

## Mentalization Mediates the Effect of Emotional Neglect on Psychosomatic Complaints

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### ABSTRACT

This study aimed to examine whether mentalization mediates the relationship between emotional neglect and psychosomatic complaints in young adults. A descriptive correlational design was employed involving 379 participants from Pakistan, selected based on the Morgan and Krejcie sample size table. Participants completed three standardized self-report instruments: the Childhood Trauma Questionnaire–Short Form (CTQ-SF) to assess emotional neglect, the Reflective Functioning Questionnaire (RFQ-8) to evaluate mentalization, and the Children’s Somatization Inventory (CSI-24) to measure psychosomatic complaints. Data were analyzed using SPSS-27 for descriptive and inferential statistics, including Pearson correlation, and AMOS-21 for Structural Equation Modeling (SEM) to test the proposed mediation model. Assumptions of normality, linearity, multicollinearity, and homoscedasticity were confirmed prior to analysis. Pearson correlation analysis showed that emotional neglect was positively correlated with psychosomatic complaints ( $r = .47, p < .001$ ) and negatively correlated with mentalization ( $r = -.42, p < .001$ ). Mentalization was negatively associated with psychosomatic complaints ( $r = -.38, p < .001$ ). The SEM revealed excellent model fit indices ( $\chi^2 = 84.36, df = 41, \chi^2/df = 2.06, CFI = 0.96, RMSEA = 0.053$ ). Path analysis indicated that emotional neglect had a significant direct effect on psychosomatic complaints ( $\beta = 0.39, p < .001$ ), as well as an indirect effect mediated by mentalization ( $\beta = 0.12, p = .002$ ). The total effect was substantial ( $\beta = 0.51, p < .001$ ), confirming mentalization as a partial mediator. The findings highlight the significant mediating role of mentalization in the association between emotional neglect and psychosomatic complaints. This suggests that deficits in reflective functioning may be a key psychological mechanism through which emotional neglect translates into somatic distress. Interventions targeting mentalization may help mitigate the adverse health effects of childhood emotional neglect.

**Keywords:** Emotional neglect, mentalization, psychosomatic complaints.

## 1. Introduction

Childhood emotional neglect is a pervasive yet often invisible form of maltreatment that has profound implications for long-term psychological and somatic health. Unlike overt abuse, emotional neglect involves the consistent failure to meet a child's emotional needs, such as lack of affection, attention, or affirmation, which undermines the development of secure attachment and emotional regulation capacities (Berardelli et al., 2021; Feitosa et al., 2024). While the consequences of abuse have long been the focus of clinical attention, there is growing recognition that neglect—particularly emotional neglect—may be even more detrimental due to its chronic, insidious nature (Franjić, 2023; Liu & Zhang, 2024). As the field of developmental psychopathology evolves, understanding how emotional neglect contributes to psychosomatic complaints through psychological mechanisms such as impaired mentalization is of critical importance.

Psychosomatic complaints—physical symptoms that arise from or are exacerbated by psychological factors—are prevalent among individuals with a history of emotional maltreatment. Somatic manifestations, such as headaches, gastrointestinal distress, and chronic pain, often serve as nonverbal expressions of internalized emotional distress, particularly when verbal emotional processing is disrupted (Ghogare et al., 2022; Xu et al., 2022). Emotional neglect, by impeding the development of a coherent sense of self and emotional awareness, appears to increase the risk for such complaints. In fact, studies have found that emotionally neglected individuals often report higher levels of somatization, partly due to their impaired ability to understand and communicate their emotional experiences (Chen et al., 2023; Grummitt et al., 2021). These findings suggest that psychosomatic symptoms are not merely physiological anomalies but may reflect deeper psychological injuries rooted in early relational environments.

The mediating role of mentalization in this process has garnered increasing scholarly attention. Mentalization, or reflective functioning, refers to the capacity to understand oneself and others in terms of mental states—thoughts, emotions, intentions, and desires (Berardelli et al., 2021; Yang, 2025). It is a cornerstone of socio-emotional functioning and plays a critical role in emotion regulation, interpersonal relationships, and stress response. A history of emotional neglect disrupts the caregiver-child attunement necessary for the development of this skill, leading to

impaired mentalization capacities in adolescence and adulthood (K. & Saxena, 2024; Manesh & Malak, 2025). This deficit makes it difficult for individuals to make sense of their internal experiences, often resulting in emotional dysregulation and somatization.

