

## ABSTRACTS

The Gerontological Society of America  
66th Annual Scientific Meeting  
November 20–24, 2013  
New Orleans, LA

Abstracts are arranged numerically by session and in the order of presentation within each session.

### **SESSION 5 (SYMPOSIUM)**

#### **“I WANT TO CONTINUE TO CARE FOR HER AS LONG AS I CAN”: LESSONS LEARNED FROM AFRICAN AMERICAN AND WHITE CAREGIVERS IN THE SOUTH CAROLINA ALZHEIMER’S DISEASE REGISTRY**

Chair: *S. Spencer, University of South Carolina, Columbia, South Carolina*

Discussant: *T. McCallum, Case Western Reserve University, Cleveland, Ohio*

In 2012, the Alzheimer’s Association estimated that caring for the 5.4 million people in the U.S. who are living with Alzheimer’s disease (AD) totaled \$200 billion in direct costs alone. It is unclear how the long-term care system is going to cope in 2050 when the number of individuals with AD is expected to increase to 16 million. What is certain is that there is a critical need to support family caregivers who provide supervision and personal care to their loved ones at home, and research is needed to better understand the factors which can delay or prevent the transition of persons with AD from the community into long-term care facilities. The purpose of this symposium is to explore the factors which contribute to caregiver distress and affect the long-term care decisions of African American and White caregivers. The South Carolina Alzheimer’s Disease Registry is a population-based, statewide registry of residents diagnosed with AD or related disorders. Each of the presentations in this symposium used data from this registry, which is the most comprehensive registry of its kind in the U.S. These data presented the unique opportunity to explore issues of caregiver health and decision-making using a sample of African American and White caregivers who either placed their family members with AD in a long-term care facility or continued providing care at home. Understanding the factors which play into long-term care transitions can be used to support caregivers and the vital role that they play in the long-term care system.

#### **CAREGIVERS’ PERSPECTIVES ON THE ROLE OF BEHAVIOR DISTURBANCES ON NURSING HOME ADMISSION OF PERSONS WITH ALZHEIMER’S DISEASE**

*C.N. Porter, M.C. Miller, S. Spencer, University of South Carolina, Columbia, South Carolina*

Objective: To evaluate use of the Neuropsychiatric Inventory (NPI) to identify behavioral disturbances associated with nursing home (NH) admissions of persons with Alzheimer’s disease (AD), while accounting for caregiver factors. Methods: Study participants included 705 older adults from the SC AD Registry who were eligible for NH care and had a caregiver. Cases entered a NH within 6 months of study initiation; controls resided in the community. Registry data combined with prospective data collected via survey of caregivers was analyzed using conditional logistic regression. Results: A 10% increase in NPI score implied a 30% increase in odds of NH admission. Key individual behavior disturbances were predictive of NH admission, along with having married and male caregivers. Discussion: Few studies have characterized and

quantified symptom severity in relation to actual NH admission for persons with AD. Results indicate behavioral disturbances are predictive of NH admission, but key caregiver factors are influential.

#### **THE INFLUENCE OF SUBJECTIVE U.S. AND COMMUNITY SOCIAL STATUS ON DEPRESSIVE SYMPTOMATOLOGY AMONG AFRICAN AMERICAN AND WHITE CAREGIVERS**

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Subjective social status (SSS) has been associated with psychological functioning and health-related outcomes, yet little is known about how different measures of SSS might operate in the caregiving context. Data from 271 African American and 283 White caregivers (M age = 59.5 years) were analyzed to determine whether racial variations exist in the association between SSS and depressive symptomatology. SSS was measured using both the U.S. and Community SSS ladders, and depressive symptomatology was measured using the Center for Epidemiologic Studies Depression Scale (CES-D). Results of a linear regression indicated that racial differences emerged for specific caregiver-related factors. Higher caregiver competency and higher Community-SSS were significantly associated with depressive symptomatology among African American caregivers, while among White caregivers, higher U.S.-SSS was associated with depressive symptomatology. These findings suggest that different measures of SSS might be more relevant to the psychological health of African American compared with White caregivers.

#### **CARING FOR INDIVIDUALS WITH ALZHEIMER’S DISEASE AT HOME: A MIXED METHODS STUDY OF CAREGIVERS AND CARE RECIPIENTS**

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A mixed methods study was conducted to examine reasons why caregivers of individuals with Alzheimer’s disease (AD), enrolled in the South Carolina AD Registry, decide to care for their loved one at home (n=316) rather than place them in a nursing home (n=389). A quantitative analysis using logistic regression indicated that the strongest predictors of providing care at home were: caregiver education (odds ratio [OR] = 1.84; 95% confidence interval [CI], 1.14–2.95), employment (OR = 0.56; CI, 0.36–0.87), spousal relationship (OR = 2.29; CI, 1.45–3.63), care recipient’s bowel continence (OR = 2.89; CI, 1.77–4.69) and household size (OR = 1.36; CI, 1.10–1.69). The main qualitative themes identified were: sense of obligation (n=161), belief of better care at home (n=53), and opportunity to provide care (n=27). These results provide both quantitative and qualitative insight into the decision-making process of caregivers of persons with AD.

