

# Emotional neglect research: a narrative review

## Abstract

The current literature on emotional neglect (2024-2025) can be categorized as the prevalence of emotional neglect and its negative effects, comorbidities and potential underlying biological mechanisms. The prevalence of emotional neglect has ranged from 17% to 68%. It has been associated with social, emotional and physical problems. Social problems have included externalizing behaviors, callous unemotional traits, low social connection, low pro- social behavior, low positive relationship quality, romantic relationship conflict, loneliness and poor mother-child interactions related to maternal emotional unavailability. Emotional problems are suicidal ideation and non-suicidal self-injury. Physical problems are insomnia, inflammation, chronic pain and fibromyalgia. Comorbidities include depression, anxiety, posttraumatic stress disorder, psychopathy and mental health problems in general. Potential underlying biological mechanisms for the negative effects of emotional neglect have included low vagal activity, low blood pressure reactivity and changes in activation and connectivity in different brain regions. Methodological limitations of this literature include self-report recall data that has limited reliability, arbitrary selection of mediation/moderation variables and confounding effects of emotional neglect by emotional abuse, physical abuse and neglect as well as multiple emotional states and comorbid psychiatric conditions.

Volume 16 Issue 5 - 2025

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**Received:** August 4, 2025 | **Published:** September 12, 2025

## Introduction

### Narrative review

Most of the current literature on emotional neglect (2024-2025) is focused on childhood neglect, also frequently referred to as childhood maltreatment, childhood trauma or adverse childhood events. Emotional neglect has been defined as a caregiver failing to respond to a child's emotional needs which could involve a lack of empathy, affection or attention, leaving the child feeling unsupported and invalidated.<sup>1</sup> The broader form of childhood neglect includes not only emotional needs but physical, educational and safety needs. These forms of neglect have resulted in significant short-and long-term physical, psychological and behavior problems including developmental delays, difficult relationships, anxiety and depression.

Emotional neglect has been noted to have long-term negative effects on children into their adolescence and adulthood. In current literature, emotional neglect has been assessed most frequently by the Childhood Trauma Questionnaire-Short Form that includes a subscale on emotional neglect.<sup>1</sup> The emotional neglect subscale includes five items that are rated on 5-point scales. The emotional neglect items are all written in the positive with reverse scoring suggesting that none of these experiences ever happened, unlike all the other subscales that are written in the negative. Only 3 of the emotional neglect items specifically refer to the child. The items are:

- 1) There was someone in my family who helped me feel that I was important and special;
- 2) I felt loved;
- 3) People in my family looked out for each other;
- 4) People in my family felt close to each other; and
- 5) My family was a source of strength and support.

In the Childhood Trauma Questionnaire, the emotional neglect subscale followed the emotional abuse subscales and the physical neglect subscale whose items were all negative. This may have resulted in a negative bias for participants when they rated the

emotional neglect items. These limitations of this most frequently used questionnaire raise the possibility of under-reporting child neglect.

Emotional neglect has often been compared with emotional abuse, physical abuse, and physical neglect, and occasionally with sexual abuse. When those comparisons have been made, emotional neglect is frequently reported as one of the most severe problems. Emotional neglect has also been combined with these other forms of abuse, confounding the specific effects of emotional neglect.

In this narrative review, research on emotional neglect that was published in 2024-2025 is briefly summarized. This research was found on PubMed, PsycINFO and Google Scholar by entering the terms emotional neglect and the years 2024-2025. Exclusion criteria included non-English papers, pilot studies and proposed protocols.

The current literature on emotional neglect can be divided into four sections including prevalence data, negative effects of emotional neglect, comorbidities, and potential underlying biological mechanisms. These sections are followed by a discussion on the methodological limitations of the literature. This review briefly summarizes 45 papers including 1 in the introduction, 3 on prevalence data, 19 papers on negative effects, 13 on comorbidities, and 9 papers on potential underlying mechanisms.

