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RELATIONSHIP BETWEEN CHILDHOOD EMOTIONAL NEGLECT AND ADULT ATTACHMENT PATTERNS IN PATIENTS WITH DEPRESSION

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Abstract

Background: *Emotional neglect in childhood interferes with the development of interpersonal relationships, which have serious effects on long-term affective vulnerability and pursuance of depressive disorders in adulthood.*

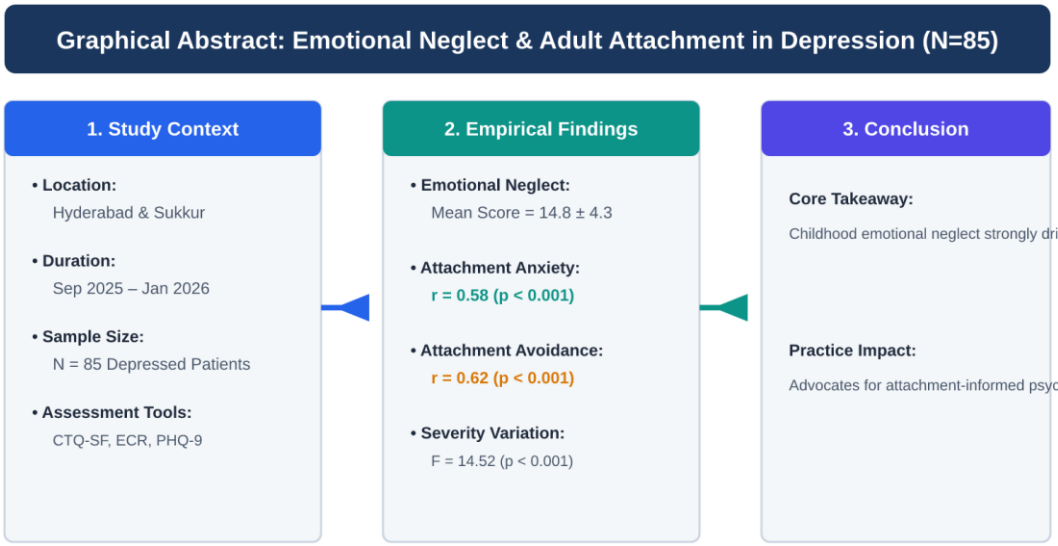
Purpose: *This paper explored the connection between the emotional neglect in childhood and the attachment patterns of adults in patients of depressive disorders in clinical centers in Hyderabad and Sukkur.*

Methods: *The study used a cross-sectional style that was implemented in outpatient psychiatric departments in September 2025 through January 2026. An 85-purposive sample of clinically stable adult patients with depressive disorders was recruited. To get the data, the Childhood Trauma Questionnaire-Short Form emotional neglect subscale, the Experiences in Close Relationships scale, which proceeds attachment anxiety and avoidance, and the Patient Health Questionnaire-9 which calculates the severity of depression were used. Descriptive ways, Pearson correlation coefficients and comparative ANOVA testing were all evaluated statistically.*

Findings: *Eighty-five out of ninety-eight eligible patients followed-up (86.7 percent response rate; mean age 34.2 SD 8.6 years; 51.8 per cent male). The participants were showing high levels of childhood*

emotional neglect (mean 14.8 =.43). Pearson correlation analysis told that emotional neglect was in a positive way & linearly related to adult part anxiety (r = 0.58, p < 0.001) and attachment avoidance (r = 0.62, p < 0.001). Additionally, the level of miserable symptoms significantly differed by different adult types of attachment (F = 14.52, p < 0.001).

