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Childhood Emotional Neglect and Depressive Symptoms in Young Adults: The Mediating Roles of Rejection Sensitivity and Emotion Regulation Difficulties

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A B S T R A C T

Objective: This study aimed to examine the association between childhood emotional neglect and depressive symptoms in young adults and to determine whether rejection sensitivity and emotion regulation difficulties mediate this relationship.

Methods and Materials: A cross-sectional, descriptive-correlational study was conducted among 412 young adults aged 18–29 years residing in Canada. Participants were recruited through online and community-based channels. Childhood emotional neglect was assessed using the Emotional Neglect subscale of the Childhood Trauma Questionnaire–Short Form, rejection sensitivity using the Adult Rejection Sensitivity Questionnaire, emotion regulation difficulties using the Difficulties in Emotion Regulation Scale, and depressive symptoms using the Patient Health Questionnaire-9. Pearson correlations were used to examine bivariate relationships among the study variables, and a parallel multiple mediation analysis was conducted using the PROCESS macro in IBM SPSS Statistics. Indirect effects were evaluated through bias-corrected bootstrapping with 5,000 resamples and 95% confidence intervals.

Findings: Childhood emotional neglect was significantly associated with rejection sensitivity ($\beta = .460$, $p < .001$), emotion regulation difficulties ($\beta = .510$, $p < .001$), and depressive symptoms ($\beta = .440$, $p < .001$). In the parallel mediation model, rejection sensitivity significantly predicted depressive symptoms ($\beta = .268$, $p < .001$), while emotion regulation difficulties showed a stronger association with depressive symptoms ($\beta = .432$, $p < .001$). The direct effect of childhood emotional neglect on depressive symptoms remained significant after inclusion of both mediators ($\beta = .096$, $p = .032$), indicating partial mediation. Bootstrap analyses confirmed significant indirect effects through rejection sensitivity (indirect effect = .152, 95% CI [.098, .220]) and emotion regulation difficulties (indirect effect = .272, 95% CI [.203, .352]). The indirect effect through emotion regulation

difficulties was significantly stronger than that through rejection sensitivity, and the overall model explained 44.5% of the variance in depressive symptoms.

Conclusion: Childhood emotional neglect was associated with greater depressive symptoms in young adulthood partly through heightened rejection sensitivity and, more strongly, through difficulties in emotion regulation, highlighting interpersonal and emotional-regulatory processes as important mechanisms linking early emotional deprivation with later psychological distress.

Keywords: *childhood emotional neglect; depressive symptoms; rejection sensitivity; emotion regulation difficulties; young adults; mediation analysis*

1. Introduction

Depressive symptoms constitute a major psychological concern during young adulthood, a developmental period marked by substantial changes in identity, intimate relationships, educational and occupational roles, financial independence, and social expectations. Although depressive symptoms can emerge through multiple biological, psychological, and environmental pathways, developmental experiences within the family remain especially important for understanding why some individuals become more vulnerable to persistent negative affect, hopelessness, withdrawal, and impaired functioning. Developmental psychopathology perspectives emphasize that emotional difficulties in adulthood often reflect the cumulative influence of earlier relational experiences rather than isolated contemporary stressors (Gökdağ & Kızıltepe, 2023). Adverse childhood experiences have therefore received increasing attention as distal risk factors for a broad range of emotional and behavioral problems, including depression, anxiety, interpersonal dysfunction, self-injurious behavior, and personality-related difficulties (Scheuplein et al., 2021; Wang, 2026). Within this broader category of adversity, childhood emotional neglect is particularly important because it may occur without visible physical injury or overt episodes of abuse while nevertheless disrupting the development of emotional security, self-worth, interpersonal trust, and adaptive emotion regulation.

Childhood emotional neglect generally refers to a persistent failure by caregivers to adequately recognize, validate, respond to, or support a child's emotional needs. In emotionally neglectful environments, children may receive insufficient affection, encouragement, empathy, reassurance, emotional availability, or assistance in understanding and managing distress. Such experiences differ conceptually from direct emotional abuse, yet both can undermine the child's sense of being valued and emotionally protected. The growing literature on childhood emotional maltreatment has emphasized the importance of measuring subtle and relational forms of adversity that may otherwise be underestimated in conventional assessments (Goodall & Sawrikar, 2023). Research on parenting and childhood trauma similarly indicates that adverse parenting practices and emotionally unsupportive relational environments can contribute to enduring psychological vulnerability (S. & Pandey, 2024). Parenting has also been implicated in the developmental origins of later personality and affective difficulties, suggesting that the quality of early caregiving may influence patterns of emotional instability, insecurity, and interpersonal sensitivity extending into adulthood (Kaur & Sanches, 2022). These findings support the view that childhood emotional neglect is not merely an absence of positive parenting but a potentially consequential developmental exposure.

Evidence increasingly links childhood adversity and maltreatment with depressive symptoms across adolescence and adulthood. Studies examining depression from a developmental risk perspective have consistently identified adverse childhood experiences as important antecedents of later emotional disorders (Gökdağ & Kızıltepe, 2023). In adolescent populations, parenting styles may influence depressive symptoms partly through the accumulation of adverse childhood experiences and associated psychological burdens (Guo et al., 2025). Similarly, investigations of childhood trauma suggest that depression may emerge through complex pathways involving disruptions in attachment, emotion regulation, cognition, and social functioning rather than through a single direct mechanism (Ye et al., 2023). Recent network-based work has further highlighted perceived emotional invalidation as a meaningful bridge between childhood maltreatment and symptoms of depression and anxiety, underscoring the possibility that the subjective experience of having one's emotions ignored, dismissed, or invalidated is central to the long-term psychological effects of childhood adversity (Bae et al., 2026). From this perspective, emotional neglect may create a developmental context in which individuals learn that their emotional needs are unlikely to be recognized or met, thereby increasing susceptibility to depressive cognitions and affective dysregulation later in life.

The association between childhood maltreatment and later psychopathology is also evident in research on more

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severe and complex forms of emotional disturbance. Childhood trauma has been repeatedly implicated in the development of borderline personality features, which are characterized by affective instability, interpersonal insecurity, heightened sensitivity to abandonment, and difficulties regulating emotional responses (Feng & Zhang, 2023; Jiao, 2024). Reviews of borderline personality disorder further indicate that adverse developmental experiences and emotional dysregulation are central to etiological models of the disorder (Albalawi et al., 2021; Zhang et al., 2026). Neurobiological accounts additionally suggest that disturbances in neural systems involved in affective processing and regulatory control may contribute to the emotional instability observed in borderline pathology (Chmiel & Kurpas, 2025). At the same time, complex posttraumatic stress disorder and borderline personality disorder share several features related to developmental trauma, emotional dysregulation, and interpersonal disturbance, while remaining diagnostically distinguishable conditions (Ford & Courtois, 2021). Although the present study is not concerned with personality disorder, this literature is relevant because it demonstrates how early relational adversity can become embedded in later patterns of emotional and interpersonal functioning that are also strongly associated with depression.

One particularly important interpersonal mechanism that may help explain the relationship between childhood emotional neglect and depressive symptoms is rejection sensitivity. Rejection sensitivity refers to the tendency to anxiously expect, readily perceive, and strongly react to actual or anticipated rejection. Individuals high in rejection sensitivity may interpret ambiguous interpersonal cues as signs of disapproval, exclusion, abandonment, or lack of acceptance, even when the social information available is uncertain. Such a pattern may be especially plausible among people whose early emotional needs were inconsistently recognized or repeatedly unmet. When caregivers fail to provide reliable emotional responsiveness, children may develop expectations that others will also be unavailable, rejecting, or indifferent to their needs. These expectations can then influence the interpretation of later social interactions, increasing vigilance for rejection and reinforcing interpersonal insecurity.

