

Risk Factors Relevant to Adult Separation Anxiety Disorder

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Abstract. Separation anxiety disorder was previously often used to describe children; however, the age limit was removed from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) and a new symptom called adult separation anxiety disorder (ASAD) was added to it. Nevertheless, because this is a relatively new field, the risk factors of developing separation anxiety disorder in adults are less clear. This article reviews the definitions and differences of separation anxiety in adults and children and evaluates the risk factors for adult separation anxiety in the literature. These factors include intolerance to uncertainty, sensitivity to anxiety, attachment style, and other mental disorders. This paper describes the effects of these factors on adult separation anxiety and presents limitations of existing research and recommendations for future development in this field. The purpose of this article is to make more people understand what adult separation anxiety is, to distinguish it from children's separation anxiety and to understand what risk factors can affect and cause adult separation anxiety. Another purpose of this article is to help people prevent and intervene in adult separation anxiety disorders.

Keywords: Child Separation Anxiety Disorder; Adult Separation Anxiety Disorder; intolerance of uncertainty; attachment; emerging adults.

1. Introduction

The overly exaggerated fear of being apart from someone to whom one is deeply devoted is the hallmark of separation anxiety. According to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM- IV) and previous versions, as "a disorder that is usually first diagnosed in early childhood or teenage years," separation anxiety is only diagnosed if symptoms start to show up before the age of 18 [1]. Nonetheless, epidemiological research has revealed that the average lifetime incidence of anxiety about separation in adults is estimated to be 6.6%, with the majority of cases presenting symptoms after the age of 18 [2]. As a result, in the latest version of the DSM-5, separation anxiety disorder is placed in a broader category of anxiety disorders and the criterion that adult separation anxiety disorder (ASAD) symptoms begin in childhood is removed. Common symptoms of separation anxiety in the DSM-5 include excessive distress before and during separation, excessive fear of an accident with the attachment object, and stubborn and overwhelming fear of being left independently. Unwillingness to give up on the attachment object's separation, excessive fear of experiencing an unfortunate event and being separated from the other person are also the symptoms of ASAD. Last but not least, refusal to go out to work and study life due to fear of separation, dreaming about the subject of separation, and physical symptoms during separation cannot be ignored. These separation anxiety symptoms often make it difficult for people to function normally, which is why it is important to study this topic. Some diagnoses of separation anxiety in adults are similar to other anxiety symptoms such as generalized anxiety disorder but there is a difference between them. Studying adult separation anxiety can not only help adults prevent the problem earlier but can also better distinguish adult separation anxiety from other anxiety disorders.

When people discuss separation anxiety, most of their first impressions are about children. In population-based studies, the prevalence of separation anxiety disorder (SAD) is estimated at 4%, increasing to 7.6% in pediatric clinical samples, of which clinically significant separation anxiety affects 4.1% of kids. If untreated, it affects about one-third of kids until adulthood [3]. Among the most prevalent anxiety disorders among children is separation anxiety, often manifested in excessive anxiety and fear of separation from one's attachment object, which is similar to separation anxiety in adults. Anxiety about being alone is a typical stage of a child's development. It usually occurs in



infants between 8 and 12 months of age and usually attenuates around age 3, however, some children still have symptoms of separation anxiety in elementary school and adolescence. It is called childhood separation anxiety when the anxiety manifests outside of the typical age range. The disease can significantly lower the quality of life and negatively affect daily activities such as social contacts, employment, education, and intimate relationships. This outcome can lead to negative mental and physical well-being effects, such as increased concern, insomnia, anxiety about social situations, poor school achievement, and unpleasant sensations. Many factors can contribute to a child's separation anxiety. Some changes in the environment can exacerbate separation anxiety symptoms in children, changes in family structure, illness, lack of adequate rest, moving, transferring to a fresh school, or going back to school after a break. These changes in the environment can make children feel insecure and anxious. Genetics is also a factor in separation anxiety in children. According to statistics, SAD can be carried from one's biological parents in 20–40% of cases. It indicates that if children inherit specific moodiness and anxiety vulnerabilities from their parents, they are more likely to grow up with separation anxiety disorder. The importance of parenting styles cannot be overstated. Excessively protective, restricting, or judgmental parenting can stunt a child's natural growth and increase the risk of anxiety disorders. Temperament is also a factor and SAD children dislike change. They typically react adversely, avoiding new or unfamiliar situations out of fear or suspicion. Additionally, they struggle to control their emotions when they are worried or frightened. Those who are shy in particular may be at risk of developing SAD. Family economic background also affects a child's level of separation anxiety. The majority of children who suffer from other anxiety disorders usually originate from middle-class or upper-class backgrounds. Nonetheless, SAD sufferers are more likely to come from low-income households, which could be related to younger children's feelings of insecurity stemming from family financial strains [4]. The treatment of separation anxiety in children can be divided into psychotherapy and medication. Psychotherapy including emergency management, parent-child interaction therapy, cognitive behavioural therapy (CBT), exposure therapy, family therapy, and group therapy are all effective treatments for separation anxiety in children. Although selective serotonin reuptake inhibitors (SSRIs) are effective in the treatment of SAD, they are generally used only after CBT has failed. Due to possible adverse effects and the absence of SSRIs with Food and Drug Administration (FDA) approval, SSRIs are not suitable for use in kids younger than six.