### Prevalence of emotional neglect

The prevalence of emotional neglect has varied widely from 23% to 68% based on the Emotional Neglect Subscale of the Childhood Trauma Questionnaire-Short Form (Table 1).<sup>1</sup> In a sample of adolescents from Ethiopia, as many as 68% reported having experienced emotional neglect possibly related to low socioeconomic status problems.<sup>2</sup> In a study on women with fibromyalgia and depression, 52% had experienced childhood emotional neglect which may have resulted in childhood depression leading to later depression and fibromyalgia which is frequently related to depression.<sup>3</sup> In a systematic review and meta-analysis on the effects of emotional neglect, 43% of the participants reported having experienced emotional neglect.<sup>4</sup> In contrast, in another systematic review and meta-analysis

of 52 studies, only 23% of the adults reported emotional neglect.<sup>5</sup> The higher rates (52% and 43%) may relate to the samples having intergenerational transmission of childhood emotional neglect<sup>2</sup> and/or comorbid conditions.<sup>3,4</sup>

**Table 1** Prevalence of emotional neglect (and first authors)

Prevalence	First authors
68% Ethiopia	Bihret
52% Fibromyalgia	Ribeiro
43% meta-analysis	Caralho
25% meta-analysis	Dalechek
23% females, 17% males-Canada	Bader

## Negative effects of emotional neglect

Several negative effects have been reported for emotional neglect including social, emotional and physical problems (Table 2). Many of the authors reporting negative effects selected mediators and/or moderators for these effects based on different theories. The increasingly popular mediation/moderation data analysis requires a theoretical orientation based on empirical data for the selection of the mediators/moderators.

**Table 2** Negative effects of emotional neglect (and first authors)

Negative effects	First authors
<b>Social problems</b>	
Externalizing behaviors	Di Marzio
Callous unemotional traits	Gao
Low social connection	Archuleta
Less pro-social behavior	Zhang
Less positive friendship quality	Zhou
Romantic relationship conflict	Guo
Loneliness	Ho
Less emotional availability	Leon
<b>Emotional problems</b>	
Suicidal ideation	Ye, Chang, Liu
Self-injurious thoughts and behaviors	Liu
Suicidal behaviors	Chang
Suicide attempts	Souza
Non-suicidal self-injury	Erol, Wang
<b>Physical problems</b>	
Insomnia	Wang
Chronic pain	Dalechek
Fibromyalgia	Ribeiro

## Social problems

Several social problems in adults have been associated with childhood emotional neglect. They include externalizing behaviors, callous-unemotional traits, low social connection, low pro-social behavior, low positive relationship quality, romantic relationship conflict, loneliness and poor mother-child interactions related to maternal emotional unavailability.

Emotional neglect has been associated with **externalizing behaviors** in the longitudinal research entitled Future of Family and Well-being Study (N=3475).<sup>6</sup> In this sample, a supportive school climate buffered the effect of emotional neglect on externalizing problems. This finding was not surprising as school support has always had buffering effects on stressful experiences.

In a recent meta-analytic review on 37 studies (N=26,010), childhood emotional neglect was associated with increased risk for **callous-unemotional traits**.<sup>7</sup> This association was greater in females. This relationship was surprising given that females have been considered more socially oriented which would suggest fewer callous-unemotional traits.

An association between childhood emotional neglect and social connection has also been reported for a sample of college students (N=244 American college students).<sup>8</sup> In this sample, childhood emotional neglect predicted **low social connection** which explained as much as 77% of the variance in low social connection. This association was mediated by shame and low social self – concept. The relationship between emotional neglect and low social connection might have also related to callous-unemotional traits noted in the previous study but not measured in this study.

In research on “youth left behind” (youth without family) in China (N = 380 youth left behind and 600 youth not left behind), the left behind youth experienced more emotional neglect which led to **less pro-social behavior**.<sup>9</sup> The inferior emotional neglect scale scores of the youth without family were not surprising given that 3 of the five items on that scale, as already mentioned, refer to family support. Resilience significantly mediated/lessened the relationship between emotional neglect and pro-social behavior in the youth without families. This research also has the limitation of having unequal sample sizes, like many other studies in this literature.

**Less positive friendship quality** has also been associated with emotional neglect in a sample of adolescents in China (N= 4863).<sup>10</sup> Emotional neglect was also related to more conflict with friends in this study. Less positive friendship quality and more conflict would likely be reciprocally related. **Romantic relationship conflict** may have derived from low friendship quality also in a sample from China (N=328 female Chinese undergraduate students).<sup>11</sup>

This was not surprising given that compromise would be necessary for resolving relationship conflicts, and compromise was negatively affected by emotional neglect in this sample. Feminist identity was, not surprisingly, a mediator of this relationship as feminist identity would contribute to the resilience of the females in these relationships. The inferior relationship qualities reported in these studies would likely relate to the externalizing and callous-unemotional traits reported in the earlier described samples.

