with knee osteoarthritis. Participants attended EF classes for 1-hour, 3 days/week for 4-5 months (1-3 months in-person EF and 2-4 months in tele-EF). Attendance for in-person EF was 80.0% versus 91.0% for tele-EF. Nearly all participants (95.2%) reported that they were satisfied or very satisfied with tele-EF. Qualitative exit interview data mapped well onto Social Cognitive Theory constructs. With tele-EF, participants found that livestream classes facilitated accountability and self-efficacy to participate in exercise and that interactive instruction provided encouragement and support to exercise. Thus, tele-EF is a viable remotely-delivered exercise program for older adults that retains many features of in-person EF.

Session 3070 (Paper)

Love, Romance, and Aging

DOES RELATIONSHIP END PRECEDE COGNITIVE DECLINE? AN ANALYSIS OF THE HEALTH AND RETIREMENT STUDY

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Relationship status is thought to be associated with cognitive health in older adults, with married persons performing better on memory assessments than unmarried-cohabitating, single, divorced, and widowed persons. However, questions remain about whether relationship termination causes cognitive decline, is a result of it, or whether they share a cause; and the mechanisms by which such a relationship might operate. To address this gap in the literature, we hypothesized that relationship termination could affect cognition via the following five pathways: (1) post-termination depression; (2) loss of distributed-cognition partner; (3) cognitive depletion from caring for partner in declining and ultimately terminal health; (4) divorce to preserve assets to qualify for Medicaid to cover healthcare for cognitive decline; and (5) post-termination changes in neuropsychiatric symptoms alongside a pre-existing neurodegenerative condition that also causes cognitive decline. Using data from the 2000–2016 waves of the Health and Retirement Study (HRS; N = 23,393), we found that relationship termination, whether due to divorce or widowhood, was associated with cognitive decline. Using mixed-effects regression we found that the rate of cognitive decline increased after relationship termination (widowhood: □ = -0.587, p <0.001; divorce: □ = -0.221, p <0.001), supporting mechanism (5). Using HRS data for respondents and their spouses' mental and physical health, health insurance, and activities of daily living, we also find support for mechanisms (1) and (3). Relationship termination is a critical juncture in a person's life course that has multiple implications and may, ultimately, worsen patients' conditions.

PERCEPTIONS OF PARTNER AFFECT MEDIATE AFFECT CONTAGION IN OLDER COUPLES' DAILY LIFE: AN EXPERIENCE-SAMPLING STUDY

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Intimate relationship partners dynamically covary in their affective states. One mechanism through which intimate relationship partners experience and shape each other's affective states is affect contagion, i.e., the spread of affective states from one person to another. The degree to which social-cognitive processes are involved in affect contagion in daily life remains unclear. The majority of older adults live together with a spouse/partner, and intimate relationships are one of the most important social contexts in their daily lives. Expanding on previous research, we focused on contagion of positive and negative affect between older relationship partners, and examined whether processes of affect contagion were mediated by perceptions of partner affect, i.e., how individuals thought their partners felt at previous moments. We used data from an experience sampling study with 152 older heterosexual couples (304 participants; 65+ years old) who reported on their positive and negative affect, perceptions of their partner's positive and negative affect, and presence or absence of partners 6 times a day for 14 days. Dyadic multilevel mediation models were used to evaluate our hypotheses. We observed strong evidence that processes of positive affect contagion between partners were mediated by perceptions of partner's affective states. Negative affect contagion was directed from men to women, but not vice versa, and mediated by perceptions of partner's affective states. Partner presence was unrelated to processes of affect contagion. Our findings help identify underlying mechanisms of affect contagion and support the notion that perceptions of close others' emotions might shape our own feelings.

ROMANTIC ATTACHMENT, STRESS, AND COGNITIVE FUNCTIONING IN A LARGE SAMPLE OF MIDDLE-AGED AND OLDER COUPLES

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Romantic relationships are a key factor contributing to health across the lifespan. Within this research line, attachment theory has been a useful framework to understand how relationships impact health. One primary health concern in late adulthood is reduced cognitive functioning: Alzheimer's disease and related neurodegenerative disorders become increasingly prevalent with age affecting millions of people. Even though much research has identified various sociodemographic, medical, and behavioral risk factors, little knowledge exists on romantic attachment's psychosocial role for cognitive decline. The purpose of this study was to examine the link between insecure attachment, stress, and cognitive functioning in a large sample of middle-aged and older couples. In particular, we wanted to investigate how insecure attachment is linked to both partners' cognitive functioning and whether stress mediates these associations. To that aim, we used data of 1,043 romantic couples (Mage = 64.7 years; 38.5% same-sex couples) who reported on their attachment anxiety and avoidance, their stress levels, their cognitive decline, and their and their partners' dementia symptoms. Couple members also participated in a memory performance task. The results suggest that anxiety is linked to participants' cognitive decline, while avoidance was linked to partners' cognitive decline and poorer memory performance. We also detected significant mediational effects for stress in the association between insecure attachment and cognitive functioning. We conclude that potentially malleable

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

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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 paramours 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

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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

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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