and vascular health, finding that own and partner’s baseline loneliness were associated with increased HbA1c levels only in the context of inferior marital support. Carr will assess the strengths and limitations of these papers, and discuss the contributions these studies can make to the field and to future research on marital effects and gender in later life.

**LONELINESS, MARITAL QUALITY, AND VASCULAR HEALTH AMONG OLDER U.S. COUPLES: A LONGITUDINAL DYADIC STUDY**

Jeffrey Stokes, and Adrita Barooah, University of Massachusetts Boston, Boston, Massachusetts, United States

Loneliness is a contributor to later life declines in health, including vascular health. Importantly, loneliness is not restricted to those who lack close social ties: More than one-third of married U.S. older adults experience loneliness, and having a lonely spouse increases the likelihood of experiencing loneliness oneself. Thus, over time loneliness in either spouse may lead to worse health for both spouses. Using longitudinal dyadic data from the Health and Retirement Study (2008-2014), we estimated multilevel lagged dependent variable models to examine implications of both partners’ loneliness at baseline for each spouse’s HbA1c four years later. Findings revealed that effects of both partners’ loneliness were contingent upon marital quality: Own and partner’s loneliness led to increases in HbA1c when perceived marital support was low, but this was attenuated at higher levels of marital support. These results extend prior research concerning loneliness and vascular health, and loneliness as a relational experience.

**COGNITIVE FUNCTIONING, GENDER, AND MARITAL QUALITY AMONG OLDER MARRIED COUPLES: A DYADIC APPROACH**

Elizabeth Gallagher, and Jeffrey Stokes, 1. University of Massachusetts Boston, Kingston, Massachusetts, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States

Older spouses influence one another in myriad ways, and dyadic effects of marital quality on health and well-being have been well-established. However, little attention has been paid to dyadic implications of cognitive functioning, including for spouses’ perceptions of the relationship itself. This study examines associations of older husbands’ and wives’ cognitive functioning with both partners’ reports of four marital quality outcomes. Structural equation modeling analyzed data from 1,414 opposite-sex couples drawn from the 2016 wave of the Health and Retirement Study. Findings revealed that (a) wives’ poorer cognitive functioning was associated with wives’ reporting greater closeness and higher ratings of enjoying time with a spouse, whereas (b) husbands’ poorer cognitive functioning was associated with wives’ reporting greater marital strain, lower marital support, lower closeness, and lower ratings of enjoying time with a spouse. This suggests that cognitive functioning/impairment has dyadic consequences for marital quality, which are highly gendered.

**PRECARIOUS WORK, MARITAL QUALITY, AND DIVORCE: A GENDERED DYADIC ANALYSIS OF AGING COUPLES**

Rachel Donnelly, Vanderbilt University, Nashville, Tennessee, United States

Precarious work – work that is unstable and insecure – is often stressful and may contribute to marital strain and dissolution among midlife adults. However, prior research has not considered how precarious work spills over to spouses. Using longitudinal dyadic data of midlife couples from the Health and Retirement Study, I examine whether having a spouse in precarious work is associated with marital strain and dissolution, with attention to differences by gender. I find that indicators of precarious work (job insecurity, schedule variability) are associated with a heightened risk of marital strain and divorce in midlife. These patterns depend on the gender of the spouse experiencing precarious work. Understanding the implications of precarious work for marriage is important because poor marital quality and divorce hasten health declines at older ages. Thus, this study suggests that precarious work may be a risk factor for divorce and poor health among aging adults.

**CHRONIC CONDITION DISCORDANCE AND PHYSICAL ACTIVITY: LONGITUDINAL ASSOCIATIONS AMONG OLDER COUPLES**

Courtney Polenick, 1, Kira Birditt, 1, Angela Turkelson, 1 and Helen Kales, 2 1. University of Michigan, Ann Arbor, Michigan, United States, 2. UC Davis, Sacramento, California, United States

Chronic condition discordance (i.e., the extent that two or more conditions have non-overlapping self-management requirements) is detrimental for functional health but little is known about mechanisms accounting for these associations. We examined links between chronic condition discordance at both the individual level and the couple level (i.e., between spouses) and physical activity over time. Participants included 1,095 couples from five waves (2006-2014) of the Health and Retirement Study. Dyadic growth curve models showed that greater individual-level discordance was associated with lower baseline physical activity among individuals and their partners. When husbands had greater individual-level discordance, wives and husbands had faster declines in physical activity. The findings highlight the importance of considering both members of a couple when examining the implications of chronic illness for physical activity in middle and later life.

**DAILY MARITAL STRAIN AND SLEEP IN SAME-SEX AND DIFFERENT-SEX COUPLES**

Michael Garcia, University of Texas at Austin, Austin, Texas, United States

Marital strain has consistently been linked to many indicators of daily health and well-being, including sleep. Prior studies show that, on days when marital strain is higher, women in different-sex couples experience poorer sleep outcomes. However, this work has not yet considered whether and how these relationships differ for men and women in same-sex couples. Using 10 days of dyadic diary data from 756 midlife U.S. men and women in 378 gay, lesbian, and heterosexual marriages, we examine the associations of daily marital strain with sleep quality and duration and consider whether these relationships differ across union type. Results suggest that increased marital strain is associated with poorer sleep quality and shorter sleep duration, but only for women married to men. These findings underscore the importance
of including same-sex couples when exploring linkages between marital dynamics and health, especially when considering how gender impacts these processes.