Research on childhood neglect and **loneliness** has suggested that emotional neglect was the strongest predictor of loneliness.<sup>12</sup> Loneliness has typically resulted from poor social relationships and low social connection. Greater loneliness was noted for females which may relate to females typically expressing a greater need for social connection.

Childhood neglect has also been associated with **less emotional availability** in adulthood for mothers who have shown **poor mother-child interactions**.<sup>13</sup> In this research (N= 138 mothers and infants), mothers who had experienced childhood neglect were observed to be less emotionally available. These findings were interpreted as intergenerational transmission of childhood emotional neglect. That these mothers were less emotionally available is not surprising given that they themselves experienced less emotional availability from their own mothers. The psychopathological symptoms that were reported for these mothers may have also contributed to their emotional unavailability, although they were not considered as mediators.

## Emotional problems

Given the loneliness and depression experiences of those adolescents and adults who have been emotionally neglected, it is not surprising that they have the emotional problems of suicidality and non-suicidal self-injury. At least three papers in this current literature have reported suicidality as being related to childhood emotional neglect.

In a study on the relationship between childhood emotional neglect and adolescent **suicidal ideation** in a large sample of adolescents ( $N=2,156$ , mean age = 14 years-old), childhood emotional neglect was associated with adolescent suicidal ideation.<sup>14</sup> This relationship was, not surprisingly, mediated by adolescent depression, again a variable that was more proximal to the suicidal ideation than the childhood emotional neglect.

Childhood emotional neglect has also been related to suicidal ideation in a sample of older adolescents and young adults (3132 undergraduate students from South China).<sup>15</sup> In this study, childhood emotional neglect was associated with “less meaning in life” in undergraduate students which was, in turn, related to their **suicidal ideation**. The mediator of “having less meaning in life” would have a strong theoretical basis for its selection since the “loss of meaning in life” has frequently been reported for individuals experiencing suicidal ideation.

A relationship between childhood emotional neglect and **suicidal ideation** has also been reported for Chinese college students ( $N=1286$ ).<sup>16</sup> In this sample, only emotional neglect (as opposed to other forms of neglect/abuse) was directly associated with suicidal ideation. This relationship was mediated by self-compassion which reduced the impact of the emotional neglect-suicidal ideation relationship. The Self-Compassion Scale (SCS) that includes several components (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification) has been widely used in recent years and has frequently been treated as a mediator variable for several different types of relationships.

In another cross-sectional survey of Chinese university students ( $N=89,281$ , mean age = 20), childhood emotional neglect was considered a significant predictor for greater risk of **self-injurious thoughts and behaviors**.<sup>17</sup> Although this was a cross-sectional study, like most of the studies in this literature that could not conclude directionality or causality, childhood emotional neglect was considered a predictor variable because it simply preceded the self-injurious thoughts and behaviors of university students. The recall of childhood emotional neglect may not be reliable and the childhood emotional neglect association with university-age self-injurious thoughts was likely mediated by a more concurrent predictor of those thoughts, although a mediator variable was not included in this research.

Emotional neglect has also been associated with earlier onset but not late onset **suicidal behavior** in late life depression ( $N=224$  adults 50+ years old).<sup>15</sup> Early attempters (less than 30-years-old) reputedly experienced greater emotional neglect which may relate to their childhood being more recent than the childhood of the older adults. The younger adults also experienced PTSD which likely exacerbated their suicidality. Late life depression has also been less likely to lead to suicidality which has been attributed to less stress in later life.<sup>18</sup>

In research on a group of individuals who had a lifetime history of suicide attempts ( $N=54$  suicide attempters and 54 non-suicide attempters), **suicide attempts** occurred in those with greater childhood emotional neglect.<sup>19</sup> Suicide attempts were correlated with pro-inflammatory markers including TNF- $\alpha$  and IL-6. Suicide

attempts were also positively correlated with severity of depressive symptoms and absenteeism from work. Pro-inflammatory markers are often elevated in those with depressive symptoms.<sup>18</sup> The association between childhood emotional neglect and suicide attempts was also confounded by the comorbidity of childhood emotional abuse as well as physical abuse and neglect experienced by the suicide attempters. This comorbidity of different types of childhood abuse and neglect is a common confounding variable that has made it difficult to identify the specific effects of childhood emotional neglect. However, whenever the various types of abuse and neglect are compared rather than combined, emotional neglect has frequently had the most negative effects.

