

## Negative Social Exchanges and Mental Health Among Older Adults: Empirical Evidence, Theory, and Future Directions

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### Abstract

Positive and negative social interactions respectively exert beneficial and detrimental effects on older adults' mental health; however, research examining the negative effects of negative social interactions and their underlying mechanisms remains relatively limited. Current studies primarily address the types (social isolation, widowhood, or divorce), sources (spouse, children, or friends), and intensity of negative social interactions, and explore the mediating roles of perceived appraisal and self-esteem, as well as the moderating effects of variables such as gender, marital status, and educational level. Socioemotional selectivity theory, strength and vulnerability integration theory, social exchange theory, and the looking-glass self theory have provided reasonable explanations for the negative effects of negative social interactions within certain scopes. Employing coping strategies such as "forgiveness" or "cognitive distancing" can effectively mitigate the negative impacts of negative social interactions. Future research should further investigate the influence of negative social interactions on older adults' mental health across different cultural backgrounds and social network contexts, while simultaneously strengthening theoretical and online research on negative social interactions, and attending to relevant intervention studies.

### Full Text

## Negative Social Exchanges and Mental Health in Older Adults: Evidence, Theory, and Future Directions

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**Abstract**

Positive and negative social exchanges exert favorable and unfavorable effects on older adults' mental health, respectively. However, research examining the negative effects of negative exchanges and their underlying mechanisms remains relatively scarce. Current studies primarily focus on the types (social isolation, widowhood, or divorce), sources (spouse, children, or friends), and intensity of negative exchanges, while exploring the mediating roles of perceived appraisal and self-esteem and the moderating roles of gender, marital status, education level, and other variables. The socioemotional selectivity theory, strength and vulnerability integration model, social exchange theory, and looking-glass self theory provide reasonable explanations for the detrimental effects of negative exchanges within certain scopes. Adopting coping strategies such as "forgiveness" or "cognitive distancing" can effectively alleviate the negative impacts of negative exchanges. Future research should further investigate the effects of negative exchanges on older adults' mental health across different cultural and social network contexts, strengthen theoretical research on negative exchanges, conduct more online studies, and focus on relevant intervention research.

**Keywords:** social relationships, negative social exchanges, mental health, older adults

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By the end of 2019, China's population of adults aged 65 and older had reached 176 million, accounting for 12.57% of the total population. As population aging intensifies, older adults' mental health has garnered widespread attention. Social exchanges permeate daily life and represent a crucial entry point for psychologists exploring health outcomes in older adults. Social exchanges can predict mental health in this population, with negative exchanges often associated with poor health status and positive exchanges more frequently linked to good health (Niu Yubai et al., 2019; Yao Ruosong et al., 2018; Zhou Wei et al., 2020; Guntzviller et al., 2020; Khondoker et al., 2017; Liu & Rook, 2013; Saadi et al., 2018). After controlling for education level, gender, self-rated health, and other factors, more frequent negative exchanges among older adults lead to reduced well-being and increased psychological distress, whereas more frequent positive exchanges yield higher well-being (Newsom et al., 2005). Research has found that older adults experience fewer negative than positive exchanges, yet the impact of negative exchanges is stronger (Rook, 2015). The negative effects of negative exchanges on older adults' mental health warrant greater attention.

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This paper reviews existing literature to elaborate on the effects of negative social exchanges on older adults' mental health, explores the underlying mechanisms and potential theoretical explanations for these effects, and examines effective strategies for coping with negative exchanges. First, we analyze the negative impacts of negative exchanges on older adults' mental health from three perspectives: type, source, and intensity. Second, we review factors that influence how negative exchanges exert their effects. Third, we explain the negative effects of negative exchanges from four theoretical perspectives. Fourth, we analyze strategies that effectively address negative exchanges. Finally, based on these analyses, we propose directions for future research.

## 2 The Impact of Negative Social Exchanges on Older Adults' Mental Health

The concept of negative social exchanges is broad in scope. Some researchers define negative exchanges as unpleasant social contacts characterized by criticism, rejection, competition, privacy invasion, and lack of reciprocity, with unhelpful assistance also included (Krause & Rook, 2003). Newsom et al. (2005) further categorized negative exchanges into four types: indifferent and insensitive behaviors, useless advice or intrusions, failure to provide needed help in a timely manner, and being rejected or ignored by others. Subsequently, Rook (2015) described life situations associated with negative exchanges, such as loss or disruption of social network ties, frustration in participating in group activities, and declining health status, which further advanced understanding of the concept. Given the inconsistency in previous definitions of negative exchanges, this paper primarily analyzes their impact on mental health from three dimensions: type, source, and intensity.

