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independently reviewed transcripts to ensure transferability and confirmability of qualitative analyses. Sources of meaning identified by younger vs. older patients were compared and summarized below.

Results: Eight patients were < 60 years old (mean age 42.1 SD+7.6). Four were sixty or older (mean age 64 SD+3.9). Each participant described and highlighted at least one of the four sources of meaning delineated in MCGP. Additionally, three novel sources of meaning—not emphasized in MCGP—were identified through the qualitative analysis: self-transcendence, autonomy and spirituality. Self-transcendence is the sense of belonging to or acting on behalf a universal cause, or group beyond one's self, immediate surroundings, or kin. Autonomy derives purpose from desiring or achieving independence for one's self or life. Spirituality or Meaning-Making is drawing on spirituality, religion, or metaphysical to provide meaning or significance to life events. Quotations illustrating meaning sources will be presented. Per patient self-reports, the significance of at least one source of meaning changed after their cancer diagnosis. Older patients were more likely to highlight legacy and self-transcendence as sources of meaning after diagnosis, while younger patients were more likely to discuss meaning sources based on autonomy and experience.

Conclusions: These novel findings suggest that women with metastatic breast cancer incorporate various sources of meaning in their life narrative and that the importance of each meaning source changes with age. Additional meaning sources identified using qualitative methods expand our understanding of the sources and roles of meaning for older cancer patients, in turn informing future directions for therapies aimed at enhancing meaning in older patients. However, due to study design limitations (e.g., qualitative analysis, small heterogeneous sample, broad inclusion criteria), we cannot draw definitive conclusions and further research is needed to examine meaning and its sources in the geriatric population.

Poster Number: EI 56

Hospice Women's Reflections on Wisdom: A Qualitative Case Series

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Introduction: Wisdom represents a concept recognized by the humanities for centuries. While psychologists and sociologists have more recently examined the definition of wisdom in academic discourse, biologists and psychiatrists are also realizing its clinical relevance. Wisdom has been noted to increase with age; however, this relationship has not been consistently defined. Furthermore, it is not clear how the diagnosis of a terminal illness and hospice experience impacts wisdom, and to date, the gender differences in wisdom are not yet understood. This study qualitatively examines wisdom among hospice patients with the aim to learn more about this complex topic from those facing the end of life, and it explores how this type of interview could be used as a therapeutic intervention or tool in medical education. While models such as Erik Erikson's stages help characterize wisdom and aging from a developmental standpoint, his model and subsequent theories have been criticized as gender biased with a limited view of interdependence and the progression of relationships. This study further explores how wisdom may be defined from a women's perspective in this specific patient population and how this may or may not align with traditional models.

Methods: In an ongoing study, twenty-five hospice patients are being recruited to complete individualized, semi-structured, qualitative interviews exploring wisdom with 7 questions such as: "How do you define wisdom?"; "Can you describe a time in your life when you believe you were wise?"; "How has your illness affected your level of wisdom?" Of 11 completed interviews, four are female, and they have been selected for this study to further refine how older women view, explore, and define wisdom. Semi-structured qualitative interviews were digitally recorded and transcribed followed by coding and analysis to illuminate common and emergent themes. The aggregate results will be reported elsewhere, and here we present our findings on this specific group of women.

Results: In this case series we examine four women's revelations and insights on wisdom at the end of life. All four women are unique individuals with diverse backgrounds: a 97 yo former philanthropist and nutritionist, a 64 yo transgendered male to female catholic woman who suffered from symptoms of chronic mental illness and substance dependence, a 73 yo married woman and mother who worked as a secretary, and a 83 yo nurse with over 50 years of professional experience who grew up in poverty. In their interviews, common themes emerged such as wisdom as an internal construct, learning from mistakes, wisdom gained through life experience, willingness to take risks, and altruistic behavior and attitudes. Specifically in these women's

interviews, there is a focus on learning from others and the importance of family and loved ones in this process. One woman shares, "I think I learned the most wisdom from my mother and father…the greatest value in life was how you behave and how you regard other people." Additionally, the topic of gender does begin to emerge naturally: "I think that a lot depends on women. They have a lot of goodness. They may not realize that they do."

