

mindful, mediate/chant, feel a strong connection to all life, to indicate that they cannot make sense of the world, and to be religious. Participants with high spirituality were more likely to be female, have at least some college experience, be mindful, meditate/chant, feel deep inner peace, have a sense of deep appreciation, think that a sense of purpose is important for a good life, and have a high level of religiosity. Framed by Webster's conceptual model, the current study observed that religiosity is significantly associated with spirituality and that other mindfulness-based aspects are also present within this concept. Incorporating mindfulness with religious efforts will more accurately and holistically address spirituality.

EVERYDAY GOAL PURSUIT IN OLDER COUPLES: LESSONS LEARNED FROM ELECTRONIC DAILY LIFE ASSESSMENTS

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Being able to progress on and accomplish personal goals is an important source of satisfaction and meaning across the adult lifespan and into old age. This study focuses on the importance of close others, such as spouses, for facilitating goal progress when individual resources may no longer suffice. We used multilevel modelling to analyze data from 119 couples (M age = 70 years, SD= 5.9; 50% women). Participants reported their personal goals at baseline and subsequently provided simultaneous ratings of goal pursuit, effort, and partner involvement three times daily over 7 days. Our findings show that more effort and spousal involvement indeed go hand in hand with better goal progress. More in-depth follow up analyses will pinpoint the role of individual and partner effects as potential mechanisms underlying contributions to everyday goal pursuit as well as address stress related processes.

GLOBAL SENSORY IMPAIRMENT INDEPENDENTLY PREDICTS DECREASED SOCIAL FUNCTION OVER TIME

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The classical senses (vision, hearing, touch, taste, and smell) play a key role in social function by allowing interaction and communication. We assessed whether sensory impairment across all 5 modalities (global sensory impairment [GSI]) was associated with social function in older adults. Sensory function was measured in 3,005 home-dwelling older U.S. adults at baseline in the National Social Life, Health, and Aging Project and GSI, a validated measure, was calculated. Social network size and kin composition, number of close friends, and social engagement were assessed at baseline and 5- and 10-year follow-up. Ordinal logistic regression and mixed effects ordinal logistic regression analyzed

cross-sectional and longitudinal relationships respectively, controlling for demographics, physical/mental health, disability, and cognitive function (at baseline). Adults with worse GSI had smaller networks ($\beta=-0.159$, $p=0.021$), fewer close friends ($\beta=-0.262$, $p=0.003$) and lower engagement ($\beta=-0.252$, $p=0.006$) at baseline, relationships that persisted at 5 and 10 year follow-up. Men, older people, African-Americans, and those with less education, fewer assets, poor mental health, worse cognitive function, and more disability had worse GSI. Men and those with fewer assets, worse cognitive function, and less education had smaller networks and lower engagement. African-American and Hispanic individuals had smaller networks and fewer close friends, but more engagement. Older respondents also had more engagement. In summary, GSI independently predicts smaller social networks, fewer close friends, and lower social engagement over time, suggesting that sensory decline results in decreased social function. Thus, rehabilitating multisensory impairment may be a strategy to enhance social function as people age.

RELATIONSHIP STATUS, SOCIAL INTERACTIONS, AND CONVERSATIONS IN LATE LIFE

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Studies suggest spending more time interacting with and talking to others is associated with better well-being. Older adults with partners (e.g., married, cohabitated) may spend more time with their romantic partners and rely on them for support, whereas older adults without partners (e.g., widowed, divorced, never married) may have a greater reliance on other family members (e.g., grown children, siblings) and non-kin (e.g., friends). Yet, we know little about how older adults' relationship status affects their time spending alone or with other social partners, and the frequency of conversation throughout the day. Adults aged 65+ (N = 313) completed an interview about their relationship status and social partners. They then reported social encounters in ecological momentary assessments every 3 hours for 5 to 6 days. Participants also wore Electronically Activated Recorders which captured snippets of their conversation throughout the day. Older adults with partners reported 85% of time was with their romantic partners. Multilevel models revealed that compared to older adults with partners, older adults without partners were more likely to spend time alone and have encounters with friends throughout the day. Older adults without partners also engaged in fewer conversations throughout the day. Further, older adults without partners talked significantly more when they encountered friends than did older adults with partners. Findings suggest that friends are important in older adults' social networks particularly for those who do not have romantic partners. Daily contact with social partners facilitates conversations and that could have implications for emotional or cognitive health.