### 2.1 Effects of Different Types of Negative Exchanges on Mental Health

Negative exchanges can be classified into many different types. For older adults, common forms include social isolation, bereavement or widowhood, and divorce, all of which severely undermine mental health, increase the probability of anxiety and depression, and positively predict mortality (Aartsen & Jylha, 2011; Cheng et al., 2014; Domenech-Abella et al., 2019; Levula et al., 2018; Levula et al., 2016; Steptoe, Shankar et al., 2013). Gyasi and Phillips (2020) investigated the marital status of adults over 50 in Ghana and analyzed its association with psychological distress, finding that spousal loss (including widowhood and divorce) was linked to greater psychological pain, with the distress among women being twice as high as that among women with spouses.

However, these conclusions are not always robust and may be influenced by other confounding variables. Cheng et al. (2014) found that childlessness reduced older adults' life satisfaction, yet after controlling for communication with family members, childlessness no longer served as a significant predictor

of life satisfaction. Can high-quality communication within the family mitigate the negative effects of childlessness? This question warrants further exploration by researchers.

Although previous studies have examined the relationship between negative exchanges and mental health from various type-specific perspectives—such as widowhood, domestic violence, and social exclusion—few have systematically differentiated among types of negative exchanges or analyzed differences in their mental health consequences. Theoretically, different types of negative exchanges produce distinct negative effects. Further refining the classification of negative exchanges and exploring whether specific forms impair particular functions would be highly significant for protecting older adults' mental health in a targeted manner.

## 2.2 Effects of Negative Exchanges from Different Sources

Based on current research literature, negative exchanges experienced by older adults primarily originate from the following sources: spouse, children, friends, and other immediate relatives. The impact of negative exchanges on mental health varies by source, with studies indicating that negative exchanges with spouses most strongly increase depressive symptoms and reduce life satisfaction, followed by those with children and other immediate relatives, while friends rank last (Lee & Szinovacz, 2016; Stafford et al., 2011). Generally, spouses and children constitute relatively stable core network members with closer relationships to the individual, whereas other immediate relatives are more distant in terms of blood ties, and friends are more transient. Both latter groups are more likely to occupy peripheral positions in an individual' s social network and thus exert relatively weaker effects.

However, recent research has highlighted the importance of friendships. Compared with other immediate relatives, negative exchanges with friends cause greater damage to older adults' mental health, though exchanges with spouses and children remain primary and secondary in importance (Chen & Feeley, 2013; Chopik, 2017; Harada et al., 2018). A possible explanation is that friendships are more easily selectable than kinship relations. When individuals perceive a friendship as negative, they can choose to terminate it promptly, thereby better preserving positive friendships. In contrast, kinship relations are typically innate or relatively stable, and dissolving such a relationship depends not only on the individual but may also involve the entire family or clan, making it difficult to terminate.

These findings suggest that family members are most important for older adults, with family exchanges exerting the strongest influence. Therefore, support and care from family members represent crucial means for maintaining older adults' mental health. The varying importance of friends and other immediate relatives across different studies may be influenced by a range of variables including cultural environment, economic status, and education level.

### 2.3 Effects of Negative Exchanges of Different Intensities

Older adults may encounter negative exchanges of varying intensities in social life. For instance, occasional bickering between friends may constitute low-intensity negative exchanges, whereas persistent emotional coldness between intimate partners represents high-intensity negative exchanges. Cross-sectional evidence demonstrates that high-intensity negative exchanges adversely affect mental health, reducing life satisfaction among older adults (Barry et al., 2020; Cheng et al., 2011). Longitudinal studies have yielded relatively consistent results, showing that long-term, high-level negative exchanges significantly predict depression, with older adults reporting more negative exchanges at baseline being more likely to experience increased depressive symptoms during follow-up (Kwak & Ingersoll-Dayton, 2020; Stafford et al., 2019). The impact of high-intensity negative exchanges on mental health has shown consistency across previous research.

