

Multiple Mediation of the Effects of Social Exclusion on Subjective Well-Being in Older Elderly

Xiaojun Wan¹, Yidan Zhu¹ and Zhen Huang²

¹School of Education Science, Gannan Normal University, Jiangxi, China;

²Aging Social Research Center, Gannan Normal University, Ganzhou, 341000, China.

Abstract

Objective: To explore the relationship between social rejection and the subjective happiness of the elderly, and the chain mediation effect of family care and psychological resilience. **Methods:** 206 elderly people over 60 in Jiangxi Province, psychological resilience, family care and subjective happiness. **Results:** Association analysis showed a significant negative correlation with subjective well-being, family care and psychological resilience, and a significant positive correlation between subjective well-being, family care and psychological resilience ($p < 0.01$). Social exclusion can affect subjective happiness through three paths, and the direct effect between social exclusion and subjective well-being of the elderly is -0.482 . The mediating effect of psychological resilience between social rejection and elderly subjective well-being is -0.074 , The chain mediation effect of family care and psychological resilience between social exclusion and elderly subjective well-being is -0.054 . The model was well fitted, with a fitting index of $\chi^2 = 2.339$, $df = 1, 2/df = 2.339$, $p = 0.126$, $RMSEA = 0.081$, $CFI = 0.987$, $TLI = 0.921$, and $SRMR = 0.023$. **Conclusion:** Family care and psychological resilience play a chain mediating role in predicting subjective well-being. **Conclusion:** Family care and psychological resilience play multiple mediating roles in predicting subjective well-being.

Keywords

Social exclusion, Subjective happiness, Family care, Psychological resilience.

1. Introduction

"The old man on the ground to help"? In recent years, there has been no shortage of online sentiment that "it is not the old who have become bad, but the bad people who have become old", and reports of the stigmatization of the elderly are often a top search. Social exclusion refers to [1], a generally negative interpersonal phenomenon in which individuals are ignored or rejected by other individuals or groups. With the rapid development of our country's social economy, the elderly groups have gradually been deported to the edge of The Times by the Internet, and are repulsed by different degrees in many fields such as social fashion, culture, medical treatment and so on. Nowadays, the elderly are forced to accept the stigmatized labels such as "dishonest", "dishonest" and "backward", and suffer different psychological damage from social exclusion, which seriously hinders the process of continued socialization and successful aging of the elderly, and reduces the happiness of life of the elderly. Psychological resilience is a key psychological resource for individuals to fight against adversity and protect themselves. Good psychological resilience helps improve individuals' ability to cope with social rejection and other stresses and resist pressure, and is a protective factor for individuals to achieve subjective well-being [2]. And family the most important social support system, as the old high family care can reduce because of the negative factor of depression and anxiety, the individual psychological adjustment has a protective effect, can enhance the subjective well-

being of the elderly and increase the positive emotional experience, but there is no family care to suffer social exclusion research on the effects of individual happiness. Improving the subjective well-being of the elderly can effectively cope with the pressure and challenges brought by the gradual deepening of population aging in the current world and the continuous extension of the average life expectancy [3, 4]. Therefore, this paper aims to explore the relationship between social exclusion and subjective well-being of the elderly and the mediating effects of family care and psychological resilience between them.

2. Objects and Methods

2.1. Oubjects

A questionnaire survey was conducted among the elderly in Ganzhou City, Jiangxi Province by convenient sampling method. A total of 250 questionnaires were distributed in this study and 223 were recovered. After screening the recovered questionnaires, the unqualified questionnaires were eliminated and 206 valid questionnaires were finally obtained. Men accounted for 41% of the total number, and the age of the subjects ranged from 60 to 90 years. Marital status: 189 are married, 3 are divorced/separated, 9 are widowed, and 5 are single/unmarried. Education level: 19 primary school or below, 58 junior high school, 41 high school technical secondary school, 27 junior college, 61 bachelor's degree.

2.2. Research Tools

The Social Exclusion Experience Scale, which was developed by Carter-Sowell, contains two dimensions of neglect and rejection, with four items in each dimension. For example, the neglect item "I am often ignored by others when we talk together" and "it seems that others often don't see me"; "People often turn their backs when I show up," and "people always give me the cold shoulder." The scale uses a 7-point scale (1 means "never like this" and 7 means "always like this"), with higher scores indicating a stronger experience of social exclusion. In this study, the Cronbach's α coefficient of the scale was 0.92, and the Cronbach's α coefficients of the rejection dimension and the neglect dimension were 0.826 and 0.939, respectively.

