EXPLORING REACTIONS TO DISRESPECT AND SENSITIVITY TO SOCIAL REJECTION IN OLDER

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Disrespect involves having low regard or low esteem for someone. Disrespect is a universal experience and has the potential to negatively impact relationships and fosters anger and aggression (Hawkins, 2015; Shwalb & Shwalb, 2006). In the current study, younger (ages 19-25) and older adults (ages 50-77) imagined a person they knew had disrespected them in six different hypothetical situations. For each situation, participants rated their emotional reactivity. Participants also indicated their sensitivity to social rejection (i.e. being left out/excluded). The primary research questions for this study included: do reactions to disrespect differ based on age? Also, does one's relationship status with a disrespect perpetrator matter? In the current study, participants had a stronger emotional reaction to disrespect when imagining the disrespect perpetrator was someone close to them rather than someone not close to them, regardless of age. An age by gender by relationship closeness ANOVA revealed three significant main effects: of age (older are less sensitive), gender (males are less sensitive), and relationship closeness (those more distant to perpetrator are less sensitive) on sensitivity to social rejection. Sensitivity to social rejection mediates the relationship between closeness to a disrespect perpetrator and emotional reaction, even after controlling for age as a covariate, p<.001. The findings of this study highlight the component of rejection that is typically involved within disrespect situations and may help to explain just why disrespect feels so hurtful. These findings also highlight that there may be some protection from disrespect based on age or gender.

LOVE IN THE SHADOW OF OBLIVION: THE MEANING GIVEN TO LOVE IN COUPLES LIVING WITH ALZHEIMER'S DISEASE, FROM A FAMILY VIEW

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Aims and objectives: To deeply understand the significance of love between spouses who live with Alzheimer's Disease (AD) in a familial aspect. Background: While there is extensive empirical knowledge on the subject of AD, as well as about love, little is known about love in old age, and even less is known about love between spouses who live with AD. This study is a pioneering study that describes love and relationship with AD. Design: A phenomenological qualitative research, which enables a close examination of the experience that accompanies the couple and their adult children from a family perspective that has not yet been examined. It belongs to the stream of Social Constructivism whereby the purpose of interviewing more than one family member was used to capture the process by which family members construct their identity as individuals and as a family unit. Methods: Forty-five in-depth interviews were conducted with n = 15 triads including the couple and their adult child, based on Interpretative Phenomenological Analysis (IPA). Results: Three central themes emerged: (1) The meaning of AD, (2)

Continuity and discontinuity of love prior and with AD, (3) The meaning of love in coupled living with AD. Conclusions: Commitment with AD is a moral-ethical obligation, and not necessarily because of love, due to the increasing price of separation. Future research is discussed. Key words: Alzheimer's disease, Love, Relationship, Meaning, couples

MODERATION OF PHYSICAL HEALTH ON EMOTIONAL HEALTH AMONG GRANDPARENTS RAISING GRANDCHILDREN

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An estimated 69.5 million older adults in the United

States report being grandparents. It is also evident that the number of grandparents raising grandchildren among them is increasing. Although caring for their grandchildren often provides grandparents a sense of purpose and increased life satisfaction, unexpected responsibilities of parenting worsen the already challenging experience of aging (e.g., potential for poor physical and mental health). Thus, it is essential to study the well-being of grandparents raising grandchildren. Links between depressive symptoms and emotional health have been widely studied in previous research. However, limited research has focused on physical health as a potential moderator, despite indirect evidence shown that more depressive symptoms may be observed among those with worse physical health conditions. To address this, we used Optum® SF-36v2® Health Survey to collect physical- and mental-health data and Center for Epidemiological Studies Depression Scale (CES-D-10) to collect information on depressive symptoms in 137 grandparents raising grandchildren (age 40-83) before, immediately after, and six months after a six-week intervention focused on self-care practices. The presence of more depressive symptoms indicated worse emotional health. Physical health moderated these associ-

RESILIENCE FACTORS THAT MODIFY GENETIC RISK FOR ADHD MATTER FOR LATER LIFE EMOTIONAL AND COGNITIVE HEALTH OUTCOMES

ations at all three time points, such that depressive symptoms

were less strongly related to emotional health if grandparents

self-reported better physical-health scores. These findings

have important implications for future intervention studies.

The importance of good physical health practices for grand-

parents raising grandchildren is evident, including increased

physical engagement and better pain management.

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Having features of Attention Deficit Hyperactivity Disorder (ADHD) is associated with challenges with emotional regulation and cognitive function. Heritability for ADHD in adults is estimated to be 30%. The degree to which genetic risk for ADHD can be modified by protective factors, such as strong personal relationships and pursuing more education, to result in better emotional and cognitive outcomes at later ages is not well understood. We evaluated these relationships in a population-representative sample of