

EXPLORING REACTIONS TO DISRESPECT AND SENSITIVITY TO SOCIAL REJECTION IN OLDER ADULTS

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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 associations 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 grandparents raising grandchildren is evident, including increased physical engagement and better pain management.

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

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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

older adults in the U.S. Health and Retirement Study, with 9,003 European Americans (EA; 57% women, age $M=68.6$, $SD=10.4$), and 1,622 African Americans (AA; 63% women, age $M=64.4$, $SD=9.5$). Outcomes included validated scales for psychological resilience, life satisfaction, depressive symptoms (DepSx), cognitive functioning, and impairment, assessed between 2008-2012. A genetic risk score for ADHD (GRS-ADHD) was calculated from a genomewide-scan, using a mixed ancestry sample. We used multivariable linear and logistic regression models, adjusted for age, gender, and genetic ancestry. We found a protective effect such that stronger personal relationships in adulthood reduced the inverse relationship between the GRS-ADHD and resilience and life satisfaction in later age (interaction $p's < .004$ in EAs), but not with DepSx. In contrast, strong parental relationships in childhood attenuated the association between the GRS-ADHD and later life DepSx (interaction $p's < .007$ in EAs and AAs) only. Education did not modify, but mediated the main effect of the GRS-ADHD on cognitive abilities and impairment in EAs and AAs. Findings have implications for later age health for those at greater genetic risk for ADHD.

THE AGE AND WELL-BEING PARADOX REVISITED: A MULTIDIMENSIONAL PERSPECTIVE

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Much gerontological research has focused on the paradoxical observation that older people, despite their lower objective quality of life, report higher well-being than younger people. High well-being in old age is believed to be caused by adaptation, emotional regulation, and accommodative strategies. We aim to add nuance by examining whether the “paradox” holds across dimensions of well-being; for men and women; in young old and old-old age; and before introducing statistical controls (e.g. for health and social factors). Using fixed effects models and 15-years panel data from the Norwegian NorLAG study ($n=2,700$, age 40+), we explore age-related changes in cognitive, affective, and eudaimonic dimensions of wellbeing. Results indicate a general pattern of stability well into older age, but negative changes in advanced age, cross-sectionally and longitudinally, and for each well-being measure. Declines in well-being are less pronounced and with a later onset for the cognitive compared with the other measures. Results are similar for men and women. Loss of health and partner are the main causes of declining well-being in older age. Findings suggest qualifications to the “well-being paradox”, e.g.: some dimensions of well-being remain more stable than others; across dimensions of well-being change is more negative in old-old than in young-old age; and patterns of increasing well-being in older age are more pronounced after controlling for age-related changes in health and social roles. We argue that the use of controls makes for false impressions of the psychological changes that actually occur when people grow older.

THE LIFE ORIENTATION TEST: A CONFIRMATORY FACTOR ANALYSIS ACROSS THREE AGE GROUPS

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The Life Orientation Test (LOT; Scheier & Carver, 1985) was developed as a measure of dispositional

optimism. Optimism has been linked to positive life outcomes and is associated with psychological (Carver & Gaines, 1987; Scheier & Carver, 1985) and physical (Scheier & Carver, 1987; Scheier et al. 1989) well-being. The current study assessed 520 people placed into three age groups: young adult ($n = 149$), middle-age adult ($n = 252$), and older adult ($n = 119$). The mean age for the young group was 19.24 ($SD = 2.01$), middle-aged (47.68 ($SD = 4.75$), and old was 71.99 ($SD = 7.21$). Data were submitted for a confirmatory factor analysis (CFA) which tested for invariance across the age groups. Previous factor analyses have identified two distinct factors representing optimism and pessimism. Results from the CFA showed that both Configural and Metric invariance models demonstrated acceptable fit for the two factor model ($\chi^2(df=57) = 61.92$, $p = 0.3047$; $\chi^2(df=69) = 78.77$, $p = 0.1974$). In contrast, Scalar invariance resulted in a poor fit across the three age groups ($\chi^2(df=81) = 139.288$, $p < 0.0001$). Model comparisons revealed no significant differences between Configural and Metric models ($\chi^2(df=12) = 16.996$, $p = 0.1498$). Model comparisons between Configural and Scalar and Metric and Scalar were ($\chi^2(df=24) = 78.947$, $p < 0.0001$; $\chi^2(df=12) = 61.764$, $p < 0.0001$). These results confirm previous research that shows a correlated two factor model consistent with the concept that optimism and pessimism are correlated elements rather than two ends of a continuum.

THE MEDIATING EFFECT OF NEGATIVE EMOTION ON THE WELL-BEING CONSEQUENCE OF BELONGINGNESS DEFICIT ACROSS AGES

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Previous studies suggested that the negative influence of belongingness deficit on wellbeing may be driven by an increase in negative emotion, but the age difference of this mediating effect is still uncertain. This study tested the mediating effect of negative emotion in the influence of relationship quality on depressive symptoms across age. Based on the potential biological decline in emotional sensitivity and better management of emotion with age, we hypothesize that negative emotion may be a weaker mediator in driving the consequences of relationship quality among older adults than younger adults. A total of 494 participants (19 – 85 years old, 60% was female) participated in this study at three timepoints with a two-year interval across Hong Kong, USA and Germany. Results suggested a significant partial mediating effect of negative emotion ($b = -.0920$, 95%LLCI = $-.1315$ to 95%ULCI = $-.0568$). In particular, poorer relationship quality at timepoint 1 predicted more negative emotion at timepoint 2 and therefore predicted more depressive symptoms at timepoint 3. More importantly, the mediating effect was moderated by age significantly ($b = .0025$, 95%LLCI = $.0009$ to 95%ULCI = $.0042$). As expected, the mediating effect of negative emotion decreased with age and became not significant among individuals at older age ($b = -.0344$, BootLLCI = $-.0805$ to BootULCI = $.0075$). Future studies can further investigate on age-related mediators in driving the consequences of belongingness deficit.