Subjective Well-being Scale (SHS), compiled by Lyubomirsky and Lepper [6]. The scale contains four items, such as "Compared to my peers, I consider myself very happy." Using a 7-point scale (1 means "very unhappy" and 7 means "very happy"), a higher total score on the scale indicates a stronger SWB. The Cronbach's α coefficient of the scale was 0.729.

The CD-RISC-10 scale contains 10 items, such as "I can adapt when things change". The scale uses a 5-point scale (1 means "strongly disagree" and 5 means "strongly agree"), with higher scores indicating higher levels of resilience. The Cronbach's α coefficient of this study was 0.882.

APGAR Family Care Index Questionnaire was developed by Smilkstein to explore the satisfaction degree of individuals with their own family functions from an individual's subjective perspective. It includes five dimensions of family fitness, cooperation, growth, emotion and intimacy, corresponding to five items respectively, such as "when I meet problems, I can get satisfactory help from my family". The questionnaire uses a 5-point scale (1 means "strongly disagree" and 5 means "strongly agree"), with higher scores indicating better family care. In this study, the Cronbach's α coefficient of the scale was 0.927.

2.3. Data processing

SPSS 25.0 software was used for descriptive statistics, correlation analysis and reliability analysis. Mplus 7.4 software was used to analyze the mediation effect path model, and Robust Maximum Likelihood Estimation (MLR) was used to obtain the robust estimation of the model.

2.4. Survey Methods

Questionnaires were used in the study. First, the testers explained the purpose of the study to the respondents, and then questionnaires were distributed after unified guidance from the testers. The questionnaire was completed by the subjects independently, and those who could not complete it independently were filled out by the researchers according to their answers.

3. Result

3.1. Common Method deviation test

All variables in this study were measured by questionnaire method. Considering the possible common method deviation, this study conducted common method deviation test according to Harman single factor test. The results show that there are 10 factors with characteristic root greater than 1, and the explained variance of the first factor is 22.98%, which is lower than the test standard of 40% [7], indicating that there is no serious common method bias in this study.

3.2. Descriptive statistical results and correlation between variables

The results of correlation analysis showed that social exclusion was significantly negatively correlated with subjective well-being, psychological resilience and family care; There is a significant positive correlation between resilience, family care and subjective well-being. See table 1.

Table 1: Descriptive statistics of each variable and analysis of relevant results

	M±SD	1	2	3	4
1 Social exclusion	1.87±1.04	1			
2 Subjective well-being	5.59±1.07	-.469**	1		
3 Mental toughness	4.22±0.64	-.329**	.432**	1	
4 Family care	4.25±0.76	-.255**	.354**	.549**	1

Ps: *P<0.05, **P<0.01

3.3. Mediating Effect Analysis

According to the proposed hypothesis model, path analysis was carried out through Mplus7.4 to obtain the final model, as shown in the attached figure. The fitting index of the model was $\chi^2=2.339$, $df=1$, $\chi^2/df=2.339$, $p=0.126$, $RMSEA=0.081$, $CFI=0.987$, $TLI=0.921$, $SRMR=0.023$. The model fitted well.

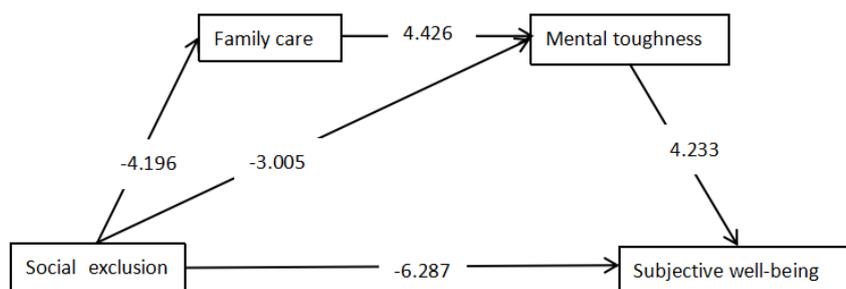


Figure 1: Model results for social exclusion, family care, resilience, and subjective well-being

The results showed that social exclusion could affect SWB through three ways, and social exclusion could affect SWB through direct effects ($p < 0.001$, the effect value of this path was -0.482). Resilience had a partial mediating effect on the relationship between social exclusion and SWB in the elderly ($p < 0.05$, the mediating effect size was -0.074). Social exclusion could also predict psychological resilience and subjective well-being of the elderly through its effect on family care ($p < 0.05$, the effect value of this mediating path was -0.054). The total predicted effect of social exclusion on SWB of the elderly is -0.610 . Among them, the single mediation of resilience accounted for 12.13% of the total effect, and the chain mediation of family care and resilience accounted for 8.85%. Are shown in table 2.