Empirical research supports the relevance of rejection sensitivity across a range of psychological and relational difficulties. Rejection sensitivity has been investigated as a characteristic pattern of responding to social exclusion across different cultural and clinical groups, with evidence suggesting that heightened sensitivity to rejection may shape both emotional and interpersonal reactions to exclusion (Wilczyńska, 2024). Research among individuals with fibromyalgia has also demonstrated meaningful relationships among rejection sensitivity, emotional expression, and attachment processes, indicating that rejection sensitivity may be embedded within broader patterns of relational insecurity and emotional functioning (Puşuroğlu, 2023). Interpersonal rejection and ostracism can additionally intensify rumination and mentalizing difficulties within close relationships, potentially sustaining negative affect and depressive thinking (Forbes, 2022). These findings are relevant to depression because repeated expectations of rejection may encourage withdrawal, self-criticism, rumination, and reduced willingness to seek social support, all of which can maintain or exacerbate depressive symptoms.

Social adversity can also affect emotional functioning through experiences of victimization and exclusion. Neurobiological research on peer victimization indicates that social rejection and chronic interpersonal stress can influence neural systems involved in threat detection, reward processing, and emotional regulation (Cubillo, 2022). Longitudinal evidence further suggests that peer victimization may contribute to later psychopathology through alterations in neural connectivity and related psychological processes (Edalati et al., 2023). Although peer victimization is conceptually distinct from childhood emotional neglect, both experiences involve relational threat and the possibility that an individual's social needs are not met or respected. Childhood emotional neglect may therefore increase sensitivity to later exclusion, making interpersonal setbacks more emotionally salient and more likely to activate beliefs about personal unworthiness or anticipated rejection. Consistent with this broader developmental pattern, adverse childhood experiences and insecure attachment have also been associated with social anxiety among adolescents, demonstrating that early adversity can influence expectations and fears within later interpersonal contexts (Derin et al., 2022).

A second central mechanism is difficulty in emotion regulation. Emotion regulation encompasses the processes through which individuals monitor, understand, accept, modulate, and express emotional states in ways that are appropriate to situational demands and personal goals. Effective emotion regulation is not an entirely innate capacity; it develops through repeated interactions in which caregivers help children identify feelings, tolerate distress,

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understand emotional experiences, and learn strategies for soothing or modifying difficult affective states. When caregivers are emotionally unavailable or dismissive, children may have fewer opportunities to develop these abilities. Consequently, emotional neglect may contribute to difficulties in emotional awareness, clarity, acceptance, impulse control, goal-directed behavior under distress, and access to effective regulatory strategies.

The broader literature strongly supports the role of emotion dysregulation in psychopathology. Emotional dysregulation has been identified across numerous psychiatric disorders in children and adolescents, suggesting that it represents a transdiagnostic process rather than a problem specific to any one diagnosis (Paulus et al., 2021). Research directly examining childhood adversity has similarly found that emotion regulation difficulties may help connect adverse experiences with later psychosocial functioning (Brodbeck et al., 2022). A recent review of adverse childhood experiences, attachment, and emotion regulation further emphasizes that early adversity can alter the development of emotional regulation through both interpersonal and attachment-related mechanisms (Araujo et al., 2026). These findings are consistent with the proposition that the effects of childhood emotional neglect may persist partly because individuals have not acquired sufficiently flexible strategies for recognizing and managing difficult emotions.

Emotion dysregulation appears to be especially relevant to depressive symptoms. Research examining childhood trauma, emotional regulation, alexithymia, and psychological symptoms has demonstrated mediational relationships in which difficulties processing and regulating emotions contribute to the psychological consequences of early adversity (Sharma et al., 2024). Likewise, the relationship between adverse childhood experiences and depression has been shown to involve insecure attachment and maladaptive emotion regulation strategies (Ye et al., 2023). Among individuals with depression, maladaptive cognitive regulation can interact with broader emotion dysregulation in ways that are associated with self-injurious behavior and other forms of psychopathology (Ge et al., 2023). Childhood trauma has also been linked to suicidal ideation through a pathway involving emotion regulation difficulties and depressive symptoms, further illustrating the clinical importance of emotion dysregulation as an intermediary process (Laghaei et al., 2023). Collectively, this evidence suggests that individuals exposed to emotional neglect may be vulnerable to depression not only because of what happened during childhood but also because early neglect may interfere with the development of emotional competencies needed to manage later stress.

The emotional consequences of childhood adversity may additionally involve heightened anger and difficulty modulating negative affect. Adults with histories of childhood trauma have been found to report greater anger, including among those with depressive and anxiety disorders, supporting the idea that adverse childhood experiences may produce broad disturbances in emotional responding (Bles et al., 2023). Related work suggests that individuals with persistent depressive disorder who exhibit borderline personality features may experience distinctive treatment challenges, indicating that interpersonal and emotion-regulatory characteristics can influence the course and management of chronic depression (Konvalin et al., 2021). These observations further reinforce the importance of moving beyond simple associations between childhood adversity and depression toward models that identify specific psychological processes through which developmental experiences become associated with current symptoms.

The social consequences of childhood maltreatment may also extend into adult patterns of loneliness and restricted social networks. Population-based and clinical evidence indicates that childhood maltreatment is associated with greater loneliness and smaller social network size in adulthood (Reinhard et al., 2022). This finding is particularly relevant to emotional neglect because individuals who expect interpersonal unavailability or rejection may be less likely to establish or maintain supportive relationships. Over time, rejection-sensitive responses can contribute to avoidance, conflict, withdrawal, or excessive reassurance seeking, thereby increasing social isolation and reducing access to protective interpersonal resources. In turn, loneliness and reduced social support may intensify depressive symptoms. This process is consistent with a developmental model in which early emotional neglect affects later depression through enduring patterns of interpersonal expectation and emotional self-regulation.

It is also important to recognize that the consequences of childhood trauma can extend beyond mood and anxiety symptoms to broader psychological burden and behavioral vulnerability. Research has linked childhood adversity and schema-related processes with psychological distress in chronic health conditions, illustrating how early experiences may become incorporated into enduring cognitive and emotional structures (Major et al., 2025). Other work has

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associated psychiatric vulnerability and maladaptive psychological characteristics with conflict-related or rehabilitative outcomes, underscoring the broad consequences of difficulties involving self-regulation and emotional functioning (Nowogrodzka et al., 2025). Such findings suggest that early emotional adversity may operate through generalized psychological mechanisms that influence multiple domains of functioning rather than producing only disorder-specific outcomes.

The clinical significance of identifying these mechanisms is reflected in the growing development of treatments designed specifically for individuals with histories of childhood trauma. Psychotherapy research increasingly recognizes that patients with depression and childhood maltreatment may require interventions that directly address trauma-related interpersonal and emotion-regulatory processes rather than focusing exclusively on depressive cognitions or behavioral activation. Modular psychotherapy has therefore been investigated as an alternative to standard cognitive behavioral approaches for patients with comorbid depression and childhood maltreatment (Elsaeßer et al., 2021). More recent treatment-development work with adolescents and young adults exposed to childhood trauma has similarly emphasized mechanism-based modular intervention approaches designed to target the specific processes maintaining psychopathology (Seitz et al., 2025). These developments highlight the practical value of identifying modifiable mediators such as rejection sensitivity and emotion regulation difficulties, because these processes may represent clinically actionable treatment targets even when childhood experiences themselves cannot be changed.