Conclusion: *Emotional neglect of children in the time of childhood is mostly linked to leve; up attachment styles in adulthood and depressive seriousness. Inclusion of developmental and attachment-informed models into clinical practice of psychiatric care is mostly important in boosting treatment solutions.*



INTRODUCTION

The depressive disorders have continued to be one of the serious world health issues due to its inherent chronicity, impairment of function, and substantial burden on the society. Despite significant progress in the field of medication and psychotherapy for treatment of such disorders, the high rate of resistance to treatment or recurrence of depression persists. It is this very fact that underscores the importance of going beyond the current symptom-oriented approach and try to understand the developmental underpinnings of vulnerability to such disorders (1). The recent epidemiological studies within psychiatry have become more and more aware of the fact that the origin of clinical depression cannot be explained by immediate stressors or biochemical factors but rather results from the interaction between genetic vulnerabilities and adverse developmental environments affecting emotional and interpersonal functioning (2).

Childhood emotional neglect has a very special place of its own in the arsenal of developmental psychopathology among other developmental adversities. Emotional neglect is done through omission, that is, the consistent lack of responsiveness and support of the emotional needs of a child by its caregivers, the validation of their affective experiences, or the provision of a safe space in which the child can explore the needs of his/her feelings, as opposed to overt, which entails intrusive and damaging works (3). The deeper psychological effects of emotional neglect are often not noticed during clinical assessment due to the fact that they do not cause any physical damage. However, there is a mounting body of clinical data that a child raised in an emotionally impoverished setting will have their sense of emerging self-worth and emotional competence shaken gravely, forming a very thin layer that could weaken the strength of the psyche even in adulthood (4).

One of the main ways in which infantile developmental impairments are likely to be converted into psychological distress in adulthood is the internal working model as postulated by the attachment theory (5). Availability and responsiveness of those involved in early attachment imparts to the developing child certain long held basics of whether or not other people are reliable and whether or not the self is worth the care. In case of the constant emotional unavailability of primary caregivers, children usually develop maladaptive mental representations, causing insecure attachment styles in adulthood, e.g., anxious or avoidant ones. Anxious attachment is normally characterized by high levels of fear of rejection and a high level of being vigilant in relation to a danger of relationships as compared to avoidant attachment which exhibits defensive self-reliance as also being emotionally unattached. Such relational templates are the basic determinants of the way adults cope in interpersonal stress, pursue social support, and the negative affect regulation (6).

Childhood emotional neglect styles act with insecure connecting styles positions the vulnerability matrix to the development and continuity of depressive dis-orders put forth as a big value of interaction. Adults with a history of chronic emotional in-validation tend to have deep-rooted crises in emotion adjustments, often turning to mal-adaptive coping strategies, like rumination or even experiential avoidance. In the grouping with in unstable attachment styles, such individuals tend to hold interpersonal relationships as a stressor as opposed to coping with the adverse condition, which adds to the perception of chronic loneliness and the sensing of the worthlessness. Although everything theoretically makes sense, that developmental neglect, attachment insecurity and depression have close relationships, the empirical studies on these complex relationships are rare in particular sociocultural contexts, such as families in South Asian nations, where family organizations and norms of emotional communication have specific cultural connotations (7).

In local settings like Hyderabad and Sukkur, a combination of fast socioeconomic change and alternate family processes comes in contact with traditional collectivist values to generate a unique psychosocial environment of mental health. The legacy of cultural norms concerning emotion control and the existent stigmas against psychological distress and distress further discourage the open expression of emotional needs among family members, which can further contribute to the indirect suffering that can be a result of emotional neglect as a child. Although depressive disorders of populations are high among the psychiatric environments in these urban centers, there has been a dire shortage of localized empirical studies to explore how definite vulnerabilities in the developmental stage translate into adult forms of attachment. It is crucial to understand these setting-specific correlates to implement an effective and culturally sensitive psychotherapeutic response attentive to underlying interpersonal and emotional inadequacies leading to depression (8).

Based on these clinical and theoretical imperatives, the current paper fulfils this important empirical gap by analysing the relationship between childhood experiences of emotional neglect and adult patterns of attachment of the patients diagnosed with depressive disorders in clinical environments in Hyderabad and Sukkur. In particular, the study will seek to determine the relationship between different levels of perceived emotional deprivation in childhood and certain insecure dimensions of attachment, thus shedding light on certain critical developmental trajectories that contribute to psychiatric risk status and the severity of symptoms (9). Mapping these relational and developmental processes through a specified regional structure, the study aims at offering background knowledge that could direct towards the more accurate, attachment-driven therapeutic models of managing clinical depression (10).