SESSION 5670 (SYMPOSIUM)

MEMORIES OF LOST LOVED ONES
Chair: Emily Mroz
Co-Chair: Susan Bluck
Co-Chair: Deborah Carr

The death of a loved one is a challenging but also normative occurrence in later life (e.g., Thomson et al., 2018). Experiencing the death of others typically increases with age, so personal reaction to loss becomes an ongoing process (Harrop et al., 2016). When adults lose someone, the deceased person is often ‘gone but not forgotten.’ That is, they are remembered over time (Klass & Steffen, 2017). The way one remembers their lost loved one’s life and their death (e.g., Mroz et al., 2019) may influence post-loss emotional adjustment and personal views. This symposium brings together Psychology and Sociology researchers with data from Germany, the US, and China whose work elucidates the complex relation between loss and memory: we identify how remembering lost loved ones relates to both adaptive and difficult outcomes. In this symposium, Wolf et al. examine beneficial and harmful ways of using autobiographical memories after a personal loss. Mroz and Bluck identify how grief responses in older adult widows lead to functional use of memories from the very end of the spouse’s life. Fu and Idler focus on the directive function of autobiographical memory, examining how memory for end-of-life experience with loved ones influences current choices for aggressive end-of-life care. Bolkan and Weaver examine how early life experiences with loss influence later personal views and advance care planning. Our Discussant, Debby Carr, integrates these talks to elucidate how remembering loss experiences relate to not only current grief, but also to people’s preparations for the future.

MALADAPTIVE USE OF AUTOBIOGRAPHICAL MEMORY BY Bereaved Individuals across Adulthood
Tabea Wolf,1 Veronika Strack,2 and Susan Bluck,3 1. Ulm University, Ulm, Baden-Württemberg, Germany, 2. Ulm University Hospital, Ulm, Baden-Württemberg, Germany, 3. University of Florida, Gainesville, Florida, United States

Remembering one’s personal past can serve adaptive psychosocial functions (Bluck, Alea, & Demiray, 2010). Autobiographical remembering has been related to well-being in older age but little research has focused on grief. We address this issue in two studies grounded in the model of reminiscence and health in older adulthood (Cappeliez & O’Rourke, 2006). Participants (aged 18 - 91) completed the Reminiscence Functions Scale and the Inventory of Complicated Grief. Regression analyses show that negative self-related use of memories, but not positive use, is associated with experiencing more grief. Sharing memories with others (pro-social function) is indirectly linked to grief, as mediated by negative self-related uses. These patterns held for autobiographical recall in general (Study 1; N = 51) and when specifically remembering the deceased person (Study 2; N = 49). How adaptively individuals remember their personal past appears linked to the experience of grief, sometimes even years after the loss.

REMEMBERING THE DYING DAYS: Older Adults’ Final Memories from the Loss of a Spouse
Emily Mroz, and Susan Bluck, University of Florida, Gainesville, Florida, United States

Memories from the very end of the life of a deceased spouse (i.e., their dying days) are frequently carried with the bereaved as major markers in their own life stories. The current study identifies functions of these memories. Older adults (age 70-96; N = 53) told two memories from their spouse’s dying days, then self-rated them for serving directive, social-bonding and self-continuity functions (TALE; Bluck & Alea, 2011). Those who found their loss more incomprehensible (ISLES; Holland, 2015) reported using these memories for directive (i.e., guidance of behaviors) and self-continuity (i.e., maintenance of a sense of self) functions more frequently (ps < 0.05). This relation was, however, mediated by older adults’ current grief (ICG; Prigerson et al., 1995). Incomprehensibility of the loss of a spouse appears to lead to intense grieving, prompting individuals to draw on memories from the loss to maintain a sense of self and direct their future.

AUTOBIOGRAPHICAL MEMORY AND End-Of-Life Treatment Preferences in China
Yao Fu, and Ellen Idler, Emory University, Atlanta, Georgia, United States

In this mixed-methods study of religious/cultural beliefs and end-of-life treatment preferences in China, we surveyed 1,085 mainland Chinese people aged 18 or above online. We assessed the effects of past experience with dying people they have known and their own end-of-life treatment preferences in two hypothetical terminal illness vignettes. We found that respondents who knew or visited someone at the end of their lives were somewhat less likely to choose aggressive treatment for themselves in a lung cancer scenario (25% compared to 33%, p=.013). However, there was less difference in an Alzheimer’s disease scenario, with a choice to use a gastric feeding tube or not (39% compared to 42%, p=.262). Open-ended responses indicate that people refer to these past experiences as a reference in making end-of-life decisions for themselves. This study provides empirical evidence that autobiographical memory has a directive function that individuals call on to inform future behaviors.

MEMORIES OF A GRANDPARENT’S DEATH: Preparation for Future Losses
Cory Bolkan,1 and Raven Weaver,2 1. Washington State University, Vancouver, Washington, United States, 2. Washington State University, Pullman, Washington, United States

Experiences of death in early life may result in identity-defining memories that last a lifetime. Autobiographical memories serve psychosocial functions, acting as guides for future behavior. Understanding early death experiences may thus inform lifelong personal views about death, dying, and bereavement. We queried 50 adults (ages 19 – 67 years) using