

Investigating the Link between Adult Separation Anxiety and Trauma

Shuxuan Chi

College of Humanities and Sciences, National University of Singapore, Singapore

chi.shuxuan19@u.nus.com

Abstract. Separation anxiety disorder in adults has received increased attention recently, while trauma has been regarded as the root of much psychopathology. Individuals could have different responses to trauma due to various factors, thus rendering the link between trauma and mental disorders complex. However, few research has been done on the relationship between adult separation anxiety disorder (ASAD) and trauma. This study delves into the intricate interplay between them, aiming to shed light on the potential antecedents and treatment of ASAD. Through a comprehensive review of existing literature, the study endeavors to illustrate the function of life trauma in the manifestation of ASAD with a focus on the underlying cognitive processes. Furthermore, the study examines the interplay between ASAD and violence at both societal and individual levels, unveiling a possible cyclical that may perpetuate disorder and conflicts. Potential therapeutic implications of the finding are also discussed. To conclude, past traumatic experiences could contribute to the development of ASAD conditions through mediating pathways. However, most current studies are cross-sectional, thus no further causal relationship could be concluded. More longitudinal research and studies on potential treatment of trauma-involved ASAD are required in the future.

Keywords: adult separation anxiety, trauma, post-traumatic stress disorder, adversity, violence.

1. Introduction

Separation anxiety is defined as extreme anxiety during separation. Adult separation anxiety disorder (ASAD) has similar clinical symptoms [1]. Many studies have found that post-traumatic stress disorder (PTSD), a mental condition that may develop in people after experiencing a traumatic incident, frequently co-occurs with other mental disorders, with depression and anxiety being the most frequently diagnosed conditions, and a large amount of overlapping is found among this diagnosis [2]. The intricate interplay between trauma and ASAD has drawn increasing attention today. Various research has begun to assess the complex link between the two factors, which has great clinical significance. It can lead to more accurate diagnosis by recognizing the influence of trauma on the development of ASAD and allow for more targeted assessment and treatment for individuals with ASAD. Additionally, enhancing the comprehension of the connection between trauma and ASAD could enable prevention and early intervention, especially for those who have experienced trauma.

Separation anxiety disorder (SAD) was one of the first anxiety-related illnesses to be diagnosed [1]. According to DSM-5, individuals with SAD experience high degrees of anxiety or worry when they are required to separate from people to whom they are deeply attached. Only when the distress is long-lasting and severe, the diagnosis will be given. The common symptoms of SAD include nightmares about separation, continual concern about an unforeseen event that could result in separation, excessive dreads that their attachment figures may be injured, refusal to leave the attached figure, and so on. SAD has traditionally been recognized as a common anxiety disorder among children since it has been depicted as “disorders usually first diagnosed in infancy, childhood or adolescence” in DSM-IV [1]. Extensive research has been conducted on various aspects of SAD in children (CSAD), investigating predictive factors, treatment modalities, and so on. However, the classification of DSM-IV has also resulted in the underdiagnosis of SAD in adults [3]. It wasn’t until the revision of DSM-5, which dropped the criterion specifying onset before the age of 18, that SAD in adults began to draw increasing attention. Some researchers pointed out that there is plenty of

evidence indicating that the first onset of ASAD is in adulthood, taking up three-quarters of diagnosed cases in a community study [3]. Nonetheless, ASAD remains largely untreated and underdiagnosed, and research on ASAD remains relatively scarce.

When it comes to trauma, many early researchers regard psychological trauma as the root of much psychopathology. The definition of trauma is stressful events or circumstances that could result in serious injury or life-threatening harm [2]. Traumas occur in many forms, including acute and chronic trauma, physical, emotional, and sexual abuse, complex trauma, violence, natural disasters, wars, and so on, and it can affect people of all ages. It is important to note that everyone responds to trauma differently, and the effects of trauma can vary greatly depending on the individual's sociocultural context, previous traumatic experiences, other stresses in their life, and how much support they have afterward. Agaibi and Wilson have discussed the relationship between trauma and personal resilience, which refers to the ability to recover from trauma and return to a state of normal functioning. Factors associated with resilience were investigated in trauma survivors, including personality traits, various types of traumas, protective factors, and so on. Understanding resilience is crucial for the successful treatment of disorders triggered by traumatic events, including PTSD [2].

