of significance analysis, the coefficients of MS on DA were significant within the -2SD to +2SD range of PPR, but it decreased as the PPR increased. Findings suggest that partners' careful responsiveness may mitigate the detrimental effects of MS on DA among climacteric women.

PRESENCE OF MEANING MEDIATES THE RELATIONSHIP BETWEEN MEANING SEARCH AND OUTCOME: A CROSS-CULTURAL STUDY

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Search for meaning (SFM) is associated with many well-being measures. The mechanism behind remains unclear. This study explores presence of meaning (POM) as a mediator to explain the association. While dialectical thinking in Eastern cultures values both process and outcome, oppositional thinking in Western cultures makes the two opposing. Since dialectical thinking increases with age, we hypothesize that with increased age, SFM is associated with POM more positively (less negatively). This heightened POM results in better well-being. We surveyed 2014 participants (aged 18-96, Mage= 55.6) in Eastern cultures: Hong Kong and Taiwan; Western cultures: Germany, United States and the Czech Republic. In Eastern cultures, SFM was positively associated with POM and life satisfaction. POM partially mediated the relationship between SFM and life satisfaction (b=0.328, p<.001). With age, SFM was associated more positively with POM and life satisfaction (b=0.009, p<.001). While POM partially mediated the relationship in younger adults (b=0.162, p<.001), full mediation was found in older adults (b=0.451, p<.001). In Western cultures, SFM was negatively associated with POM and life satisfaction. POM partially mediated the relationship between SFM and life satisfaction (b=-0.120, p<.001). With age, the negative association of SFM with POM and life satisfaction was attenuated (b=0.002, p<.001). These finding suggested that SFM becomes more beneficial to older adults across culture via establishing POM. Identifying factors that facilitate the process of achieving meaning through searching is therefore important.

RURAL HOARDING IN OLDER ADULTS: A PILOT CHARACTERIZATION STUDY

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There has been limited research on geriatric hoarding disorder in rural areas. Older adults living in rural areas are more likely to feel stigmatized due to mental health difficulties and to have multiple barriers to healthcare. The purpose of this study is to present the clinical picture of eight older adults (mean age 68, range 57-92) with hoarding disorder who live in the rural southeastern U.S. Participants completed a semi-structured interview and the NIH Toolbox Emotion and Cognition Batteries in their homes. Participants were mostly female (n = 6) and identified as White (n = 5) or African American (n = 3). All

participants reported being Christian. Most participants were divorced or had never married (n = 6). All participants reported having at least one current medical condition, with the most commonly reported diagnosis being high blood pressure (n = 4). Half of participants reported that they had experienced at least one intervention from their family; however, only one participant reported ever experiencing an intervention from another source (i.e., property manager). On average, participants reported having a low level of emotional support and life satisfaction and a high level of loneliness and somatic symptoms of fear. Participants' performance on tests of cognitive functioning was worst for processing speed, with three out of the eight participants performing at the level of borderline impairment or worse. Understanding the clinical presentation of hoarding disorder in rural-dwelling older adults is the first step to the development and implementation of evidenced-based treatments in this population.

SUICIDE RISK IN OLDER ADULTHOOD: DIFFERENTIAL PATHWAYS BASED ON RACE

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Late-life suicide is a complex public health issue, and older adults have a higher risk threshold than the national average (Drapeau & McIntosh, 2020). Most late-life suicide research focuses on elevated risk of older white males, and less is known about risk factors among Black older adults (Joe et al., 2014). Although fewer Black older adults die by suicide than White older adults, forms of suicidality do not differ between Black and White older adults (Cohen et al., 2008). Suicide risk factors, such as psychological distress (Watkins & Johnson, 2018) and chronic pain (Bazargan et al., 2016), are prevalent among Black older adults. According to the Interpersonal Theory of Suicide (IPTS; Van Orden et al., 2016), thwarted belongingness and perceived burdensomeness inform the development of suicidal desire. These findings have been corroborated among older adult samples, though lacking racial diversity. To better understand how the IPTS functions for older adults, and probe whether suicide risk pathways operate differently depending on race, we used data from over 400 homebound older adults residing in a U.S. metropolitan area to clarify if this suicide risk pathway is similar for Black and White older adults. Race moderated the relationship between physical and psychological pain and thwarted belongingness and perceived burdensomeness, with pain among Black older adults having a greater impact on their sense of belonging and burdensomeness. Findings illuminate the need for culturally nuanced understandings of suicidality in older adulthood. The presenters will demonstrate these results and discuss implications for cross-cultural suicide prevention frameworks.