Research has begun to empirically explore these connections. Berardelli et al. (2021) demonstrated that adults with psychiatric conditions who reported histories of emotional abuse and neglect exhibited lower levels of mentalization, and this impairment was significantly correlated with somatic symptoms (Berardelli et al., 2021). Similarly, a study by Yang (2025) found that mentalization and depression mediated the relationship between childhood maltreatment and non-suicidal self-injury, suggesting that poor reflective functioning is a key pathway through which early emotional harm exerts long-term psychological effects (Yang, 2025). Extending these findings, the current study proposes that mentalization may also mediate the relationship between emotional neglect and psychosomatic complaints, offering a novel lens through which to understand somatization in emotionally neglected individuals.

Importantly, the relationship between emotional neglect and psychosomatic complaints is not unidimensional but instead may reflect a cascade of developmental disruptions. Emotional neglect during critical periods of development has been shown to alter the trajectory of emotion regulation, stress response, and neural integration, all of which are implicated in both mentalization and somatization processes (Cherewick et al., 2023; Spidel & Kealy, 2023). For instance, individuals who lacked emotional scaffolding during childhood may struggle to identify, label, and regulate emotional experiences, thereby increasing their vulnerability to psychosomatic symptomatology (Chen et al., 2023; Ghogare et al., 2022). Moreover, neglected children are often left to make sense of overwhelming experiences without adult guidance, a context that impairs the development of both intersubjectivity and internal coherence—two foundations of reflective functioning (Franjić, 2023; Xiao et al., 2022).

Studies focusing on educational and social outcomes have echoed these concerns. For example, Liu and Zhang (2024) reported that adolescents exposed to emotional neglect exhibited a wide array of mental health issues, including somatization, anxiety, and depression, and that these outcomes were mediated by psychological constructs such as self-efficacy and emotion regulation (Liu & Zhang, 2024). In addition, Ji and Chen (2024) found that even within non-

clinical samples, such as college students training to become educators, a history of childhood maltreatment significantly predicted elevated depression and anxiety levels (Ji & Chen, 2024). These findings underscore the pervasive impact of early emotional environments on later psychological well-being, reinforcing the importance of investigating mediating mechanisms like mentalization that could inform intervention strategies.

From a developmental psychopathology perspective, emotional neglect also has transgenerational implications. Ylitalo et al. (2023) found a significant association between parents' adverse childhood experiences, including emotional neglect, and their own emotional availability toward their children (Ylitalo et al., 2023). This cycle of emotional disengagement may perpetuate psychological vulnerability across generations, particularly if unresolved trauma impairs the parent's ability to support the child's reflective functioning and emotional understanding. In light of these findings, enhancing mentalization through targeted interventions may serve not only as a therapeutic pathway for individual healing but also as a protective factor for future generations.

Furthermore, mentalization is not only impaired by emotional neglect but also plays a buffering role against its negative effects. For example, Manesh and Malak (2025) demonstrated that the relationship between emotional neglect and risky behavior in prisoners was mediated by emotion regulation strategies, which are deeply intertwined with reflective functioning capacities (Manesh & Malak, 2025). Likewise, K. and Saxena (2024) reported that both queer and heterosexual young adults with high levels of parental neglect showed poorer psychological adjustment, with emotion regulation and internal reflection playing a central role in mediating this outcome (K. & Saxena, 2024). These results suggest that interventions aimed at enhancing reflective functioning may offer a viable strategy to mitigate the consequences of early neglect, especially in at-risk populations.

Internationally, this phenomenon has been observed across diverse cultural and socioeconomic contexts, affirming its global relevance. A qualitative study by Al-Modallal et al. (2020) in Jordan revealed that women who experienced domestic violence and emotional neglect in childhood later faced chronic psychological and somatic distress in adulthood (Al-Modallal et al., 2020). Similarly, Feitosa et al. (2024) found a strong association between childhood emotional abandonment and adult depression in Brazilian samples (Feitosa et al., 2024). These findings

confirm that emotional neglect and its sequelae are not limited to any specific region or culture, further validating the need for a universal framework to assess and intervene in the psychosomatic consequences of emotional deprivation.