However, because negative exchanges involve numerous events or categories, accurately rating the intensity of specific negative exchange incidents is challenging. Researchers have typically employed relatively broad questions in their measurements, such as “Do others make too many demands on you?” or “Do you receive a lot of criticism?” rather than asking about specific negative exchange events. This approach causes measurement results to focus more on the frequency of negative exchanges while weakening the assessment of intensity. Additionally, while many studies measure intensity as a continuous variable and can effectively identify its predictive effect on mental health variables, they tend to neglect examining differences between high and low intensities. According to the strength and vulnerability integration model, unlike high-intensity negative exchanges, low-intensity negative exchanges have negligible effects on older adults’ mental health (Charles, 2010; Charles & Luong, 2013; Charles & Piazza, 2009). Therefore, future research should specifically compare the effects of negative exchanges at different intensity levels.

The above discussion reveals that regardless of variations in type, source, or intensity, negative exchanges most often produce detrimental effects on older adults’ mental health—that is, negative exchanges negatively predict mental health. However, this does not mean that negative exchanges are exclusively associated with negative outcomes; in certain circumstances, they can yield positive results. For example, Birditt and Antonucci (2008) found that among individuals with chronic illnesses, criticism and demands from network members were associated with lower mortality rates, meaning that individuals receiving more criticism and demands lived longer than those receiving less. Subsequent research further revealed that more negative relationships with children and friends predicted lower mortality (Antonucci et al., 2010). Therefore, although this paper focuses on examining the “negative effects of negative exchanges,” we cannot deny the positive aspects of negative exchanges under specific conditions. Moreover, exploration of negative exchanges is not limited to the three dimensions discussed above; research has shown that distinguishing negative

exchanges from the perspective of relationship closeness also yields meaningful results (Birditt et al., 2020; English & Carstensen, 2014). Future research should conduct comprehensive explorations of negative exchanges from multiple dimensions to obtain more robust conclusions.

### **3 Mechanisms Through Which Negative Social Exchanges Affect Mental Health**

How do researchers explain why negative exchanges typically produce negative consequences? And do the effects of negative exchanges vary under different boundary conditions—that is, can certain conditions mitigate their negative impacts? This paper addresses these questions by discussing mediating and moderating mechanisms, analyzing the mediating roles of perceived appraisal and self-esteem in the relationship between negative exchanges and mental health, and examining the moderating roles of gender, marital status, and education level.

#### **3.1 Mediating Mechanisms Between Negative Exchanges and Mental Health**

Negative exchanges can affect mental health not only directly but also indirectly through other factors, such as individuals' perceptions of social exchanges and self-esteem. Newsom et al. (2005) found that negative exchanges influence mental health through two mediating pathways: by enhancing negative perceptions of social exchanges or reducing positive perceptions of social exchanges. Additionally, research has identified self-esteem as a mediator in the relationship between social exchanges and mental health, with good relationship quality enhancing older adults' self-esteem and thereby improving their well-being (Wu Yuting et al., 2019; Kim & Thomas, 2019).

These findings provide explanations for the negative effects of negative exchanges and offer directions for further exploration of mediating mechanisms: certain individual-level perceptual factors may be important variables mediating the relationship between negative exchanges and mental health. That is, following negative exchanges, the negative atmosphere may first trigger changes in individuals' perceptions or emotions, which subsequently affect their mental health—a process that should receive greater attention in future research.

Furthermore, Hendryx et al.'s (2019) study of postmenopausal women indicated that certain health behavior variables—including smoking, alcohol consumption, dieting, physical activity, and BMI—mediate the relationship between social support and diabetes risk. In other words, social relationship variables can affect physical health by altering health behavior variables. Does this mechanism apply to mental health? And do effects on physical health further implicate mental health? These questions await further exploration by researchers.

**3.2.1 The Moderating Role of Gender in Negative Exchanges and Mental Health** Research indicates that older women are more likely than men to serve as bridges between kin and non-kin networks, with this gender difference increasing with age, and women tend to have larger social networks than men (Cornwell, 2011). Meanwhile, physiological differences also determine distinct patterns in how men and women perceive and express emotions. Therefore, the impact of negative exchanges on mental health may vary by gender.

Previous research has found that when negative exchanges occur within the family—for example, conflicts with spouses or children, or experiencing widowhood—women suffer more than men; when negative exchanges occur outside family relationships, such as conflicts with friends or neighbors, women experience less psychological stress than men (Cheng et al., 2014; Gyasi & Phillips, 2020; Lee & Szinovacz, 2016). On one hand, this may be because older women's lives are more centered on the family compared to men, and they attach relatively less importance to friends, making family exchanges more influential for women's health outcomes. On the other hand, women's stronger social abilities enable them to be more selective in forming friendships, discarding friends who consistently cause trouble, thereby reducing negative influences from friendship networks.

