

Research documented the impact of marital transitions—particularly marital loss—on depression in old age, yet its severity depends multiple factors. Individuals' capability to cope with transitions depends on available resources and previous exposure to stressors, such as early-life adversity, which buffers or aggravates the impact of marital transitions on later-life depression. Although studies documented the pivotal link between early-life adversity and negative health trajectories, our study is the first attempt to examine whether early-life adversity influences the relationship between prospectively-tracked, later-life marital transitions and depression. We drew data from SHARE, which samples individuals aged 50+ across Europe (N = 13,258; 2004-2016). Using multilevel linear models, we found that women who became widowed had higher levels of depression compared to coupled and single women, but experienced lower increases in depression over time. After adjusting for early-life and adulthood SES, losing a partner remained significantly associated with depression. Life-course SES was associated with levels of depression, yet interactions between marital transitions and SES were not, with some exceptions: single women who reported difficulties in their ability to make ends meet experience higher increases of depression over time. Overall, results were similar for men. Interactions between family transitions and SES were again not significant, with a few exceptions for single men: those born in more childhood conditions, and those with high education, had lower levels of depression. We interpret and discuss our findings through the lens of life-course and stress-resiliency perspectives and in light of changing family dynamics for this age group.

THE EXPERIENCE OF HAPPINESS IN LATE-LIFE REPARTNERING: SURPRISE AND DISAPPOINTMENT

Chaya Koren¹, *1. University of Haifa, Haifa, Israel, Israel*

Late life repartnering among those aged 65 and older is a phenomenon developing along with the increase in life expectancy. Although research indicates that older people are happier than adults at other life phases, the common lay person perception among the young as well as the old is that old age is associated with less happiness. Late life repartnering in Israel, culturally located between tradition and modernity, is not officially recognized as an option in old age. Exploring the experience of happiness within a social context that perceives late-life repartnering as the exception, using a naturalistic paradigm, has the potential for understanding lay persons perceptions of happiness. The aim of this qualitative research is to explore the experience of happiness in late-life repartnering relationships from a dyadic perspective of each and both partners. 20 couples (40 participants) functionally independent, aged 66-92 who entered their late-life repartnering at old age (men aged 65+; women aged 60+) after widowhood or divorce from a lifelong marriage raising a family, were interviewed separately. Interviews were recorded and transcribed verbatim. Data was analyzed using a dyadic interview analysis method. Findings indicate that happiness in late-life repartnering relationships include experiences of surprise and disappointment in three sub-themes: a. "A gift from heaven": Surprised of being happy; b. Disappointment not being happy; c. No surprise – No disappointment. Findings are discussed based on

disappointment theory, and empirical literature on expectations and happiness. Implications are addressed.

SESSION 3035 (SYMPOSIUM)

EMPOWERING VULNERABLE GROUPS IN LATER LIFE: FOCUS ON THE ROLE OF ACTIVITIES, SOCIAL NETWORK, AND ROUND-THE-CLOCK CARE

Chair: An-Sofie Smetcoren, *Vrije Universiteit Brussel, Brussels, Belgium*

Discussant: G.A. Rixt Zijlstra, *Maastricht University, Care and Public Health Research Institute (CAPHRI), Department of Health Services Research, Maastricht, Netherlands*

Europe has been challenged with an intense rise of aging populations facing for example multiple chronic health problems, functional limitations and social and psychological challenges. With increasing age people may become vulnerable, nevertheless, they can still report high levels of well-being despite their deficits. Older adults' strengths and resources can balance negative experiences and increase positive well-being outcomes. These resources can be personal (e.g. have sufficient income) or stemming from the social environment of the older person (e.g. an involved social network). Hence, this symposium focusses on these strengths and resources and how they might (positively) affect the well-being of vulnerable groups ageing in place. The main objective of the symposium is to give insights into different aspects and strategies that can protect older adults against negative outcomes. Four different studies from Belgium will be presented: Sarah Dury starts with explaining the potential buffering predictor of leisure and civic activities, by uncovering the mechanisms underlying the relationship between multidimensional frailty and well-being. Lise Switsters examines if the absence of social and emotional loneliness can act as a buffer to maintain a good well-being for older adults at risk of frailty. An-Sofie Smetcoren examines how 'living in solidarity' in a co-housing project can contribute to ageing in place. Finally, Sylvia Hoens explores the experiences of the older care users and their informal caregivers with live-in migrant care workers and examines how this care can increase their well-being.

SHAPING LIVING IN SOLIDARITY AMONG OLDER VULNERABLE PEOPLE IN BRUSSELS

An-Sofie Smetcoren,¹ and Liesbeth De Donder², *1. Vrije Universiteit Brussel, Brussels, Belgium, 2. Vrije Universiteit Brussel, Brussels, Brussels Hoofdstedelijk Gewest, Belgium*

This research explores how older people construct their view on 'living in solidarity'. The data was collected during a cohousing project (from construction till occupation). Co-creation sessions with residents and project coordinators were analyzed. 7 conditions and success factors were unraveled that deemed important to realize 'solidary housing': 1) The challenge to unite individual and collective needs; 2) Continuous task to engage (candidate-) residents, from early beginning; 3) A targeted selection of residents; 4) Maximizing the competences of older people, 5) Developing a group identity consciousness, 6) Involving

experts providing support for group- and individual trajectories, 7) Creating a climate of confidence. Solidary housing appeared to be a nuanced and layered concept which should not be overidealized. Participants demonstrate what is realistic, and how it can be shaped in daily practice. By discussing and deciding on group issues, the project coordinators created a shared platform for implicit and explicit agreements.