The present study aims to build upon this growing body of literature by testing a mediation model in which mentalization serves as a psychological bridge between emotional neglect and psychosomatic complaints. Unlike prior research that has predominantly examined these variables in isolation or through cross-sectional correlations, this study employs structural equation modeling to investigate the directional pathways among these constructs in a large sample of Pakistan young adults. As childhood neglect often manifests in subtle yet chronic patterns that are not immediately recognized by caregivers or institutions, understanding how internal mechanisms like reflective functioning can both transmit and transform these effects holds immense promise for clinical and preventative efforts (d'Huart et al., 2022; Xiao et al., 2022).

Moreover, this study focuses on psychosomatic complaints as the dependent variable—a relatively underexplored domain in the context of emotional neglect and mentalization. Although somatization is often observed clinically, its theoretical integration with developmental trauma and reflective functioning remains limited. By addressing this gap, the current study contributes to a more nuanced understanding of how bodily symptoms can serve as the residual expression of unmet emotional needs and disrupted cognitive-affective development (Grummitt et al., 2021; Xu et al., 2022).

In conclusion, a substantial body of evidence supports the claim that emotional neglect significantly impacts psychological functioning and physical well-being across the lifespan.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The final sample consisted of 379 participants from Pakistan. Among them, 216 participants (56.9%) identified as female and 163 participants (43.0%) as male. The age of participants ranged from 18 to 30 years ( $M = 23.47$ ,  $SD = 3.26$ ). In terms of educational background, 158 participants (41.6%) were undergraduate students, 132 participants (34.8%) had completed a bachelor's degree, and 89 participants (23.4%) held a postgraduate qualification. Regarding employment status, 203 participants (53.5%)

were students, 112 participants (29.5%) were employed full-time, and 64 participants (16.8%) reported being unemployed or in part-time work. This demographic distribution reflects a relatively balanced representation of young adults across gender and educational backgrounds.

## 2.2. Measures

### 2.2.1. Psychosomatic Complaints

The Children's Somatization Inventory (CSI-24), developed by Walker et al. (2009), is a widely used self-report tool designed to assess the frequency of psychosomatic complaints among adolescents and young adults. The short form of the inventory includes 24 items that inquire about common physical symptoms such as headaches, dizziness, stomachaches, and fatigue experienced over the past two weeks. Each item is rated on a 5-point Likert scale ranging from 0 (not at all) to 4 (a whole lot), with higher total scores indicating greater levels of somatic symptomatology. The CSI-24 has demonstrated strong internal consistency, with Cronbach's alpha values typically exceeding 0.85, and has shown good convergent and discriminant validity across diverse adolescent populations in previous research (Aghaei et al., 2023; Golparvar & Enayati, 2018; Grigorian et al., 2023; Seikowski & Reinwardt, 2004).

### 2.2.2. Emotional Neglect

The Childhood Trauma Questionnaire – Short Form (CTQ-SF), developed by Bernstein and Fink (1998), is a widely used retrospective self-report instrument for assessing experiences of childhood abuse and neglect. The questionnaire includes 28 items, five of which specifically assess emotional neglect. Responses are recorded on a 5-point Likert scale ranging from 1 (never true) to 5 (very often true). The emotional neglect subscale captures perceived parental unavailability, lack of emotional support, and indifference during childhood. The CTQ-SF has been shown to possess excellent psychometric properties, with the emotional neglect subscale demonstrating high internal consistency (Cronbach's alpha > 0.85) and strong validity across various clinical and non-clinical samples (Bektaş, 2025; Knapen et al., 2025; Zhao, 2025).

### 2.2.3. Mentalization

The Reflective Functioning Questionnaire (RFQ-8), developed by Fonagy et al. (2016), is a brief self-report

measure intended to assess mentalization capacity, particularly reflective functioning. The tool contains 8 items and includes two subscales: RFQ Certainty (RFQc) and RFQ Uncertainty (RFQu) about mental states. Respondents rate their agreement with each item on a 7-point Likert scale ranging from 1 (completely disagree) to 7 (completely agree), with specific scoring algorithms used to generate scores for each subscale. Higher scores on the RFQu scale reflect hypomentalizing tendencies, while balanced scores on the RFQc scale indicate healthy mentalizing. The RFQ-8 has been validated in both clinical and community samples, showing acceptable reliability (Cronbach's alpha between 0.70 and 0.80) and good construct and concurrent validity, particularly in studies examining attachment, trauma, and emotional regulation (Pischiutta et al., 2023; Yang, 2025).