Emotional neglect has also been associated with **non-suicidal self-injury (NSSI)** in at least two studies. In research on the relationship between emotional neglect and NSSI in university students ( $N=397$ , age range = 18 to 30), emotional neglect was associated with NSSI.<sup>20</sup> This relationship was mediated by several variables including low distress tolerance, low self-compassion, high self-disgust and high emotion dysregulation. This study highlights the problem of using mediation/moderation analysis for multiple variables. Knowing the relative importance of these variables would require a regression analysis or structural equation modeling rather than mediation/moderation analysis.

In another study on the relationship between childhood emotional neglect and **NSSI**, Chinese adolescents with depression ( $N=562$ ) experienced both childhood emotional neglect and NSSI.<sup>21</sup> Again, depression confounded this relationship. In adolescents who are diagnosed as depressed, it is not surprising that they would have NSSI independent of experiencing childhood emotional neglect.

## Physical problems

Several physical problems have been associated with childhood emotional neglect including insomnia, chronic pain, and fibromyalgia. All of these could relate more immediately to depression or depression-related variables as mediators.

In a study on the relationship between childhood emotional neglect and **insomnia** in depressed adolescents ( $N=88$ ), this relationship was mediated by rumination.<sup>22</sup> This mediation was not surprising given that rumination is a significant deterrent of sleep. The association between emotional neglect and insomnia was also likely exacerbated by the depression of these adolescents given that depression is often associated with both rumination and sleep problems. Having a current diagnosis of depression is likely more contributory to insomnia than having experienced childhood emotional neglect. Alternatively, insomnia could have been a lifetime problem that developed at the time of the childhood emotional neglect. Because these are cross-sectional rather than longitudinal data, directionality, causality and continuity cannot be determined.

Emotional neglect in childhood has also been associated with **chronic pain** in adulthood.<sup>5</sup> In a systematic review and meta-analysis on 52 studies, 79% of the authors reported a moderate-to-strong association between emotional neglect in childhood and chronic pain in adulthood. Twenty-five percent of the individuals had experienced emotional neglect, and they were two times more likely to have chronic pain if they experienced emotional neglect. The 52 studies likely included 52 mediators, but the meta-analysis only included predictor and outcome variables.

**Fibromyalgia** as a chronic pain condition has been reported in a study entitled “Childhood trauma in Spanish PTSD women with fibromyalgia and depression”.<sup>3</sup> In this sample, 52% had experienced

emotional neglect (N=104 women with fibromyalgia). The scores on the emotional neglect subscale were greater than the scores on the other subscales of the Childhood Trauma Questionnaire. It is perhaps not surprising that this pain syndrome was related to emotional neglect, but it is confounded by the PTSD and depression that were also experienced by these women. Both PTSD and depression have been associated with both childhood emotional neglect and with adult pain.

### Comorbidities of emotional neglect

Several comorbidities of emotional neglect have appeared in this current literature (Table 3). They include mental health conditions in general, depression, anxiety, posttraumatic stress disorder, comorbidities of depression, anxiety and PTSD as well as psychopathy and psychopathology.

**Table 3** Comorbidities of emotional neglect (and first authors)

Comorbidities	First authors
Mental health conditions	Bader, Chen
Depression and anxiety	Zhang
Depression and PTSD	Haim-Nachum
Depression	Eggert, Upeniels, Ge
PTSD	Tian
Psychopathy	Moreira
Psychopathology	Prachason

In a study that explored **mental health conditions in general**, females who had been exposed to child maltreatment had more mood and anxiety disorders.<sup>23</sup> Childhood emotional neglect was more prevalent in females (23%) versus males (17%). The females also experienced more emotional abuse (46% versus 36%) and more physical neglect (5% versus 3%) which was not surprising given that these different forms of abuse and neglect are typically comorbid. In contrast, another research group found that childhood emotional neglect was more weakly associated with transdiagnostic mental health among females as well as those with greater extraversion.<sup>24</sup>

Depression and anxiety have been frequent outcomes or mediator variables in association with childhood emotional neglect. For example, both **depression and anxiety** have been related to childhood emotional neglect in adolescents (N= 7071, mean age =14) (Zhang et al, 2024). In this large sample, both rumination and catastrophizing mediated the relationship between emotional neglect and depression and anxiety. Rumination has been a frequent mediator of childhood emotional neglect and depression, but catastrophizing seems to have uniquely mediated the effects of emotional neglect on depression in this study.