Table 2: Significance test of multiple mediating effects

		β	SE	P
Direct effect	Social exclusion \rightarrow Subjective well-being	-0.482	$.077$	$.000$
Indirect Effect 1	Social exclusion \rightarrow Psychological resilience \rightarrow Subjective well-being	-0.074	$.035$	$.034$
Indirect Effect 2	Social exclusion \rightarrow Family care \rightarrow Psychological resilience \rightarrow Subjective well-being	-0.054	$.021$	$.011$

4. Discuss

In view of the pervasive effect of social exclusion on the positive aging of the elderly, this study investigated the effect of social exclusion on the subjective well-being of the elderly. In view of the pervasive effect of social exclusion on the positive aging of the elderly, this study investigated the effect of social exclusion on the subjective well-being of the elderly. Previous studies provide support for the results of this study, indicating that individuals will immediately experience typical and universal negative emotions and a decrease in self-esteem level after all rejection events [8]. Studies have shown that social exclusion can lead to negative emotions such as anxiety, hurt, loneliness, anger and sadness [9]. If individuals are ostracized for a long time, they will feel isolated, helpless, worthless, and even depression. In addition to depression and anxiety, individuals who are socially excluded also experience increased psychological stress. According to the goal of subjective well-being theory, only when the individual's needs can be met or goals to achieve, the individual subjective well-being will improve [10], and social exclusion will damage the four basic needs of the individual, including the sense of belonging, sense of control and self-esteem and sense, therefore, social exclusion will inevitably lead to a decrease in the level of the individual subjective well-being [11]. And severely hinder the continued socialization and successful aging of the elderly.

This study found that resilience plays a mediating role between social exclusion and subjective well-being of the elderly. This is consistent with previous research findings that social exclusion will reduce the subjective well-being of excluded people [11]. Psychological resilience is the trait tendency of individuals to actively cope with adversity and become more courageous after setbacks. Individuals with high level of psychological resilience will not be easily crushed by setbacks and adversity, but will develop more adaptive abilities and qualities after tempering. Therefore, when the elderly are faced with adversity such as social exclusion, the elderly individuals with a high level of psychological resilience can more effectively alleviate their inner negative emotions, and are not easy to be affected by the negative emotions caused by social exclusion, so as to maintain a more positive attitude. Studies have shown that psychological resilience is jointly affected by internal factors, external factors and their interactions. For

example, personal characteristics such as positive personality, prosocial attitude and self-control, and external support systems such as family and community, all contribute to the improvement of the ability to adapt or "rebound" in adversity [12]. The study found that in elderly group mental toughness as a key to protect themselves against adversity mental resources, not only can directly reduce the level of anxiety, depression, is helpful for the elderly to prevent loneliness [13], maintain a healthy body and mind and a higher level of subjective well-being [14, 15], more can promote the elderly successful aging [16, 17]. Some studies suggest that resilience is evidence of the paradox of happiness in older people, which helps them accept, cope with and adjust to adverse circumstances such as physical decline, cognitive decline, lower social status and lower income. Studies have found that for the elderly, negative emotions caused by physical discomfort can be alleviated by psychological resilience and maintain a relatively high level of happiness [18]. The elderly with strong psychological resilience are better able to maintain physical and mental health, gain happiness, achieve social adaptation and achieve successful aging [19].

The results of this study show that social exclusion can affect the SWB of the elderly through the chain mediating effect of family care and psychological resilience. It is worth noting that the results of this study support the environment-individual interaction model [20]. Environmental factors are not a single factor affecting individuals. When environmental factors act on individuals, they are also affected by individual traits, which vary with individual traits [21]. Individuals are influenced by the interaction of environmental factors (social exclusion, family care) and individual traits (psychological resilience), that is, family care and psychological resilience play a chain mediating role between social exclusion and subjective well-being of the elderly. Individuals with more family care have more positive emotions, are more likely to see the positive side of things, and are more likely to adopt positive coping styles when encountering social rejection. Some family factors play an important protective role in the development of resilience, such as stable family structure, supportive parent-child relationship, family closeness, stable family income and social support. Some studies have found that family support and support from other social members are the main influencing factors for the development of individual resilience. Elderly individuals with high family care can get more emotional care and love in the family, share more time, space, money and other aspects with family members, and get support, help and guidance from other family members when encountering social exclusion, so as to promote the development of their psychological resilience. In the context of social exclusion, elderly individuals with low family care are more likely to feel left out, neglected and unsupported, while it is difficult to experience positive emotions such as positivity, optimism, pride and enthusiasm, which further reduces psychological resilience. Some studies have shown that the subjective well-being of the elderly in solitary households is significantly lower than that of the elderly in intact, partner and children households. Thus, older individuals with higher levels of resilience experience more happiness than older individuals with lower levels of resilience.