## 2.3. Data Analysis

Prior to conducting the main analyses, the assumptions of normality, linearity, multicollinearity, and homoscedasticity were examined and met. For normality, skewness and kurtosis values for emotional neglect (skewness = 0.12, kurtosis = -0.47), mentalization (skewness = -0.21, kurtosis = 0.33), and psychosomatic complaints (skewness = 0.29, kurtosis = -0.18) all fell within the acceptable range of  $\pm 1$ , indicating approximately normal distribution. Linearity was assessed through scatterplots and confirmed to be satisfactory. Multicollinearity was ruled out as variance inflation factors (VIFs) for all predictors were below 2.0, and tolerance values exceeded 0.50. Levene's test for homogeneity of variance was non-significant for all variables ( $p > .05$ ), supporting the assumption of homoscedasticity. These results confirmed that the data met the required assumptions for Pearson correlation and SEM analyses.

## 3. Findings and Results

The final sample consisted of 379 participants from Pakistan. Among them, 216 participants (56.9%) identified as female and 163 participants (43.0%) as male. The age of participants ranged from 18 to 30 years ( $M = 23.47$ ,  $SD = 3.26$ ). In terms of educational background, 158 participants (41.6%) were undergraduate students, 132 participants (34.8%) had completed a bachelor's degree, and 89 participants (23.4%) held a postgraduate qualification. Regarding employment status, 203 participants (53.5%) were students, 112 participants (29.5%) were employed full-time, and 64 participants (16.8%) reported being

unemployed or in part-time work. This demographic distribution reflects a relatively balanced representation of young adults across gender and educational backgrounds.

**Table 1**

*Descriptive Statistics for Study Variables*

Variable	Mean (M)	Standard Deviation (SD)
Emotional Neglect	15.47	4.82
Mentalization (RFQ-8)	21.63	5.19
Psychosomatic Complaints	28.32	7.05

Participants reported a mean emotional neglect score of 15.47 (SD = 4.82), indicating moderate levels of perceived emotional deprivation. The mean score for mentalization was 21.63 (SD = 5.19), consistent with previous normative data for the RFQ-8. The average psychosomatic complaint score was 28.32 (SD = 7.05), suggesting a moderate presence of somatic symptoms among the sample (Table 1).

Prior to conducting the main analyses, the assumptions of normality, linearity, multicollinearity, and homoscedasticity were examined and met. For normality, skewness and kurtosis values for emotional neglect (skewness = 0.12, kurtosis = -0.47), mentalization (skewness = -0.21, kurtosis

= 0.33), and psychosomatic complaints (skewness = 0.29, kurtosis = -0.18) all fell within the acceptable range of  $\pm 1$ , indicating approximately normal distribution. Linearity was assessed through scatterplots and confirmed to be satisfactory. Multicollinearity was ruled out as variance inflation factors (VIFs) for all predictors were below 2.0, and tolerance values exceeded 0.50. Levene's test for homogeneity of variance was non-significant for all variables ( $p > .05$ ), supporting the assumption of homoscedasticity. These results confirmed that the data met the required assumptions for Pearson correlation and SEM analyses.

**Table 2**

*Pearson Correlations Between Study Variables*

Variable	1	2	3
1. Emotional Neglect	—		
2. Mentalization	-.42 ( $p < .001$ )	—	
3. Psychosomatic Complaints	.47 ( $p < .001$ )	-.38 ( $p < .001$ )	—

Table 2 displays the Pearson correlation coefficients among the main study variables. Emotional neglect was significantly and negatively correlated with mentalization ( $r = -.42, p < .001$ ) and significantly positively correlated with

psychosomatic complaints ( $r = .47, p < .001$ ). Mentalization was negatively correlated with psychosomatic complaints ( $r = -.38, p < .001$ ), supporting the mediation hypothesis.

**Table 3**

*Fit Indices for the Structural Equation Model*

Fit Index	Value	Acceptable Threshold
$\chi^2$	84.36	—
df	41	—
$\chi^2/df$	2.06	$< 3.00$
GFI	0.94	$\geq 0.90$
AGFI	0.91	$\geq 0.90$
CFI	0.96	$\geq 0.95$
TLI	0.95	$\geq 0.95$
RMSEA	0.053	$< 0.06$



The model showed good fit:  $\chi^2(41) = 84.36$ ,  $\chi^2/df = 2.06$ , GFI = 0.94, AGFI = 0.91, CFI = 0.96, TLI = 0.95, and

RMSEA = 0.053. These indices support the adequacy of the proposed mediation model (Table 3).

