health. This study used the 6th additional wave (2016) and 7th wave (2017) of the Korean Retirement and Income Study. The subjects of this study were older adults who are aged 65 and older and the sample size was 2,152. Multiple regression was used for data analysis. Demographic variables were controlled. Independent variables were interpersonal relationships, social activities, satisfaction with interpersonal relationships, and satisfaction with social activities. Dependent variables were physical health and mental health, with depressive symptoms used as a proxy for mental health. βs was used to determine the relative influence on dependent variables. Interpersonal relationships, satisfaction with interpersonal relationships, and satisfaction with social activities significantly influenced physical health. Among them, interpersonal satisfaction was found to be the most influential factor on physical health. In addition, interpersonal satisfaction was found to be the most influential factor on mental health than interpersonal relationships. Satisfaction with social activities only affected physical health. The implications of this study were that the quality of interpersonal relationships and social activities of older adults affected physical and mental health more than quantity.

UNDERSTANDING TECHNOLOGY ANXIETY BY THE INTERACTION BETWEEN SOCIAL SUPPORT AND EDUCATIONAL CONTEXT

Susanna Joo,1 Changmin Lee,2 YoonMyung Kim,2 Chang Oh Kim,1 Yun Mook Lim,2 and Hey Jung Jun,2, 1. Yonsei University, Seodaemun-gu, Seoul- t’ukpyolsi, Republic of Korea, 2. Yonsei University, Seoul, Seoult’ukpyolsi, Republic of Korea, 3. Severance Hospital, Yonsei University College of Medicine, Seoul, Seoul-t’ukpyolsi, Republic of Korea

The purpose of this study was to examine the interaction effects of social support from family and educational contexts on technology anxiety among Korean older adults. We collected data by online recruiting in February 2021, and the sample was Korean older adults without dementia (N=310; 65-89 years old). The dependent variable was technology anxiety, which meant the expected degree of worry under the assumption that a wearable robot for exercise was used. Independent variables were four types of social support (emotional, instrumental, physical, and financial support) provided by family members, such as spouse, children, or siblings. The moderating variable was the binary educational context (high school and under=0; college level and over=1). Interaction effects were estimated by bootstrapping and PROCESS macro with four regression models about each type of social support. Results showed the interaction effect between physical support and educational context was significant on technology anxiety. Concretely, getting more physical support was significantly associated with a lower level of technology anxiety for highly educated older adults, while it was not significant for less-educated older adults. There was no additional type of social support which had not only significant interaction effects with educational context but also main effects on technology anxiety. It suggested that providing direct physical help, including daily care or assistance, could decrease feeling technology anxiety, especially not for less-educated seniors but for highly educated Korean older adults.

Session 9465 (Poster)

SPIRITUALITY AND RELIGION

CAN WORKING TOGETHER BUFFER DEPRESSION AMONG OLDER, RELIGIOUS AFRICAN AMERICAN COUPLES?

Antonius Skipper,1 Andrew Rose,2 Ethan Jones,2 Alex Reeves,1 and Jhazmyn Joiner,1, 1. Georgia State University, Atlanta, Georgia, United States, 2. Texas Tech University, Lubbock, Texas, United States

Depression is a growing concern among older African Americans, as many within this group hesitate to seek professional help from psychiatrists or counselors. Instead, existing literature notes that older African Americans frequently utilize informal social support networks (e.g., church leaders) to respond to stress and buffer the negative effects of depression and depressive symptoms. Yet, little is known about the shared coping practices of older African American couples in relation to depression. Given the commonly noted high levels of religiosity among African Americans, this study examined communal coping as a mediator between sanctification and depression for older African American couples. This study utilized the dyadic data of 194 (146 married and 48 cohabiting) African American couples between the ages of 50 and 86 years. Capturing data with the Revised Sanctification of Marriage scale, the Communal Coping scale, and the Major Depression Inventory, bias-corrected bootstrap analysis revealed that men’s relationship sanctification and women’s depression was partially mediated by men’s, as well as the sum of men’s and women’s, communal coping in married couples. Further, men’s relationship sanctification and men’s depression was partially mediated by men’s, as well as the sum of men’s and women’s, communal coping. In addition, women’s sanctification was positively associated with men’s depression, directly. These findings are valuable in understanding the complex buffers, and contributors, to depression among older African American couples who may identify closely with religion but prefer the support of a partner over professional care.

CROSS-LEVEL MEDIATING EFFECTS OF SOCIAL RELATIONSHIPS BETWEEN RELIGIOSITY AND SUCCESSFUL AGING

Hayoung Park,1 Hey Jung Jun,1 and Susanna Joo,2, 1. Yonsei University, Seoul, Seoul-t’ukpyolsi, Republic of Korea, 2. Yonsei University, Seodaemun-gu, Seoul-t’ukpyolsi, Republic of Korea

This study aimed to analyze the cross-level mediating effects of social relationships on the association between religiosity and successful aging. The data was the 7th Korean Longitudinal Study of Ageing and the sample was 1,191 couples aged 65 and above. Independent variables were the level of participation in religious activities at the individual level and religious similarity between couples at the couple level. The dependent variable was successful aging at the individual level, which consisted of physical, cognitive, social, and psychological dimensions. Mediating variables were two social relationships: frequency of social interaction at the individual level and marital satisfaction at the couple level. We