Despite the growing literature on childhood adversity, emotional dysregulation, interpersonal difficulties, and depression, several conceptual gaps remain. Much existing research has examined broad indices of childhood maltreatment or cumulative adverse childhood experiences rather than isolating emotional neglect as a distinct developmental exposure. Other studies have focused on clinical populations characterized by borderline personality disorder, self-injury, trauma-related disorders, or severe psychiatric symptoms, which may limit generalization to nonclinical young-adult populations (Albalawi et al., 2021; Feng & Zhang, 2023). At the same time, research demonstrating the developmental importance of emotional invalidation, insecure attachment, interpersonal rejection, and emotion dysregulation indicates that these constructs should be studied together within more specific explanatory models (Araujo et al., 2026; Bae et al., 2026). Understanding whether childhood emotional neglect is associated with depressive symptoms through both an interpersonal pathway and an intrapersonal emotional-regulation pathway may therefore provide a more comprehensive account of how early relational deprivation becomes linked to later psychological distress.

A parallel mediation framework is particularly appropriate for addressing this issue because rejection sensitivity and emotion regulation difficulties are theoretically related but conceptually distinguishable. Rejection sensitivity primarily concerns expectations, interpretations, and emotional reactions within interpersonal contexts, whereas emotion regulation difficulties concern the broader capacity to understand and manage internal emotional states. Early emotional neglect may contribute to both processes simultaneously: individuals may learn that others are unlikely to respond supportively while also failing to develop effective strategies for managing the emotional consequences of unmet needs. These pathways may then independently contribute to depressive symptoms. A model incorporating both mediators can therefore estimate whether each process accounts for a unique portion of the association between childhood emotional neglect and depression while statistically controlling for the other. Such an approach is consistent with contemporary developmental psychopathology models that conceptualize psychopathology as the outcome of multiple interacting mechanisms rather than a single linear causal chain (Wang, 2026; Zhang et al., 2026).

Accordingly, the present study aimed to examine the association between childhood emotional neglect and depressive symptoms in Canadian young adults and to determine whether rejection sensitivity and emotion regulation difficulties independently mediate this relationship.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a cross-sectional, descriptive-correlational design to examine the relationship between childhood emotional neglect and depressive symptoms in young adults and to determine whether rejection sensitivity and emotion regulation difficulties mediated this association. The target population consisted of young adults residing in Canada. A total of 412 participants were recruited from several Canadian provinces, including

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Ontario, British Columbia, Alberta, Quebec, Manitoba, and Nova Scotia, using convenience and online recruitment methods. Participants were between 18 and 29 years of age, an age range selected to represent young adulthood while allowing participants to provide retrospective reports concerning childhood experiences and current assessments of emotional and psychological functioning. Recruitment notices describing the general purpose of the study as an investigation of childhood experiences, interpersonal sensitivity, emotion regulation, and psychological well-being were distributed through university electronic notice boards, community organizations, social media platforms, and online research participation networks. Eligibility criteria included being between 18 and 29 years of age, currently residing in Canada, having sufficient proficiency in English to understand the questionnaires, and providing informed consent to participate. Individuals who submitted substantially incomplete questionnaires or failed embedded attention-check items were excluded from the final analysis. Participation was voluntary, and respondents were informed that they could discontinue participation at any point without penalty or the need to provide an explanation. Before beginning the questionnaires, participants received an electronic information sheet explaining the objectives of the study, the confidential nature of their responses, the potentially sensitive nature of questions concerning childhood experiences and depressive symptoms, and the procedures implemented to protect their privacy. Electronic informed consent was obtained from all participants prior to data collection. No personally identifying information was included in the analytical dataset, and participants' responses were stored securely and used exclusively for research purposes. The research procedures were conducted in accordance with established ethical principles for research involving human participants, including respect for autonomy, confidentiality, voluntary participation, and minimization of psychological risk. Because some questionnaire items addressed potentially distressing childhood experiences and current depressive symptoms, participants were also provided with information regarding appropriate mental health and crisis-support resources in Canada at the completion of the survey. The final sample of 412 eligible respondents was considered adequate for the planned correlational and mediation analyses and provided sufficient statistical power for estimating both direct and indirect relationships among childhood emotional neglect, rejection sensitivity, emotion regulation difficulties, and depressive symptoms.

2.2. Measures

Childhood emotional neglect was assessed using the Childhood Trauma Questionnaire–Short Form (CTQ-SF), a widely used retrospective self-report measure designed to evaluate adverse experiences occurring during childhood and adolescence. The instrument contains 28 items assessing five major dimensions of childhood maltreatment, including emotional abuse, physical abuse, sexual abuse, physical neglect, and emotional neglect. For the purposes of the present study, the Emotional Neglect subscale was used as the primary predictor variable. This subscale consists of five items assessing the extent to which respondents perceived an absence of emotional support, affection, understanding, encouragement, and a sense of being cared for within their family environment while growing up. Participants indicated the extent to which each statement characterized their childhood experiences using a five-point Likert-type response format ranging from 1, representing “never true,” to 5, representing “very often true.” After reverse scoring the positively worded items where required, item scores were summed to produce an emotional neglect score, with higher scores reflecting greater perceived childhood emotional neglect. The CTQ-SF has been extensively used in studies of childhood adversity and adult psychological functioning and has demonstrated satisfactory internal consistency, construct validity, and convergent validity across clinical and nonclinical populations. Internal consistency of the Emotional Neglect subscale was evaluated again in the present sample using Cronbach's alpha before conducting the principal analyses.

Rejection sensitivity was measured using the Adult Rejection Sensitivity Questionnaire (A-RSQ). This instrument assesses the tendency to anxiously expect, readily perceive, and strongly react to possible interpersonal rejection. The measure presents respondents with a series of interpersonal situations in which the response of another person is uncertain, thereby creating the possibility of acceptance or rejection. For each scenario, respondents indicate both the degree of anxiety or concern they would experience about the possible outcome and their expectation that the other person would respond acceptingly. A rejection sensitivity score is derived by combining the individual's level of rejection-related concern with the perceived likelihood of rejection across interpersonal situations. Higher scores represent a stronger cognitive-affective tendency to anticipate rejection and to interpret ambiguous interpersonal cues as threatening or rejecting. This construct

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was particularly relevant to the present study because emotionally neglectful childhood environments may contribute to the development of negative interpersonal expectations and increased vigilance toward signs of rejection, which may subsequently heighten vulnerability to depressive symptoms. The A-RSQ has demonstrated acceptable reliability and validity in research involving young adults and has been associated with interpersonal insecurity, negative affect, depressive symptoms, and maladaptive responses to perceived social exclusion. Cronbach's alpha was calculated in the current study to assess the internal consistency of the scale within the Canadian young-adult sample.

Difficulties in emotion regulation were assessed using the Difficulties in Emotion Regulation Scale (DERS). The DERS is a 36-item self-report instrument developed to assess multidimensional deficits in the awareness, understanding, acceptance, and regulation of emotional experiences. Items are rated on a five-point Likert scale ranging from 1, indicating “almost never,” to 5, indicating “almost always.” The scale evaluates six dimensions of emotion regulation difficulty: nonacceptance of emotional responses, difficulties engaging in goal-directed behavior when emotionally distressed, impulse-control difficulties, lack of emotional awareness, limited access to effective emotion regulation strategies, and lack of emotional clarity. A total DERS score is calculated by summing the relevant items after reverse scoring where necessary, with higher scores representing greater overall difficulty in regulating emotions. In the present study, the total score was used as the principal indicator of emotion regulation difficulties and as one of the hypothesized mediating variables. The inclusion of this measure was based on the assumption that inadequate emotional responsiveness and validation during childhood may interfere with the development of adaptive emotion-regulation capacities, increasing the likelihood that individuals will experience difficulty identifying, tolerating, and modifying negative emotional states in young adulthood. The DERS has shown strong psychometric properties across community, university, and clinical samples and has been widely applied in investigations of childhood adversity and psychopathology. Reliability of the total DERS score was examined in the present sample using Cronbach's alpha.