**Table 4**

*Total, Direct, and Indirect Path Coefficients*

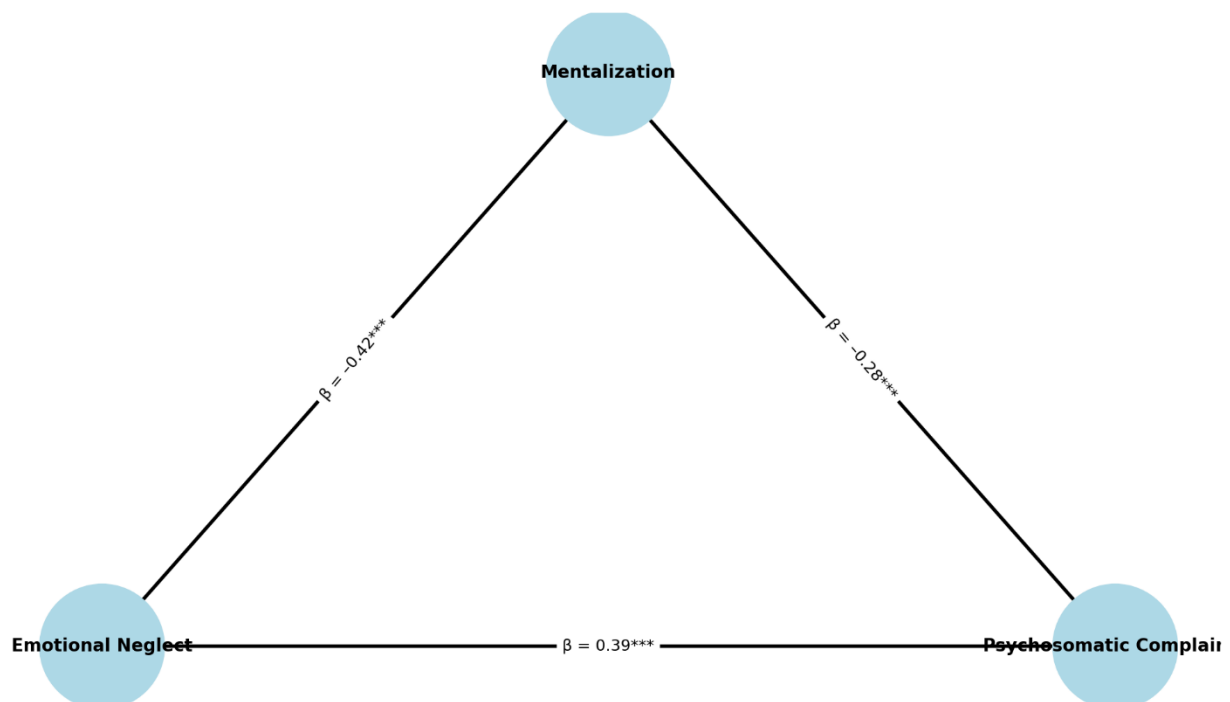
Path	b	S.E.	$\beta$	p
Emotional Neglect → Mentalization	-0.48	0.06	-0.42	< .001
Mentalization → Psychosomatic Complaints	-0.31	0.08	-0.28	< .001
Emotional Neglect → Psychosomatic Complaints (Direct)	0.44	0.07	0.39	< .001
Emotional Neglect → Psychosomatic Complaints (Indirect via Mentalization)	0.15	0.05	0.12	.002
Emotional Neglect → Psychosomatic Complaints (Total)	0.59	0.06	0.51	< .001

The direct path from emotional neglect to mentalization was significant ( $\beta = -0.42$ ,  $p < .001$ ), as was the path from mentalization to psychosomatic complaints ( $\beta = -0.28$ ,  $p < .001$ ). Emotional neglect also showed a strong direct effect on psychosomatic complaints ( $\beta = 0.39$ ,  $p < .001$ ). The

indirect effect through mentalization was statistically significant ( $\beta = 0.12$ ,  $p = .002$ ), confirming the mediating role of mentalization. The total effect ( $\beta = 0.51$ ,  $p < .001$ ) further supports the model's explanatory power (Table 4).