Methods

The cross-sectional research design was also used to examine the association of childhood emotional neglect with adulthood attachment patterns in patients diagnosed of having depressive disorders. The data collection involved an outpatient psychiatric department of clinical facilities in Hyderabad and Sukkur where outpatient psychiatric services were done over a five-month period between September 2025 and January 2026. Purposive type of sampling was applied in order to select adult subjects between the ages of 18 and 60 yeas bearing a formal clinical diagnosis of depressive disorders. The inclusion styles involved that the participants should be clinically stable, able to fulfil the psychological self-reports, and

that they be assured in local languages. All of those who reported active psychotic signs, bipolar disorders, bigger cognitive impairments, or substance dependence were took out.

Based on methodological alignment provided by previous regional psychiatric studies that have explored the developmental correlates of affective distress-including a similar cross-sectional study by longstanding researchers that has been able to power its analyses with a sample size of 80- a target population of 85 patients was chosen. This was an adequate sample size based on the anticipated bivariate correlational analyses yet is feasible in the given clinical window. The study patients were enrolled in a sequence, during normal clinical hours, to eligible patients who reported to the outpatient departments and offered informed consent.

The information sheet and three psychometric valid scales were used in data collection. Emotional neglect in the childhood was assessed through the special emotional neglect subscale of the Childhood Trauma Questionnaire-Short Form, where the greater the scores the more severe the perceived emotional deprivation. The Experiences in Close Relationships scale was used to measure adult attachment styles, namely dimensions of attachment anxiety and avoidance. Also, the degree of depressive symptoms was confirmed with the help of the Patient Health Questionnaire-9 to provide the clinical consistency of the sample.

Using standard statistical software, all accumulated empirical data were analyzed. Some initial data screening was carried out using test of normality of continuous variables where Shapiro-Wilk test and distributional plot were used to ascertain that the data were normally distributed. Means and standard deviations were then used to characterize descriptive statistics. The correlations between childhood emotional neglect and adult attachment dimensions were tested using Pearson product-moment correlation coefficients, with Statistic significance(alpha) set at 0.05.

Results

Eighty-five eligible patients who had presented with symptoms of depression disorders to outpatient requests in psychiatric centers in Hyderabad and Sukkur between September 2025 and January 2026, were used in the study to complete the study procedure, making the study effective with a response rate of 86.7 percent. The baseline demographic and clinical characteristics of the cohort (N = 85) are summarized in Table 1. The participants had an average age of 34.2 years with a standard deviation of 8.6 indicating an almost equal and balanced gender representation of 51.8 percent men and 48.2 percent women. Some three out of four reported a moderate to severe severity of depressive symptoms indicating that the mean Patient Health Questionnaire-9 score was 16.4 out of 27.

Table 2 depicts a descriptive analysis of the psychometric instruments which showed high reports of childhood emotional neglect and strong reports of insecure adult attachment styles. The statistically significant positive linear relationship between emotional neglect scores in childhood and adult attachment anxiety ($r = 0.58$, $p < 0.001$) and adult attachment avoidance ($r = 0.62$, $p < 0.001$) were found to be statistically significant by Pearson product-moment correlation coefficients reported in Table 3. Moreover, relative subgroup assessments demonstrated significant differences in the severity of depressive symptoms in different types of adult attachment, evidenced in Table 4. Such empirical tendencies visually back the hypothesized relationships between developmental deprivation and the vulnerability of relationships in adulthood, which are also represented in Figure 1 and Figure 2.