Although ASAD and child separation anxiety disorder (CSAD) share many similarities, such as diagnosis and treatment, there are some differences between them. First of all, their attachment objects are different. For children, most of the attachment objects are their parents, but adults may include elders, family members, children, and lovers. Secondly, the duration of the two is different. duration in children and teenagers is at least four weeks, while it usually lasts 6 months or more in adults. Stress of daily life or traumatic experiences can create separation anxiety in adults, however, for children, familial and social factors account for the majority of separation anxiety. The majority of the symptoms of separation anxiety in adults and children are similar but some are different. For adults, it includes panic attacks when a loved one cannot be reached, fears that an attachment object will be hurt during the separation, social withdrawal, and difficulty concentrating. It is worth noting that in terms of treatment, SSRIs have greater side effects in children, but it is easier for adults to withstand.

In general, children's separation anxiety is reflected in the excessive anxiety and fear of the separation of attachment objects, which is similar to that of adults. Therefore, there is a research gap, and most people think that separation anxiety only occurs in children and adolescents. It wasn't until the DSM-5 officially removed the age limit for separation anxiety. Then people began to appreciate the differences in this field among adults. There is no denying that separation anxiety in children can influence adult separation anxiety to some extent. Therefore, research in the field of adult separation anxiety is still very lacking, especially since the cause and treatment are unknown. Hence, this article will explain the relationship between CSAD and ASAD and relevant factors in ASAD. The aim is to discuss the current research on adult separation anxiety to make more people know about this field, and then learn self-prevention and timely treatment.

2. The Relationship between CSA and ASA

It is argued that parents with separation anxiety may raise children with higher separation anxiety scores. In the study by Finsaas and Klein, about 500 predominantly white families were surveyed to investigate the connection between anxiety about being separated in adults and children. They also want to find out general internalizing psychiatric problems in families and to validate ASA [5]. Every three years during the experiment, the structured counselling interview for DSM-IV or a self-report evaluation of symptoms of separation anxiety was requested from the parents. The children completed one or two diagnostic interviews. The data from Wave 3 and Wave 4 were used in the study. The results found that mothers' mean separation anxiety scores were higher than fathers. Parental separation anxiety was found to be an important risk factor for children's psychological problems. Both maternal and paternal separation anxiety were associated with three factors (child other anxiety, child separation anxiety, child depression) of child psychopathology. This result was observed in both concurrent and prospective analyses. Additionally, maternal depression and anxiety were linked to child separation anxiety, but further research is needed to validate these findings. The study concluded that a significant but non-specific risk factor for psychological disorders in children is parental separation anxiety. The data analysis of this study supported the earlier argument of this section. The possible reasons are that children can imitate. They will learn their parents' habits and parents with separation anxiety may not be able to handle the relationship with their children (too attached to the child). Thus, the child will also develop separation anxiety.