However, Park et al.'s (2013) study of 674 Korean older adults yielded results contrary to the above findings, showing that women's exchanges with non-family members more effectively inhibited depressive symptoms than men's, suggesting that women appear to value extra-familial social exchanges more than men. This inconsistency may be attributable to cultural differences: in Korea, women bear extremely high responsibilities for family care in later life and have little time to participate in activities outside the family, so occasional relaxation has a more pronounced effect on their emotional relief. However, this does not necessarily mean that women value extra-familial exchanges more than men. In summary, the inconsistent findings indicate that research on negative exchanges needs to be conducted across different cultural contexts to generate more compelling conclusions.

**3.2.2 The Moderating Role of Marital Status in Negative Exchanges and Mental Health** The strength of negative exchanges' impact on mental health is moderated by marital status. Research has found that when facing emotional setbacks (primarily within the family), partnered older adults experience greater psychological trauma, whereas when encountering financial difficulties or social exclusion, unpartnered older adults experience significantly enhanced loneliness (Ermer & Proulx, 2019; Liu & Rook, 2013). This seems to suggest that partnered older adults value emotional connections more than their unpartnered counterparts and have greater expectations for emotional support from their spouses. Nezek et al.'s (2002) study supports this view, finding that for partnered older adults, spouses occupy 43% of their daily lives, whereas for unpartnered older adults, no single relationship type holds a dominant posi-

tion. This further confirms that partnered older adults place high importance on emotional connections within family relationships.

Most previous research has identified partnered older adults' emphasis on emotional connections, while findings regarding unpartnered older adults are relatively scarce. Do unpartnered older adults not value emotional connections within the family? Stokes and Moorman's (2018) study found that receiving family support alleviated depressive symptoms among unpartnered older adults, with this effect being even stronger than among partnered older adults. For unpartnered older adults, is it true that they do not value emotional connections within the family, or does the lack of such connections reduce its perceived importance? This requires further investigation by researchers.

Additionally, unpartnered older adults appear to place greater importance on friendship networks than their partnered counterparts, possibly representing a compensatory mechanism. Older adults' support needs are relatively stable, with certain proportions of support required from family networks, friendship networks, kinship networks, etc. When individuals lack support from one type of network, they place greater emphasis on support from other networks, striving to achieve a new balance through mutual compensation across networks. Due to the absence of companionship and emotional support from a spouse, unpartnered older adults often need to expand their social networks and seek external friendships to maintain basic support needs. If they fail, their opportunities to obtain social resources decrease, leading to social and emotional frustration. Harada et al.'s (2018) findings provide some support for this compensatory mechanism, as they examined the buffering effects of social support from different sources on the relationship between negative exchanges and psychological distress, finding that support from other relatives could alleviate psychological distress caused by negative exchanges with family members. In other words, consequences arising from lack of family support can be compensated by obtaining other forms of support. Therefore, unpartnered older adults lacking spousal support consistently demonstrate greater emphasis on friendship.

**3.2.3 The Moderating Role of Education Level in Negative Exchanges and Mental Health** Education level is also an important variable influencing how negative exchanges exert their effects. A cross-sectional study of 578 older adults in Thailand found that experiencing fewer negative exchanges (specifically manifested as receiving more instrumental support from family relationships) significantly improved well-being, with this association being stronger among older adults with lower education levels (Thanakwang, 2015). Two possible explanations exist: individuals with higher education may be less materialistic, with the amount of material acquisition not being a key determinant of their well-being, or lower education may predict worse economic conditions, thereby making instrumental support more important.

Evidence from longitudinal studies further confirms this view, showing that individuals with lower education levels are generally more affected by negative

exchanges. Krause's (2005) seven-year longitudinal study found that older adults who experienced more negative exchanges at baseline had a significantly increased risk of developing heart disease later, with this association being significant only among those with lower education levels. These findings consistently reflect that older adults with lower education are more strongly influenced by social exchanges, or more sensitive to changes in social interactions. This may be because, compared to their less-educated counterparts, older adults with higher education have accumulated more knowledge and can better utilize this knowledge to resolve crises and maintain health when encountering stressful events.