**Figure 1**

*Model with Beta Coefficients*



#### 4. Discussion and Conclusion

The aim of the present study was to explore the mediating role of mentalization in the relationship between emotional neglect and psychosomatic complaints among young adults in Pakistan. Using Pearson correlation and Structural Equation Modeling (SEM), we found that emotional neglect was positively correlated with psychosomatic complaints,

and negatively correlated with mentalization. Additionally, mentalization was negatively associated with psychosomatic complaints. The SEM analysis confirmed that mentalization significantly mediated the effect of emotional neglect on psychosomatic complaints, suggesting that individuals with a history of emotional neglect are more likely to experience psychosomatic symptoms due, in part, to impaired reflective functioning.

These findings align with existing research that highlights the psychological impact of emotional neglect on both mental and physical health. Previous studies have established that emotional neglect is strongly linked to a wide range of psychosomatic and psychological difficulties, particularly in young adults (Chen et al., 2023; Grummitt et al., 2021). Grummitt et al. (2021) found that individuals exposed to emotional and physical neglect in childhood were at greater risk for both mental health issues and somatic complaints in early adulthood (Grummitt et al., 2021). This connection is likely rooted in early disruptions to affect regulation and bodily awareness, both of which are commonly reported outcomes of emotional deprivation.

The role of mentalization as a mediator in this relationship is further supported by Berardelli et al. (2021), who found that emotional neglect and abuse negatively impacted mentalization abilities in patients with psychiatric disorders (Berardelli et al., 2021). Mentalization—defined as the ability to interpret one's own and others' behavior in terms of underlying mental states—plays a central role in modulating emotional experience. When this capacity is underdeveloped, individuals may struggle to process emotional arousal effectively, leading to the somatization of stress and internal conflict (Yang, 2025). In our study, reduced mentalization was found to exacerbate the intensity of psychosomatic complaints, confirming this pathway.

These results are in line with findings by Yang (2025), who showed that mentalization mediated the effects of childhood maltreatment on non-suicidal self-injury, indicating its centrality in translating early emotional trauma into later psychological outcomes (Yang, 2025). Likewise, Manesh and Malak (2025) demonstrated that emotional neglect indirectly predicted risky behaviors in incarcerated individuals through deficits in emotional regulation strategies, which are closely tied to reflective functioning (Manesh & Malak, 2025). These consistent findings strengthen the evidence that mentalization not only suffers due to emotional neglect but also becomes a mechanism through which distress is internalized and expressed.

Other studies have also pointed out that impaired mentalization and emotional regulation resulting from neglect lead to maladaptive responses, including psychosomatic symptoms. For instance, K. and Saxena (2024) examined how neglect among queer and heterosexual young adults disrupted psychological adjustment through poor emotion regulation, a process closely tied to reflective functioning and somatic expression (K. & Saxena, 2024). Similarly, Spidel and Kealy (2023) found that individuals

with a history of emotional neglect were more likely to engage in maladaptive coping behaviors and experience identity dysfunction, further highlighting the cascading effects of disrupted mentalization (Spidel & Kealy, 2023).

The global nature of this issue has been emphasized in studies across diverse populations. Al-Modallal et al. (2020) examined the long-term outcomes of childhood domestic violence and emotional neglect in Jordanian women, revealing high levels of psychological and somatic distress in adulthood (Al-Modallal et al., 2020). Cherewick et al. (2023) similarly explored the psychological well-being of adolescent orphans in Tanzania, highlighting emotional neglect as a significant risk factor for internalized distress (Cherewick et al., 2023). These findings suggest that emotional neglect and its effects on mentalization and psychosomatic outcomes are not limited to any particular culture or region, reinforcing the global importance of addressing emotional deprivation in early life.

The role of early caregiving in developing mentalization is well established. Children require consistent emotional attunement from caregivers to build a robust reflective capacity. The absence of such responsiveness, as in cases of emotional neglect, results in insecure attachment styles and a limited ability to reflect on one's emotional experience (Feitosa et al., 2024; Franjić, 2023). Xiao et al. (2022) conducted a meta-analysis confirming that childhood psychological maltreatment had significant adverse effects on adult mental health outcomes, particularly those associated with emotion regulation and mentalization processes (Xiao et al., 2022). This lends support to the current study's emphasis on mentalization as a core mechanism linking early neglect to adult somatic symptoms.