Depressive symptoms were measured using the Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 is a nine-item self-report measure designed to assess the frequency of depressive symptoms experienced during the previous two weeks. Its items correspond to core manifestations of depression, including diminished interest or pleasure, depressed mood, sleep disturbance, fatigue, changes in appetite, feelings of worthlessness or excessive guilt, difficulties with concentration, psychomotor agitation or retardation, and thoughts related to death or self-harm. Participants rated each symptom on a four-point response scale ranging from 0, indicating “not at all,” to 3, indicating “nearly every day.” Item scores were summed to yield a total score ranging from 0 to 27, with higher scores indicating greater severity of depressive symptoms. The PHQ-9 was selected because of its brevity, strong psychometric performance, and extensive use in both population-based and young-adult mental health research. In the current study, the PHQ-9 total score was treated as a continuous outcome variable rather than being used to establish a clinical diagnosis of depressive disorder. Because endorsement of the self-harm-related item may indicate elevated psychological risk, the online survey included an immediate statement directing participants experiencing significant distress or thoughts of self-harm toward appropriate Canadian mental health and emergency support services. The internal consistency of the PHQ-9 was examined for the current sample using Cronbach's alpha.

A brief demographic questionnaire was also administered to characterize the sample and identify variables that could be considered as potential covariates. Participants reported their age, gender, province or territory of residence, educational status, employment status, relationship status, and selected socioeconomic characteristics. The questionnaires were presented electronically in a standardized order, and participants were instructed to respond to all items as accurately as possible based on their own experiences. The approximate completion period was designed to remain sufficiently brief to reduce respondent fatigue while permitting comprehensive assessment of all study constructs.

2.3. Data analysis

Data analysis was conducted using IBM SPSS Statistics together with the PROCESS macro for mediation analysis. Before testing the study hypotheses, the dataset was screened for completeness, invalid response patterns, outliers, and violations of the statistical assumptions underlying the planned analyses. Cases containing substantial missing data were removed prior to the principal analyses, whereas the pattern and extent of any remaining

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missing responses were evaluated before computing scale scores. Descriptive statistics, including frequency, percentage, mean, standard deviation, minimum, and maximum values, were calculated to describe participant characteristics and the distributions of the principal study variables. The distributional characteristics of childhood emotional neglect, rejection sensitivity, emotion regulation difficulties, and depressive symptoms were examined using indices of skewness and kurtosis, visual inspection of histograms and probability plots, and appropriate tests of normality. Potential multivariate outliers were examined where relevant, and linearity and homoscedasticity were assessed through inspection of scatterplots and residual distributions. Multicollinearity was examined using tolerance and variance inflation factor statistics to ensure that the mediator variables were sufficiently distinct for simultaneous inclusion in the mediation model. Internal consistency reliability for each study measure was evaluated using Cronbach's alpha coefficients.

Pearson product-moment correlation coefficients were calculated to examine the bivariate associations among childhood emotional neglect, rejection sensitivity, emotion regulation difficulties, and depressive symptoms. These preliminary analyses were used to determine whether the direction and magnitude of the observed relationships were consistent with the proposed conceptual model. It was hypothesized that greater childhood emotional neglect would be positively associated with higher rejection sensitivity, greater emotion regulation difficulties, and more severe depressive symptoms. Rejection sensitivity and emotion regulation difficulties were also expected to show significant positive relationships with depressive symptoms. Relevant demographic variables were examined in relation to the primary study variables, and variables demonstrating theoretically meaningful or statistically significant associations with depressive symptoms were considered for inclusion as covariates in supplementary analyses to determine whether the hypothesized relationships remained stable after accounting for potential confounding influences.

The principal hypotheses were tested using a parallel multiple mediation model, in which childhood emotional neglect was entered as the independent variable, depressive symptoms as the dependent variable, and rejection sensitivity and emotion regulation difficulties as simultaneous mediators. This analytical approach made it possible to estimate the total effect of childhood emotional neglect on depressive symptoms, the direct effect of childhood emotional neglect on depressive symptoms after accounting for both mediators, and the specific indirect effects transmitted through rejection sensitivity and emotion regulation difficulties. In the first mediational pathway, childhood emotional neglect was specified as predicting greater rejection sensitivity, which in turn was expected to predict more severe depressive symptoms. In the second pathway, childhood emotional neglect was specified as predicting greater emotion regulation difficulties, which were expected to be associated with increased depressive symptoms. By including both mediators simultaneously, the analysis estimated the unique indirect contribution of each mediator while statistically controlling for the other mediator.

The statistical significance of indirect effects was evaluated using bias-corrected bootstrapping with 5,000 resamples. Bootstrapping was selected because indirect effects frequently have non-normal sampling distributions and because this procedure provides a robust method for evaluating mediation without requiring the assumption of normality of the indirect effect. For each indirect pathway, a 95% bootstrap confidence interval was calculated. An indirect effect was considered statistically significant when its 95% confidence interval did not include zero. Unstandardized regression coefficients, standard errors, standardized coefficients where appropriate, confidence intervals, and significance levels were reported for the estimated pathways. The proportion of variance explained in depressive symptoms and in each mediator was also examined using the corresponding coefficients of determination. The conventional significance threshold was established at $p < .05$, with two-tailed statistical tests used throughout the analyses. Because the study employed a cross-sectional design, the mediation analyses were interpreted as tests of statistically consistent indirect associations rather than definitive evidence of temporal or causal mechanisms. Nevertheless, the proposed model provided an empirical framework for examining whether rejection sensitivity and emotion regulation difficulties statistically accounted for meaningful portions of the association between retrospective reports of childhood emotional neglect and current depressive symptoms in Canadian young adults.

3. Findings and Results

The final analytical sample consisted of 412 young adults residing in Canada, with participants ranging in age from 18 to 29 years. The mean age of the participants was 23.41 years

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(SD = 3.21). Of the total sample, 238 participants (57.8%) identified as women, 164 (39.8%) identified as men, and 10 (2.4%) identified as nonbinary or another gender identity. Regarding geographical distribution, 154 participants (37.4%) resided in Ontario, 72 (17.5%) in British Columbia, 61 (14.8%) in Alberta, 55 (13.3%) in Quebec, 34 (8.3%) in Manitoba, and 36 (8.7%) in Nova Scotia. With respect to educational status, 236 participants (57.3%) were currently enrolled in a university program, 72 (17.5%) were enrolled in college or another postsecondary program, 76 (18.4%) had completed a university or college degree and were not currently enrolled, and 28 (6.8%) reported high school completion or another educational status. In terms of employment, 121 participants (29.4%) were employed full-time, 151 (36.7%) were employed part-time, and 140 (34.0%) were not currently employed. Regarding relationship status, 214 participants (51.9%) reported being single, 102 (24.8%) reported being in a romantic relationship without cohabitation, and 96 (23.3%) reported being married or cohabiting with a partner. Preliminary inspection of the data indicated that the distributions of the primary variables were acceptable for the planned parametric analyses. No severe departures from normality were identified, and examination of residuals, scatterplots, tolerance values, and variance inflation factors indicated that the assumptions of linearity, homoscedasticity, independence, and absence of problematic multicollinearity were adequately satisfied. Consequently, all 412 cases included in the final dataset were retained for the principal correlational and mediation analyses.