In research entitled “Anhedonia mediates the relationship between childhood trauma and symptoms severity” (N=230 trauma-exposed adults 18–75 years-old), emotional neglect was associated with anhedonia which, in turn, was related to both **depression and PTSD**.<sup>25</sup> Anhedonia was not a surprising mediator given that it typically precedes the development of depression and PTSD.

Childhood emotional neglect has also been associated with **depressive symptoms** in German adults (N=2245).<sup>26</sup>

Based on the Adverse Childhood Experiences Questionnaire that reveals ACEs, emotional neglect predicted depression, which was mediated by avoidant coping. The avoidant coping mediator variables included self-blame and substance use. Surprisingly, self-blame had a

greater effect than substance use on depression. These would be called serial or sequential mediating variables.

In research that revealed a few morbidities of childhood emotional neglect (N=685, mean age = 37), emotional neglect was associated with **depression, anxiety, and PTSD**.<sup>27</sup> The relationship between emotional neglect and these comorbidities was mediated by self-stigma. The similarity between the self-blame and self-stigma mediators suggests that the researchers of these studies selected these mediators based on a similar theoretical model.

A combination of emotional neglect, emotional abuse, and physical neglect has been associated with **depressive symptoms** in a South Asian cohort from the U.S. (N= 990).<sup>28</sup> In that sample, greater religious attendance and negative religious coping techniques exacerbated the relationships between the three forms of neglect/abuse and depressive symptoms. These findings are difficult to interpret given that religious practice has more typically had buffering effects on negative outcomes.

In a study based on the China Health and Retirement Study (N= 12,669 adults age 45 to 80), the association between childhood emotional neglect and later **depressive symptoms** has differed by age and gender.<sup>29</sup>

Emotional neglect effects on depressive symptoms decreased with age in men, but they increased first and then decreased in women. This gender difference was not surprising given that depression is more prevalent in women across development.

Emotional neglect has also predicted **PTSD** in Chinese adolescents (N=395).<sup>30</sup> Emotional neglect specifically predicted disorganization symptoms which are characteristic of PTSD. Avoidant attachment was a mediator which was not surprising given that avoidant attachment has been predictive of PTSD in previous studies.

Emotional neglect has also been related to **psychopathy**.<sup>31</sup> A network analysis revealed a complex relationship between emotional neglect, meanness and emotion regulation difficulties. A positive finding was that it also related to an increase in goal-directed behavior. Network analysis typically reveals both multiple positive and negative variables. This recently popular analysis, however, does not determine the relative importance/significance of these predictor variables.

The relationship between childhood adversity and **psychopathology** has differed by gender in at least one sample (N=791).<sup>32</sup> In this study, emotional neglect was associated with psychopathology, particularly in males, and emotional abuse was associated with psychopathology, particularly in females. These were unexpected findings as prevalence data suggest that females more typically experience neglect and males more often experience abuse.

### Risk factors for emotional neglect

Only a couple risk factors have been reported for childhood emotional neglect in this current literature. **Intergenerational transmission** of emotional neglect has been associated with anxiety and depression in a sample of adolescents in Ethiopia (N= 231 adolescents and 185 parents).<sup>2</sup> In this study, 68% of adolescents had experienced emotional neglect and 65% of their parents had also experienced emotional neglect. Fifty-one percent of these adolescents reported experiencing anxiety symptoms and 42% experienced depressive symptoms. Paternal but not maternal psychological distress mediated the intergenerational effects which was surprising given that maternal emotional unavailability was noted as a risk factor in a study already described (Table 4).<sup>13</sup>

**Table 4** Risk factors for emotional neglect (and first authors)

Risk factors	First authors
Intergenerational transmission	Mihret
Neighborhood quality	Zhang

**Neighborhood quality** has also been associated with childhood emotional neglect and, in turn, with adult depression in a Chinese sample (N= 15,730).<sup>33</sup> Childhood emotional neglect has rarely been treated as a mediating variable as it usually precedes negative effects. In this sample, negative neighborhood quality may have predetermined the childhood emotional neglect for factors that related to negative neighborhood quality such as low socioeconomic status and/or crime that contributed to parents neglecting their children.

