

## “Why Do I Feel So Bad?” Childhood Experiences of Emotional Neglect, Negative Affectivity, and Adult Psychiatric Symptoms

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### Abstract

*The purpose of this study was to examine the relationship between childhood experiences of emotional neglect, negative affectivity, and adult psychiatric symptoms. Two hundred fifty-two participants aged between 18 and 65 years old completed questionnaires on parental bonding, negative feelings, and current psychiatric symptoms. Correlational analyses showed that childhood emotional neglect, negative affectivity, and psychiatric symptoms were significantly and positively associated. A hierarchical multiple regression analysis showed that female gender, younger age, and negative affectivity predicted the severity of psychiatric symptoms. A mediation analysis showed that scores on negative affectivity fully mediated the relationship between emotional neglect scores and psychiatric symptom scores. The study findings suggest one possible pathway for adult psychopathology. This has its early roots in childhood experiences of emotional neglect, and its actual triggers in negative feelings that are difficult to regulate for people who were emotionally neglected. Educational, clinical, and social implications of this developmental pathway are discussed.*

**Keywords:** emotional neglect, negative affectivity, childhood experiences, psychopathology.

### 1. Introduction

The relationship between child abuse and psychopathology is well established. Several studies have shown that child abuse is linked with a number of psychiatric disorders in adulthood, including depressive disorders (Bifulco & Moran, 1998), anxiety disorders (Schimmenti & Bifulco, 2015), trauma-related disorders (Dorahy, Middleton, Seager, McGurrian, Williams, & Chambers, 2014), eating disorders (Racine & Wildes, 2015), dissociative disorders (Webermann, Brand, & Chasson, 2014), somatic symptom disorders (Afari et al., 2014), addictive disorders (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013), and personality disorders (Schimmenti, Di Carlo, Passanisi, & Caretti, 2014), among others. However, child abuse rarely if ever occurs in absence of other family problems. Children who are sexually or physically abused are often exposed to multiple adversities, such as living with neglecting and/or rejecting parents, witnessing violence in the household and in the neighborhood, financial difficulties, and so on (Bifulco & Moran, 1998).

Recently, convincing evidences are emerging on the role of childhood emotional neglect as a distal risk factor for the development of psychiatric symptoms in adulthood (Schimmenti & Bifulco, 2015). Emotional neglect occurs when a parent intentionally or unintentionally overlooks the signs that a child needs attention or comfort. It covers a number of parental behaviors, in which a failure (or a refusal) to provide needed psychological care is implied (e.g., rejection of the child, failure to express positive feelings to the child, withholding love, and denying the child opportunities for interacting; see Glaser, 2002). In fact, it has been proposed that emotional neglect constitutes the basic ground in which other forms

of child maltreatment can develop (Schimmenti & Caretti, 2010), and studies with psychiatric, forensic, and at-risk samples have shown that the negative outcomes of emotional neglect are often comparable to those of abuse (Bifulco, Schimmenti, Jacobs, Bunn, & Rusu, 2014; Bifulco, Schimmenti, Moran, Jacobs, Bunn, & Rusu, 2014; Craparo, Schimmenti, & Caretti, 2013; Dias, Sales, Hessen, & Kleber, 2014; Haferkamp, Bebermeier, Möllering, & Neuner, 2015; Martins, Von Werne Baes, Tofoli, & Juruena, 2014; Schimmenti & Bifulco, 2015; Schimmenti et al., 2014).

A life span approach to psychopathology might help explain these latter findings. Positive child-caregiver interactions foster the development of self-regulation abilities in the child, together with the capacity to think in terms of internal states (Schore, 2003). A sense of security and positive feelings toward the interpersonal relationships usually come along with these developmental acquisitions (Bowlby, 1988). Moreover, a secure attachment with parents facilitates the healthy maturation of the brain structures and functions (Schore, 2003). In contrast, children who are constantly exposed to emotional neglect will not develop positive feelings toward the interpersonal relationships, and this may damage their possibility to learn from experience (Bion, 1962). In other words, positive interactions with other individuals, especially parents, are fundamental for the development of affect regulation and mentalization abilities in the child (Fonagy, Gergely, Jurist, & Target, 2002), but emotional neglect heavily limits the possibility to experience such positive interactions. There are also evidences that severe neglect is similar to abuse on the biological level, in that neglect can dramatically impair the maturation of the child's brain (De Bellis, 2005; Ford, 2005; McCrory, De Brito, & Viding, 2012; Schecter, 2012). In this sense, Schimmenti (2012) has argued that childhood experiences of abuse and neglect may similarly generate "significant alterations in the developing right brain, the prefrontal cortex, the hippocampus, the hypothalamic-pituitary axis, the concentrations of corticotrophin release hormone, the noradrenergic system and so on (...). Accordingly, the network of cortical and subcortical interactions that produces the emergence of self-awareness and the ability to organise mental states is damaged in children who have been maltreated" (pp. 197-198).