In addition to the above demographic variables, Koffer et al. (2019) also identified the moderating role of sense of control, finding that individuals with higher sense of control experience less negative impact when facing stressful situations, with this effect being more pronounced for older adults exposed to chronic stress. That is, enhancing sense of control represents an effective method for helping older adults overcome negative emotions. Future research should consider more moderating effects of psychological factors such as personal emotions, personality, and perceptions.

## 4 Theoretical Explanations: Why Negative Social Exchanges Undermine Mental Health

Researchers' exploration of mediating mechanisms has addressed the question of why negative social exchanges undermine mental health, yet relevant evidence remains limited. This paper analyzes four theories—socioemotional selectivity theory, the theoretical model of strength and vulnerability integration, social exchange theory, and looking-glass self theory—to explain the negative effects of negative exchanges on mental health from different theoretical perspectives, and further examines differences in explanatory mechanisms and applicable scopes among the four theories through comparison.

### 4.1 Socioemotional Selectivity Theory

Socioemotional selectivity theory emphasizes that individuals' social goals shift with changes in time perception. When time is perceived as unlimited, knowledge-acquisition goals are prioritized; conversely, when time is perceived as limited, emotional goals become paramount. Ensuring the smooth pursuit of social goals is crucial for maintaining mental health (Carstensen, 1993; Carstensen et al., 1999; Charles & Carstensen, 2010). As people age, their perception of remaining lifetime shortens, and personal goals transform from knowledge-acquisition to emotional goals. That is, older adults have a stronger desire to maintain good social relationships. When a negative exchange occurs, individuals may experience relationship ruptures, reduced support, loss of friends and relatives, and other negative events that hinder the successful achievement of emotional goals and consequently damage mental health.

Previous research has also demonstrated the importance of emotional goals for older adults, showing that emotional deprivation, more than economic or informational deficits, most severely undermines mental health and significantly increases psychological distress (Liu & Rook, 2013; Newsom et al., 2005).

#### **4.2 Strength and Vulnerability Integration Model**

The strength and vulnerability integration model posits that compared to younger individuals, older adults have reduced physiological flexibility and slower responses. When encountering persistent negative exchanges, older adults enter a state of heightened physiological arousal, and this physiological vulnerability makes self-regulation difficult, delaying recovery from events and consequently reducing emotional well-being and damaging mental health (Charles, 2010; Charles & Luong, 2013; Charles & Piazza, 2009). This theory emphasizes the impact of negative exchanges on physiological states and the detrimental effects of physiological decline on mental health, both of which have been confirmed in relevant research. For example, negative exchanges can inhibit older adults' immediate and delayed recall functions, while vulnerable physiological states increase the prevalence of depression (Felix et al., 2019; Segel-Karpas et al., 2017). In summary, according to the strength and vulnerability integration model, older adults who continuously experience negative exchanges first suffer physiological discomfort, and in this highly tense physiological state, they struggle to cope with negative exchanges, resulting in psychological damage.

#### **4.3 Social Exchange Theory**

Social exchange theory posits that interactions between individuals can be described as attempts to maximize rewards and minimize costs (including both material and non-material). If two or more social actors benefit from or “break even” in such interactions, their exchanges will continue and be positively evaluated. Correspondingly, a negative interaction typically stems from imbalance in social exchange, where one party fails to reciprocate another's contributions, inevitably leading to status or power imbalances in a relationship (Blau, 1964; Byrne, 1971; Shaw & Costanzo, 1970). According to Dowd (1975), in a negative interaction, the disadvantaged party has relatively fewer resources to exchange and occupies a more passive or dependent position. Therefore, when negative exchanges occur, the disadvantaged party typically experiences greater constraint and lower self-esteem, leading to negative mental health outcomes. Several recent studies have also verified the mediating role of self-esteem in the relationship between social exchanges and mental health (Wu Yuting et al., 2019; Kim & Thomas, 2019). However, social exchange theory struggles to explain deteriorating mental health among the advantaged party.