### Potential underlying biological mechanisms

A few potential underlying biological mechanisms have been the focus of research in this literature. They include low vagal activity, low blood pressure reactivity, inflammation, brain white matter alterations, hyperactivation of the right amygdala, and reduced volume in brain regions associated with social, cognitive and emotional processing. These have been treated as potential underlying biological mechanisms for emotional neglect but they may also be negative effects of emotional neglect. Directionality cannot be determined in these cross-sectional studies.

In a network analysis on childhood emotional neglect (N= 213 outpatients and healthy control adolescents and 85 adults), emotional neglect was significantly associated with emotional abuse as well as **low vagal activity**.<sup>34</sup> A specific pathway was noted between emotional neglect which was associated with low vagal activity which, in turn, was related to depression. Low vagal activity has frequently been associated with depressive symptoms reputedly via the elevated stress hormone cortisol and low levels of the antidepressant serotonin.<sup>18</sup>

**Low blood pressure reactivity** was noted in a lab stress study in those who had experienced emotional neglect (N=114).<sup>35</sup> In this laboratory situation, the Stroop Stress Test was administered (a stressful measure of executive function and mental arithmetic). Greater emotional neglect was associated with less social integration (measured by the Social Well-Being Scale) which, in turn, was related to lower systolic and diastolic blood pressure reactivity. The blood pressure measures were not surprising since they are typically monitored during the Stroop Stress Test. However, the rationale for the selection of the social integration measure as a mediator variable was not clear.

Emotional neglect has also been related to **inflammation**. Relationships between exposure to emotional neglect and inflammatory biomarkers were assessed in 83 patients with first episode psychosis.<sup>19</sup> Greater emotional neglect was related to all the inflammation biomarkers measured including greater platelet to lymphocyte ratio as well as neutrophil to lymphocyte ratio and monocyte to lymphocyte ratio. But the inflammation might be more related to the psychosis than the emotional neglect experienced by the participants. Also, cannabis and alcohol also increased the monocyte to lymphocyte ratio, suggesting that those drugs confounded the effects of emotional neglect on at least that inflammatory biomarker.

In a study that conducted structural MRIs (N= 56 healthy adults and 31 adults with major depression disorder), emotional neglect was related to **greater thickness in the middle cingulate cortex**.<sup>36</sup> In a similar MRI study entitled “Brain white matter alterations in young adults with childhood emotional neglect experience” (20 with child emotional neglect experience and 20 without), the results are given in

the title.<sup>37</sup> Emotional neglect was associated with **alterations in brain white matter**.

**Reduced volume in brain regions serving social, cognitive and emotional processing** was also reported for a sample of neglected adolescents (N=52).<sup>38</sup> In this study, adolescents who had been emotionally neglected had inferior performance on contextual emotional recognition and theory of mind tasks which are relatively esoteric tasks. The adolescents also showed greater envy and less empathy. It is not clear why these relatively unrelated variables were selected or how they were related. The linkages between cognitive measures and envy and empathy are not typically explored. However, the authors correctly predicted that optimal performance on the cognitive tests would be positively related to empathy but negatively related to envy.

In a review and meta-analysis on 30 studies (N =1169 in a maltreatment group and 1305 controls), **hyperactivation of the right amygdala** was consistently reported.<sup>39</sup> Parallel behaviors were heightened threat detection and emotional reactivity. These results were not surprising given that hyperactivation of the amygdala has frequently been reported for fearful situations and behaviors (Table 5).

**Table 5** Potential underlying biological mechanisms for emotional neglect (and first authors)

Mechanisms	First authors
Low vagal activity	Sigrist
Low blood pressure reactivity	McMahon
Inflammation	Bellinello
Greater thickness middle cingulate cortex	Chou
Alterations brain white matter	Jin
Decreased volume in regions for social, cognitive & emotional	Trujillo-Llamo
Hyperactivation of right amygdala	Kuo

### Buffers for negative effects of emotional neglect

In some studies, mediators could be considered buffers for the negative effects of emotional neglect. **Social engagement** buffered the negative effects of emotional neglect in a sample of middle-aged and older adults (N=32,540).<sup>40</sup> In this study, social engagement reduced the negative effects of emotional neglect on cognitive function. In other research, **self-compassion** had a mediating effect that buffered the negative effects of emotional neglect (N= 436 with a mean age of 37).<sup>41</sup> In this research, self-compassion enabled post traumatic growth (Table 6).