Conclusions: The process of interviewing these women in this end of life setting has both clinical and educational implications. The qualitative interview offers an opportunity for women to process their circumstances through the positive frame of becoming more wise such that it could potentially be a clinical or therapeutic intervention. Women and their providers can explore wisdom, aging, and disease in a positive light. There are additional opportunities to help resolve core conflicts in the end of life setting by integrating concepts such as Maslow's self-actualization or Erikson's integrity vs despair as patients begin to explore these ideas in the interview. These interviews also present an opportunity to explore these developmental models and constructs of wisdom from women's perspectives. Wisdom interviews may also serve as a tool to explore themes in successful aging in the end of life setting such as self-acceptance, engagement with life, and self-growth. Further developing these themes and ideas creates possibilities for individual and group therapies framed around exploring wisdom, revealing life experiences and sharing insight. In a time where there is a growing need to recruit and mentor future geriatricians and geriatric mental health providers, this type of interview serves as a form of experiential learning for trainees that presents aging and terminal illnesses in a positive light. Future studies may further examine concepts such as gender and family roles, relationships, and socialization to illustrate how women and men may explore and share their ideas about wisdom in different or similar ways.

Poster Number: EI 57

Thank You For Being a Friend. The "Golden Girls" as a media model of successful aging

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Introduction: Although Americans older than 65 demonstrate an expanding demographic group, they are underrepresented on popular media outlets such as television and movies[1-3]. Furthermore, older Americans are often portrayed in a negative or derogatory light[1,3]. Women in particular are portrayed as more passive, sickly, unintelligent, and socially isolated than their male counterparts[2]. These negative stereotypes of aging are in stark contrast to the factors associated with successful aging as described in the scientific literature[4-7]. The television show "The Golden Girls" (1985-1992) broke many of the stereotypes previously seen on television. The show was a 30 minute comedy that displayed four older age main characters living together in a house. They were portrayed as independent, active, and even sexy[1,2], a notion that prior to the 1980's had not been explored in this demographic[2]. These factors more closely align with previous studies that have focused on successful aging. Here the characteristics of the main characters and overarching themes of the television show are compared to factors of healthy aging.

Methods: A review of the literature yielded many articles that explored factors associated with successful or healthy aging. Studies that included qualitative and quantitative measures of successful aging were included for analysis[4,5,7]. One article included a meta analysis of 28 quantitative studies[6]. Factors correlated with successful aging were compiled to determine main themes. These themes were compared to features of the television show "The Golden Girls."

Results: The main predictors studied in the literature most associated with successful aging included a) absence of disability/or decline in physical functioning, b) cognitive functioning, c) perception of life-satisfaction d) social or productive (including exercise) activity, e) primary support and f) mental well being. These predictors relate to many characteristics of the television show. The four characters on the show; Sophia, Dorothy, Rose and Blanche are displayed as capable of their own ADL's and IADL's, and have preserved cognitive functioning. Each character engages in storytelling as a means of sharing prior experiences and providing advice and this is an overarching theme of each episode and demonstrates a perception of life satisfaction and well being. Each character is also involved social or productive activity. More detailed examples of these themes in relation to specific characters and episodes will be detailed on the poster. Demonstrated weaknesses of "Golden Girls" as a model for aging will also be discussed.

Conclusions: Most portrayals of older Americans on television have focused on negative stereotypes and few have focused on the more positive aspects of aging. The television show "The Golden Girls" has provided a positive example of successful aging as compared to scientific predictors. Additional positive portrayals of aging are also displayed on the television show that have not been studied in the literature including healthy sexuality and healthy peer relationships. Limitations of this television