cognitive advantages that are distinct from the risk/protection afforded by APOE genotype.

SESSION 5925 (SYMPOSIUM)

GERONTOLOGY AT THE INTERSECTION OF RELIGION AND FAMILIES: HONORING THE LEGACY OF VERN BENGTSON

Chair: Alex Bishop
Co-Chair: Merrill Silverstein
Discussant: Monika Ardelt

The topic of religion and spirituality in later life has received intermittent but regular attention in the field of social and behavioral gerontology over the past few decades. To the extent that religion and spirituality have been linked to better health, improved well-being, and harmonious family functioning has renewed interest in this area of scholarly inquiry. Along with these positive outcomes, religion has also been examined as the basis for family conflict, as well in terms of its inverse in the transmission of secularity across generations. This symposium will communicate empirical results, theoretical insights, and conceptual developments inspired by the career contributions of Dr. Vern Bengtson, whose landmark studies have enriched the field of gerontology in the areas of intergenerational solidarity, spirituality in later life, the transmission of religion across generations, and life-course approaches to the study of family relationships. Five eminent scholars whose work touches on these areas will be represented in this symposium. The paper by Linda George compares intergenerational religious socialization and moral development. The paper by Robert Taylor and Linda Chatters examines the role of supportive church and family networks among older African-Americans. The paper by Ellen Idler addresses aging and religious in a context of secularization. The paper by Andy Achenbaum considers spiritual dimensions of friendship and meanings of aging. The paper by Merrill Silverstein integrates intergenerational and temporal continuity in religious practice and identity. The discussant Monika Ardelt has contributed important scholarly work in the areas of religion, spirituality, and wisdom in later life. Religion, Spirituality and Aging Interest Group

Sponsored Symposium.

THE SPIRITUAL DIMENSIONS OF FRIENDSHIP

Andy Achenbaum, Texas Medical Center, Houston, Texas, United States

It was the spiritual dimensions of my friendship with Vern Bengtson that I treasure most. Vern was always willing to discuss the dark sides of himself and to listen to my spiritual pain. His empowering way of advancing the meanings of aging were a spiritual gift. This presentation will address the value of spiritual friendship in human aging. Part of a symposium sponsored by the Religion, Spirituality and Aging Interest Group.

RELIGION AND AGING IN A CONTEXT OF SECULARIZATION

Ellen Idler, Emory University, Atlanta, Georgia, United States

Religion and aging has been a persistent topic of interest to gerontologists, notably Vern Bengtson over his long career. It is increasingly obvious that this research has taken place against a decades-long backdrop of declining religious attendance, with each successive cohort showing lower levels of participation. Data come from the Health and Retirement Study, a representative sample of the noninstitutionalized U.S. population (N=20,091), ages 24-107. We examined the patterns of religious involvement during the period 2004-2014 stratified by five age groups, 24-49, 50-64, 65-74, 75-89, 90+. Attending religious services has an age-graded pattern; each older cohort has a higher level of religiousity than the one following it, with the exception of those 90. Patterns for other measures of religious involvement are less dramatic but similar in direction. Lower levels of religious participation in younger cohorts imply a smaller proportion for whom these protective social ties are available. Part of a symposium sponsored by the Religion, Spirituality and Aging Interest Group.

TRACING THE RELIGIOUS LIFE COURSE: INTERGENERATIONAL SOURCES OF LATER LIFE RELIGIOSITY

Merril Silverstein,1 Woosang Hwang,1 and Joseph Blankholm,2 1. Syracuse University, Syracuse, New York, United States, 2. University of California, Santa Barbara, Santa Barbara, California, United States

The development of religiosity in later life has its origins in earlier phases of the life course, yet few studies have investigated the contribution of early forms of religious exposure to religious beliefs and behaviors in old age. This investigation uses multigenerational data from the Longitudinal Study of Generations taken from 385 baby-boom children age 16-26 and their parents, linked to religious orientations of these children in midlife and old age. Relying on the “chains of risk” perspective, we found that parental religious intensity in 1971 strengthened their children’s behavioral and cognitive religiosity in later life through their indirect effects on children’s early and midlife religiosity. Our results demonstrate both intergenerational and life course forms of stability in religious belief and practice. Evidence suggests that parental influence creates religious momentum in their children that carries from adolescence/young adulthood through the unfolding of human lives into old age. Part of a symposium sponsored by the Religion, Spirituality and Aging Interest Group.

RELIGIOUS SOCIALIZATION AND MORAL DEVELOPMENT: HOW SIMILAR? HOW DIFFERENT?

Linda George, Duke University, Durham, North Carolina, United States

Among Vern Bengtson’s contributions to research on aging, religion, and the family was the finding of strong patterns of intergenerational religious socialization within families. Professor Bengtson and colleagues published at least one book and a dozen journal articles documenting the strong evidence of intergenerational religious socialization, although they also documented specific variations of this general pattern. More recently, social scientists in the culture and cognition tradition have focused on moral development. Most of this research is based on studies of adolescents and emerging adults and concludes that families influence morality at these life stages, but that the effects of peers are even stronger. Some of this research explicitly links morality...
to religion; most does not. This paper compares research on religious socialization and morality, focusing on similarities and differences in findings, the potential of each tradition to inform and advance the other, and how that can be accomplished. Part of a symposium sponsored by the Religion, Spirituality and Aging Interest Group.

