

behaviors again if the older target confronted the action rather than the bystander. This demonstrates the challenge that older adults face; confronting results in a negative impression of them but may be more effective in preventing ageist actions in the future.

REDUCING AGEISM: PEACE (POSITIVE EDUCATION ABOUT AGING AND CONTACT EXPERIENCES) MODEL

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Drawing on interdisciplinary theorizing and research, the PEACE (Positive Education about Aging and Contact Experiences) model points to two interrelated factors that reduce ageism: providing education about aging and positive intergenerational contact experiences with older adults (Levy 2016). Evidence supporting the model will be discussed including a semester-long pre-posttest intervention with undergraduates (non-gerontology course) who learned about aging and had face-to-face and Instagram contact with older adults (Lytle, Nowacek, & Levy, 2020), brief online pre-post test experimental-control group studies with undergraduates and a community sample who learned about aging and positive intergenerational contact experiences (Lytle & Levy, 2017), and an online experimental-control group study with undergraduates who viewed brief videos addressing PEACE model components (Lytle, Macdonald, Apriceno, & Levy, under review). Across studies, PEACE model interventions promoted increased aging knowledge as well as reduced negative stereotyping of older adults, aging anxiety, and concerns about aging. Future directions will be discussed.

SESSION 5875 (SYMPOSIUM)

BREAKING THE SILENCE ASSOCIATED WITH DEATH AND DYING: NEW DIRECTIONS IN END-OF-LIFE RESEARCH

Chair: Sara Stemen

Discussant: Peter Lichtenberg

Conversations surrounding end-of-life care and bereavement continue to remain relatively silenced within gerontology and the general population. The purpose of this symposium is to break the silence associated with death, dying, and bereavement by sharing emerging perspectives and interventions related to end-of-life experiences. This symposium features four presentations that examine bereavement and end-of-life care from the viewpoints of individuals, families, practitioners, and researchers. Carr provides a comprehensive overview of the current state of research regarding death, dying, and bereavement - mapping out how current technological and demographic shifts have changed the nature of end-of-life experiences. Stemen presents an illustrative case study that examines how cause of death (e.g., chronic illness, suicide) shapes grief and subsequent social relationships for surviving individuals. Utz explores conversations that occur between families and professionals embedded within the hospice system, showcasing reactions from families who experienced live discharge from

hospice services. Last, Ogle sheds light on the roles taken on by state tested nursing assistants (STNAs) in end-of-life care as well as the training and education they receive and need on end-of-life issues. Lichtenberg, our discussant, will tie these emerging perspectives together in order to initiate an important dialogue with attendees regarding the actions needed to break the silence associated with death and dying so that we can better serve individuals, families, and professionals.

EXPLORING CAUSE OF DEATH IN SOCIAL CONVOY MEMBERSHIP: THE CASE OF PAULINE

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People receive support from a fluid convoy of individuals. Historically, convoy membership has been limited to meaningful, living persons. However, research incorporating the continuing bonds model suggests that individuals who have died can also be convoy members as relationships can be preserved through pictures, memories, and after death communication experiences. Building on this idea, this presentation uses a qualitative case study to explore whether (and if so, how) continuing bond relationships are influenced by the way that individuals die. Pauline, a 67 year-old widow, compares the "natural" deaths of her sister and father-in-law to the suicide of her husband. Careful readings of her interview transcript reveal that the unexpected way that her husband died became a salient part of her identity and the way she connects with others. Consequently, this case study provides insights for researchers who may consider cause of death as a potential contributing factor to convoy membership.

END OF LIFE: A NEW LIFE COURSE STAGE FOR OLDER ADULTS AND THEIR FAMILIES?

Deborah Carr, *Boston University, Boston, Massachusetts, United States*

Over the past two centuries, death has transitioned from an unexpected and uncontrollable event to a protracted process that requires individuals and families to make difficult decisions regarding where and under what conditions one will die. This new life course stage, spanning the period from diagnosis to death, provides older adults and their families an opportunity to prepare for difficult medical decisions, yet also may be a time marked by suffering and conflict. In this paper, I provide an overview of the technological, demographic, and legal context of end-of-life in the 21st century, and its implications for the quality of life for dying patients and their families. I underscore that historical shifts have created a context in which the quality of one's end-of-life experiences and autonomy are stratified by race and socioeconomic status, creating challenges for older adults and their loved ones. I highlight implications for research, policy, and practice.