ARE LEISURE AND CIVIC ACTIVITIES REINFORCING WELL-BEING IN OLDER ADULTS AT RISK OF FRAILITY?

Sarah Dury,¹ Eva Dierckx,² Liesbeth De Donder,² Deborah Lambotte,² Daan Duppen,² and Lise Switers²,
1. *Vrije Universiteit Brussel, Brussels, Belgium*, 2. *Vrije Universiteit Brussel, Brussels, Brussels Hoofdstedelijk Gewest, Belgium*

A growing body of work suggest that leisure and civic activities may contribute to the understanding of healthy aging. Yet, only a limited number of studies have examined a less healthy population. Moreover, a broad array of leisure and civic activities tend to be lacking. This paper gives insight into the mechanisms underlying the associations between multidimensional frailty, and well-being with the moderating roles of leisure and civic activities. A two-wave interview survey from the D-SCOPE frailty program was derived using 441 participants aged 60 years and older residing in the Flanders region of Belgium. This study offers evidence that leisure and civic activities buffered the negative relationship between multidimensional frailty and well-being. Moreover, our study identified that for different frailty domains the buffering/moderating role of leisure and civic activities differs in relation to well-being.

EXPERIENCES OF OLDER PEOPLE AND INFORMAL CAREGIVERS WITH LIVE-IN MIGRANT CARE WORKERS IN BELGIUM

Sylvia Hoens,¹ An-Sofie Smetcoren,² and Liesbeth De Donder², 1. *Vrije Universiteit Brussel, Brussels, Belgium*, 2. *Vrije Universiteit Brussel, Brussels, Brussels Hoofdstedelijk Gewest, Belgium*

The increasing number of older people has a significant impact on the organization of care in European countries. Despite the availability of formal care services, adequate solutions are still missing and older people themselves search for alternative strategies to meet their care needs. For example, a recent tendency is to call upon help of migrant care workers. In Belgium, research concerning this often invisible care solution remains absent. Therefore, the study at hand explores the experiences of the older care users and their informal caregivers and examines how this care can increase their well-being. Eight in-depth interviews with older people who rely on live-in migrant care workers, five interviews with professionals and one focus group with experts have been conducted. This study found that live-in caregivers relieve the informal carers, guarantee the presence of permanent care 24/7 and enable older people to live longer at home.

THE IMPORTANCE OF LOW SOCIAL LONELINESS FOR MAINTAINING GOOD WELL-BEING

Lise Switers,¹ Liesbeth De Donder,² Eva Dierckx,² and Sarah Dury², 1. *Vrije Universiteit Brussel, Brussels, Belgium*,

2. *Vrije Universiteit Brussel, Brussel, Brussels Hoofdstedelijk Gewest, Belgium*

Older people are often confronted with dependence, death of spouse and other loss experience. Nevertheless, older adults generally experience a good well-being. This lack of age-related decline of subjective well-being has been named the ‘paradox of ageing’. One possible explanation for this paradox can be found in the socio-emotional selectivity theory of Carstensen. Thus, we hypothesize that low emotional and/or low social loneliness can act as a buffer for the negative relationship between negative life events and well-being. We use data of the D-SCOPE project that includes 869 older community-dwelling adults at risk of frailty residing in Flanders. By means of regression moderating analyses the research gains insights into the relationships between older people and well-being where the absence of social loneliness is detected as a possible buffer against negative outcomes. The discussion develops the argument that the absence of loneliness is a crucial facet for maintaining a good well-being.

SESSION 3040 (SYMPOSIUM)

EXPLORING MECHANISMS OF AGING THROUGH LONGITUDINAL TRAJECTORIES: BIOLOGICAL, PHENOTYPIC, AND CLINICAL

Chair: Jennifer A. Schrack, *Johns Hopkins University, Baltimore, Maryland, United States*

Discussant: Luigi Ferrucci, *Translational Gerontology Branch, Intramural Research Program, National Institute on Aging, National Institutes of Health, Baltimore, Maryland, United States*

Over the past several decades, researchers have searched for early and accurate predictors of healthy aging, establishing metrics to potentially quantify the aging process based on functional performance, disease diagnosis, or other clinical tests. Using these metrics, efforts have been made to disentangle the concepts of “normal” versus “accelerated” aging to identify individuals transitioning into states of disease and disability, allowing for more targeted and effective treatment(s). Yet, many of the variables included in these indices have been chosen based on their availability using cross-sectional associations with chronological age. Such variables may reflect birth cohort differences and selective attrition and fail to accurately represent the mechanisms most representative of the aging process. Using data longitudinal data from the Baltimore Longitudinal Study of Aging and beyond, this symposium will present a conceptual framework of phenotypic aging and its relationship with biological aging, and trajectories of aging phenotypes using state-of-the-art measures collected over the past 10 years. Specifically, we will discuss new insights into trajectories of molecular (inflammatory and metabolic markers), physiological (energetics, body composition, brain atrophy), and clinical measures (gait speed and executive function), and discuss methodological considerations for combining these phenotypes into a measure that can be linked with biological aging measured using a systems approach to improve and refine future understanding of mechanisms of “normal” versus “accelerated” aging. Further development