SOCIAL SUPPORT FROM KIN AND MORTALITY RISK AMONG OLDER ADULTS IN A HISTORICAL AGING POPULATION

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Family are often sources of social, instrumental, and financial support for older adults. However, in many types of survey and archival data, details on the provision of support are lacking. This study examines the association between kin availability and cause-specific mortality among adults over age 60 using multiple longitudinal linked data sources from North Orkney, Scotland, 1851-1911. This study explores the relationships between cause of death and kin availability, as certain ailments may be amenable to interventions related to social support in this period while others may not. This approach will aid in interpreting the effects of social support that may be transmitted through kin networks. Reconstructed individual life courses (N=4,946) and genealogies, in combination with data on the proximity non-coresident kin, are used to examine kin availability and propinquity over the life course. Cause of death is available from death records and has been coded into the ICD. Orkney provides an interesting case study as longitudinal information is available on mortality and kin availability during a time of population aging. Kin availability is associated with longevity in this sample, while cause-specific analysis allows us to evaluate the role of social support in promoting longevity net of this association.

THE 70- TO 85-YEAR-OLD SWEET SPOT: REGRESSION ASSOCIATIONS BETWEEN SPIRITUAL EXPERIENCE AND SUCCESSFUL AGING OUTCOMES

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Utilizing the MIDUS III dataset, this study conducted linear regression analysis for associations between daily spiritual experience and Successful Aging (N=2605). Age was measured in three groups: young-old (55-69), old (70-85), and old-old (86-100). Successful Aging was operationalized as Self-Reported Physical Health, Self-Reported Memory, Depressed Affect, and Life Satisfaction. Daily spiritual experience was measured with the Fetzer Institute five-item composite scale (Cronbach = .891). Analysis for each Successful Aging outcome was controlled for daily spiritual experience, physical and social neighborhood environment, age group, gender identification, co-habitation, income, education, cultural identification and disability. Regression analysis was undertaken for daily spiritual experience on the same control variables. Results found higher frequency of daily spiritual experience was significantly associated ($p = .000$) with better self-reported memory ($\beta = .146^{***}$) and higher life satisfaction ($\beta = .191^{***}$). Further, regression analysis revealed the 70-85 age group was significantly associated ($p = .000$) with better self-reported physical health ($\beta = .123^{***}$), lower depressed affect ($\beta = -.144^{***}$), and higher life satisfaction ($\beta = .291^{***}$). Finally, the 70-85 age group was a stronger predictor of daily spiritual experience ($\beta = .221^{***}$) than all other control variables except female gender identification ($\beta = .244^{***}$). This study contributes evidence of associations between daily spiritual experience and Successful Aging outcomes, particularly memory and life satisfaction. This study demonstrates the advantage of measuring separate old age categories to reflect heterogeneity of the life course. Finally, this study underscores, "Why Age Matters", through new evidence linking the 70-85 year old age group with daily spiritual experience and Successful Aging.

TRAUMA AND RELIGIOUS COMPLEXITY IN LATER LIFE

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The present study examines the impact of traumatic life events on religious complexity in later life. We anticipated that those older adults experiencing stressors that produce significant personal vulnerability (e.g., life threatening illnesses) demonstrate reduced complexity of belief and behavior (e.g., less belief with doubt). From a sample of 278 semi-structured interviews of older adults (aged 55-101 years-old.) from six New England and New York states, we analyzed 166 interviews using grounded theory (Strauss & Corbin, 1990). Individuals who experienced trauma related to war, close familial loss, and/or severe physical illness tended to be "true believers," (i.e., adhere to rigid belief orthodoxy; Hoffer, 1950). By contrast, those who experienced less severe trauma (e.g., minor illness, job loss) were less apt to describe rigid belief. Temporal proximity of trauma was not consistently associated with greater complexity of belief and behavior, in the sense that with great distance from trauma, individuals were able to "work through" their experiences of trauma, and thereby increase complexity of belief and behavior. This is consistent with findings by Harris and Leak (2015), Krause and Hayward (2012), and Wong (2013) that suggest that trauma leading to personal vulnerability leads to long-term physical, mental, behavioral, and spiritual deficits that rigid religious belief and behavior help to offset. These findings are discussed in terms of psychological theories of grief resolution, personal coping, and terror management.

VOLUNTEERING AND COGNITIVE HEALTH AMONG MIDDLE-AGED AND OLDER ADULTS: THE MEDIATING ROLE OF FRIENDSHIP

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We lack knowledge about the underlying mechanisms that link formal volunteering to cognitive health. Friendships can be formed and improved through volunteering. Friendship is also beneficial to cognitive health as it often involves sharing information and promoting social interactions. This study investigated the potential mediating role of friendship (i.e., the number of close friends and the quality of friendships) for the association between volunteering (i.e., volunteering status and volunteering hours) and episodic memory among middle-aged and older adults in the United States, using data from the 2014 wave of the Health and Retirement Study (N = 6,029). Moderated mediation models were employed to test the mediation role of friendship for the association between volunteering and cognition for two age groups, middle-aged adults (age 50-64, n = 2,441) and older adults (age 65+, n = 3,588). The results showed that the quality of friendships, but not the number of close friends, mediated the relationship between volunteering (both status and hours) and episodic memory for middle-aged adults.