psychotherapists should consider the specific difficulties and experiences that come with aging, and help older clients grasp and challenge negative assumptions about themselves, including beliefs regarding chronological age. A prevalent negative assumption about older people, that has not been explored in this study, is that they do not have a psychodynamic dimension, or that it is not relevant; however, clinical experience indicates otherwise, as stated in the *Psychodynamic Diagnostic Manual, 2nd edition*, which has a section dedicated to older adults (Lingiardi & McWilliams, 2017). Hence, future studies should explore how psychodynamic clinicians' ageist beliefs may hinder the therapeutic process with older patients.

Limitations

Firstly, the cross-sectional research design limits the conclusions that can be drawn from the results, not allowing for the inference of a causal relationship between variables. Moreover, we did not consider social desirability, which may affect participants' responses to self-report measures of ageism. By definition, social desirability pertains to people's inclination to portray positive images of themselves and to respond in ways viewed as socially appropriate (Barger, 2002); therefore, this variable may have influenced the responses about ageist beliefs. Furthermore, the questionnaire used to measure positive and negative ageism has not yet been validated in Italian. Lastly, we want to highlight that the indirect effect of age on negative ageism mediated by epistemic mistrust, even if statistically significant, is very small (less than 20% of the total effect). In conclusion, researching ageism can be problematic, considering that it is still a wide and blurry construct, for which many definitions and measures exist, making it difficult to compare the different results obtained in the literature.

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