

utilized ecological momentary data to examine the moderating effects of age and two distinct types of social contacts the person had experienced in prior hours (frequency of face-to-face, or social media contacts) on the association between daily stress and momentary mood. Participants were recruited initially through Amazon.com's Mechanical Turk (adolescents referred by a parent). A total of 119 adolescent ($n = 44$; $Agemean = 15.73$) and middle-aged/older adult participants ($n = 75$; $Agemean = 59.67$) provided momentary data three times a day, on three consecutive days, every two weeks, for up to 12 weeks. Multi-level models showed significant 3-way interactions between stress appraisal of avoiding an argument, age group, and frequency of social contact via face-to-face ($\beta = 1.698$, $se = 0.542$, $p = .002$) and social media ($\beta = 3.341$, $se = 0.984$, $p = .001$). Older adults experienced better mood than adolescents. When avoiding an argument was appraised as more stressful, both age groups displayed worse mood. Whereas high levels of recent social contact (both face-to-face and social media) seemed to exacerbate the impact of this stressor on poorer mood for older persons, high levels of recent social contact, particularly social media, had stress-buffering benefits for adolescents.

RETROSPECTIVE LIFE HISTORY SURVEY REVEALED AUTOBIOGRAPHICAL MEMORY BUMP

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The reminiscence bump is a well-documented autobiographical memory phenomenon characterized by middle-aged and older adults reporting a disproportionate number of memories from adolescence and early adulthood (Rubin, Wetzler, & Nebes, 1986). It is typically assessed through either cue word or important memory techniques. The Life History Mail Survey (LHMS) in the Health and Retirement Study affords unique data to investigate this phenomenon among a representative US sample of older adults. At the beginning of the LHMS, participants ($N=3088$, $M\ age=70$, range 50-107) completed a calendar noting the important things that happened to them in seven life decades, starting with ages 0-9 and ending by ages 70-79 (or their actual age). For each life period, we coded the number of events respondents reported. We observed significantly more memories reported for the age decade 20-29, compared with other life periods (80% vs 47-66%). Our results are consistent with previous findings in the autobiographical memory literature. Follow-up analyses evaluated existing theoretical accounts of the bump, such as cultural life script theory which suggests that life events occur in a specific order and are characterized by a prototypical life course. For example, we determined whether respondents' sociodemographic characteristics, such as age cohort, gender, marital and educational histories (information available in LHMS) influenced the size and temporal location of the reminiscence bump. We also analyzed the content of reported important life events to investigate whether types of events included in each decade of life are consistent with the cultural life script account of the phenomenon.

EARLY-LIFE ADVERSITY AND ADULT MENTAL AND BEHAVIORAL HEALTH OUTCOMES: AN INTERSECTIONAL APPROACH

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There is much research confirming the link between experiencing early life adversities (ELAs) and adverse health outcomes in adulthood. Further, experiencing co-occurring ELAs rather than one ELA appears to be the rule rather than the exception, and leads to poorer health outcomes. However, information on how ELAs cluster and differentially harm the health of different intersectional groups is lacking. The stress process model suggests that intersectional configurations of race and gender are differentially exposed to ELAs and as a result, some groups suffer worse outcomes than others. We examine the risks of experiencing different clusters of ELAs—low childhood socioeconomic status (SES), family instability, and child abuse—among four intersectional groups (white men, white women, Black men, Black women). We also investigate whether experiencing these ELAs is responsible for the association between having a particular racial and gender configuration and adverse mental and behavioral health outcomes. Data come from a subsample of the Midlife in the U.S. Study ($n = 2,076$). Black men and women have the highest risk of experiencing all three ELA configurations. Men, regardless of race, have a higher risk of experiencing low SES while women are more vulnerable to low SES/family instability and all three ELAs. Black men and women appear to suffer the worst mental health outcomes, while Black and white men experience more drug/alcohol abuse than their female counterparts. ELAs, especially the co-occurrence of all three ELAs, partially mediate most of these associations, but more so for women than men.

INFLUENCING FACTORS OF SUBJECTIVE AGE: FINDINGS FROM THE KUSATSU LONGITUDINAL STUDY ON AGING AND HEALTH

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Background: Subjective age (SA) has been found to be a biopsychosocial marker of aging, yet little is known about factors that influence SA development. This study examined factors influencing SA using longitudinal data of community-dwelling older Japanese. Methods: Data drawn from the Kusatsu Longitudinal Study were collected during annual health check-ups in 2017 and 2018 from participants (aged 65-95) who completed all the measurement items used for this analysis ($N=981$). SA was indexed by asking participants to specify in years how old they felt. Proportional discrepancy scores ($(\text{subjective age} - \text{chronological age})/\text{chronological age} \times 100$) were calculated to indicate younger or older SAs and used as a dependent variable. As influencing factors of SA, chronological age, sex, years of schooling, history of smoking, cognitive function (using MMSE scores, range 14-30 at baseline), depressive symptoms, physical function (gait speed), and social function (employment status) were examined. Analyses were