3. Relevant Factors in ASAD

3.1 Intolerance of Uncertainty and Separation Anxiety Disorder in Adults

Intolerance of uncertainty (IU) is a type of uncertainty and fear of something that has not yet happened. People with high IU levels may have negative emotions and bad assumptions about future events that have not yet happened. IU can be divided into Prospective IU (the cognitive component) and Inhibitory IU (the behavioural component). Prospective IU stands for implicit threats related to uncertainty in the future (e.g., "I can't accept surprises"). Inhibitory IU describes behavioural avoidance or inhibition when faced with uncertainty (e.g., "I can be stopped from acting by the slightest doubt"). It is believed that this factor increases the level of anxiety and the fear of separating from the attachment figure and thus increases the level of separation anxiety. In the study of Boelen et al., about 200 Utrecht University students with adult separation anxiety conducted a questionnaire on uncertainty intolerance [6]. The experiment divided IU into two dimensions, IU total score, Inhibitory IU, and Prospective IU, and measured the relationship between these two dimensions and the total score of IU and ASAD score.

Nobody had investigated the link between ASAD and IU before this research. They found that the correlation of all the IU scores with the ASAD value was positively correlated, which means IU strongly affects ASAD. Individual variations in adult separation anxiety are not explained by IU because once three factors of IU were controlled, neither suppressive nor prospective IU could account for the variation in adult separation anxiety disorder symptom levels. Anxiety and vigilance over rejection and abandonment, neuroticism change, and anxious attachment, in addition to the general sensitivity of experiencing high levels of distress, all contribute to the explanation of this shift. The study of the results supported the earlier argument. This factor is related to anxiety disorders, especially adult separation anxiety. For example, A person with a high IU level may develop some negative worries and anxieties after his attachment figure leaves, such as worrying about whether the attachment figure will have a car accident, so he will become afraid of being separated from the attachment person, and therefore increase the separation anxiety level.

In addition, it is reasonable that psychological (e.g., stress about how to become a mother) and physical (e.g., hormone level change) factors during pregnancy increase the risk of anxiety in pregnant women. Therefore, pregnant people should have higher IU and ASAD levels. Sevil Degirmenci et al. conducted a questionnaire survey on the amount of adult separation anxiety and uncertainty intolerance among about 300 pregnant women to find out the frequency of separation

anxiety in pregnant women and the relationship between anxiety and socio-demographic variables and uncertainty intolerance [7]. This study set a cut-off point for adult separation anxiety questionnaire scores and divided pregnant women into two groups. In this study, sociodemographic characteristics of ASAD patients and non-ASAD patients, separation anxiety levels at different stages of pregnancy, uncertainty event tolerance scores in the ASAD group and non-ASAD group, and the correlation between this score and adult separation anxiety questionnaire score were compared.

Studies have found that pregnant women have a higher prevalence of separation anxiety. Separation anxiety rates may be affected by education and the frequency may vary by culture. The number of pregnancies was not associated with the incidence of separation anxiety disorder. The study found that the third trimester of pregnant women had higher average separation anxiety scores than those in the second trimester. Pregnant women who experience separation anxiety tend to be older on average than those who do not. The data also showed that ASAD was strongly correlated with IU. The separation anxiety group had higher intolerance scores for uncertainty than the non-separation anxiety group. The results of this study supported the earlier argument. One reason could be that pregnant women experience increased stress, increased reliance on their husbands, and fear and worry when their husbands are absent.

The fear of bodily symptoms associated with anxiety is known as anxiety sensitivity (AS), which is thought to be subjectively generated and has a detrimental physical, social, and psychological nature. The greater the anxiety sensitivity, the more fearful people will be as a result of their anxiety performance (such as rapid heartbeat and panic), and the more they will pay attention to their anxiety response, making them more prone to "anxiety about anxiety." For example, people who experience heart palpitations may perceive them as attacks that threaten their hearts, resulting in increased anxiety. It is argued that this is also a factor that affects adult separation anxiety. Wheaton and Kaiser recruited over 700 community grownups via an online survey in 2021 for measures of ASAD symptoms, IU and AS, and characteristic anxiety [8]. The subjects filled out some self-measurement questions about separation anxiety to measure the degree of separation anxiety and fill out a measure of anxiety and avoidance of uncertain events. In addition, participants were asked to fill out a questionnaire measuring worry about the effects of physical experiences linked to elevated anxiety. The questionnaire included social problems, fear of physical symptoms, and fear of cognitive loss to measure their anxiety sensitivity.