The neurobiological underpinnings of this relationship also provide valuable context. Emotional neglect is known to disrupt neural pathways involved in self-awareness, interoception, and emotional regulation—functions that overlap significantly with mentalization. Xu et al. (2022) reported that adverse childhood experiences negatively impacted behavioral functioning in children and highlighted the buffering role of adult emotional support in preventing long-term consequences (Xu et al., 2022). However, in the absence of such compensatory relationships, individuals may continue to exhibit psychosomatic symptoms rooted in unresolved emotional trauma.

This study also resonates with recent findings in educational and clinical contexts. Ji and Chen (2024) identified latent classes of students based on childhood maltreatment experiences, showing that those with high

levels of emotional neglect also reported higher anxiety and depressive symptoms, which often manifest somatically (Ji & Chen, 2024). Likewise, Liu and Zhang (2024) reviewed the impact of parental neglect on adolescent mental health, noting a strong link to somatization, depression, and affective dysregulation (Liu & Zhang, 2024). These patterns reinforce the importance of early emotional responsiveness for both psychological and physical well-being later in life.

Moreover, Ylittervo et al. (2023) discussed how parents' own childhood experiences of emotional neglect influenced their capacity for emotional availability, potentially perpetuating a cycle of neglect and mentalization deficits across generations (Ylittervo et al., 2023). This highlights the significance of understanding and breaking intergenerational patterns of emotional unavailability through targeted psychological interventions. Likewise, d'Huart et al. (2022) emphasized the impact of childhood maltreatment on personality functioning in high-risk populations, confirming the long-term developmental implications of early emotional harm (d'Huart et al., 2022).

Finally, Beyazit et al. (2023) examined the role of parental neglect in predicting children's socio-emotional development and behavioral issues, showing that neglect impairs the child's moral and emotional growth—both of which are foundational for reflective functioning (Beyazit et al., 2023). These developmental disruptions, when carried into adolescence and adulthood, often manifest through internalizing symptoms such as psychosomatic complaints, particularly when emotional processing is underdeveloped.

Together, these studies support our finding that emotional neglect contributes to psychosomatic complaints through the intermediary mechanism of reduced mentalization. The evidence converges to suggest that interventions aimed at improving reflective functioning may help reduce psychosomatic symptomatology among emotionally neglected individuals.

Despite the valuable insights offered by this study, several limitations must be acknowledged. First, the research employed a cross-sectional design, which limits our ability to draw causal conclusions regarding the relationships between emotional neglect, mentalization, and psychosomatic complaints. Longitudinal studies would be better suited to confirm the temporal sequence of these variables. Second, data collection relied on self-report instruments, which may be subject to recall bias or social desirability bias—especially in the retrospective assessment of childhood emotional neglect. Additionally, the sample was limited to young adults in Pakistan, which may affect

the generalizability of the findings to other cultural or age groups. Finally, while mentalization was examined as a mediator, other potential mediators—such as emotion regulation, attachment security, or cognitive distortions—were not explored.

Future research should consider employing longitudinal designs to assess how emotional neglect in early life leads to psychosomatic outcomes over time, and to determine the stability of mentalization as a mediating factor across developmental stages. Additionally, it would be beneficial to replicate this study in more diverse cultural and clinical populations, including adolescents, older adults, and individuals with diagnosed psychosomatic or personality disorders. Exploring gender differences and the potential moderating role of resilience factors—such as secure attachment or social support—could provide deeper insights into protective pathways. Finally, incorporating objective physiological or neurobiological measures may complement self-report data and offer a more comprehensive understanding of the psychobiological impact of emotional neglect.

Mental health practitioners should consider incorporating reflective functioning interventions into therapeutic programs for individuals with a history of emotional neglect. Enhancing mentalization skills may reduce the likelihood of psychosomatic symptoms by improving emotional awareness and self-understanding. Educational and community programs can also be designed to support caregivers in fostering emotional attunement and responsiveness in early child-rearing. Screening tools for emotional neglect and mentalization deficits should be implemented in schools, clinics, and family services to facilitate early identification and intervention. Moreover, developing culturally sensitive psychoeducational materials that highlight the long-term effects of emotional neglect may increase public awareness and encourage help-seeking behaviors.

### Authors' Contributions

Authors contributed equally to this article.

### Declaration

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



## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethics Considerations

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

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