WORKSHOPS TO TEACH STATE-TESTED NURSING ASSISTANTS ABOUT END-OF-LIFE CARE

Kimberly Ogle, *Miami University, Oxford, Ohio, United States*

Given that almost 25 percent of U.S. deaths occur annually in long-term care facilities (U.S. Census Bureau, 2017), it's imperative that frontline workers are given training and support they need to deliver good, person-centered care at

the end of life. Inadequate end-of-life (EOL) care may lead to unrelieved suffering and undignified deaths (Bukki, Neuhaus, Paa, 2016). Furthermore, nursing staffs have knowledge gaps and low confidence regarding end-of-life care and they may underestimate its complexity (Pfister, Markett & Muller, 2013). With the growing population of older adults, improving end-of-life care in long-term care facilities needs to be a priority. This research explored the needs of State Tested Nursing Assistants (STNAs) working in long-term care and their knowledge regarding EOL care. Based on the findings of this research, workshops were developed to better educate the STNAs regarding care of the dying and to enhance the EOL care for long term residents.

LIVE DISCHARGE FROM HOSPICE: EXPERIENCES OF PATIENTS, FAMILIES, AND STAFF

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Hospice services can provide patient stabilization and improved quality of life, making the patient ineligible for continued hospice. Using focus groups and in-depth interviews, we explored how patients, families, and hospice staff experience, anticipate, and cope with “live discharge” from hospice. Nurses and administrators tried to prepare families for the possibility and unsettling reality of live discharge, yet the aides who worked most closely with families remained unaware of regulations dictating an impending live discharge. Reactions of families ranged from excitement, when patient was selected for clinical trial, to more common expressions of frustration, as they lost access to the staff, coordinated services, and medications only covered under the Medicare hospice benefit. Families also reported relationship stressors and decisional uncertainty associated with longer than expected patient life. Families still needed and wanted hospice services, with most agreeing they would return to hospice after the patient declined and became eligible again.

SESSION 5885 (SYMPOSIUM)

IN SICKNESS AND IN HEALTH: DYADIC PERSPECTIVES ON HEALTH AND WELL-BEING AMONG OLDER COUPLES

Chair: Courtney Polenick

This session will incorporate a variety of dyadic methods to explore the multifaceted ways that older spouses shape their own and their partners' health and well-being. First, Dr. Karen Lyons will consider the roles of communication, collaborative decision-making, and social support in shaping the mental health of couples managing chronic pain. Her comparative dyadic analysis highlights the value of collaborative illness management in optimizing couples' mental health. Dr. Courtney Polenick will then describe how chronic condition discordance (i.e., the extent to which two or more conditions have non-overlapping self-management requirements) within individuals and between spouses is linked to perceived control among couples over an 8-year period. This study reveals that more complex patterns of chronic conditions within couples have particularly detrimental implications for women's perceptions of control over their own

health and other life domains. Next, Dr. Kira Birditt will examine the long-term effects of spouses' similar drinking patterns (i.e., concordance). Although drinking concordance may enhance marital satisfaction, she will explain how it can have enduring negative consequences for cardiovascular health among middle-aged men. Dr. Joan Monin will then explain the short-term benefits of laughter for blood pressure among couples during lab-based spousal support interactions. Finally, Dr. Amy Rauer will discuss how spouses react to one another's health-related support attempts using in-depth qualitative interviews conducted with both members of the couple. Taken together, these studies underscore the importance of evaluating dynamic short-term and long-term health-related influences among couples in middle and later life. Dyadic Research on Health and Illness Across the Adult Lifespan Interest Group Sponsored Symposium.

THE ROLES OF COMMUNICATION, COLLABORATION, AND SOCIAL SUPPORT ON DYADIC MENTAL HEALTH IN THE CONTEXT OF CHRONIC PAIN

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Drawing on the Theory of Dyadic Illness Management, the study examined the roles of communication, collaborative decision-making and social support on the mental health of 177 couples living with chronic pain. Couples ranged in age from 26-81 years of age; mean age for partner with chronic pain = 55.01 (SD=11.53) and partner without chronic pain = 57.45 (SD=12.50). Using multilevel modeling and controlling for pain severity, pain interference, time since diagnosis, age, shared activities and relationship quality, communication and collaborative decision-making played significant roles in predicting mental health of both members of the couple. Comparative dyadic analysis showed that couples with optimal dyadic mental health had significantly better communication, less concealment, greater collaboration and greater levels of support than couples with poor or incongruent dyadic mental health. Discussion will center on the roles of collaborative illness management behaviors in optimizing dyadic mental health in the context of chronic illness. Part of a symposium sponsored by Dyadic Research on Health and Illness Across the Adult Lifespan Interest Group.

INDIVIDUAL-LEVEL AND COUPLE-LEVEL CHRONIC CONDITION DISCORDANCE: LONGITUDINAL LINKS TO PERCEIVED CONTROL

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Chronic condition discordance (i.e., the extent that two or more conditions have non-overlapping self-management requirements) has adverse mental health implications but little is known about mechanisms accounting for these links. We considered how chronic condition discordance at the individual level and the couple level (i.e., between spouses) was associated with perceived control among 2,676 couples from three waves (2006, 2010, and 2014) of the Health and Retirement Study. Dyadic growth curve models revealed