

RENEwS intervention, designed to improve emotion regulation and thereby decrease depression and anxiety and increase moderate to vigorous physical activity (MVPA) following a cardiac event. Participants (n=30, 83% men) recruited from cardiac rehabilitation were randomized to five weekly 1-hour sessions of RENEwS intervention or active control. Although this trial was not powered for confirmatory efficacy ($p's > .02$, but many greater than .05), RENEwS participants evidenced an advantage over Control participants in terms of reductions in stress (Cohen's $f = .47$), depression symptoms (Cohen's $f = .34$), anxiety symptoms (Cohen's $f = .40$) but only modest improvements in MVPA from baseline to 5 months (Cohen's $f = .08$). Findings support potential efficacy and testing RENEwS in a larger sample.

SESSION 5580 (SYMPOSIUM)

EXPLORING LONGITUDINAL LINKS AND MECHANISMS CONNECTING VIEWS ON AGING WITH HEALTH IN LATER LIFE

Chair: Allyson Brothers

Co-Chair: Susanne Wurm

Discussant: Liat Ayalon

A robust body of evidence points to the importance of views on aging (VoA) in influencing developmental outcomes in later life. Now that this connection has been well-established, research has turned to examine mechanisms, processes, and pathways by which VoA and health are interconnected throughout adult development. The presentations in this symposium use longitudinal datasets to address the pressing question of how VoA and health are associated over time. Timescales range from 6-months post-hospital stay, to 9 year longitudinal follow-up. Presentations will provide evidence concerning both physical and mental health conditions and symptoms (e.g., Brothers et al; Schönstein et al.). Furthermore, the studies focus on various aging outcomes, ranging from functional ability (Brothers et al.) to recovery from hospital stays (Blawert et al.), to sensory loss (Wettstein et al.), to specific medical conditions including depression, back pain, rheumatism (Schönstein et al.). Three of the talks provide evidence for the effects of VoA on health, and one presents evidence of specific health conditions as longitudinal predictors of later VoA. Thus, an important question that this cohesive set of talks will raise is the issue of bi-directionality, by which VoA affect health, and vice versa. Concluding the symposium, the discussant will share insights about how these presentations contribute to the current understanding of mechanisms of the associations between VoA and health, and the role of VoA for ageism. She will additionally provide an overview of new areas for future research that can help to advance the understanding of these complex interactions.

EXAMINING THE INTERPLAY OF GENERALIZED AND PERSONAL VIEWS ON AGING ON PHYSICAL AND MENTAL HEALTH ACROSS 2.5 YEARS

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It remains unknown how distinct types of views on aging (VoA) are related to one another, and to aging outcomes. We used a latent-variable structural equation model to test the hypothesis that generalized views on aging (assessed as Age Stereotypes (AS)) would influence personal views on aging (assessed as Self-Perceptions of Aging (SPA)), which in-turn would influence later physical and mental health. Data came from a longitudinal survey on VoA (N= 537, MageT1 = 64.13, age rangeT1 = 40-98). As expected, SPA mediated the effect of AS on physical (loss-SPA: $\beta = .23$, $p < .001$; gain-SPA: $\beta = .06$, $p < .001$; $R^2 = .62$) and mental health (loss-SPA: $\beta = .13$, $p < .001$; gain-SPA: $\beta = .03$, $p < .01$; $R^2 = .31$). Congruent with theoretical assumptions, our findings provide empirical support for a directional pathway by which generalized views on aging affect health outcomes via personal views of aging.

THE ROLE OF SELF-PERCEPTIONS OF AGING FOR RECOVERY OF OLDER ADULTS AFTER A HOSPITAL STAY

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For older adults, a hospital stay can lead to loss of physical function and frailty. It is therefore important to investigate factors for recovery after hospitalization. Recent studies suggest negative self-perceptions of aging (SPA) as a potential risk factor in the context of serious health events. This ongoing longitudinal study investigates how negative SPA might contribute to worse physical recovery (assessed with the Short Physical Performance Battery) after hospital stay in a sample of 244 German adults aged 75 to 96. Preliminary mediation analysis based on available data of the first 50 participants indicate that negative SPA is related to increased fear of falling after 6 months, which predicts worse physical function one year after hospitalization (indirect effect: $B = -0.70$, $SE = 0.41$, $p = .09$). The results stress the importance of SPA for health recovery in old age and introduce fear of falling as a psychological pathway.

THE ROLE OF SUBJECTIVE AGE VIEWS FOR 9-YEAR CHANGE IN SELF-REPORTED PROBLEMS WITH VISION AND HEARING

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We examined the role of subjective age views (subjective age; attitudes toward own aging [ATOA]; aging-related cognitions, comprising continuous growth, social loss, and physical decline) for changes in self-reported problems with vision and hearing over up to 9 years. A subsample of the German Ageing Survey (2,499 adults aged 60-85 years at baseline) was investigated. Controlling for gender, age, education, self-rated health, and region of residence (West vs. East Germany), a younger subjective age at baseline predicted less steep increase in vision problems among individuals