by age. This is a cross-sectional study using a convenience sample of 446 Korean middle-aged adults (mean age=50.7). Data were analyzed using the PROCESS macro approach of SPSS. Age-related stereotypic beliefs affected health behavior through the evaluation of health status (Index=.006, 95% CI [-.002, -.001]) and related stress (Index=.002, 95% CI [-.004, -.001]). The relationship between age-related stereotypic beliefs and health status significantly differed by age ($\beta=-.02, p=.004$), indicating that individuals with stronger age-related stereotypic beliefs tended to report poorer health status as they aged. With regard to the age difference, the influence of age-related stereotypic beliefs affecting health behavior through health status and related stress became relatively stronger when midlife individuals became older. The findings of this study highlight the importance of carefully assessing age-related beliefs based on consideration of age-related differences in middle-aged individuals. Developing psychoeducational strategies to modify the negative and erroneous aging-related beliefs and to improve health behavior is warranted.

AWARENESS OF AGING MEDIATES THE RELATIONSHIP BETWEEN HEALTH AND CONTROL BELIEFS: A MICRO-LONGITUDINAL STUDY
Shenghao Zhang, and Shevaun Neupert, North Carolina State University, Raleigh, North Carolina, United States

Objective: Control beliefs are bidirectionally related to physical and cognitive health, but it is unclear how health influences control beliefs. Health-related experiences (physical symptoms and memory failures) on a particular day can make older adults more aware of their aging, and may subsequently lead to lower control beliefs. We propose that awareness of aging constructs (subjective age and awareness of age-related change [AARC]) could function as mediating mechanisms between health and control beliefs, and examine this relationship from both between- and within-person perspectives separately for domain-general and domain-specific control beliefs. Methods: Older adults (n=116) ranging in age from 60 to 90 (M=64.71) completed a nine-day daily diary study online, resulting in 743 total days. Participants reported their physical symptoms, memory failures, felt age, daily AARC gain and loss experiences, and control beliefs on Days 2-9. Results: Multilevel mediation results showed that between-person AARC losses mediated the relationship between physical symptoms and both domain-general and domain-specific control over physical symptoms. Between-person AARC losses also mediated the relationship between memory failures and both domain-general and domain-specific control over memory. AARC gains and subjective age did not mediate the relationship between health and control beliefs. Discussion: Our findings suggest that between-person differences in AARC losses function as underlying mechanisms linking health and control beliefs. Efforts to reduce AARC losses may lessen the negative impact of health problems on control beliefs for older adults.

CULTURE, AGE, AND SELF-CONTINUITY: OLD CHINESE SHOWED LOWER CONTINUITY WITH THEIR PAST AND FUTURE SELF THAN AMERICANS
Yi Lu,1 Lu Cong,1 Corinna Loeckenhoff,2 and Xin Zhang,1 1. Peking University, Beijing, China, 2. Cornell University, Ithaca, New York, United States

As culture shapes the way people think and reason, it may also influence their perception of self-continuity, the psychological proximity to the past and the future, across the lifespan. Meanwhile, previous studies in America indicated that advancing age was associated with greater self-continuity. The present research is the first to simultaneously examine how age and culture interact with each other on individuals’ continuity with past and future self. Using Ersner-Hershfield’s visual scale, we assessed participants’ temporal self-continuity at 3 past and 3 future time points (1 year vs. 5 years vs. 10 years) in a sample of 375 Chinese and 91 Americans. A 2(age: young vs. old) x 2(temporal direction: past vs. future) x 2(culture: Chinese vs. American) multilevel analysis was conducted. A significant interaction of age and culture was found, and such interaction revealed that younger Chinese and Americans shared a similar pattern on self-continuity at different temporal distances. However, older Chinese, compared with older Americans, presented a lower level of self-continuity and less variance across temporal distances, suggesting that older Chinese felt less connected with their recent self than both Americans and younger Chinese, and less connected with their remote self than older Americans. These findings fill the gaps in current research by revealing an opposite trend on self-continuity between older Chinese and Americans, and suggest more concern on country differences in this area.

DEVELOPMENT AND VALIDATION OF THE AGE INTEGRATION SCALE: MEASURING OLDER ADULTS’ INTERGENERATIONAL ATTITUDES
Carly Roman,1 Elizabeth Zelinski,1 and Christopher Beam,2 1. University of Southern California, Los Angeles, California, United States, 2. Dornsife College of Arts and Letters, Los Angeles, California, United States

Opportunities for age integration (i.e., more intergenerational connections) are increasing among older adults, as a greater number live longer and are capable of interacting with younger individuals. Attitudes toward other generations can be considered a barrier that promotes or discourages intergenerational connections. While existing measures tend to focus on attitudes toward aging or older adults, they do not evaluate older adults’ attitudes toward younger individuals. Item response theory (IRT) was used to create an attitude scale evaluating older adults’ perceptions of their own age integration with younger individuals. Convenience sampling was used to recruit 100 older adults (55+ years old) who completed a 30-item age integration survey assessing their agreement (on a 5-point Likert scale) with statements about intergenerational beliefs and intentions to have intergenerational connections. IRT analyses supported a 10-item age integration scale indicating a unidimensional construct. The scale consists of items with moderate discrimination and difficulty levels on a 4-point Likert scale. Composite reliability of the 10-item scale was 0.83, which is considered substantial. Tests of convergent validity demonstrated that the total scale score correlated 0.68 with generativity. Discriminant validity tests suggest that the scale does not correlate strongly with satisfaction with life, purpose, depression, need for cognition, or considerations for future consequences, as the correlations ranged from -0.01 to 0.38. This novel measure provides an important, less-considered perspective of intergenerational relationships by...
assessing older adults’ attitudes toward younger individuals. Future studies will validate this scale in a larger, more generalizable sample.

