

psychosocial factors, such as insecure attachment and stress, are important research objects when understanding cognitive functioning in middle and late adulthood.

THE CRUSH: A PROTO-ROMANTIC RELATIONSHIP ACROSS THE LIFE COURSE

Joseph Kotarba,¹ and Amanda Couve,² 1. *TxSt University, San Marcos, Texas, United States*, 2. *Encompass Health, San Antonio, Texas, United States*

This presentation describes the “crush” experience as it occurs among older adults. A basic definition of a crush is a one-sided, proto-romantic relationship. The scholarly and commonsense understanding in American culture focuses on the crush as most commonly occurring during the developmental phases of adolescence and pre-adolescence. Symbolic interactionists view life course as a somewhat fluid process of adapting to changing situations in life. Experiences like the crush can potentially occur at almost any age at which romantic thoughts and feelings are possible. Our ethnographic research on older adults residing either in group facilities or in domiciliary locations indicates that crushes are fairly common. These crushes follow the same general narrative as crushes among younger people: a beginning, a middle and an end. There are two narrative styles among older adults: face-to-face and mediated. The crush in a group facility is encouraged by interaction during social hours, meals, entertainment, and religious/spiritual activities. Crushes are more observable among women who do not have to delve into their past for objects of their affection. Available par-amours from the mass media include young celebrities such as Michael Buble and Josh Groban. These crushes differ from those among younger women in the denouement, to the degree affection generally fades away from memory rather than comes to a distinct end. Factors such as increased access to electronic media and music, and increased sociality in the community and in residential environments will create situations in which the security, excitement and rewards of a crush are plausible.

Session 3075 (Paper)

Mood, Emotions, and Health

AGE-RELATED DIFFERENCES IN CLINICAL AND PSYCHOSOCIAL PREDICTORS OF UNMET NEEDS IN BLADDER CANCER SURVIVORS

Nihal Mohamed,¹ Tung Ming Leung,² Katherine Ornstein,³ Naomi Alpert,³ Travonia Brown-Hughes,⁴ Emanuela Taioli,³ and Natasha Kyprianou,³ 1. *Icahn School of Medicine at Mount Sinai Department of Oncological Sciences, New York, New York, United States*, 2. *Northwell Health, Northwell Health, New York, United States*, 3. *Icahn School of Medicine at Mount Sinai, New York, New York, United States*, 4. *School of Pharmacy, Hampton, Virginia, United States*

Understanding of unmet needs and their predictors among bladder cancer (BC) survivors is critical to optimize health care planning for patients. This study compares between younger (<65 Years) and older (≥65 Years) BC patients across seven domains of unmet needs (e.g., informational, psychological, supportive care, daily living, communication,

logistic, and sexuality needs) and their demographic, clinical, and psychosocial predictors. BC survivors (N=159; 47% women) were recruited from the Bladder Cancer Advocacy Network and completed a questionnaire that included the needs assessment survey (BCNAS-32), hospital anxiety and depression scale (HADS), coping (BRIEF COPE), social provisions scale (SPS), and self-efficacy beliefs (GSE) scale. Although no significant group differences in all reported needs emerged, both groups reported more communication (IQR = 50 (62.5) and less sexuality needs (IQR =13 (52.1)). Older patients reported higher depression and anxiety (IQR = 32 (11.5); N = 68) than younger patients (IQR = 28 (11.0); p < .01; N = 88). Multivariable analyses stratified by age showed significant effects of gender among older patients with women experiencing more psychological, care, communication, and sexuality needs than men. Multivariable analyses also showed age-related differences (p < .05) in the predictors of needs controlling for covariates (e.g., gender). Among older patients both higher depression and anxiety and lower self-efficacy beliefs were associated with more psychological, care, and communication needs. Among younger patients, higher depression and anxiety were associated with more psychological, logistic, daily living, and communication needs. Results emphasize the importance of tailoring care planning for patients based on age.

LINKING RELIGIOUS IDENTITY, PARTICIPATION, AND FAITH TO DOMAINS OF MENTAL HEALTH IN LATE LIFE

Eva Kahana,¹ Poshan Dahal,² Tirth Bhatta,³ and Polina Ermoshkina,¹ 1. *Case Western Reserve University, Cleveland, Ohio, United States*, 2. *Case Western Reserve University, Case Western Reserve University, Ohio, United States*, 3. *University of Nevada, Las Vegas, Nevada, United States*

Religiosity in late life has been linked to psychological well-being outcomes. However, there has been insufficient attention to complex associations between different domains of religiosity and domains of psychological wellbeing. We explored associations between religious identity, religious participation, religious coping (trust in God), and mental health indicators of depressive symptoms, life satisfaction, and positive/negative affect among 797 independent, retirement community-dwelling older adults. At baseline, religious identity (expressed as self-concept) and religious participation (church attendance) each were associated with fewer depressive symptoms (b=-0.47, p<0.05; b=-0.19, p<0.05). Religious identity, however, was significantly associated with both life satisfaction and positive affects but not with negative affect. Religious coping was associated with greater life satisfaction and positive affect. Our longitudinal analysis documented a statistically significant decline in depressive symptoms, and increase in life satisfaction and positive affect, with corresponding increase in religious identity over time. However, changes in religious identity did not lead to significant changes in negative affect over time. Religious coping and church attendance fully explained the influence of religious identity on changes in life satisfaction. Although the influence of religious identity on depressive symptoms and positive affect was weakened, its significant influence was maintained even after the consideration of religious coping