Table 1

Descriptive Statistics, Internal Consistency, and Correlations Among Childhood Emotional Neglect, Rejection Sensitivity, Emotion Regulation Difficulties, and Depressive Symptoms

Variable	M	SD	Minimum	Maximum	Skewness	Kurtosis	Cronbach's α	1	2	3	4
1. Childhood emotional neglect	12.48	4.63	5	25	0.42	-0.31	.88	—			
2. Rejection sensitivity	11.74	4.58	2.10	24.60	0.38	-0.24	.86	.46***	—		
3. Emotion regulation difficulties	91.36	22.41	38	157	0.29	-0.38	.93	.51***	.48***	—	
4. Depressive symptoms	9.21	5.71	0	26	0.57	-0.21	.89	.44***	.52***	.61***	—

As shown in Table 1, participants demonstrated considerable variability across all four principal study variables. The mean score for childhood emotional neglect was 12.48 (SD = 4.63), suggesting that experiences of emotional neglect varied substantially within the sample rather than being concentrated at either the minimum or maximum end of the scale. The mean rejection sensitivity score was 11.74 (SD = 4.58), while the mean total score for emotion regulation difficulties was 91.36 (SD = 22.41). The average PHQ-9 depressive symptom score was 9.21 (SD = 5.71), indicating meaningful variation in current depressive symptom severity across participants. Skewness values ranged from 0.29 to 0.57, while kurtosis values ranged from −0.38 to −0.21, providing no indication of substantial univariate non-normality. Reliability coefficients were satisfactory to excellent for all measures, ranging from α = .86 to α = .93, supporting the internal consistency of the measures in the present Canadian young-adult sample. The correlational analyses demonstrated that all principal variables were positively and significantly associated with one another at $p < .001$. Childhood emotional neglect was moderately associated with rejection sensitivity ($r = .46$, $p < .001$), indicating that participants who retrospectively reported greater emotional neglect during childhood also tended to report stronger expectations and concerns regarding interpersonal rejection. Childhood emotional neglect was similarly associated with greater emotion regulation difficulties ($r = .51$, $p < .001$) and higher depressive symptoms ($r = .44$, $p < .001$). Rejection sensitivity showed a moderate positive relationship with emotion regulation difficulties ($r = .48$, $p < .001$) and depressive symptoms ($r = .52$, $p < .001$). The strongest bivariate association was found between emotion regulation difficulties and depressive symptoms ($r = .61$, $p < .001$), suggesting that participants experiencing greater difficulty understanding, accepting, and managing emotional states tended to report substantially higher levels of depressive symptomatology. Taken together, these correlations provided preliminary empirical support for the proposed mediation model by demonstrating significant associations between the predictor, both mediators, and the outcome variable.

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Table 2

Regression Analyses Predicting Rejection Sensitivity and Emotion Regulation Difficulties From Childhood Emotional Neglect

Outcome variable	Predictor	B	SE	β	t	p	95% CI for B	R^2	F
Rejection sensitivity	Childhood emotional neglect	0.455	0.043	.460	10.49	< .001	[0.370, 0.540]	.212	110.04***
Emotion regulation difficulties	Childhood emotional neglect	2.468	0.206	.510	12.00	< .001	[2.064, 2.872]	.260	144.00***

Table 2 presents the regression paths from childhood emotional neglect to the two proposed mediators. Childhood emotional neglect significantly predicted rejection sensitivity, B = 0.455, SE = 0.043, β = .460, t = 10.49, p < .001, 95% CI [0.370, 0.540]. The positive coefficient indicated that each one-point increase in childhood emotional neglect was associated with an estimated 0.455-point increase in rejection sensitivity. Childhood emotional neglect alone accounted for approximately 21.2% of the variance in rejection sensitivity, and the overall regression model was statistically significant, F(1, 410) = 110.04, p < .001. Thus, young adults reporting higher levels of childhood emotional neglect were substantially more likely to demonstrate heightened sensitivity to interpersonal rejection. Childhood emotional neglect was also a significant predictor of emotion regulation difficulties, B = 2.468, SE = 0.206, β = .510, t = 12.00, p < .001, 95% CI [2.064, 2.872]. Accordingly, each one-point increase in emotional neglect was associated with an estimated 2.468-point increase in total emotion regulation difficulty scores. This model explained approximately 26.0% of the variance in emotion regulation difficulties, F(1, 410) = 144.00, p < .001. The standardized coefficient for the pathway from childhood emotional neglect to emotion regulation difficulties was somewhat larger than that for rejection sensitivity, suggesting that childhood emotional neglect had a particularly strong statistical association with deficits in adaptive emotion regulation. Both mediator models therefore satisfied an essential condition of the hypothesized mediation framework: higher childhood emotional neglect was significantly related to higher levels of each proposed intervening psychological mechanism.

Table 3

Total Effect and Direct-Effect Model Predicting Depressive Symptoms

Model	Predictor	B	SE	β	t	p	95% CI for B
Total-effect model	Childhood emotional neglect	0.543	0.055	.440	9.86	< .001	[0.435, 0.651]
Direct-effect model	Childhood emotional neglect	0.119	0.055	.096	2.15	.032	[0.011, 0.227]
Direct-effect model	Rejection sensitivity	0.334	0.055	.268	6.12	< .001	[0.227, 0.442]
Direct-effect model	Emotion regulation difficulties	0.110	0.012	.432	9.55	< .001	[0.087, 0.133]

The results presented in Table 3 demonstrate that childhood emotional neglect initially had a statistically significant total association with depressive symptoms. Before the proposed mediators were entered into the model, childhood emotional neglect significantly predicted depressive symptom severity, B = 0.543, SE = 0.055, β = .440, t = 9.86, p < .001, 95% CI [0.435, 0.651]. Childhood emotional neglect alone accounted for approximately 19.4% of the variance in depressive symptoms, indicating that adverse emotional experiences characterized by insufficient affection, validation, responsiveness, and emotional support during childhood were meaningfully associated with depressive symptoms during young adulthood. However, when rejection sensitivity and emotion regulation difficulties were simultaneously entered into the outcome model, the direct coefficient for childhood emotional neglect was markedly reduced from B = 0.543 to B = 0.119. Although the remaining direct effect continued to reach statistical significance, B = 0.119, SE = 0.055, β = .096, t = 2.15, p = .032, 95% CI [0.011, 0.227], its substantially reduced magnitude suggested that a considerable proportion of the association between childhood emotional neglect and depressive symptoms operated statistically through the two proposed mediators. Rejection sensitivity independently predicted depressive symptoms after controlling for childhood emotional neglect and emotion regulation difficulties, B = 0.334, SE = 0.055, β = .268, t = 6.12, p < .001, 95% CI [0.227, 0.442]. Thus, greater sensitivity to perceived or anticipated interpersonal rejection was associated with more severe depressive symptoms even after accounting for the other variables in the model. Emotion regulation difficulties also emerged as a strong independent

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predictor of depressive symptoms, B = 0.110, SE = 0.012, β = .432, t = 9.55, p < .001, 95% CI [0.087, 0.133]. The standardized effect for emotion regulation difficulties was the largest among the predictors in the final outcome model, indicating that difficulties in understanding, accepting, tolerating, and regulating emotional experiences were particularly strongly associated with depressive symptom severity. Collectively, childhood emotional neglect, rejection sensitivity, and emotion regulation difficulties explained approximately 44.5% of the variance in depressive symptoms, and the overall regression model was statistically significant, F(3, 408) = 109.25, p < .001. The considerable increase in explained variance compared with the total-effect model further supported the relevance of rejection sensitivity and emotion regulation difficulties in accounting for individual differences in depressive symptoms.