#### 4.4 Looking-Glass Self Theory

Cooley (1902), in discussing “looking-glass self theory,” proposed that an individual’s self-concept is formed through others’ evaluations and feedback. People’s self-perceptions are largely consistent with how they believe they are viewed by others (Shrauger & Schoeneman, 1979). After experiencing negative exchanges, the negative feedback received from others becomes integrated into individuals’ self-judgments, reducing their sense of self-worth and leading to poor mental health outcomes. Numerous studies on social exclusion have validated this view, demonstrating that negative exchanges damage mental health by negatively altering individuals’ self-perceptions, including self-esteem, self-worth, and self-identity (Wang Yulong et al., 2020; Arslan, 2019; Wiley, 2013). Additionally, looking-glass self theory can explain why the advantaged party in social exchanges may experience worse mental health: despite having more resources and power in negative exchanges, negative evaluations from the disadvantaged party can affect the advantaged party’s feelings, leading to negative self-perceptions.

The four theories described above can all explain the negative effects of negative exchanges, yet each has distinct explanatory mechanisms and scopes (see Table 1 ). Socioemotional selectivity theory primarily emphasizes the importance of “maintaining emotional goals,” positing that good social exchanges are prerequisites for achieving emotional goals, but this explanation applies mainly to older adults with strong emotional motivations and not to younger individuals focused on acquiring information. The strength and vulnerability integration model emphasizes the role of “physiological state,” arguing that persistent negative exchanges affect mental health through physiological decline, but this explanation holds only when negative exchanges are high-intensity or uncontrollable, making it unable to reasonably explain low-intensity negative exchanges. Social exchange theory highlights the importance of “self-esteem” or “sense of fairness,” but can only explain poor mental health among disadvantaged parties in social exchanges, not changes in the advantaged party’s psychological state. Looking-glass self theory emphasizes the role of individual “self-cognition,” proposing that the negative atmosphere generated by negative exchanges becomes internalized into individuals’ self-perceptions, thereby deteriorating mental health. This analysis reveals that the four theories each explain the negative effects of negative exchanges within certain scopes; however, their explanatory power regarding negative exchanges and mental health awaits systematic empirical verification.

### 5 Coping Strategies for Negative Social Exchanges

Research over the past several decades has shown that negative exchanges negatively affect older adults’ mental health. Adopting appropriate strategies to cope with negative exchanges after they occur can effectively mitigate these negative impacts, serving as a powerful means for older adults to resist the detrimental effects of negative exchanges.

Sorkin and Rook (2006) categorized older adults' coping strategies for negative exchanges into eight types: compromise, changing others, seeking help, avoidance, cognitive distancing, concession, self-blame, and forgiveness. Their findings indicated that "forgiveness" was the most frequently used strategy among older adults when dealing with negative exchanges, while "self-blame," "avoidance," and "concession" were less commonly used. Similarly, Ghaemmaghmi et al. (2011) found that older adults had lower tendencies toward "avoidance" when coping with negative exchanges compared to middle-aged adults. This seems to suggest that older adults are more willing than middle-aged adults to adopt proactive approaches to problem-solving when facing negative exchanges. For older adults, their efforts to maintain interpersonal relationships are significantly higher than those of middle-aged adults (Lang et al., 2013). In contrast, middle-aged adults bear multiple social responsibilities and pressures, facing more practical problems, and their limited energy substantially reduces the likelihood of actively maintaining relationships. Consequently, when middle-aged adults encounter negative exchanges, "avoidance" becomes their most commonly used coping strategy.

"Forgiveness" is the most commonly used coping strategy among older adults, but does this strategy effectively protect mental health? Research has found that using the "forgiveness" coping strategy after experiencing negative exchanges can significantly reduce depressive symptoms and increase life satisfaction (Derdaele et al., 2019; Kaleta & Mróz, 2018). According to Erikson's perspective, the developmental theme in older adulthood is achieving a sense of integrity while avoiding despair. Derdaele et al. (2019) found that "forgiveness" was associated with higher integrity and lower despair, with older adults who frequently used the forgiveness strategy viewing their lives as valuable when reflecting on their life course. This explains why older adults using the forgiveness strategy have higher life satisfaction.

Of course, "forgiveness" is not the only effective strategy for maintaining mental health. Ye Wanqing et al. (2018) studied older adults who experienced "negative marital events" and found that using emotion regulation strategies such as concession, catastrophizing (emphasizing the terrible aspects of experienced events), and rumination (thinking about thoughts and feelings related to negative events) significantly increased individuals' depression levels. In reality, "concession" or "apology" can also alleviate conflicts to some extent, but the approach matters. The most effective coping strategy is "compensatory apology," which involves expressing willingness to compensate for one's own faults or the other party's losses during the conflict (Jeter & Brannon, 2017).