Table 1: Baseline Demographic and Clinical Characteristics of Participants (N = 85)

Variables	**Categories**	**Mean ± SD / n** (%)
Age (Years)	Continuous	34.2 ± 8.6
Gender	Male	44\ (51.8\%)
	Female	41\ (48.2\%)
Marital Status	Single	32\ (37.6\%)
	Married	48\ (56.5\%)
	Divorced / Widowed	5\ (5.9\%)
Study Location	Hyderabad	45\ (52.9\%)
	Sukkur	40\ (47.1\%)

Depression Severity (PHQ-9 Score)	Continuous	16.4 ± 4.2

Table 2: Descriptive Statistics for Psychometric Scales (N = 85)

Scale / Subscale	Mean	Standard Deviation (SD)	Possible Range
CTQ-SF Emotional Neglect Subscale	14.8	4.3	5 - 25
ECR Attachment Anxiety Dimension	4.5	1.1	1 - 7
ECR Attachment Avoidance Dimension	4.2	1.2	1 - 7
PHQ-9 Total Depression Score	16.4	4.2	0 - 27

Table 3: Pearson Correlation Matrix Between Childhood Emotional Neglect and Adult Attachment Dimensions (N = 85)

Variables	1. Emotional Neglect	2. Attachment Anxiety	3. Attachment Avoidance
1. Childhood Emotional Neglect	1.00	—	—
2. Attachment Anxiety	0.58**	1.00	—
3. Attachment Avoidance	0.62**	0.45**	1.00

Note: ^{} p < 0.001 (two-tailed).

Table 4: Comparative Analysis of Depressive Symptom Severity Across Adult Attachment Categories

Adult Attachment Category	n	Mean PHQ-9 Score ± SD	F-statistic	p-value
Secure	18	11.2 ± 3.1	14.52	< 0.001
Anxious	31	17.5 ± 3.8	—	—
Avoidant	26	18.1 ± 3.9	—	—
Fearful / Disorganized	10	19.4 ± 3.2	—	—