Table 4

Bootstrapped Indirect Effects of Childhood Emotional Neglect on Depressive Symptoms Through Rejection Sensitivity and Emotion Regulation Difficulties

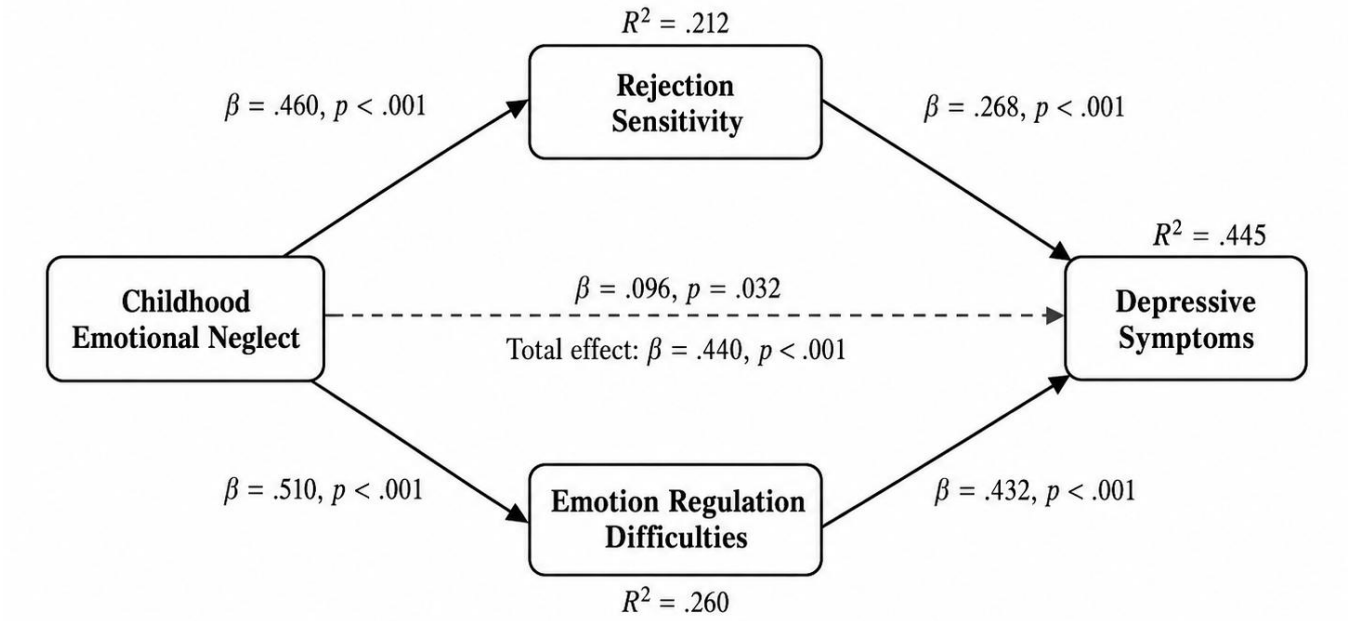
Indirect effect	Effect	Boot SE	Boot LLCI	Boot ULCI	Mediation result
Childhood emotional neglect → Rejection sensitivity → Depressive symptoms	0.152	0.031	0.098	0.220	Significant
Childhood emotional neglect → Emotion regulation difficulties → Depressive symptoms	0.272	0.038	0.203	0.352	Significant
Total indirect effect	0.424	0.047	0.337	0.521	Significant
Difference between indirect effects: emotion regulation difficulties minus rejection sensitivity	0.120	0.039	0.047	0.201	Significant

Table 4 reports the results of the parallel multiple mediation analysis based on 5,000 bootstrap resamples. The specific indirect effect of childhood emotional neglect on depressive symptoms through rejection sensitivity was statistically significant, with an indirect effect of 0.152, a bootstrap standard error of 0.031, and a 95% bootstrap confidence interval ranging from 0.098 to 0.220. Because this interval did not include zero, rejection sensitivity was supported as a significant mediator of the association between childhood emotional neglect and depressive symptoms. This pathway indicated that higher childhood emotional neglect was associated with greater rejection sensitivity, which in turn was associated with more severe depressive symptoms. In other words, one mechanism statistically connecting emotional neglect during childhood with depressive symptomatology in young adulthood appeared to involve the development of heightened concerns about rejection and a greater tendency to expect or perceive rejection in interpersonal situations. The specific indirect effect through emotion regulation difficulties was also statistically significant and was larger in magnitude, indirect effect = 0.272, Boot SE = 0.038, 95% Boot CI [0.203, 0.352]. This finding demonstrated that greater childhood emotional neglect was associated with more pronounced difficulties in regulating emotions and that these difficulties were subsequently associated with higher depressive symptom severity. The total indirect effect was 0.424, with a bootstrap standard error of 0.047 and a 95% bootstrap confidence interval of [0.337, 0.521], confirming that the two mediators jointly accounted for a substantial proportion of the relationship between childhood emotional neglect and depressive symptoms. Moreover, the bootstrap comparison between the two specific indirect effects was statistically significant, difference = 0.120, Boot SE = 0.039, 95% Boot CI [0.047, 0.201], indicating that the indirect pathway through emotion regulation difficulties was significantly stronger than the pathway through rejection sensitivity. Nevertheless, both mediators made unique contributions to the overall indirect association. Because the direct effect of childhood emotional neglect remained statistically significant after the mediators were included, the pattern of findings was consistent with partial rather than complete mediation. The results therefore suggested that rejection sensitivity and emotion regulation difficulties explained substantial, but not exhaustive, portions of the statistical relationship between childhood emotional neglect and depressive symptoms.

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Figure 1

Parallel Mediation Model of the Association Between Childhood Emotional Neglect and Depressive Symptoms Through Rejection Sensitivity and Emotion Regulation Difficulties



The pattern summarized in Figure 1 further illustrates the parallel mediation model supported by the statistical analyses. Childhood emotional neglect significantly predicted both rejection sensitivity (β = .460, p < .001) and emotion regulation difficulties (β = .510, p < .001). In turn, both mediators uniquely predicted depressive symptoms when simultaneously entered into the outcome model, with rejection sensitivity demonstrating a significant positive association with depressive symptoms (β = .268, p < .001) and emotion regulation difficulties demonstrating an even stronger positive association (β = .432, p < .001). The standardized total association between childhood emotional neglect and depressive symptoms was β = .440, whereas the direct standardized association was reduced to β = .096 after accounting for the mediators. This reduction corresponded with the significant total indirect effect detected in the bootstrap analysis and indicated that much of the association between childhood emotional neglect and depressive symptoms could statistically be accounted for by elevated rejection sensitivity and difficulties in emotion regulation. The stronger indirect effect through emotion regulation difficulties suggested that impaired emotional regulation represented the more prominent of the two examined mediating mechanisms, although rejection sensitivity remained independently important. Thus, the overall findings supported the hypothesized conceptual model: young adults who reported greater emotional neglect during childhood tended to exhibit greater vulnerability to perceiving and anticipating rejection as well as greater difficulty effectively regulating emotional states, and both psychological processes were associated with increased depressive symptom severity. Importantly, the persistence of a smaller but statistically significant direct association between childhood emotional neglect and depressive symptoms indicated that additional psychological, interpersonal, cognitive, or contextual mechanisms not included in the present model may also contribute to the association.

4. Discussion

The present study examined the association between childhood emotional neglect and depressive symptoms in young adults and investigated the mediating roles of rejection sensitivity and emotion regulation difficulties. The findings supported the proposed conceptual model. Childhood emotional neglect was significantly and positively associated with depressive symptoms, rejection sensitivity, and emotion regulation difficulties. Rejection sensitivity and emotion regulation difficulties were also significantly related to depressive symptoms, with emotion

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regulation difficulties demonstrating the strongest bivariate association with depressive symptom severity. In the parallel mediation model, childhood emotional neglect significantly predicted both rejection sensitivity and emotion regulation difficulties, and each mediator independently predicted depressive symptoms after the simultaneous inclusion of the other mediator. Bootstrap analyses demonstrated significant indirect effects through both pathways. Importantly, the indirect effect through emotion regulation difficulties was significantly stronger than the indirect effect through rejection sensitivity. Although the direct association between childhood emotional neglect and depressive symptoms decreased substantially after the mediators were entered into the model, it remained statistically significant, indicating partial rather than complete mediation. Collectively, the findings suggest that childhood emotional neglect may be associated with depressive symptoms in young adulthood through both interpersonal sensitivity to rejection and impaired capacity to regulate emotional experiences.

