

of variance (ANOVA) indicated that participants performed significantly better on short-term non-verbal memory than long-term non-verbal memory. There was no significant difference between the neutral and stereotype threat groups in memory modality or duration. These results may indicate that the instructions used to induce memory stereotype threat were not phrased strongly enough to elicit poorer performance on the CVLT-2 and RCFT in the memory stereotype threat group. Additionally, participants reported having a high level of education (i.e., a master's degree was the modal educational level), which may have served as a buffer for memory stereotype threat. The findings call for future research to explore the impact of level of education on memory self-efficacy in older adults. Also, future research may focus on the impact of the strength of memory stereotype threat on memory performance.

THE INFLUENCE OF AGING ATTITUDES ON THE RELATIONSHIP BETWEEN LONELINESS AND PERCEIVED HEALTH

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Loneliness has negative implications for both psychological and physical wellbeing. Age-related impairments further limit social ties, making older adults with vision loss more susceptible to loneliness. Negative age stereotypes directed at the self over the course of one's personal aging process (Levy, 2009) have harmful effects on cardiovascular health (Levy et al., 2009), engagement in health behaviors (Stewart et al., 2012), longevity (Sun et al., 2017), and psychological well-being. Feelings of loneliness are strongest among individuals who believe that loneliness is a part of aging (Pikhartova et al., 2015). Although loneliness and aging attitudes are both closely linked to health, their interplay has not been investigated within older adult populations. We hypothesized that attitudes about aging would increase as a result of loneliness and thus help explain the relationship between loneliness and perceived health. This study used baseline data from an intervention study of older adults with Macular Degeneration (N=224, aged 60-96, 63.4% female, 20% low-income). Measures: 8-item UCLA Loneliness Scale, Attitudes toward Own Aging scale (ATOA for self-stereotypes, Lawton, 1975), One-item self-reported health. Results: Linear regression showed significant relationships between loneliness and health ($\beta = -.145$, $p < .05$), loneliness and ATOA ($\beta = .32$, $p < .001$), and self-stereotypes and health ($\beta = -.45$, $p < .001$). Adding ATOA to the model regressing health on loneliness rendered the direct effect of loneliness on health non-significant ($\beta = -.014$, $p = .833$), suggesting a mediator effect. Analyses controlling for age, gender, and education yielded comparable results, with the explained variance increasing from 5% (demographics and loneliness) to almost 24% (adding ATOA as mediator).

THE SOCIAL PATTERNS OF AGE DISCRIMINATION: AN ANALYSIS OF THE MACRO-PERSPECTIVE-INTERPRETATIONS

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Modern societies can be regarded as service economies, consequently accessing services is an essential part of social

and economic participation. Direct and indirect discrimination act as barriers to accessing and using services and one way to address these barriers is to implement anti-discrimination legislation and policy. From a sociological point of view, such policies and legal frameworks can be described as elements of the social discourse in these areas. These texts, along with their implicit and explicit interpretations of the problem, represent the official and legitimised stake of the socially available stock of knowledge of what constitutes age discrimination. Hence the shape and contribute to the general understanding of age discrimination. The study aims to investigate the interpretation patterns offered by the "supply" side, that is by those actors who in their work refer to but also (re-) shape and disseminate the problem interpretation contained in the official texts. To address this aim, focus groups with stakeholders and semi-structured interviews with legal and policy experts were conducted in Austria and Ireland. The findings highlight that experts and stakeholders' definitions of age discrimination usually extend past legal and policy concepts. The expert and stakeholder approaches differ in their starting points for describing the problem, ranging from vulnerability considerations to human rights-based concepts and more structurally orientated needs-based criteria. Finally, the analysis also reveals a central distinguishing feature of age discrimination, namely the "de-temporalization" and "de-historicization" of the person, which is of equal importance as the de-individualization as a consequence of stereotyping

WHAT ARE THE MOST DISTRESSING ASPECTS OF EXPERIENCING ELDER ABUSE? FINDINGS FROM A QUALITATIVE STUDY WITH VICTIMS

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Adult protective services and other community-based agencies respond to hundreds of thousands of elder abuse cases annually in the United States; however, few studies include elder abuse victims' voices. This study explored the most distressing aspects of elder abuse, as identified by victims themselves; to date, this is the first known study on this topic. Guided by a phenomenological qualitative methodology, this study conducted in-person, semi-structured interviews with a sample of elder abuse victims (n = 30) recruited from a community-based elder abuse social service program in New York City. To enhance trustworthiness, two researchers independently analyzed transcript data to identify key transcript codes/themes. Distressing aspects of elder abuse were identified across three key domains, related to feelings of loss (50% of codes), threats/negative consequences (55%), and client-needs/system incongruity (14%). Specifically, the first theme represented outcomes related to loss of relationships (19% of 'loss' codes), personhood (16%), credibility (19%), faith/trust in others (38%), and finances (8%). The second theme looked at threats to physical self (34% of 'threat' codes), psyche (39%), and others, including the perpetrator (27%). The third theme focused on mismatches in client/