The researchers discovered a substantial positive correlation between ASAD symptoms and measures of IU and AS. In addition, after accounting for typical anxiety and demographic variables, IU and AS both provide a distinct explanation for ASAD symptoms. It's important to note that the negative relationship between ASAD and age indicates that youthful individuals are more susceptible to separation anxiety disorder than those who are older. However, the finding of age factors was opposite to Sevil Degirmenci's study, in the pregnant population, the average age of the separation anxiety group is higher than that of the non-separation anxiety group, which may be caused by social pressure on older mothers. Age effects may not, however, account for the current results, as IU and AS continued to be significant predictors more important than demographic variables. In addition, the ASAD score did not differ by sex. This study's data supported the previous argument. Since AS is frequently conceptualized as a fear amplifier, its effect on separation anxiety may be because AS amplifies people's fear of attachment object separation, resulting in more severe separation anxiety.

3.2 Attachment and Separation Anxiety in Adults

In adulthood, attachment style is used to describe attachment patterns in romantic relationships. Anxious attachment, also known as preoccupied attachment (PREOC), is a type of insecure attachment in which the person has difficulty trusting others and has a strong fear of rejection. While people with anxious attachment crave close relationships, their fear of being abandoned can make it difficult to form those bonds. Internalization symptoms are an emotional and behavioural disorder in which people with internalization disorder keep problems to themselves or internalize problems (such as fear, somatic complaints, worry, shyness, and other psychological abnormalities). It is believed

that the degree of adult separation anxiety might be raised by internalisation symptoms as well as preoccupied attachment style. Mabilia et al. recruited around 400 non-referral Italian college students to study the link between the preoccupied type of attachment, internalization symptoms and ASAD indicators [9]. Participants completed a relationship questionnaire assessing adult attachment styles, an assessment form for avoidant attachment and anxious attachment, a questionnaire measuring response styles, personalities, and symptoms of mental disorders, respectively, and a survey for separation anxiety.

The findings demonstrated that internalisation symptoms and adults' anxious attachment to friends, family, and romantic partners significantly exacerbated adult separation anxiety. Additionally, internalisation symptoms happen more in individuals who have an anxious attachment to their romantic partners than to their relatives and friends. Furthermore, anxious attachment to a romantic partner and anxious attachment to family and friends are independent, according to research. It was discovered that internalising symptoms were more closely associated with romantic attachment than with adult attachment, which seemed that adult attachment moderated the association between SA symptom score and anxious attachment. This study's data supported the earlier argument. People with anxious attachment are overly reliant on the attachment object in the relationship. When they are separated from the attachment figure, they feel anxious and insecure, raising the index of separation anxiety. Similarly, people with internalization symptoms tend to suppress their emotions and accumulate anxiety. When the person they can vent their frustrations to disappears or is separated for a short period, they become panicked and restless, resulting in separation anxiety disorder.

Agoraphobia refers to a person's experiencing fear specific to leaving their home and travelling to public places. Recurrent and sudden panic attacks, fear of the next attack, and behavioural changes to prevent panic attacks are the hallmarks of panic disorder (PD). It is believed that people with panic disorder and agoraphobia are easier anxious by separating from their important person and panic disorder patients with anxiety attachment style should also have more ASAD symptoms. The association between adolescent attachment method, agoraphobia, and anxiety about separation in patients with panic disorder was examined in the study by Pini et al., which included about 150 PD outpatients and elucidated whether the occurrence of ASAD is related to the unique clinical manifestations of PD [10]. Participants underwent assessments for panic disorder, interviews about whether they had a previous diagnosis of separation anxiety disorder and had them fill out questionnaires that assessed adult separation anxiety and questionnaires that measured attachment patterns and attachment styles. The experiment used a self-report of agoraphobia to assess agoraphobia levels.

The findings indicated that females had a higher risk of getting ASAD compared to males. Age, education level, and marital status do not affect the presence or absence of ASAD. A greater frequency of agoraphobia, more panic attacks, worsening symptoms of panic disorder, and a younger age at which agoraphobia first appears are all present in individuals with ASAD. The total score of ASAD was significantly correlated with the Agoraphobia report score. There is not a significant correlation between attachment style and ASAD, and some patients with stable attachment patterns can also have ASAD. Compared to individuals without ASAD, panic patients with ASAD exhibited a greater frequency of symptoms suggestive of anxious attachment. The avoidance patterns associated with agoraphobia are different from those associated with ASAD. The data supported the earlier argument. This may be because people with separation anxiety are uncomfortable with their reluctance to go to public areas alone. However, the data from the study show that attachment type does not affect separation anxiety, which conflicts with the earlier argument and Mabilia's studies, which may be because the participants are all clinical samples in this research, which are different from the general sample.