So, emotionally neglected children, like children who were exposed to other forms of maltreatment, are more likely than secure children to experience negative feelings, such as anger, sadness, guilt, shame, while it is unlikely that they have the opportunity to develop the capacity to tolerate, modulate, and overcome such feelings inside their family relationships (Allen, 2013). It is of course possible that children who are exposed to emotional neglect will make experience of positive interactions in later life, which might help them repair the early damage done by their parents (Bifulco, 2009). However, in most cases these children develop mistrust toward other people, constraints on closeness, fear of abandonment, fear or rejection, and other negative interpersonal attitudes as a consequence of emotional neglect. This can only limit their possibility to receive support in, and from, relationships (Bifulco & Thomas, 2012). In sum, the negative feelings related to distressful or otherwise disturbing experiences could be too difficult to tolerate for individuals who were emotionally neglected during their childhood (Schimmenti & Caretti, 2014). Furthermore, they may have only limited self-regulation abilities, and they might feel that other people will be unable or unwilling to soothe them and to help them. So, psychiatric symptoms can emerge as a consequence of the difficulty identifying and processing negative feelings, and the lack of perceived social support might contribute to the maintenance of these symptoms.

On the basis of these observations, we conducted a study with an adult community sample. We assessed parental bonding, negative affectivity, and current psychiatric symptoms in this sample. We predicted that the severity of childhood emotional neglect would predict the severity of psychiatric symptoms, and that negative affectivity would mediate the relationship between emotional neglect and psychiatric symptoms.

## 2. Methods

Participants were recruited between February 2015 and June 2015 via advertising on Internet social networks. Participants anonymously completed an online survey including measures on relationships with parents until age 16, current affective states, and current psychiatric symptoms. Sociodemographic variables were also collected. Statistical analyses were undertaken to explore the relationships between the investigated variables, and to test the hypotheses of the current study.

### 2.1 Participants

Respondents who entirely completed the online survey were 252. They ranged in age from 18 to 65 years old ( $M=28.93$ ,  $SD=9.02$ ), and about two thirds of them were females ( $n=165$ ; 65.5%). The level of education in this sample was high ( $M=16.96$  years;  $SD=3.76$ ). The vast majority of participants were not married ( $n=218$ ; 86.5%).

## 2.2 Measures

**Emotional neglect.** The Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979) was used to calculate the index of emotional neglect. The Parental Bonding Instrument is a self-report measure used to assess parenting behaviors during the first 16 years of life. Respondents rate their mothers' and fathers' attitudes separately on 25 questions. Each item is rated on a 4-point Likert scale (from 0 to 3). Twelve of the 25 items concerns the Care dimension (e.g. "Appeared to understand my problems and worries"). Care items assess parental affection, availability, warmth, and support. The remaining 13 items concerns the Overprotection dimension (e.g. "Tried to make me feel dependent on him"). Overprotection items assess parental intrusiveness, infantilization of the child, and parental lack of support for the development of child autonomy and independence. The psychometrics properties of the PBI are good, with good reliability and considerable validity as a measure of actual parenting behaviors (Parker, 1989). In the current study, Cronbach's alpha indices of internal consistency were good for all the scales, ranging from .77 to .84. The index of emotional neglect during childhood was calculated, by subtracting the sum of PBI maternal and paternal care scores to the sum of PBI maternal and paternal overprotection scores, that is:  $[(PBI\ mother's\ overprotection + PBI\ father's\ overprotection) - (PBI\ mother's\ care + PBI\ father's\ care)]$ . Scores on this index can range from -72 to 78, with higher scores indicating higher emotional neglect during childhood.

