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Childhood Emotional Neglect and Substance Misuse among Emerging Adults: The Mediating Roles of Alexithymia, Experiential Avoidance, and Loneliness

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1. Round 1

1.1. Reviewer 1

Reviewer:

The discussion of experiential avoidance in the Introduction is conceptually plausible, but the sentence “Substance use can negatively reinforce avoidance because temporary emotional relief increases the likelihood of repeated consumption when distress reappears” requires a more explicit behavioral account. Please explain whether the hypothesized process reflects negative reinforcement, emotional numbing, avoidance of trauma-related memories, reduction of social anxiety, or all of these mechanisms. The manuscript should also distinguish experiential avoidance from general coping avoidance and clarify how the Acceptance and Action Questionnaire–II operationalizes psychological inflexibility rather than substance-specific avoidance motives.

In the loneliness section, the manuscript states that “Loneliness is a subjective perception that one’s social relationships are insufficient in quality, intimacy, belonging, or emotional responsiveness.” This definition is appropriate, but the authors should distinguish emotional loneliness from social loneliness and explain which dimension is most relevant to childhood emotional neglect. Because the UCLA Loneliness Scale yields a broad global score, the manuscript should acknowledge that the measure does not isolate family-related, peer-related, or romantic loneliness, each of which may have different relationships with substance misuse among emerging adults.

The statement that "the primary substance-misuse index emphasized alcohol and nonmedical or illicit drug involvement" is ambiguous and appears inconsistent with the previous claim that all substance-specific scores were summed. Please specify exactly which substance categories were included in the dependent variable, whether tobacco was excluded, whether prescription medications were coded according to nonmedical use, and how participants reporting multiple substances were scored. The definition of the primary outcome must be fully reproducible.

The manuscript reports that questionnaires with limited missing responses were handled using "person-mean substitution." This approach can reduce variance, distort covariance structures, and underestimate standard errors. Please report the amount and pattern of missing data for each scale and provide a stronger justification for the chosen method. Multiple imputation or full-information approaches would generally be preferable if missingness was nontrivial. At minimum, a sensitivity analysis should compare results from complete-case analysis and the imputed dataset.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In the final paragraphs of the Introduction, the Nigerian context is discussed in broad terms, including "economic uncertainty, educational pressure, unemployment, changing family expectations, urbanization, exposure to substances, and limited access to mental-health services." These statements are important but remain largely speculative and are not grounded in Nigeria-specific empirical literature. The authors should strengthen this section by citing Nigerian or regional studies on childhood adversity, substance use, emotional expression, social support, and help-seeking. Without this contextual evidence, the rationale for conducting the study in Nigeria appears underdeveloped.

In the Study Design and Participants section, the manuscript reports that "A total of 450 questionnaires were distributed" and that the final sample consisted of exactly 412 participants. Please provide an a priori sample-size or power analysis. The required sample should be justified according to the number of predictors, expected indirect-effect sizes, desired statistical power, and bootstrap mediation procedure. Reporting only the achieved sample does not demonstrate that the study was adequately powered to detect three simultaneous indirect effects and pairwise contrasts among them.

The participant-recruitment paragraph states that respondents were recruited from "universities, vocational training institutions, youth organizations, and community centers located in urban and semi-urban areas of southwestern Nigeria." The manuscript should identify the specific states, cities, institutions, or recruitment zones involved, while preserving institutional anonymity where necessary. It should also report the number or proportion of participants recruited from each setting. The current description is too broad to evaluate sampling coverage, selection bias, or the generalizability of the findings to Nigerian emerging adults outside southwestern urban and semi-urban settings.

The inclusion criterion describing "sufficient English-language proficiency" requires operational clarification. Please explain how English proficiency was determined and whether participants were screened formally or simply self-selected into the survey. Given Nigeria's linguistic diversity, English-only administration may systematically exclude emerging adults with lower educational attainment or limited formal schooling. The manuscript should discuss this potential sampling bias and indicate whether the instruments had previously been validated in Nigerian English or comparable populations.

In the Data Collection Tools section, the manuscript states that "For the present study, the five-item Emotional Neglect subscale was used." Please provide evidence for the reliability and factorial validity of this subscale in the present sample and explain whether the Childhood Trauma Questionnaire minimization-denial items were analyzed. The authors should also clarify whether established cut-off scores for emotional neglect were used descriptively. Because retrospective maltreatment measures may be influenced by current mood and response minimization, reporting validity indicators is particularly important.

The operationalization of substance misuse requires substantial revision. The manuscript states that an "overall substance-misuse index was calculated by summing the substance-specific involvement scores across the assessed substance categories." This scoring approach may not conform to the standard interpretation of the Alcohol, Smoking and Substance Involvement Screening Test, which typically produces substance-specific risk scores rather than a single global total. Please justify the

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psychometric and clinical validity of summing scores across substances, explain how differing item structures were handled, and provide evidence that the resulting composite represents a coherent unidimensional outcome.

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.

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