PERCEPTION OF LIFE-CONTROL IS ASSOCIATED WITH MEDICAL CARE SATISFACTION IN CHRONICALLY ILL RURAL OLDER ADULTS

Anne Halli-Tierney, Hyunjin Noh, and Lewis Lee, The University of Alabama, Tuscaloosa, Alabama, United States

Prior studies show patient populations have varied experiences with healthcare systems, and this may influence satisfaction with medical care. Patients feeling control over life circumstances may have resilience and ability to adapt to adverse situations. Given socioeconomic and medical differences in older adults we examined factors influencing satisfaction with medical care in the setting of chronic conditions and pain. 100 older adults in rural West Alabama with chronic illnesses and pain were recruited from community senior centers and interviewed with a structured questionnaire. Participants were queried about medical interventions for chronic conditions and satisfaction with medical care. Overall assessment of life-control was measured by the West Haven Yale Multidimensional Pain Index (WHYMPI). Bivariate correlation and multivariate analysis were conducted. Correlations between satisfaction with medical intervention and life-control scores were significantly positive (r=.21, p<.05). Satisfaction with medical intervention and other covariates explained approximately 14.1% variance in life-control scores, R²=.141. Multivariate regression results confirmed those highly satisfied with medical intervention were marginally significantly likely to have increased life-control scores, b=.20, SE=.12, p=.088. Married persons were more likely to have higher life-control scores than those with other marital statuses, b=.84, SE=.34, p<.05. Income was positively associated with life-control scores, b=.18, SE=.08, p<.05. Older adults may perceive greater satisfaction from medical care if they feel greater control over life circumstances. Socioeconomic factors (marital status, income) are associated with life control. These findings can help predict satisfaction with healthcare and find ways to make healthcare more accessible to all.

PHILIPPINE OLDER ADULTS’ ATTITUDES TO LOVE AND REMARRIAGE

Ju Young Kim,¹ Hanzhang Xu,² Truls Ostbye,³ and Grace Cruz,⁴ 1. Duke University, Durham, North Carolina, United States, 2. Duke University School of Medicine, Durham, North Carolina, United States, 3. Duke, Durham, North Carolina, United States, 4. University of the Philippines, Diliman, Quezon City, Philippines

Attitudes to love in older adults, often operationalized as acceptance of love and re-marriage in their 60s and 70s, is a key yet understudied component of aging in Southeast Asia. Using data from the 2007 Philippine Study on Aging that included 3105 older adults 60+, this study aimed to 1) describe the level of acceptance of love in older adults in the Philippines, 2) assess factors associated with acceptance of love, and 3) assess how acceptance of love is associated with social activity, life satisfaction, and health behaviors. Multivariate logistic regression was used to examine these associations while adjusting for age, gender, urban or rural residence, education, religion, marital status, self-reported health, comorbidity, and physical functioning. Only 1-in-5 older adults in the Philippines reported acceptance of love in older ages. Men and those with good health were more likely to report such acceptance, after adjustment for covariates (P<0.05). Although marital status alone had no association with acceptance of love, marital status interacting with gender showed significant associations with acceptance: unmarried men were more likely than married men to report acceptance. Individuals with lower acceptance of love were more likely to smoke (P<0.01). Attitude towards love was not significantly associated with social activity or life satisfaction after accounting for confounders. By evaluating the health and social outcomes associated with acceptance of love in older adults, this paper provided a better understanding of the utility of attitudes to love in older adults as a metric of elderly health in the Philippines.

POSSIBLE SELVES ACROSS THE LIFESPAN

Victoria Chen, and Alysson Light, University of the Sciences, Philadelphia, Pennsylvania, United States

Possible selves are defined as “personalized representations of one’s self in future states” (Cross & Markus, 1991). Research has also found that thinking frequently about possible selves predicts lower well-being, whereas thinking clearly about possible selves is associated with higher well-being (McElwee & Haugh, 2010). However, possible selves differ across the lifespan (Hooker & Kaus, 1994; Cross & Markus, 1991) and life stages can impact exploration of possible identities (Arnett, 2000). Thus we hypothesize that the relationship between thought about possible selves and well-being differs across the lifespan. In a cross-sectional survey, 240 participants (age range: 18-92) reported on frequency and clarity of possible selves, as well as general self-clarity (Campbell et al., 1996). Results indicate curvilinear moderation by age of the link between possible self-clarity and well-being, with the association being stronger among midlife adults than among younger adults and older adults. Also, as clarity of feared possible selves increases, self-concept clarity decreases. Similarly, frequency of thinking about feared possible selves was negatively correlated with self-concept clarity. However, clarity and frequency of thought about hoped-for positive possible selves had no correlation with self-concept clarity.

PREDICTORS OF PSYCHOLOGIST TRAINEES’ ATTITUDES TOWARD AND INTEREST IN FUTURE WORK WITH OLDER ADULT CLIENTS

Grace Caskie,¹ Abigail Voelkner,² and MaryAnn Sutton,² 1. Lehigh University, Bethlehem, Pennsylvania, United States, 2. Counseling Psychology, Bethlehem, Pennsylvania, United States

By 2035, 25% of the growing older adult population may be in need of mental health services (Novotney, 2018; Vespa, 2018). However, only a small proportion of psychologists currently identify as geropsychologists; thus, the number of geropsychologists will be insufficient to meet these future demands. Identifying variables that explain the variability in current psychology trainees’ expressed interest to engage in future clinical work with older adults is important.