The effectiveness of the same coping strategy varies depending on individuals' goals when responding to negative exchanges. Sorkin and Rook's (2006) study found that when individuals' goal is "maintaining harmonious relationships," the most effective strategies are "forgiveness" and "cognitive distancing." Forgiveness brings individuals greater sense of success, while cognitive distancing reduces the intensity of distress; both shorten the duration of suffering after

negative exchanges, enabling individuals' emotional states to return to normal more quickly. In contrast, "seeking help" and "avoidance" cause greater harm to mental health, with seeking help associated with more intense and prolonged distress and avoidance leading to feelings of failure. When individuals' goal is "guiding others to change their behavior," the strategies of "changing others," "forgiveness," and "cognitive distancing" can effectively inhibit negative emotions, while "seeking help" induces distress. When the goal is "reducing psychological distress," individuals should avoid using the "seeking help" and "avoidance" strategies.

Through the above discussion, we find that adopting "forgiveness" or "cognitive distancing" coping strategies after experiencing negative exchanges can effectively alleviate the harm caused by negative exchanges, while "seeking help" and "avoidance" typically lead to deterioration of mental health. Additionally, when using different coping strategies, attention should be paid to the approach and method; unprincipled "concession" or "apology" does not yield good results. When facing negative situations, identifying and addressing the primary source of conflict or contradiction in a targeted manner typically represents an effective strategy for maintaining good mental health.

## 6 Summary and Future Directions

In recent years, as the aging trend has intensified, academic attention to older adults' mental health has gradually increased. Overall, negative exchanges have detrimental effects on older adults' mental health, with these negative effects moderated by factors such as gender, marital status, and education level. Scholars have attempted to explain these negative effects from various perspectives including cognition, emotion, and physiological function, and have identified strategies such as "forgiveness" and "cognitive distancing" as effective means for older adults to cope with negative exchanges. It can be said that current research on negative exchanges among older adults has achieved certain results and provided guidance for maintaining older adults' mental health. However, previous research still has limitations and shortcomings that require further exploration in the future.

### 6.1 Theoretical Mechanisms of Negative Exchanges

In the preceding discussion, this paper used four different theories to explain the relationship between negative exchanges and mental health in detail, and through comparison, clarified each theory's explanatory mechanisms and applicable scope. However, these theories all have certain limitations. On one hand, as mentioned above, their applicable scopes are limited, as they can only explain specific groups or types of negative exchanges, thereby lacking universality. On the other hand, few studies have systematically verified these four theories, preventing us from determining differences in their explanatory power. Therefore, systematic verification of these four theories represents an important

direction for future research. Additionally, there are currently relatively few theories that can specifically explain negative exchanges and mental health. Our earlier discussion of the relationship between negative exchanges and mental health through three dimensions—type, source, and intensity—provides valuable reference for constructing relevant theories on negative exchanges in the future.

## 6.2 Negative Exchanges in the Context of Social Networks

In research on negative exchanges, most studies have focused on the connection between a single relationship (typically between two people) or one type of relationship and mental health, paying less attention to other forms or more complex negative exchanges. Birditt et al.'s (2020) research reveals that negative exchanges are usually not independent, especially in intimate relationships, where a relationship often contains both positive and negative elements. We need to measure the positive and negative aspects of a relationship separately to determine whether it is “positive,” “negative,” or “ambivalent,” thereby obtaining more compelling results. Ellwardt et al. (2019) used ego-centered triadic networks (comprising “self-other 1,” “self-other 2,” and “other 1-other 2”) as units, assessing the positivity or negativity of each of the three relationships to form the “balance” of the triadic network. This variable not only focuses on dyadic connections between individuals but also considers the influence of a third party in intimate social circles on the dyadic relationship, enabling more comprehensive examination of the connection between relationship quality (positive or negative) and mental health. In summary, when studying negative exchanges, considering only the impact of a single relationship is insufficiently comprehensive; future research should go beyond dyadic relationships and examine the effects of negative exchanges on mental health from a social network perspective.