A stage of life that falls between the end of adolescence and early adulthood is known as emerging adulthood, which includes 18 - to 29-year-olds who are no longer teenagers but also lack some of the characteristics of adulthood, for example, financial independence. Avoidant attachment is another type of insecure attachment, which is defined by a person's tendency to avoid emotional intimacy and

disregard the importance of intimacy, often as a form of self-protection. The recall of individuals, things, and occasions encountered or experienced in the past is known as retrospective memory. Retrospective memory makes up the largest part of long-term memory. It is argued that emerging adults with early separation anxiety memories or anxious attachment style will have higher separation anxiety scores, however, avoidant attachment does not affect ASAD. In Bassi et al., about 400 Italian emerging adults were recruited for this study, which aimed to investigate how the symptoms of separation anxiety and retroactive memory affect insecure attachment types in emerging adults [11]. Three self-report questionnaires were utilised to get data from the participants. There were 36 questions concerning adult attachment types, 27 questions measuring adult separation anxiety levels, and 15 questions measuring retrospective memory for separation anxiety. In the questionnaire about an intimate relationship, attachment relationship is divided into two dimensions: anxious attachment (ECR-anxiety) and reactive attachment (ECR-avoidance).

The study discovered that anxious attachment was much greater in emerging adults than avoidance attachment types. However, there was a strong significant relationship between the two insecure attachment styles, which may be because anxious attachment uses more techniques and avoidant attachment uses more strategies. The anxious attachment was linked to levels of separation anxiety in adulthood and earlier experiences of separation anxiety, whereas the avoidant attachment style was not associated with any of these factors in emerging adults. Another finding was that adults with high levels of separation anxiety or those who experienced it as a child were more likely to develop anxious attachments in intimate relationships. This study's data supported the argument in this section. This could be because new adults struggle to live independently, are more reliant on others, and hence fear being alone and separated. Due to their worries, they would be unable to accomplish anything well after being removed from their attachment partner. Although individuals during emerging adulthood are of mature age, they are not of mature thinking. Early separation memories may have set the seeds of fear and anxiety in these individuals, leading to separation anxiety later in life. One possible explanation for why avoidant attachment does not affect separation anxiety is that avoidant people have unfavourable evaluations of others while having generally positive views of themselves. They see others to be untrustworthy and dishonest, whereas they are self-assured and capable and do not require the assistance of others. As a result, there is no anxiety or fear of separation.

3.3 Personality and Separation Anxiety in Emerging Adults

When measuring anxiety, it is critical to distinguish between state anxiety and trait anxiety. State anxiety is characterized by transient psychological and physiological responses (for example, anxiousness and restlessness) that are directly tied to a specific point in time. Trait anxiety, on the other hand, refers to personality features that characterize individual variances in the proclivity to experience current state anxiety. Borderline personality traits include emotional instability, uncertain self-image, and unstable interpersonal relationships. For example, in patients with borderline personality disorder, it is very easy for them to lose control of their emotions over trivial matters, unable to control their impulses and desires, and in severe cases. They may even engage in self-harm and harm to others. Borderline personality functioning, which includes unstable interpersonal interactions, impulsivity, emotional lability, and uncontrollable rage, can be categorized into four components on the Personality Assessment Inventory. The main characteristics of PAI-Borderline Affective Instability (BORA) include poor emotional regulation, rapid mood swings, and emotional sensitivity; Basic life issues and challenges, ambiguity, emptiness, unhappiness, and loss of purpose are the main topics of PAI-Borderline Identity (BORI) concerns; The focus of PAI-Borderline Negative Relationships (BORN) is on those who have experienced a history of intense and complicated relationships in which they feel deceived and abused; PAI-Borderline Self-Harm (BORS) concentrates on impulsivity in situations when there is a significant risk of unfavorable outcomes. It is reasonable that anxiety states and anxiety traits, as well as borderline personality disorder, can aggravate separation anxiety in adults. Over 200 University of Padua Italian University students were recruited by Bassi et al. They desired to find out the relationship between the symptoms of separation anxiety, the anxious state and trait, and the boundaries of particular personality types [12]. A survey

was used to examine reaction style, personality, and symptoms of psychiatric illnesses. An adult self-assessment questionnaire for separation anxiety, and a questionnaire designed to assess symptoms of anxiety, and trait anxiety. The researchers also measured the score of BORA, BORI, BORN, and BORS.

