

older adults' subjective life expectancy (SLE) on their social relationships and well-being. Two waves of data (2008 and 2010) from 1,057 older adults participating in the Health and Retirement Study (HRS) were analyzed using the SEM with bootstrap sampling. The hypothesized model included marital quality, frequency of visiting with adult children, number of friends they have, and volunteering in the community. Participants' well-being was measured with the number of depressive symptoms and life satisfaction. The model fit the data well, χ^2 ($df = 6, N = 1,057$) = 13.6, $p = .01$, CFI = .98, RMSEA = .05. The results of the study revealed that older adults with higher SLE scores were more likely to participate in volunteering ($\beta = .07, p = .019$) and had a close relationship with their spouse ($\beta = .06, p = .047$). Higher SLE scores predicted higher level of life satisfaction ($\beta = .09, p = .003$) and fewer depressive symptoms ($\beta = -.09, p = .003$). Finally, there were marginally significant indirect effects from SLE to life satisfaction via closeness to spouse ($\beta = .02, 90\% \text{ CI } [.00, .03]$), and from SLE to depressive symptoms via volunteering ($\beta = -.01, 90\% \text{ CI } [-.02, .00]$). We conclude that older adults' SLE influences their well-being directly and indirectly through social relationships.

CONSIDERATION OF ORAL HISTORY STORYTELLING AS ESSENTIAL TO SUBJECTIVE WELL-BEING AFTER 100

G. McCall, A.J. Bishop, T. Wolf, T. Finchum, *Human Development and Family Science, Oklahoma State University, Stillwater, Oklahoma*

The purpose of this exploratory study was to examine the intervening link between engagement in oral history storytelling and change in reported indicators of subjective well-being. Participants for this study included $N = 112$ community-dwelling centenarians ($M = 100.89, SD = 1.52$) residing in private homes and care facilities in the state of Oklahoma. Preliminary and post assessments of subjective well-being indicators were conducted relative to completion of a 60-minute oral history interview. IBM/SPSS 23.0 was used to conduct paired sample t-tests to determine any evidence of change in statistical mean scores between preliminary and post subjective well-being scores. No significant mean change was evident between pre and post mean scores involving life satisfaction, negative affect, sense of personal growth, or gerotranscendence. However, significant mean differences were detected between preliminary scores of purpose-in-life ($M = 33.47, SD = 8.03$) and post scores of purpose-in-life ($M = 34.82, SD = 8.42; t(95) = -1.99$); preliminary scores involving sense-of-self ($M = 40.81, SD = 5.84$); and post scores of sense-of-self ($M = 41.98, SD = 5.25; t(98) = -2.95$); and preliminary scores of positive affect ($M = 32.96, SD = 8.38$) and post scores of positive affect ($M = 34.88, SD = 8.83; t(108) = -3.17$). Results indicate that engagement in oral history storytelling helps improve sense of purpose, strengthens self-identity, and increases positive emotional expression among persons living 100 years or longer. Further insight into the therapeutic benefits of oral history storytelling relative to quality-of-life for long-lived adults will be addressed.

PSYCHOLOGICAL WELL-BEING IN ITALIAN ELDERS WITH AND WITHOUT PARKINSON'S DISEASE: A PRELIMINARY STUDY

M.C. Fastame, P. Hitchcott, M. Pau, F. Corona, M. Penna, *University of Cagliari, Cagliari, Italy*

Chronic degenerative conditions characterized by motor dysfunction such as Parkinson's disease may impact the determinants of quality of life in late adulthood, such as psychological well-being (PWB) and affective status. Nonetheless, this issue has not been substantially investigated in the Italian population. Here in a preliminary study we explored relationships between several mental health and motor functions in a group of 30 cognitively healthy community-dwelling Italian elderly with and without Parkinson's disease (mean age = 74.3 years, $SD = 7.1$). Each participant was individually presented with a battery of psychological and motor tests assessing cognitive efficiency, PWB, affective status, lifestyle, handgrip strength, three-dimensional gait analysis, and static balance (through postural sway analysis). In particular, kinematics of gait was characterized by means of Gait Profile Score (GPS), a synthetic measure of the deviation of the gait from physiologic conditions. Statistically significant Pearson's product-moment correlations were found between maximal handgrip strength and several PWB indexes. Moreover, patients with Parkinson's disease reported lower perceived physical health and personal satisfaction, as well as increased values of GPS than controls, however greater depressive signs were not found in the former group. Finally, a linear regression analysis revealed that the occurrence of Parkinson's disease explains 26% of the variance relative to a self-reported personal satisfaction index. These preliminary outcomes highlight a general link between motor and psychological outcomes and the impact of Parkinson's disease on both.

THE IMPACT OF YOGA ON PHYSICAL FUNCTIONING AND QUALITY OF LIFE IN SEDENTARY OLDER ADULTS

E. Groessl¹, M. Maiya², L. Schmalz², *1. UC San Diego / VA San Diego, San Diego, California, 2. UC San Diego, La Jolla, California*

Reduced mobility in older adults has been linked to general disability and limitations in daily activities that enable independent living. To test whether sedentary older adults would attend and benefit from yoga, we compared participant outcomes from a Hatha Yoga intervention and a health education (HE) intervention. Participants were randomized to either yoga (twice weekly instructed yoga classes plus daily home-practice sessions), or HE (10 weekly informational lectures). Pre and post intervention, participants completed physiological assessments evaluating various aspects of gait, stability, strength, and balance, as well as questionnaires evaluating quality-of-life (SF-36) and adverse events (AE). A total of 371 older adults aged 60–89 were screened and 46 (63% female, 83% white, mean age=74) met the selection criteria of no exercise in the past 3 months and low/moderate physical functioning (Short Physical Performance Battery score 3 - 9). Mean attendance was 71% for yoga and 58% for the HE group. No serious AEs were reported,