**Negative affectivity.** Negative affectivity was measured with the Negative Affect scale of the the Positive and Negative Affect Schedule - brief version (PANAS, Watson et al., 1988). Respondents are asked to rate the extent to which they have experienced 10 particular negative feeling (e.g., "nervous") during the past week, with reference to a 5-point Likert scale (from 1 to 5). Scores can range from 10 to 50, with higher scores indicating higher levels of negative affectivity. Reliability and validity of this scale are good in both non-clinical and clinical sample (Crawford & Henry, 2004). Internal consistency of the scale in the current study was very good (Cronbach's alpha=.90).

**Psychiatric symptoms.** The severity of psychiatric symptoms was assessed with the Global Severity Index of the Symptom Checklist-90 (SCL-90; Derogatis & Cleary, 1977). The Symptom Checklist -90 is used to evaluate a broad range of psychological problems and symptoms of psychopathology. Respondents are asked to rate the extent to which they have suffered from 90 psychiatric symptoms during the past week (e.g., "Unwanted thoughts or idea that won't leave your head"). Each item of the questionnaire is rated on a 5-point scale of distress (from 0 to 4). The Global Severity Index is the mean score of the 90 items. Higher scores on this index indicate higher psychopathology. The Symptom Checklist-90 is one of the most widely used measures to assess general psychopathology. It has good reliability, convergent validity, and discriminant validity (Dinning & Evans, 1977). Cronbach's alpha of the Symptom Checklist-90 in the present study was an excellent .97.

## 2.3 Statistical analyses

Descriptive statistics were computed for all the variables investigated in the study. The associations between the variables were examined through Pearson's *r* correlations and point-biserial correlations. A hierarchical multiple regression analysis was undertaken to test whether emotional neglect and negative affectivity predicted psychiatric symptoms. The mediation model predicting that negative affectivity would mediate the relationship between emotional neglect and psychiatric symptoms was tested using the Process Macro for SPSS (Hayes, 2013), applying Model 4 with 5,000 bias-corrected bootstrap samples. The predictor and the mediator were mean-centered to minimize collinearity, heteroskedasticity consistent standard errors were calculated, and sociodemographic variables were included as covariates in the analysis to minimize the risk of biased results. A *p* value of .05 was set as the criterion for statistical significance.

## 3. Results

Emotional neglect scores ranged from -71 to 37 ( $M=-12.08$ ,  $SD=20.24$ ). Negative affectivity scores ranged from 10 to 45 ( $M=17.17$ ,  $SD=7.54$ ). The global severity index of psychiatric symptoms ranged from 0 to 2.81 ( $M=.92$ ,  $SD=.61$ ). The intercorrelations between the investigated variables are presented in Table 1.

**Table 1.** Intercorrelations between the investigated variables

|                             | 2. <sup>a</sup> | 3. <sup>a</sup> | 4. <sup>b</sup> | 5. <sup>a</sup> | 6. <sup>a</sup> | 7. <sup>b</sup> |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 1. Emotional neglect        | .17 **          | .18 **          | .15 *           | .08             | .04             | .16 *           |
| 2. Negative affectivity     | -               | .54 **          | .03             | .16 *           | -.18 **         | -.06            |
| 3. Psychiatric symptoms     |                 | -               | .12             | -.23 **         | -.23 **         | -.09            |
| 4. Gender (female)          |                 |                 | -               | -.04            | .02             | .04             |
| 5. Age                      |                 |                 |                 | -               | .10             | .65 **          |
| 6. Years of Education       |                 |                 |                 |                 | -               | -.02            |
| 7. Marital status (married) |                 |                 |                 |                 |                 | -               |

Note: <sup>a</sup> = Pearson's *r* correlations; <sup>b</sup> = Point-biserial correlations; \* =  $p < .05$ ; \*\* =  $p < .01$