To sum up, this study not only examines the relationship between social exclusion and subjective well-being, but also explores the mediating mechanism between them. The results show that social exclusion affects SWB of the elderly in three ways: social exclusion can directly predict SWB of the elderly; Social exclusion can affect the subjective well-being of the elderly through the mediating effect of psychological resilience. Social exclusion can affect subjective well-being of the elderly through the chain mediating effect of family care and psychological resilience. The results of this study can effectively help us to further understand the mechanism of improving subjective well-being, and can also provide empirical research on how to improve subjective well-being from the perspective of psychological resilience and family care. Studies have shown [22, 23] that elderly patients with chronic diseases have a low degree of family care, and elderly patients with chronic diseases are prone to cognitive impairment, isolation,

emotional imbalance and other phenomena, resulting in a low level of happiness [24]. In addition, studies have shown that the older the elderly, the greater the possibility of family dysfunction, mainly because with the growth of age, the elderly face more physical and mental health problems, and their material, life and spiritual needs cannot be fully met [25]. The daily life events of interpersonal tension and family inequality all have an impact on the emotions of the elderly, and even lead to suicide in serious cases [26]. All of these can prevent older people from achieving happiness and aging successfully. Therefore, it is extremely important to rely on the strength of family members and friends to improve the family environment, and require family members to provide physical and psychological support to the elderly, so as to enhance their confidence, reduce their self-perceived burden and improve their psychological well-being [27]. On the one hand, emotional communication and information sharing between relatives should be enhanced to facilitate family members to timely know whether the old person has suffered from similar negative events such as social exclusion, and then actively conduct emotional counseling. The understanding and companionship of family members can help the elderly correctly face social exclusion, vent their negative emotions, relieve the psychological pressure caused by social exclusion, and encourage them to change toward healthy behaviors, so as to improve their psychological resilience, maintain a positive and optimistic attitude, increase subjective well-being, and realize their active aging [28]. On the other hand, compared with negative social exclusion, maintaining meaningful social ties can promote the health of the elderly [29]. Therefore, urban infrastructure should be improved, efforts should be made to build a modern community, and even formulate policies to stimulate the secondary demographic dividend of the elderly, so as to maintain meaningful social ties and ultimately reduce the probability of social exclusion of the elderly.

References

- [1] Chen Chen, Yang Fu, Li Yongqiang. The function mechanism and localization development of workplace exclusion [J]. *Advances in Psychological Science*, 2017,25 (8): 1387-1400.
- [2] Zatural AJ, Arewasikporn A, Davis MC. Resilience: Promoting well-being through recovery, sustainability and growth[J]. *Research in human development*, 2010, 7(3):221-238.
- [3] Clemens TR , Wahl HW .Toward a more comprehensive concept of successful aging: Disability and care needs[J]. *Journals of Gerontology*, 2017, 72(2): 310-318.
- [4] Park JH ,Lee KW ,Dabelko-Schoeny H. A comprehensive evaluation of a life long learning program[J]. *The International Journal of Aging & Human Development*, 2016, 84(1):88-106.
- [5] Carter - Sowell, AR. Salting a wound, building a callous, or throwing in the towel? The measurement and effects of chronic ostracism experiences (unpublished doctoral dissertation) . Purdue University:West Lafayette, 2010.
- [6] Lyubomirsky S ,& Lepper HS . A measure of subjective happiness: Preliminary and construct validation[J].*Social Indicators Research*, 1999, 46(2):137-155.
- [7] Zhou Hao, Long Lirong. Statistical test of common method bias and control method [J]. *Advances in Psychological Science*, 2004,12 (6): 942-950.
- [8] Cheng Su, Liu Lu, Zheng Yong. Research paradigms and theoretical models of social exclusion [J]. *Advances in Psychological Science*, 2011,19 (6): 905-915.
- [9] Yang Xiaoli, Wei Li. Is social exclusion always negative?— Factors that influence different behavioral responses to rejection [J]. *Chinese Journal of Clinical Psychology*, 2017,25 (6): 1179-1183.
- [10] Diener E,Ryan K.Subjective Well-Being:A General Overview[J].*South African Journal of Psychology*,2009,39(4):391-406.