## SESSION 1380 (SYMPOSIUM)

### **NARRATIVE COMPLEXITY IN RESEARCH ON OPTIMAL AGING: RELATING STORIES TO RESILIENCY AND IDENTITY CONSTRUCTION IN OLDER ADULTS**

Chair: *K. de Medeiros, Sociology and Gerontology, Miami University, Oxford, Ohio*

Co-Chair: *W.L. Randall, St. Thomas university, Fredericton, New Brunswick, Canada*

Discussant: *S.R. Sabat, Georgetown University, Washington, DC, District of Columbia*

On one level, narrative complexity describes multiple, smaller stories that may be at work within a larger narrative, such as individual vignettes that comprise a bigger life story. On another level, narrative complexity can be thought of as rhetorical devices a narrator uses to add depth to a given story, such as variation in word choice, plot, and others. Narrative complexity is a relatively new concept in narrative gerontology; currently much emphasis is placed on what is disclosed in a story, rather than on how. The purpose of this symposium is to explore the importance narrative complexity in three separate research studies. The first paper presents findings from a mixed method study in which volunteers completed life story interviews and a resiliency scale. Results revealed that participants whose stories showed greater narrative complexity also scored higher on resiliency, suggesting a link between the two. The second paper examines self-defining memories in relation to mental health in a large representative study in the Netherlands, focusing on age differences between young, middle-aged and older adults in memory content, specificity, valence, and integration. The third paper used a case study approach to examine telling through omission for positive identity construction in an older African American woman. Overall, this symposium introduces important key concepts and novel strategies related to narrative research in aging.

### **THE RHETORIC OF RESILIENCE: A COMPARATIVE ANALYSIS OF THE NARRATIVE COMPLEXITY OF OLDER ADULTS' STORIES**

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Of increasing interest to gerontologists is resilience: the capacity for meeting the challenges of later life to foster growing old, not getting old. We argue that resilience can be understood through the narrative complexity of life stories. Narrative gerontologists have shown that providing older adults opportunities to review and/or reminisce about their lives can enhance their sense of mastery and personal meaning, and alleviate depression by helping them develop "a good strong story," one that reflects complex characterizations of self and others, includes episodes that are rich in detail, dialogue, and themes. Data for the current study were drawn from larger project evaluating narrative care in reducing "narrative foreclosure." Thirty-five individuals (>75 years) completed open-ended life story interviews and the Connor-Davidson Resilience Scale (CDRS). Analysis was conducted by a multi-disciplinary team and revealed a link between narrative complexity (re plot, character, theme) and CDRS score, with some gender differences.

### **NARRATIVE COMPLEXITY MODERATES THE RELATION OF NEGATIVE MEMORIES TO MENTAL ILLNESS ACROSS THE LIFESPAN**

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This study assesses whether aspects of narrative complexity moderate the relation of negative memories to symptoms of mental illness. Aspects of narrative complexity include the description of vivid mem-

ories of specific events in one's life and the meaningful integration of negative memories into narrative identity. The present study employed a subsample of a representative online study (N=269; age 16-90) to assess these relationships in different age groups. Instruments used were the self-defining memory test and the hospital anxiety and depression scale. The memories were reliably coded for evaluation, specificity, and integration. More negatively evaluated memories were related to more symptoms of depression and anxiety. However, these relations were not found when participants storied their memories in both specific and integrated ways. As no age differences were found, we conclude that narrative complexity plays an important role in coping with negative memories across the lifespan.

### **NARRATIVE COMPLEXITY, IDENTITY CONSTRUCTION AND THE IMPORTANCE OF OMISSION: A CASE STUDY**

*K. de Medeiros, Sociology and Gerontology, Miami University, Oxford, Ohio*

The broad concept of narrative complexity includes rhetorical ways of achieving meaning through storytelling. This includes "telling through omission," an approach perfected by novelists Herman Melville and William Faulkner whereby the real story being told is never actually voiced but rather emerges as a counter narrative. In this paper I examine narrative-as-omission in a series of interviews with an older African American woman enrolled in a larger study on generativity in later life. Through carefully tracing the spoken story, it is possible to map an unspoken counter story through key omissions. Overall, this approach to narrative analysis provides an important lens to consider the complex ways in which identities can be constructed, challenged, and affirmed through narrative.

## SESSION 1385 (SYMPOSIUM)

### **PAVING THE WAY TO A MORE HOSPITABLE WORKFORCE FOR OLDER WORKERS—EXAMINING BARRIERS TO GETTING THERE**

Chair: *S.E. Rix, AARP, Washington, District of Columbia*

Discussant: *H. Sterns, University of Akron, Akron, Ohio*

Workers ill-prepared to support themselves through 20-plus years of retirement, coupled with old-age support systems unable to meet the demands of rapidly aging populations, point to the need to keep people working beyond conventional retirement age. Despite governmental efforts around the world to make longer worklives more appealing and early retirement less rewarding, a sizable body of research indicates that planning to work longer may be easier than actually doing so. Workers tend to be overly optimistic about their prospects for pushing back the date of retirement. Numerous barriers stand in their way. This symposium takes an international perspective in examining some of these barriers, highlighting the role that academic research can play in understanding and helping to overcome them. One presentation looks at experiences with ageism, which does not necessarily conform to common stereotypes and which has consequences for both younger and older workers. A second presentation discusses the results of efforts to understand employer support of older workers, focusing on managerial and cultural reluctance to support work options such as flexible work schedules that could benefit those workers. This research has led to ways to "sell" flexible options when "the right thing to do" is not compelling enough. The final presentation highlights the continuing disjunction in the minds of HR managers in understanding the leave needs of older women versus younger women. The discussant will reflect on the theoretical aspects of this research and its implications for public and private sector policies that would foster longer worklives.