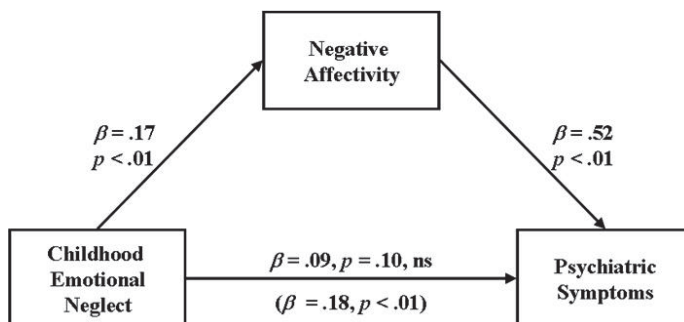
A hierarchical multiple regression analysis was then undertaken. Psychiatric symptoms were entered as the dependent variable. In the first step, the sociodemographic variables (gender, age, years of education, marital status) were entered as predictors. In the second step, emotional neglect was added as a predictor in the regression model. In the last step, negative affectivity was also added as a predictor into the model. The results of the analysis are shown in Table 2.

**Table 2.** Predictors of current psychiatric symptoms: hierarchical regression analysis

|                          | Step 1  |          | Step 2  |          | Step 3  |          |
|--------------------------|---------|----------|---------|----------|---------|----------|
|                          | $\beta$ | <i>t</i> | $\beta$ | <i>t</i> | $\beta$ | <i>t</i> |
| Gender (female)          | .12     | 1.94     | .10     | 1.63     | .10     | 2.00*    |
| Age                      | -.27    | -3.24**  | -.26    | -3.25**  | -.18    | 2.54*    |
| Years of Education       | -.20    | -3.25**  | -.19    | -3.21**  | -.12    | 2.23     |
| Marital status (married) | .05     | .66      | .02     | .30      | .01     | .17      |
| Emotional neglect        |         |          | .18     | 2.87**   | .09     | 1.73     |
| Negative affectivity     |         |          |         |          | .48     | 9.03**   |
| <b>F-change</b>          | 8.27**  |          | 8.25**  |          | 81.46** |          |
| <b>R<sup>2</sup></b>     | .12     |          | .15     |          | .37     |          |

Note: \* =  $p < .05$ ; \*\* =  $p < .01$

Finally, the proposed mediation model was tested. Emotional neglect scores were entered as predictors, psychiatric symptom scores as the dependent variable, negative affect scores as mediators, and sociodemographic variables as covariates. After controlling for participant gender (males coded as 1, females coded as 2;  $B = .13$ ,  $se = .06$ ,  $p = .01$ ), age ( $B = -.01$ ,  $se = .00$ ,  $p < .01$ ), years of education ( $B = -.02$ ,  $se = .01$ ,  $p = .07$ , ns), and marital status (non-married participants coded as 0, married participants coded as 1;  $B = .02$ ,  $se = .09$ ,  $p = .83$ , ns), emotional neglect positively predicted negative affectivity ( $B = .06$ ,  $se = .02$ ,  $p < .01$ ), negative affectivity positively predicted psychiatric symptoms ( $B = .03$ ,  $se = .00$ ,  $p < .01$ ), and a previously positive and significant association between emotional neglect and psychiatric symptoms ( $B = .01$ ,  $se = .00$ ,  $p < .01$ ), became nonsignificant after the inclusion of negative affectivity in the model ( $B = .00$ ,  $se = .00$ ,  $p = .08$ , ns). The standardized estimates (beta values) of the mediation model are shown in Figure 1.



**Figure 1.** Mediation analysis: negative affectivity mediated the relationship between childhood emotional neglect and current psychiatric symptoms.

The final model was significant ( $F_{(6,245)}=26.73$ ,  $R^2=.37$ ,  $p<.01$ ). Findings from both Sobel's test ( $z=2.63$ ,  $p<.01$ ) and bootstrap analysis ( $B=.002$ ,  $SE=.001$ , C.I. 95%: .001-.004,  $p<.01$ ) showed that the total indirect effect of emotional neglect on psychiatric symptoms via negative affectivity was significant. Therefore, in this sample negative affectivity fully mediated the relationship between childhood experiences of emotional neglect and adult psychiatric symptoms.