## 6.3 Empirical Research on Online Interaction Patterns

Currently, most research on older adults' social exchanges has been based on real-world social relationships. With the popularization of the Internet, the frequency of older adults' online interactions has continuously increased, enabling them to form a new social network in virtual space. Online social relationships may affect older adults' mental health just as real-world relationships do. Existing research has found that, for certain specific groups, the Internet can compensate for their social networks. For example, studies have shown that Internet use can reduce the probability of older adults developing mental illnesses, especially for individuals with smaller family networks or physical illnesses (Cotten et al., 2014; Gell et al., 2015; Yuan, 2020). Both small social networks and physical illness limit older adults' opportunities to participate in social activities, resulting in relative social deprivation. Establishing new social relationships via the Internet can compensate for this lack of social connections and prevent them from becoming isolated. These findings suggest that new types of interpersonal relationships formed through Internet use have become an important compo-

ment of older adults' social exchanges and can have positive or negative effects on their mental health. Therefore, future research should consider not only individuals' real-world social relationships but also the impact of online social relationships.

#### **6.4 Intervention Research on Negative Exchanges**

Currently, numerous studies have provided recommendations for older adults coping with negative exchanges. However, most of these findings were obtained through questionnaire surveys, with few studies experimentally demonstrating the effectiveness of any intervention. This makes it difficult to definitively identify which strategies can effectively mitigate or even eliminate the negative effects of negative exchanges and stabilize older adults' mental health. Recently, Rodriguez-Romero et al. (2020) conducted relevant intervention work, selecting 55 community-dwelling older adults with moderate or severe loneliness and establishing intervention and control groups. The intervention consisted of group activities including educational seminars, mindfulness training, yoga, visits to urban gardens, and 15 other activities. After six months of intervention, results showed that compared to the control group, older adults in the intervention group perceived significantly reduced loneliness, increased social support, and improved depressive symptoms. However, these improvements were more pronounced for those with moderate loneliness. This study demonstrates that involving older adults in group activities is an effective means of reducing their loneliness. Additionally, interventions should be implemented early, as it is more difficult for older adults experiencing severe psychological distress to return to normal emotional states. Myhre et al.' s (2017) intervention methods targeting older adults' cognitive function are also worth noting. Unlike Rodriguez-Romero et al., they primarily used online intervention methods, with results showing that older adults who maintained social engagement and cognitive investment had better cognitive function. These studies indicate that both online and offline activities are effective pathways for intervention. Integrating ideas from previous researchers and identifying feasible intervention methods to reduce the harm of negative exchanges will become an important direction for future research.

#### **6.5 Research in Different Cultural Contexts**

Previous research has generally clarified the effects of negative exchanges on older adults' mental health and yielded relatively consistent conclusions, yet results from studies targeting different ethnic groups still show variations. First, individuals from different ethnic groups perceive different stress levels; for example, African American women experience higher social stress than White women (Kershaw et al., 2014). Second, individuals from different ethnic groups are affected to varying degrees when facing similar social stressors. Hendryx et al.' s (2019) study showed that African American women had a greater risk of diabetes than non-Hispanic White women when under social stress. Finally, characteris-

tics of older adults' social networks differ across cultural contexts. Non-Hispanic Whites are more likely than African Americans and Black Caribbeans to live alone, be childless, and have less contact with religious group members (Taylor et al., 2019). Compared to the general U.S. population, Chinese older adults identify smaller social networks with more kinship ties in their network structure (Dong & Chang, 2017). Based on these three cross-cultural differences, future research should consider sampling within China to better understand the effects of negative exchanges on mental health among Chinese older adults.

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### Negative exchange and mental health of the elderly: Evidence, theory and prospect

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**Abstract:** Positive exchange and negative exchange have positive and negative effects on the mental health of the elderly, respectively. However, there are few studies on the negative effects and mechanisms of negative exchanges. The previous research on negative exchange mainly involves the types (social isolation, widowhood or divorce), sources (spouse, children or friends) and intensity, and discusses the mediating role of appraisal and self-esteem, the moderating role of gender, marriage, education level and other variables. The socioemotional selectivity theory, the theoretical model of strength and vulnerability integration, social exchange theory and the theory of looking-glass self provide reasonable explanations for the negative effects of negative exchange to a certain extent. The coping strategies of “forgiveness” or “cognitive distancing” can effectively alleviate the negative effect of negative exchange. Future research should further investigate the impact of negative exchange on the mental health of the elderly under social networks and different cultural backgrounds, deepen the theoretical research, conduct more online research, and strengthen intervention research.

**Keywords:** social relationship, negative exchange, mental health, the elderly

*Note: Figure translations are in progress. See original paper for figures.*

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