The significant positive association between childhood emotional neglect and depressive symptoms is consistent with developmental psychopathology perspectives emphasizing early caregiving environments as important contributors to later psychological vulnerability. Emotional neglect is characterized not necessarily by overtly hostile behavior but by the persistent absence of adequate emotional responsiveness, validation, protection, affection, and support. Such experiences may interfere with the development of stable beliefs about personal worth, interpersonal security, and emotional competence. The present findings are therefore consistent with research showing that adverse childhood experiences are associated with subsequent depressive and psychological symptoms across developmental stages (Gökdağ & Kızıltepe, 2023; Wang, 2026). Similarly, Ye et al. demonstrated that adverse childhood experiences were related to depression through processes involving insecure attachment and maladaptive emotion regulation strategies (Ye et al., 2023). Recent evidence has also emphasized perceived emotional invalidation as a central psychological feature linking childhood maltreatment with symptoms of depression and anxiety (Bae et al., 2026). These findings support the interpretation that emotional neglect may have enduring psychological consequences precisely because repeated failures of caregivers to recognize and respond to emotional needs can shape the individual's later understanding of the self and expectations regarding emotional support.

The relationship between emotional neglect and depressive symptoms may also be understood through the cumulative developmental consequences of deficient parenting and relational adversity. Research examining parenting styles and adverse childhood experiences has shown that dysfunctional parenting environments can contribute to elevated depressive symptoms through accumulated developmental stress (Guo et al., 2025). The association between parenting styles and childhood trauma has likewise highlighted the importance of family interaction patterns in determining psychological adjustment (S. & Pandey, 2024). Although much of the literature has examined broader forms of maltreatment rather than emotional neglect specifically, studies of childhood emotional abuse and maltreatment increasingly emphasize that emotional forms of adversity require attention in their own right because they may be subtle, chronic, and difficult to identify (Goodall & Sawrikar, 2023). The current findings reinforce this perspective by suggesting that the absence of emotional responsiveness in childhood is meaningfully associated with depressive symptomatology even during young adulthood, when individuals may no longer be directly exposed to the original family environment.

A central finding of the present study was that childhood emotional neglect significantly predicted greater rejection sensitivity. This result is theoretically plausible because repeated experiences of emotional unavailability may influence expectations about whether important others will respond to one's needs. A child whose emotional experiences are repeatedly ignored, minimized, or inadequately acknowledged may gradually develop the expectation that seeking closeness or support will result in disappointment, indifference, or rejection. In later relationships, such expectations may manifest as heightened vigilance for signs of interpersonal disapproval and an increased tendency to interpret ambiguous social situations negatively. Research on rejection sensitivity has shown that individuals differ substantially in their responses to social exclusion and that heightened rejection sensitivity is associated with more intense psychological reactions to perceived exclusion (Wilczyńska, 2024). In addition, rejection sensitivity has been associated with attachment and emotional-expression processes in clinical populations, suggesting that sensitivity to rejection is closely embedded within broader interpersonal and emotional functioning (Puşuroğlu, 2023). The present results therefore extend this literature by supporting rejection sensitivity as one potential

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psychological pathway linking deficient early emotional caregiving with later depressive symptoms.

The significant association between rejection sensitivity and depressive symptoms also accords with existing evidence concerning interpersonal rejection, ostracism, and psychological distress. Individuals who strongly anticipate rejection may monitor relationships for signs of disapproval, experience ambiguous interpersonal events as threatening, and engage in rumination following perceived exclusion. Such processes can intensify negative self-evaluation and reduce the likelihood of seeking or benefiting from supportive relationships. Forbes emphasized the relevance of rejection and ostracism to rumination and interpersonal mentalization, particularly within emotionally significant relationships (Forbes, 2022). Experiences of interpersonal rejection and victimization have also been associated with neurobiological and psychological processes relevant to affective disorders (Cubillo, 2022; Edalati et al., 2023). Furthermore, childhood maltreatment has been associated with greater loneliness and smaller social networks in adulthood, suggesting that early adversity may have lasting implications for interpersonal connectedness (Reinhard et al., 2022). Taken together, these studies support the possibility that rejection-sensitive individuals may become caught in a self-reinforcing cycle in which expectations of rejection promote withdrawal, rumination, defensive reactions, or interpersonal tension, thereby reducing access to protective social experiences and contributing to depressive symptoms.

The second mediation pathway concerned emotion regulation difficulties, and this pathway was stronger than the pathway through rejection sensitivity. Childhood emotional neglect significantly predicted greater difficulty regulating emotions, and emotion regulation difficulties demonstrated the strongest standardized association with depressive symptoms in the final model. This finding is consistent with the developmental view that adaptive emotion regulation emerges partly through caregiver-child interactions. During childhood, caregivers typically assist children in identifying, labeling, tolerating, and modifying emotional states. Through repeated experiences of emotional validation and co-regulation, children gradually internalize strategies for managing distress independently. When emotional needs are chronically neglected, these learning opportunities may be reduced, leaving individuals less able to understand emotional states, accept negative emotions, maintain goal-directed behavior during distress, control impulses, or access effective regulation strategies.

Previous research strongly supports this interpretation. Emotion dysregulation has been identified as a transdiagnostic process occurring across numerous psychiatric conditions and as an important dimension of psychological maladjustment (Paulus et al., 2021). Brodbeck et al. found that emotion regulation and social-information processing were mechanisms connecting adverse childhood experiences with psychosocial functioning in young adults (Brodbeck et al., 2022). A recent review similarly concluded that adverse childhood experiences are closely interconnected with attachment processes and emotion regulation development (Araujo et al., 2026). Moreover, mediational research among adolescents has shown that childhood trauma can contribute to psychological symptoms through emotional regulation difficulties and related impairments such as alexithymia (Sharma et al., 2024). These findings are closely aligned with the current results and indicate that emotion dysregulation may represent one of the most important mechanisms through which adverse childhood relational experiences continue to affect psychological functioning after the original adversity has ended.

The strong relationship between emotion regulation difficulties and depressive symptoms is also consistent with previous research demonstrating the importance of maladaptive emotional processing in depression. Ye et al. reported that maladaptive emotion regulation strategies contributed to the association between adverse childhood experiences and depression (Ye et al., 2023). Likewise, Ge et al. found that emotion dysregulation played an important mediating role in associations between psychosocial factors and non-suicidal self-injury among individuals with depression, with maladaptive cognitive regulation further influencing these relationships (Ge et al., 2023). Laghaei et al. similarly demonstrated that childhood trauma was associated with suicidal ideation through pathways involving difficulties in emotion regulation and depressive symptoms (Laghaei et al., 2023). These studies support the current finding that difficulty managing emotional experiences is closely connected to depressive psychopathology. Individuals who have difficulty accepting negative emotions or accessing effective regulatory strategies may experience emotional states as more intense, uncontrollable, and enduring, thereby increasing vulnerability to hopelessness, withdrawal, rumination, and other depressive manifestations.