#### 4. Discussion and Conclusions

The present study examined the relationships between childhood experiences of emotional neglect, negative affectivity, and current psychiatric symptoms in a sample of community adults. The findings of this study confirmed our initial hypotheses that the experiences of childhood emotional neglect would predict the severity of current psychiatric symptoms, and that the levels of negative affectivity would mediate this relationship. In fact, the results of a hierarchical multiple regression analysis showed that childhood emotional neglect positively predicted current psychiatric symptoms. However, when negative affect scores were entered in the regression model, the effect of emotional neglect on psychiatric symptoms became nonsignificant. Furthermore, a mediation analysis showed significant indirect effects of emotional neglect on psychiatric symptoms via negative affectivity, which means that negative affectivity fully mediated the relationship between childhood emotional neglect and current psychiatric symptoms. Gender and age added to the mediation model, with female participants and younger participants who resulted more at-risk for psychiatric symptoms.

Our findings are in line with current conceptualization of childhood emotional neglect as a key risk factor for adult psychopathology (Glaser, 2002; Schimmenti & Caretti, 2014), and are consistent with a wealth of recent research showing that childhood emotional neglect is linked to the severity of psychiatric symptoms in adulthood (e.g., Bifulco, Schimmenti, Moran, et al., 2014; Dias et al., 2014; Martins et al., 2014; Penderson & Wilson, 2009; Schimmenti & Bifulco, 2015; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003). However, the linking mechanisms between childhood emotional neglect and adult psychiatric symptoms still need in-depth explorations. In this study, we hypothesized that negative affectivity might play a critical role in the onset and maintenance of psychiatric symptoms. In fact, emotionally neglected children might not have learned how to deal with negative feelings in their family relationships (Allen, 2001; Allen, Hauser, & Borman-Spurrell, 1996; Bifulco & Thomas, 2012; Cacioppo, Pace, & Zappulla, 2013; Di Blasi, Cavani, Pavia, Lo Baido, La Grutta, & Schimmenti, 2015; Granieri & Schimmenti, 2014; Pace, Zappulla, Guzzo, Di Maggio, Laudani, & Cacioppo, 2014; Rouse & Goodman, 2014), so that these feelings might be perceived as overwhelming. The difficulty identifying, tolerating, and modulating these feelings may lead to psychopathology over time (Böhnke, Lutz, & Delgadillo, 2013; Schimmenti, 2015; Young & Widom, 2014). The effects of female gender and younger age on psychiatric symptoms should be also considered. These findings are consistent with neurobiological studies showing that the maturation of the brain structure and its functions continues until adulthood (Giedd et al., 1999), and they are also consistent with research showing that females are more exposed to negative affectivity and internalizing symptoms as a result of parental neglect (Bifulco & Moran, 1998; Bifulco & Thomas, 2012; Kuhlman, Olson, & Lopez-Duran, 2013).

As with every research, the current study comes with a number of limitations. The sample was recruited through Internet social networks, so it could be inappropriate to generalize the results of our study to other samples. Moreover, the information was entirely collected by self-reported measures, so the accuracy of individual reports cannot be guaranteed, although the measures used in the current study are applied worldwide and have demonstrated good psychometric properties. Finally, the cross-sectional design of the study cannot allow one to exclude that our findings were affected by further variables that were not explored here. In this sense, longitudinal research is greatly needed to better understand the relationship between childhood emotional neglect, negative affectivity, and psychopathology.

However, despite being an exploratory study, it may have important educational, clinical, and social implications. On the educational level, the findings of this study suggest that parents who are emotionally neglecting should be taught how to better relate with their children, and that emotionally neglected children should be helped to express, regulate, and cognitively process their feelings (Allen, Fonagy, & Bateman, 2008; Midgley & Vrouva, 2012). On the clinical level, the findings suggest that working on affect regulation and affect tolerance is a necessary step for a patient becoming able to process and integrate the painful mental states related to childhood emotional neglect (Bromberg, 2011; Schimmenti & Caretti, 2014). On the social level, the findings suggest that preventative actions on child maltreatment should also include prevention of emotional neglect and other hidden forms of parental failures of care (Glaser, 2002; Schimmenti & Pace, 2012). Moreover, these findings might be of particular interest for social workers, who should be aware of the detrimental effects that emotional neglect might have on child development.

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