Generally, ASAD is marked by an acute dread of separation from deeply attached individuals, diagnosed when distress is severe and prolonged; trauma encompasses events leading to physical, emotional, or life-threatening harm, with various forms profoundly affecting mental and physical well-being, and resilience is a significant factor to explore for recovering from trauma. To date, research on the relationship between trauma and ASAD is still relatively scarce, and the majority of them are studied in a particular context or a specific trauma such as war. There is no meta-analysis research or extensive review on this topic. This paper aims to synthesize and critically evaluate the findings of past studies to provide an in-depth assessment of the present level of knowledge in this field by exploring the different roles of trauma in CSAD and ASAD, the conflict type of trauma including violence and wars, and the future treatment of ASAD suggested by the relationship.

2. The Relationship between CSAD and ASAD

Trauma could be a risk factor for the onset of SAD for both CSAD and ASAD in a diverse cultural background. After the removal of DSM-5 criteria about the onset, SAD could happen in both children and adults. The terms CSAD and ASAD are used to emphasize the onset. A possible reason is that trauma could occur at any point in a lifetime, thus affecting the onset time of SAD. Silove and colleagues have examined the epidemiology of SAD, co-morbidity with other disorders, factors influencing the initiation and duration, as well as impacts on functions associated with SAD, taking a sample of adults from 18 countries [4]. It was an observational study based on cross-national sampling, adopting the methodology of a fully structured interview. The experimental results showed that the lifetime prevalence of SAD averaged around 5% across countries, with more than 40% of lifetime onset occurring after 18 years. In other words, it is a frequent and comorbid condition that can appear at any age. Meanwhile, childhood adversities and other traumatic events were reported by participants. Disadvantaged experiences in childhood include domestic violence, child abuse, neglect, death and divorce of parents, and so on [4]. These are the possible triggers for CSAD. Besides, 7 domains could be created for integrating other traumatic events: intimate violence, other types of interpersonal violence, loss of loved ones, incidents within the networks, accidents, wartime events, and other undisclosed events, indicating the potential antecedents for ASAD [4]. Compared to childhood adversities, the latter has a broader scope and could happen anytime. However, childhood experiences could have a profound impact on a person and sometimes lead to exposure to multiple other traumas. As evidence, a significant time-lagged association between the early onset of SAD and the subsequent onset of internalizing and externalizing disorders was found.

Though encountered differences between CSAD and ASAD in terms of onset and potential trauma types encountered, a close relationship is likely to exist. As indicated, childhood trauma could generate a long-lasting impact on individual development cognitively and emotionally. It may lead

to complex trauma in future life, while possible resilience strategies could also be developed. The study by Olmez et al. explored the relationship between ASAD, anxiety sensitivity, and childhood traumatic life experiences (CTLE) among a group of medical students [5]. Questionnaire methodology was used to assess participants' demographic information, separation anxiety level, and childhood trauma [5]. The study discovered a significant link between CTLE, anxiety sensitivity, and SAD among medical students. The proportion of participants with significant CSAD was around 15%, and that with ASAD was approximately one-fifth. It shows that SAD is prevalent among medical students, and CTLE and anxiety sensitivity are likely to play a role in its development. Anxiety sensitivity refers to the fear of being anxious, establishing a cognitive framework for understanding the representation of anxiety disorder among people [5]. Higher anxiety sensitivity is associated with more experience of anxiety symptoms [5]. People with traumatic childhood experiences could be more likely to develop higher anxiety sensitivity, which in turn makes them more susceptible to anxiety disorders in adulthood. The development of resilience could also be partially attributed to anxiety sensitivity since it could ease the vulnerability to anxiety disorders in some circumstances.