The stronger indirect effect through emotion regulation difficulties than through rejection sensitivity is theoretically

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informative. Although rejection sensitivity captures an important interpersonal consequence of childhood emotional neglect, emotion regulation difficulties may operate across a wider range of situations. Rejection sensitivity is particularly activated in social contexts involving possible evaluation, exclusion, or abandonment, whereas emotion regulation difficulties may influence responses to interpersonal stress, academic or occupational challenges, loss, uncertainty, internal distress, and everyday negative affect. Consequently, impaired emotion regulation may provide a broader pathway through which childhood emotional neglect contributes to depressive symptoms. This interpretation is also consistent with research showing that emotional dysregulation is implicated across multiple forms of psychopathology rather than being restricted to one disorder (Paulus et al., 2021). Studies concerning borderline personality pathology, for example, have repeatedly identified childhood trauma and emotion dysregulation as important developmental and clinical features (Feng & Zhang, 2023; Jiao, 2024; Zhang et al., 2026). Neurobiological reviews of borderline personality disorder have likewise emphasized alterations in systems related to affective regulation and emotional reactivity (Chmiel & Kurpas, 2025). Although borderline pathology was not assessed in the present study, this broader literature demonstrates the pervasive psychological consequences that may arise when early adversity interferes with emotional regulatory development.

The coexistence of interpersonal and emotion-regulatory pathways is also compatible with research on complex trauma-related psychopathology. Ford and Courtois noted that complex posttraumatic stress disorder and borderline personality disorder share important features involving trauma exposure, emotional dysregulation, and interpersonal difficulties, despite representing distinguishable clinical constructs (Ford & Courtois, 2021). Research on the parenting-related origins of borderline personality disorder has similarly emphasized the role of early relational environments in the emergence of emotional and interpersonal instability (Kaur & Sanches, 2022). Furthermore, persistent depressive disorder can co-occur with borderline personality features, and such features may influence the presentation and treatment response of chronic depression (Konvalin et al., 2021). The present findings fit within this broader framework by showing that even in a non-diagnostic young-adult sample, childhood emotional neglect was simultaneously associated with interpersonal hypersensitivity and impaired emotional regulation, both of which were related to depressive symptoms.

The significant residual direct effect of childhood emotional neglect after accounting for rejection sensitivity and emotion regulation difficulties indicates that these two mechanisms do not fully explain the relationship. Other processes may also contribute, including insecure attachment, negative self-schemas, shame, loneliness, social withdrawal, diminished self-compassion, impaired mentalization, chronic stress reactivity, or biological changes associated with prolonged developmental adversity. Evidence linking childhood maltreatment to adult loneliness and reduced social network size provides support for social disconnection as an additional potential pathway (Reinhard et al., 2022). Schema-related psychological burden has also been implicated in the long-term consequences of adverse experiences, suggesting that enduring negative beliefs may contribute independently to emotional distress (Major et al., 2025). Research linking childhood maltreatment with anger among adults with depressive and anxiety disorders further demonstrates that the emotional consequences of early adversity may involve several forms of dysregulated negative affect beyond those captured by the current mediation model (Bles et al., 2023). Thus, the remaining direct association is consistent with the multidetermined nature of depression and should not be interpreted as evidence against the mediating importance of rejection sensitivity and emotion regulation difficulties.

5. Conclusion

The findings have relevance for emerging mechanism-focused treatment approaches. Increasingly, interventions for individuals with depression and histories of childhood maltreatment have moved toward targeting specific processes associated with developmental trauma rather than treating depressive symptoms in isolation. Modular psychotherapy has been investigated specifically for patients experiencing depression in the context of childhood maltreatment (Elsaeßer et al., 2021), and more recent mechanism-based approaches for adolescents and young adults with childhood trauma experiences similarly emphasize tailoring treatment to maintaining psychological mechanisms (Seitz et al., 2025). The current results provide empirical support for this direction by identifying rejection sensitivity and especially emotion regulation difficulties as potential treatment-relevant mechanisms. Interventions that improve emotional awareness, acceptance, distress

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tolerance, flexible regulation, and interpersonal interpretation may therefore be particularly relevant for young adults whose depressive symptoms occur in the context of childhood emotional neglect.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. First, the cross-sectional design prevents conclusions regarding temporal sequence or causality. Although the mediation model was theoretically specified with childhood emotional neglect as the antecedent and current depressive symptoms as the outcome, the statistical indirect effects cannot establish that emotional neglect caused later rejection sensitivity or emotion regulation difficulties. Second, all variables were assessed using self-report questionnaires, creating potential shared-method variance and susceptibility to response biases. Childhood emotional neglect was assessed retrospectively and may therefore have been influenced by memory processes, current mood, or individual differences in interpreting childhood relationships. Third, convenience and online recruitment may have produced a sample that was not fully representative of the broader Canadian young-adult population, particularly with respect to educational background, socioeconomic conditions, cultural identity, rural versus urban residence, and access to digital research platforms. Fourth, although the model explained a substantial proportion of variance in depressive symptoms, several potentially relevant variables were not assessed, including attachment insecurity, rumination, self-esteem, loneliness, current stressful life events, social support, and family psychiatric history. Finally, depressive symptoms were measured continuously rather than through a structured diagnostic interview, and the findings therefore concern symptom severity rather than clinically diagnosed depressive disorders.

Future studies should employ longitudinal designs beginning in adolescence or earlier adulthood to clarify the temporal ordering of childhood emotional neglect, rejection sensitivity, emotion regulation difficulties, and depressive symptoms. Prospective assessments of family emotional environments would reduce reliance on retrospective recall and provide stronger evidence regarding developmental pathways. Research should also replicate the model in more diverse samples across cultural, socioeconomic, and geographical contexts and examine whether the strength of the indirect pathways differs according to gender, age, ethnicity, migration background, socioeconomic status, or relationship circumstances. Including additional mediators such as insecure attachment, rumination, loneliness, negative self-schema, self-compassion, perceived social support, and interpersonal trust could provide a more comprehensive account of the mechanisms linking emotional neglect with depression. Sequential mediation models could also determine whether emotional neglect first contributes to emotion regulation difficulties that subsequently heighten rejection sensitivity, or whether rejection experiences exacerbate regulatory difficulties over time. Multi-informant assessments, behavioral emotion-regulation tasks, ecological momentary assessment, physiological indicators, and clinical interviews would further strengthen measurement validity. Finally, intervention studies could test whether experimentally reducing rejection sensitivity or improving emotion-regulation capacities weakens the association between developmental adversity and depressive symptoms, thereby providing stronger evidence regarding the clinical significance of these mechanisms.

The findings suggest that practitioners working with young adults presenting with depressive symptoms may benefit from routinely assessing histories of emotional neglect in addition to more overt forms of childhood maltreatment. Clinical assessment should explore whether clients learned to minimize emotional needs, anticipate interpersonal rejection, suppress emotional expression, or experience difficulty identifying and regulating distress. Treatment planning may be strengthened by directly addressing both interpersonal and intrapersonal mechanisms. Interventions can focus on recognizing rejection-related interpretations, differentiating actual rejection from ambiguous social cues, reducing automatic negative assumptions, strengthening interpersonal communication, and gradually increasing engagement in supportive relationships. At the same time, emotion-regulation work can target emotional awareness, labeling, acceptance, distress tolerance, impulse control, adaptive expression, and flexible selection of regulatory strategies. Practitioners should avoid conceptualizing depressive symptoms associated with emotional neglect solely as current mood disturbance and instead consider how longstanding relational expectations and learned regulatory patterns may maintain distress. Prevention programs for parents, schools, universities, and community services may also emphasize emotional responsiveness, validation, supportive communication, and early identification of young

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people who have experienced chronic emotional unavailability within caregiving relationships. Integrating these areas into assessment and intervention may help address not only depressive symptoms themselves but also the underlying interpersonal and emotional vulnerabilities associated with their persistence.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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