**Table 6** Buffers/interventions for emotional neglect (and first authors)

Buffers/ interventions	First authors
Social engagement	Wang
Self-compassion	Deitz
Multisystemic therapy for child abuse and neglect	Buderer

### Interventions for emotional neglect

Only one intervention study could be found in this current literature. In therapy that was labeled **Multisystemic Therapy for child abuse and neglect**, 208 parent-child dyads from Switzerland (mean child age= 10 years) were assessed following therapy.<sup>42</sup> In this study, the therapy was more successful for children who had experienced emotional neglect and those with externalizing problems. A 60% reduction in behavioral problems was noted for those children.

Given the severity of negative effects that are ultimately related to childhood emotional neglect, it is surprising that the current literature was limited to only one intervention study.

Interventions would necessarily include education on effective parenting practices and behavioral therapy to reduce parenting problems and neglectful behavior. The children/adolescents who have been neglected would benefit not only from psychotherapy but also from physical exercise programs to increase their vagal activity which has been notably low<sup>34</sup> and decrease their inflammation which has been reportedly elevated.<sup>19</sup> Exercise has been effective for these physical problems.<sup>43</sup>

### Methodological limitations of the current literature on child neglect effects

The methodological limitations of this literature could be described as samples that include groups that differ, problems with assessing emotional neglect almost exclusively by recall data, the arbitrary selection of mediator effects and the confounding of emotional neglect effects by emotional abuse, physical neglect and abuse, sexual abuse, comorbidities and other emotional problems.

The sampling problem of combining groups that differ relates to including both genders in the same sample given the greater prevalence of females versus males reporting emotional neglect. The combining of different types of neglect as, for example, in the studies on ACEs, emotional neglect effects have been confounded by physical neglect and other forms of abuse. In research that has compared different types of abuse and neglect, greater effects have frequently been reported for emotional neglect versus other forms of abuse. Combining the different types has confounded the specific effects of emotional neglect. The current literature has also been geographically and culturally biased given the predominance of Chinese and Western cohorts.

The problem with the exclusive use of the self-report scales is their questionable reliability. The use of self-report scales for emotional neglect also has the problems of recall bias and “faking good” bias especially by adolescents and adults remembering emotional neglect many years later and perhaps over-reporting (exaggerating) or under-reporting (“faking good”) depending upon their current feelings. They are also retrospectively relying on memory which could be a function of the age of the participants. The older adults may have recovered or had more recent stressors that outweigh the early childhood neglect or simply failed to remember the early life emotional neglect in late life.

Most of the studies are based on cross-sectional, retrospective recall data as opposed to tracking the effects longitudinally. Given the length of time between the childhood emotional neglect experience and adolescence or adulthood, it was not surprising that researchers selected mediating variables that were more proximal in time to adolescence or adulthood. The selection of mediator variables has often seemed arbitrary and atheoretical. The selection of positive or negative mediators also seemed arbitrary.

The negative effects studies typically focused on one effect rather than sequential effects such as a series of individual effects or multiple effects. As a predictor variable, emotional neglect has invariably led to multiple negative outcomes in adolescence and adulthood, but its immediate and continuing effects on children have not been the focus of studies in this current literature.

The comorbidities of emotional neglect might also be considered risk factors. Almost every psychiatric condition was a comorbidity of emotional neglect in this literature including depression, anxiety, PTSD and psychopathy. In addition, emotional neglect effects

were likely confounded by the emotional states reported including loneliness, low social connection and romantic relationship conflict, but comorbidities and emotional states were not typically assessed together with emotional neglect in the same study.

Several potential biological mechanisms were the focus of research in this current literature including low vagal activity, low blood pressure reactivity, inflammatory biomarkers, greater thickness in the middle cingulate cortex and alterations in brain white matter. Unfortunately, these were not multivariate studies to determine the relative contributions of these potential biological mechanisms to the negative effects of emotional neglect, thus limiting the suggestions for intervention research.

Given the prevalence and severity of emotional neglect, ethical and policy implications need to be explored. Surprisingly, none of the papers in this current literature focused on or even considered ethical and/or policy implications.

Despite these methodological limitations, this literature has been informative. The severity of the emotional neglect effects and the relative absence of risk variable and intervention studies highlight the importance of continuing research on emotional neglect and its effects to inform emotional neglect prevention and intervention programs.<sup>44–46</sup>

### Acknowledgments

None.

### Funding

None.

### Conflicts of interest

The author declares that there is no conflicts of interest.

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