There are some other factors that could help explain how childhood traumas affect future vulnerability in different ways. Past experiences of traumas may not directly lead to the onset of ASAD but could mediate through certain variables. Colak and colleagues have explored the connection between SAD and early-life traumatic events, as well as examined cognitive distortions' mediation role in private college students [6]. Online questionnaires are used to evaluate students' level of childhood trauma, cognitive distortion, and separation anxiety [6]. The result shows that only childhood sexual abuse was found to be correlated to separation anxiety in adult positively and significantly. Cognitive distortions were identified as a complete mediating factor in the interaction between SAD and sexual abuse experienced in childhood, specifically influencing feelings of helplessness and obsession with risk sub-dimensions. Cognitive distortion could be regarded as false or irrational thoughts that occur automatically, leading to a dysfunctional assessment of the circumstances and individuals themselves [6]. Traumatic events could negatively affect the cognitive process, generating a sense of helplessness. Cognitive distortion links the experience of childhood adversity to the development of ASAD as a mediator. Therefore, lifetime trauma and early adversity are significant antecedents of ASAD, and two possible pathways for them to affect ASAD are anxiety sensitivity and cognitive distortion.

3. The Bi-Directional Relationship between Trauma and ASAD

3.1. The Impact of Conflict-Related Trauma on ASAD

When examining ASAD in particular, conflicts and violence as a typical type of trauma may serve as exacerbating factors for symptoms of the disorder. Society-level violence including wars could generate a sense of insecurity and unpredictability in environments, intensifying feelings of distress and fear when separated from loved ones. In other words, adults who suffer from conflicts or with PTSD are very likely to experience separation anxiety. Tay and colleagues investigate the possibility of comorbidity of symptoms of PTSD and ASAD among West Papuan refugees above 16 years old, exploring the associations between the modality of comorbidity and past trauma exposure, lasting adversity, and psychosocial disruptions resulting from large-scale conflict displacement [7]. The research adopted a targeted sampling approach and used a questionnaire survey method to assess the West Papuan refugee community. A series of measures, including a 23-item questionnaire that evaluates exposure to traumatic events, are used during the process of data collection. Then, different groups based on various symptom patterns were compared. The results reveal that there is a large overlap between symptoms of PTSD and SAD among the refugees, and people with the comorbidity have greater disruptions to the psychosocial fabric of their lives compared to low-symptom and PTSD-symptom groups. Comorbidity seems to have negative impacts on many exile communities [7]. This implies that war and conflicts could cause and maintain insecurity in the community, thus leading to separation anxiety.

Apart from insecurity brought by conflicts, the loss of intimate people could be another factor that leads to ASAD. The experience of sudden loss could make the survivor vulnerable and distressed, intensifying the individual's fear of separation. Silove and colleagues have examined the relationship between adult separation anxiety disorder and PTSD, complex grief, and depression among war-affected Bosnian refugees resettled in Australia [8]. The research method adopted includes the questionnaire survey and structured interview, using measurement instruments indicative of the existence and the degree of severity of separation anxiety, PTSD, major depression, and grief. Around 20% of the sample were diagnosed with ASAD and previously reported, more than half of them matched the PTSD criteria; approximately half of them had major depression, and 30% had complex grief. This study also shows that ASAD was highly comorbid with PTSD. For PTSD, life-threatening and traumatic loss were significant predictors, while the subscales for avoidance and hyperarousal in PTSD were found to be associated with ASAD. Though ASAD is not comorbid with complicated grief or depression, it is significantly associated with the acute separation subscale of grief, and marginally associated with traumatic loss. It shows that bereavement and separations from significant others in conflict-related trauma cause individuals to have a tendency to remain on high alert and steer situations that remind them of traumatic events, which are more likely to develop ASAD.

Given the unpredictable societal environment, individual-level conflicts such as intimate partner violence (IPV) are inclined to be perceived more strongly and exacerbate ASAD symptoms. In such circumstances with people witnessing murders and imprisonment, the heightened perception of domestic violence could further intensify the insecurity and traumatic loss. The study by Silove et al. aimed to investigate the associations between separation anxiety symptoms and traumatic loss, family conflict, and IPV among pregnant women in Timor-Leste [9]. IPV includes any behaviors inside an intimate relationship that cause sexual, physical or psychological harm to people involved [9]. The research used a mixed approach, including an interview, survey, and questionnaire that assess separation anxiety symptoms. The study found that traumatic loss, family conflict, and IPV were associated with ASAD symptoms among pregnant women in conflict-affected Timor-Leste. It identified three classes based on the questionnaire results: core separation, limited separation anxiety, and low symptom class. The core group is highly exposed to IPV and traumatic losses, showing a pattern of comorbidity with PTSD. The limited-level group is found to be exposed to persistent stressors and co-occur with other disorders. High-frequency IPV could cause more emotional problems including anxiety and depression, amplifying the feeling of insecurity and social isolation, and thus being related to ASAD.