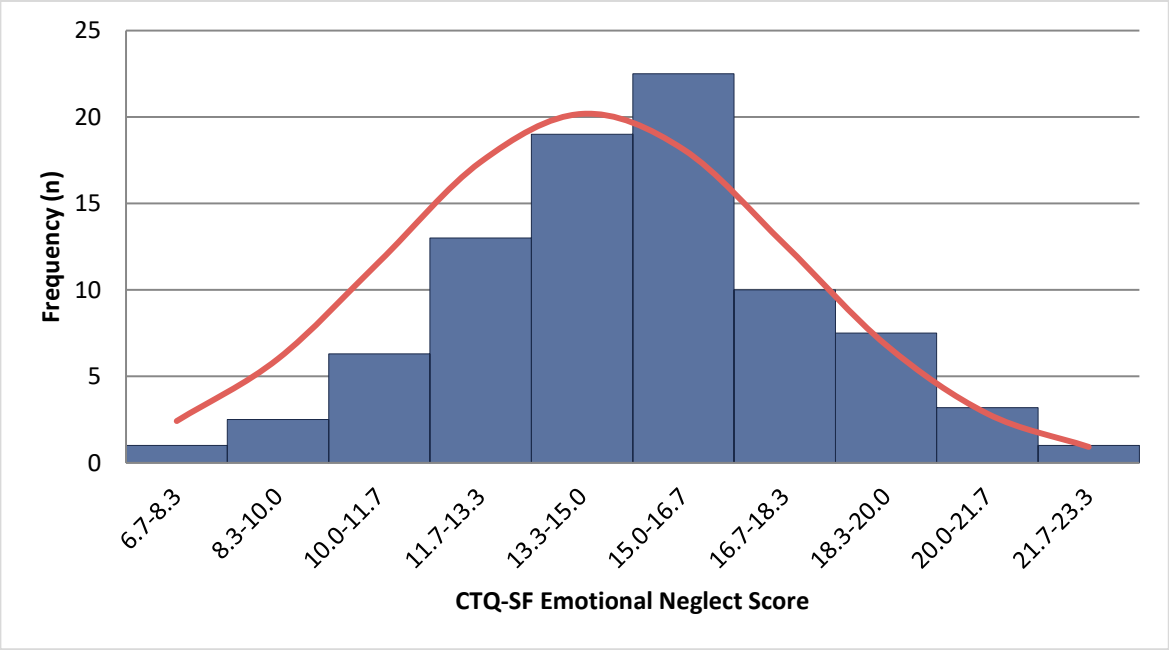


Figure 1 CTQ-SF Emotional Neglect Score

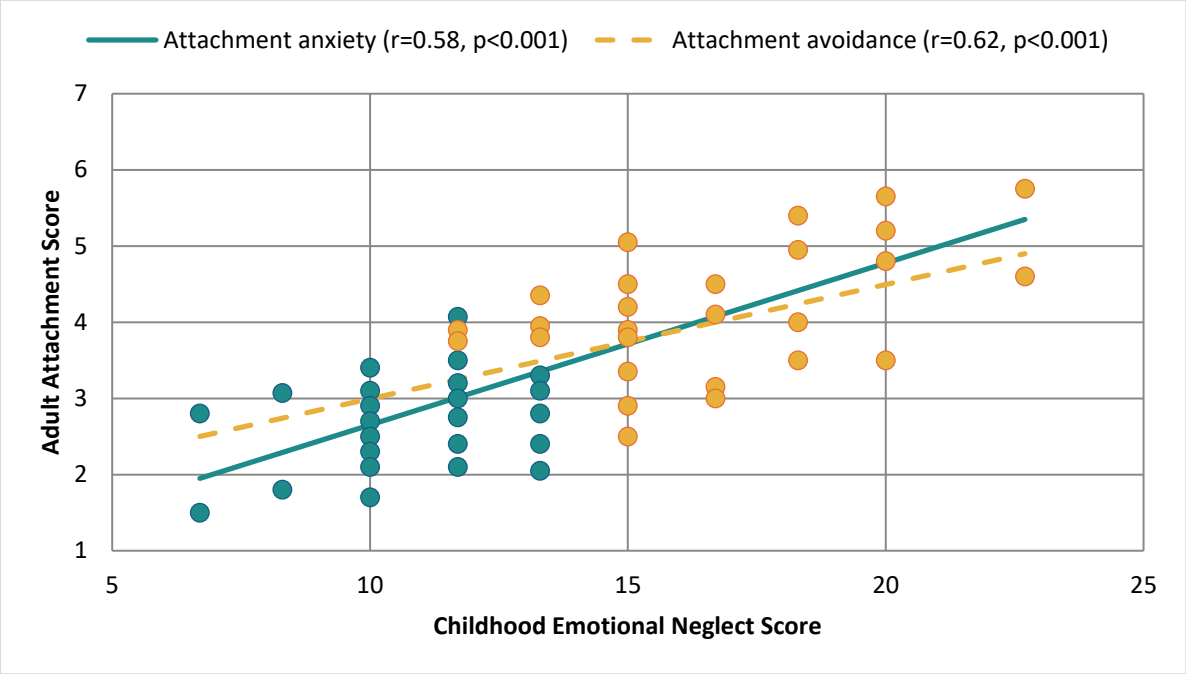


Figure 2 Childhood Emotional Neglect Score

Discussion

The current paper examined a connection between emotional neglect during childhood and adult attachment pattern by the patients diagnosed with depressive disorders in the clinical practice in Hyderabad and in Sukkur. This empirical result is that the high level of perceived childhood emotional deprivation was found in the cohort, and there were strong degrees of adult attachment anxiety and avoidance (11). Moreover, the statistically significant positive linear association between early emotional neglect and the two dimensions of insecure attachments and also high levels of depressive symptoms among different categories of attachment were shown in statistical form. These answers highlight the life-long psychological Social aspects of childhood developmental time, which tells us that the lack of satisfaction in emotional needs in childhood transforms to periodic relational fragility and notable dis-comfort in adulthood (12).