CHURCH AND FAMILY INFORMAL SOCIAL SUPPORT NETWORKS OF AFRICAN AMERICANS
Robert Taylor, and Linda Chatters, University of Michigan, Ann Arbor, Michigan, United States

Social support networks are an integral component of an individual's life. This presentation investigates the complementary roles of family and church members as sources of informal social support among African Americans. The analysis utilizes the African American sub-sample of the National Survey of American Life. A pattern variable was constructed that describes four types of church and family networks: 1) received support from both family and church members, 2) received support from family members only, 3) received support from church members only, and 4) never received support from family or church members. Overall the findings indicated 1) the majority of African Americans received support from both groups, 2) a small group of respondents were socially isolated in that they did not receive assistance from either family or church members, 3) for some African Americans who were estranged from their family members, church members were an alternative source of social support. Part of a symposium sponsored by the Religion, Spirituality and Aging Interest Group.

SESSION 5930 (SYMPOSIUM)

LONGITUDINAL EFFECTS OF BECOMING A FAMILY CAREGIVER: THE CAREGIVING TRANSITIONS STUDY
Chair: David Roth
Discussant: Steven Zarit

Taking on caregiving responsibilities for older adult family members with disabilities is often considered to be a highly stressful experience that may adversely affect the health of caregivers. However, the vast majority of studies in this area compare existing samples of caregivers with questionably matched non-caregiving controls. In this symposium, we will present findings for a population-based sample of persons who became family caregivers while participating in a longitudinal epidemiological study. Changes in health and well-being are compared between these caregivers and non-caregiving control participants who were matched on multiple demographic and pre-caregiving health history variables. All persons enrolled as caregivers were providing sustained and substantial caregiving assistance. Presentations will include 1) a descriptive overview of the screening, eligibility, and enrollment methods used to construct these unique, population-based samples; 2) comparisons of within-person changes on measures of self-reported health and well-being for dementia and non-dementia caregivers; 3) changes in the caregivers' social networks, social engagement, and leisure time activities; 4) comparisons of longitudinal changes on circulating inflammatory biomarkers (e.g., IL-6, CRP, TNF alpha receptor 1) and cellular aging (telomere length); and 5) examinations of individual differences in caregiver outcomes using a stress process model. Becoming a family caregiver can be stressful, but the opportunity to help a loved one and the related feelings of purpose and deepening family connections may also promote resilience and enhance health. These questions are far from resolved, and rigorous, prospective, population-based studies like the Caregiving Transitions Study promise to provide compelling new insights.

ENROLLING INCIDENT CAREGIVERS AND MATCHED CONTROLS FROM A NATIONWIDE EPIDEMIOLOGICAL STUDY
David Roth,1 William Haley,2 Orla Sheehan,3 J David Rhodes,4 and Virginia Howard,4 1. Johns Hopkins University, Baltimore, Maryland, United States, 2. University of South Florida, Tampa, Florida, United States, 3. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States, 4. University of Alabama at Birmingham, Birmingham, Alabama, United States

Participants in the national Reasons for Geographic and Racial Differences in Stroke (REGARDS) study were asked about family caregiving responsibilities at enrollment (2003-2007). Among the 88% of participants who were not caregivers at enrollment, 1,229 reported becoming caregivers before a follow-up interview 12 years later. The Caregiving Transitions Study screened these participants and enrolled 251 as incident caregivers. All reported 5 or more hours of care per week, provided assistance with at least one ADL or IADL, and were caregivers for at least 3 months before a 2nd blood sample was obtained in the REGARDS study. A total of 251 noncaregiving control participants who reported no caregiving responsibilities over this 12-year period were also enrolled. Each control was matched to a caregiver on age (+ 5 years), sex, race, other demographics, and baseline (pre-caregiving) health variables. Descriptive analyses confirm the unique comparability of the samples compared to previous caregiving studies.

SELF-REPORTED HEALTH AND WELL-BEING ACROSS HETEROGENEOUS GROUPS OF CAREGIVERS
Orla Sheehan, and Jin Huang, Johns Hopkins University School of Medicine, Baltimore, Maryland, United States

Using the Caregiving Transitions Study (CTS) we compared the effects of caregiving on self-reported health and well-being in caregivers reporting providing dementia care, different levels of strain and amount of care provided. Caregivers (n=251) were 65% female, 36% African American and had a mean age of 71.8 years. A quarter of CGs reported being under a lot of strain and 47% provided care for persons with dementia. Dementia CGs (n=117) provided more hours of care per week (49.7 versus 37.7, p=0.001), more commonly reported high strain (36.8% versus 15.7%, p<0.03) and were more than twice as likely as non-dementia caregivers to report that caregiving interfered with taking care of their own health (33.9% versus 15.4%, p=0.003). Additional results will be reported on how these factors of dementia caregiving, level of strain, and hours of care affect well-being including perceived stress, treatment burden, depressive symptoms and health-related quality of life.