3.2. The Role of ASAD in Conflict

The significant association between trauma stemming from conflict and ASAD does not indicate a clear causal relationship in any particular direction. ASAD in turn may contribute to the occurrence of violent behavior. This could be due to the heightened emotional distress and anxiety they experience when facing separations, which may lead to a state of increased vulnerability. In this state, they may be more prone to act aggressively or at a higher risk of becoming victims of violence. Kayha and Tasklae have assessed the relationship between difficulties in separation anxiety, emotion regulation, impulsivity, and women's experiences of close partner abuse in females who are married, or in a romantic relationship now or during the previous year [10]. They were asked to conduct online self-report questionnaires, using various scales to assess their demographic, emotion regulation, separation anxiety level, and impulsivity. Kayha and Tasklae concluded that incidents of violence, including both victimization and perpetration, can be categorized into two groups: the low-violence cluster consisted of women who mostly suffer psychological violence and moderate-violence included women with higher levels of incidents of violence. Scores of various scales are used to predict low-level and moderate-level violent exposure cluster separately. Five models revealed that difficulties in emotion regulation and separation anxiety play predictive roles in the distribution of low- and medium-level clusters. This evidence shows that the two predictive factors could enhance moderate violence experience. People with difficulties in controlling their emotions may have a

tendency to act extremely, resulting in aggressive behaviors. Separation anxiety could make people more vulnerable, and more prone to suffer from violence due to their reduced resilience or ability to protect themselves. The interplay between ASAD and violence forms a vicious cycle, where ASAD may exacerbate violent tendencies, and in turn, experiencing or witnessing both societal-level and individual-level violence can contribute to the development or worsening of ASAD.

4. Potential Treatment Approach for ASAD

The negative impact of ASAD and the vicious relationship between ASAD and trauma indicate the importance of providing appropriate support and interventions for individuals with ASAD. Realizing the role of trauma in ASAD is helpful to develop corresponding treatment. Milrod and colleagues have evaluated the proportion of ASAD in 29 veterans diagnosed with chronic PTSD and explored its association with other symptoms and responses to Interpersonal Psychotherapy (IPT), a therapy mainly for depression and PTSD [11]. The method used in this study is a combination of assessments and clinical intervention. Various scales are used to assess participants' PTSD symptoms, separation anxiety levels, chronic PTSD and ASAD, and dysregulated attachment. As for clinical intervention, 14 sessions of IPT were given to the patients for PTSD and were assessed for ASAD, PTSD, and depression at baseline, the fourth week, and the end. The results show that a high proportion of patients with PTSD also have comorbid ASAD and patients with and without ASAD were comparable in PTSD and depression severity. It is noticeable that IPT can lead to improvements in adult separation anxiety symptoms. Since trauma plays a role in exacerbating the symptoms of ASAD, using IPT to intervene in PTSD caused by trauma could effectively improve ASAD as well. Therefore, through further research on the relationship between trauma and ASAD, more effective therapeutic approaches can be developed.

5. Conclusion

To conclude, childhood adversities and other traumatic events are two significant risk factors for ASAD. Anxiety sensitivity and cognition distortion are regarded as potential mediators that shape the cognitive process in this pathway. Furthermore, a vicious feedback loop is created. ASAD leads to increased vulnerability by reducing decision-making and self-protection ability or by decreased emotional regulation, thus becoming more prone to suffer from or conduct violence. Both domestic and societal conflicts, in turn, could intensify the ASAD symptoms through traumatic loss and increasing feelings of insecurity. Moreover, the findings shed light on the potential efficacy of IPT in alleviating ASAD symptoms, particularly in cases where PTSD is a contributing factor. It shows that treating PTSD caused by trauma could improve ASAD as well. Further exploration of the nuanced interplay between trauma and ASAD could help with the development of therapeutic interventions for trauma-involved ASAD.