Consistent with proven developmental psychopathology theories, these data informations supported earlier international and regional literature high-lighting that early relational trauma is an important pre-disposing risk factor, led to psychiatric morbidity (13). Although physical and sexual abuses usually get first-line clinical tragedies since they are overt in nature, the covert tensions of childhood emotional neglect are equally dis-orienting to psychological development. The obtained results supported the theoretical assumption that internal working models are warped by chronic unavailability of parents or by emotional invalidation. As a result, people formed insecure attachment styles full of hyper-vigilance to rejection or defensive dissociations to emotion, either of which highly hampered the ability to employ effective emotion management and interpersonal support-seeking in the face of adult stress (14).

Putting these patterns into the context of the socioeconomic and cultural environment of Hyderabad and Sukkur, specific dynamics of psychosocial interactions that influence the mental health outcomes were identified. Collectivist family arrangements of a region and the custom expectations of emotional control frequently formed voids of subtle emotional deprivation that remained undetected or unaddressed and contributed to the silent anguish of those who are caused by them (15). In addition, psychiatric stigma about psychiatric distress often sluggishly brought them to the attention of the profession and resulted in more formidable depressive manifestations at the point of clinical attention. Although genetic background and peripheral stressors in life undoubtedly played significant roles in the etiology of the

depressive condition, the evidence revealed that developmental emotional neglect was an independent underlying vulnerability grid that enhanced the experience of affective symptoms in a disrupted processing of interpersonal (16).

Clinical implications of the study findings have great significance in treating the depressive disorders. Psychiatric intervention in the past often emphasized the control of symptoms using medication without considering the underlying relational and developmental problems which were maintaining the disorder (17). The significant correlations between emotional neglect, insecure attachment and depression scores indicated that psychotherapeutic techniques such as mentalization based treatment and emotion focused therapy would produce better results. Inclusion of developmental history in the process of evaluation helped in early identification of attachment problems and made the therapy more effective (18).

Although those were valuable clinical insights, there are a few methodological limitations that should be given some consideration. The cross-sectional design did not allow making conclusive causal conclusions about the directionality of the found relationships, which left the possibility of the fact that the depressive states had a certain effect on the retrospective recall of the childhood experiences. Moreover, the use of self-report psychometric measures posed a possible recall and social desirability bias, since the participants did not only report past developmental events, but did so when they were having acute depressive symptoms (19). The eighty-five participants, though statistically reasonable and practically feasible in outpatient settings in Hyderabad and Sukkur, limited the extrapolation of the research results to rural settings or other geographic areas. Also, there might have been unmeasured confounding factors (including concurrent life stressors or sub-clinical personality factors) that could have affected the strength of the at-reported relationships (20).

It is on the basis of these findings that future studies must be focussed on longitudinal prospective cohort studies involving the tracking of developmental pathways of childhood adversity to the development of clinical depression over the years. Further studies could also be enriched with the inclusion of multi-center recruitment in many of the urban and rural settings in Pakistan in order to increase the representativeness of the findings to the national level (21). Empirical research-based studies should be implemented by conducting clinical trials to assess the effectiveness of the attachment-informed psychotherapeutic adjuncts in the context of regional psychiatric care settings to give invaluable empirical advice on how to optimize the treatment regimes. Finally, gaining a better insight into developmental antecedents and relational susceptibilities was anticipated to sharpen psychiatric care and models, and provide patients with more comprehensive, tailored, and long-lasting recoveries against depressive disorders (22).

Conclusion

The current research provided strong positive correlations between childhood emotional neglect and insecure adult attachment patterns of depressed disorder patients in Hyderabad and Sukkur. The results indicate that the role of early emotional deprivation as the underlying value is critical and determines the kind of relational style does as an adult and further increases the severity of depression. In practical terms, these observations underscore the need to integrate following clinical psychiatric practice with the application of attachment-perceived models to treat patients with the expectation that clinical treatment would not be confined to managing acute symptoms but rather focus on mitigating the underlying deficit of relationships and development to achieve overall patient healing.

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