- [11] Shao Lei, the impact of social exclusion on residents' subjective well-being: the chain mediation role of social identity and sense of control [J]. Chinese Journal of Clinical Psychology, 2020,28 (2): 234-238.
- [12] Masten AS. Ordinary magic: Resilience processes in development [J]. American Psychologist, 2001,56(3),227-238.
- [13] Gao Fengjian, Chen Youguo, Liu Peduo, Jiang Zhu, Huang Xiting. Analysis of the advantages of psychological resilience, loneliness, and self-efficacy in predicting the subjective well-being of the elderly [J]. Psychological and Behavioral Research, 2017,15 (2): 227-232.
- [14] Zhang JF ,Yu NXN ,Zhang JX , Zhou MJ. Sense of community and life satisfaction in Chinese older adults: Moderating roles of personal and partner resilience [J]. Journal of Community Psychology, 2017,45(5):577-586.
- [15] Zhang JF ,Zhang J.X ,Zhou MJ , Yu NXN. Neighborhood characteristics and older adults' well-being: The roles of sense of community and personal resilience [J]. Social Indicators Research, 2017,137(3):949-963.
- [16] Wagnild GM. Resilience and successful aging: Comparison among low and high income older adults [J]. Journal of Gerontological Nursing, 2003,29(12):42-49.
- [17] Ong AD ,Bergeman CS ,Bisconti TL ,Wallace K A. Psychological resilience, positive emotions, and successful adaptation to stress in later life [J]. Journal of Personality and Social Psychology, 2006,91(4):730-749.
- [18] Windle G ,Woods RT ,Markland DA. Living with ill-health in older age: The role of a resilient personality [J]. Journal of Happiness Studies, 2010,11(6):763-777.
- [19] Yu Xiaolin, Chen Youguo, Qu Xiaoyuan, Huang Xiting. Associated factors affecting subjective well-being in older adults [J]. Chinese Journal of Mental Health, 2016,30 (6): 427-434.
- [20] Stallings MC, Hewitt JK. Conceptualization and measurement of organism - environment interaction [J]. Behavior Genetics, 1994,24(1):103-104.
- [21] Williams K D. Ostracism: A Temporal Need Threat Model [J]. Advances in Experimental Social Psychology, 2009(41):275-314.
- [22] Jing Lushi, Feng Jinghui, Feng Jiling, Zhang Jun, Tang Ping. Correlation between subjective well-being and social support and type of family structure in older elderly [J]. Chinese Journal of Gerontology, 2021 (13): 2842-2845.
- [23] Zhang Qi, Wu Shanyu. Current status of family function in elderly patients with chronic diseases [J]. Chinese Journal of Geriatric Health Care Medicine, 2019,17 (5): 91-92.
- [24] Jia Hongmin, Ke Yuanyuan. Analysis of the effect of comfort nursing in chronic disease rehabilitation nursing in the elderly [J]. National Health Medicine, 2020,32 (1): 152-154.
- [25] Wang Xue, Han Ying, Fan Rong, et al. The influence of family care and emotional balance on social isolation among community elderly [J]. Nursing Research, 2020,34 (4): 1266-1268.
- [26] Ji Dongyan, Song Zhihong, Ren Guiqiang. Investigation and analysis of the quality of life of the elderly in Hohhot community [J]. Nursing Practice and Research, 2011 (22): 147-148.
- [27] Li Deming, Chen Tianyong, Wu Zhenyun. Living and psychological status of urban elderly and their aging study changes [J]. Chinese Journal of Gerontology, 2006 (10): 314-316.
- [28] Zeng Jinping, Huang Runnong, Dai Meixia. Effect of family care combined with self-efficacy on self-care ability and quality of life in non-dialysis patients with chronic renal failure [J]. Nursing Practice and Research, 2020,17 (19): 4-7.
- [29] Tang Li, Mirai, Hu Ying, Zhang Hui. The relationship between optimistic personality and depression and subjective well-being in the elderly [J]. Chinese Journal of Gerontology, 2022 (41): 1195-1197.