performed with random-effects GLS regression models. Results: Significant partial regression coefficients were found for cognitive function (0.48%, CI: 0.18, 0.79), years of schooling (-0.42%, CI: -0.69, -0.15), depressive symptoms (0.32%, CI: 0.11, 0.53), and chronological age (-0.18%, CI: -0.30, -0.68). Implications: This study found that older age and longer years of schooling were associated with younger SA, while better cognition and depressive symptoms were linked to older SA. Better cognition being associated with older SA was inconsistent with existing studies. This may be due in part to the association of better cognition and the level of satisfaction influenced by awareness of age-related physical/social changes.

ADVANCING OUR UNDERSTANDING OF ELDERHOOD: A NARRATIVE REVIEW

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There are relatively few explorations of later life in the peer reviewed gerontological literature that holistically embrace the duality of potential and decline. This is in striking contrast to a growing body of non-scholarly literature, frequently authored by elders, displaying deep interest in the phenomenon of elderhood, i.e. the holistic, lived experience of later life. We conducted a narrative review with the aim of describing the state of the science with regard to the bio-psycho-social-spiritual experience of elderhood. Following a search of multiple databases for English language, peer reviewed articles published from 2000-2017, we identified 24 articles in the disciplines of gerontology, anthropology, psychology, the humanities, and spirituality studies, reflecting elderhood in Eastern and Western cultures. While the articles offered no shared operational definition of elderhood, nor applied any unifying conceptual or theoretical structures, several common themes emerged. These included the description of elderhood as both inward facing (inner development) and outward facing (social contributions of elders). Numerous articles also recognized that ageism socially mediates the experience of elderhood, resulting in a failure of social systems and structures to recognize or provide opportunities for lifelong growth in later years, including a lack of mentors and role models for individuals transitioning into elderhood. This review demonstrates that there is a compelling need for the discipline of gerontology to strengthen our understanding of the phenomenon of elderhood by leading on the development and implementation of theoretically driven empirical research into the subject of the holistic, lived experience of later life.

TRAJECTORIES OF POSITIVE AND NEGATIVE AFFECT: A COORDINATED ANALYSIS OF 11 LONGITUDINAL SAMPLES

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This study assessed age-graded change in positive and negative affect over decades of the lifespan. We conducted a coordinated integrative data analysis (IDA) using data from 11 longitudinal samples, comprising a total of 74076 respondents, spanning the ages of 11 to 106. Positive and negative affect were measured using the CES-D in 8 studies, the PANAS in 3 studies, and the MIDI scale in the MIDUS with three to eleven measurement occasions across studies. To assess and compare the extent and nature of change in affect over time across studies, analyses were coordinated, deploying identical multi-level growth models on each dataset. The curvilinear models suggested PA was best characterized by an inverted U-shaped trajectory, peaking in the mid-to-late 50s, while change in NA was best described by a U-shaped curve, bottoming out in the late 60s. We also found measure-related differences in the proportion of variance in affect attributable to within- or between person differences; The majority of the variability in CES-D-assessed affect was attributable to within-person differences over time, while the variability in PANAS-assessed affect was predominantly attributable to between-person differences. Overall, the results did not support steady improvement of emotional experience over the entire life-course as previous studies have suggested, but show promise for midlife when PA peaks and NA bottoms out. This study demonstrates the value of coordinated conceptual replications, resolving some of the mixed findings in the literature regarding age-graded change in affect and enhancing the current understanding of the longitudinal affect phenomenon.

SOCIAL CHARACTERISTICS OF THE FOURTH AGE

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How can we differentiate distinct phases of aging in later life? Theorizations of the third and fourth age posit that later life often involves a time of continued growth and increased opportunity (the "third age") as well as a time marked by growing cognitive, physical, and social losses (the "fourth age"). In contrast to population-based definitions that place this transition around the age of 80, a person-based definition using frailty as a marker offers more sensitivity by focusing on ability and agency instead of age alone. In this study, we apply both definitions in order to examine the social characteristics of the fourth age. Using a nationally representative sample of adults over the age of 65 from the National Health and Aging Trends Study (NHATS) seventh round (n=6,312) we find that the population-based definition overestimates the number of adults in the fourth age (2,834 vs 569; p<0.001). Additionally, social network patterns observed when comparing adults above and below the age of 80 - increased rates of including a daughter or son and a decreased rate of including a friend - are not seen when comparing adults who do and do not meet criteria for frailty. Our findings suggest that common understandings of the social characteristics of the oldest old - understandings with important implications for policy and the promotion of human dignity - may be biased by focusing on age alone as a marker of change instead of ability and agency.