The result showed that separation anxiety symptoms were significantly related to both trait anxiety and state anxiety. Separation anxiety and trait anxiety have a stronger correlation in adults than state anxiety. There was a significant positive correlation between ASAD and the Personality assessment scale. The BORI score and the ASAD total score showed an overall good association, which is focused on basic life issues and problems of uncertainty, emptiness, dissatisfaction, and lack of purpose. In maturity, the difficulty in navigating the separation/personalization process' developmental trajectory appears to be connected to the fleeting challenge of identity definition. Data analysis from this study supported the earlier argument. The reason that only BORI is related to separation anxiety may be because BORI is more focused on life, while the phenomenon of separation anxiety tends to occur more in life. Trait anxiety and state anxiety can aggravate the degree of separation anxiety, and the reason why personality characteristics and individual differences are more related to separation anxiety may be the more obvious influence of trait anxiety than state anxiety.

4. Conclusion

Overall, separation anxiety disorder is a psychological condition marked by intense concern and unease when an individual is taken away from a loved one or attachment object. Separation anxiety occurs not only in children but also in adults. This anxiety can take the form of a severe fear of a separation event, or the concern that something unexpected or terrible will happen after being separated from a loved one. Parental separation anxiety, uncertainty intolerance, anxiety sensitivity, attachment style, emerging adulthood, and other disorders (agoraphobia, borderline personality disorder) all influence the level of separation anxiety. In particular, those with greater IU levels have a higher separation anxiety index; this is especially noticeable in some special populations, such as expectant mothers. The fear and worry associated with separation are likely amplified by the anxiety sensitivity, which explains why the separation anxiety index rises with higher anxiety levels. In addition, attachment type is also one of the risk factors that cannot be ignored. Insecure attachment types are divided into avoidant attachment type and anxious attachment type. It is worth noting that anxious attachment-type patients and attachment objects will produce stronger anxiety symptoms, while avoidant attachment-type patients will not. However, in a clinical sample study, the attachment type of panic attack patients did not affect separation anxiety. Emerging adults are another factor, they are more prone to have separation anxiety and easily develop insecure attachments, probably as a result of their dependence on their parents and lack of independence, which makes it difficult for them to adjust to being apart from them. Borderline personality disorder has also been linked to adult separation anxiety, especially when it comes to life-related personality features since separation anxiety is a common occurrence in everyday life. Anxiety traits and states can also exacerbate separation anxiety both mentally and physically.

Since adult separation anxiety is a relatively new field, there are few studies on it, so there are many limitations and some possible directions for future development can be suggested. First, the limited participant population size is the most evident drawback. Most of the research has a small sample size, which may affect the accuracy of the results. Another limitation of the sample is the imbalance of the sample, some studies only focus on some special groups of people (such as pregnant women, and panic attack patients), and the particularity of these groups is not conducive to the analysis of the whole and conclusion. In terms of gender, most studies reviews have found that women have higher rates of separation anxiety, however, in terms of age, in the pregnant population, the average age of the separation anxiety group is higher than that of the non-separation anxiety group, but in some other studies, they found a negative correlation between separation anxiety and age. Culture is also a limitation, for example, about 50% of young Italians are currently in a "time-out" state, living at home and financially dependent on their parents until the age of 35, but in some Eastern countries, adults may leave home at 18 to live on their own. Therefore, the Italian-based separation anxiety study may

only be applicable in Italy. The methodological limitations of the study are also worth noting, virtually all of the tests for separation anxiety in adults were conducted through a self-measuring questionnaire, and the results may not be accurate enough. For further research, when discussing the relationship between children and family members, researchers can follow up with the children to grow up, and then observe their adult separation anxiety. Last but not least, treatment is also an important part to be considered. In conclusion, recognizing these risk variables can aid researchers in treating adult separation anxiety more effectively.

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