When examining the relationship between CSAD and ASAD, cross-national research has concluded that childhood adversities including maladaptive domestic functioning and other traumatic events are associated with the onset of ASAD. However, a relatively contradictory conclusion that ASAD was only associated with one type of trauma, which is childhood sexual abuse, was drawn from another research. The lack of significant association between other kinds of early-life traumas and the disorder in this study is likely a result of the limited number of participants. It is also possible that childhood sexual abuse could have a more significant impact than other types of traumas on future ASAD. Besides, most studies adopted the methodology of interviews and questionnaires, which relied on retrospective recall and self-report measures. This may introduce memory and reporting biases. Lastly, all research is cross-sectional, thus no causal inferences could be concluded, building on the insights gained from this research, future investigations could focus on the replication of studies with limited-sample conditions. Second, more longitudinal studies are required to establish

the cause-and-effect relationship. Additionally, research on the treatment for ASAD is still scarce. More approaches could be explored by further examining the relationship between ASAD and trauma.

References

- [1] Namli Z., Özbay A., Tamam L. Yetişkin Ayrılma anksiyetesi bozukluğu: Bir Gözden Geçirme. *Psikiyatride Güncel Yaklaşımlar*, 2022, 14(1): 46–56.
- [2] Agaibi C. E., Wilson J. P. Trauma, PTSD, and resilience. *Trauma, Violence, & Abuse*, 2005, 6(3): 195–216.
- [3] Bögels S. M., Knappe S., Clark L. A. Adult separation anxiety disorder in DSM-5. *Clinical Psychology Review*, 2013, 33(5): 663–674.
- [4] Silove D., Alonso J., Bromet E., Gruber M., Sampson N., Scott K., Andrade L., Benjet C., Caldas de Almeida J. M., De Girolamo G., de Jonge P., Demyttenaere K., Fiestas F., Florescu S., Gureje O., He Y., Karam E., Lepine J.P., Murphy S., Kessler R. C. Pediatric-onset and adult-onset separation anxiety disorder across countries in the World Mental Health Survey. *American Journal of Psychiatry*, 2015, 172(7): 647–656.
- [5] Ölmez S. B., Sarigedik E., Ataoğlu A. The relationships between separation anxiety disorder, childhood traumas, and anxiety sensitivity in a sample of medical students. *Journal of Affective Disorders Reports*, 2022, 9: 100367.
- [6] Colak M., Sireli O., Dayi A. Adult separation anxiety and childhood traumas: The mediating role of Cognitive Distortions. *Journal of Child & Adolescent Trauma*, 2023, 1-8.
- [7] Tay A. K., Rees S., Kareth M., Silove D. Associations of adult separation anxiety disorder with conflict-related trauma, ongoing adversity, and the psychosocial disruptions of mass conflict among West Papuan refugees. *American Journal of Orthopsychiatry*, 2016, 86(2): 224–235.
- [8] Silove D., Momartin S., Marnane C., Steel Z., Manicavasagar V. Adult separation anxiety disorder among war-affected Bosnian refugees: Comorbidity with PTSD and associations with dimensions of trauma. *Journal of Traumatic Stress*, 2010, 23(1): 169–172.
- [9] Silove D. M., Tay A. K., Tol W. A., Tam N., dos Reis N., da Costa Z., Soares C., Rees S. Patterns of separation anxiety symptoms amongst pregnant women in conflict-affected Timor-leste: Associations with traumatic loss, family conflict, and intimate partner violence. *Journal of Affective Disorders*, 2016, 205: 292–300.
- [10] Kayha Y., Taskale N. Difficulties in emotion regulation, separation anxiety and impulsivity as predictors of women's Intimate partner violence experiences. *Dusunen Adam: The Journal of Psychiatry and Neurological Sciences*, 2019, 32.
- [11] Milrod B., Keefe J. R., Choo T., Arnon S., Such S., Lowell A., Neria Y., Markowitz J. C. Separation anxiety in PTSD: A pilot study of mechanisms in patients undergoing IPT. *Depression and Anxiety*, 2020, 37(4): 386–395.