

Is Early Separation Anxiety a Risk Factor for Adult Panic Disorder?: A Critical Review

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Heightened levels of early separation anxiety (SA) have long been linked to the risk of adult panic disorder (PD), suggesting that the two types of anxiety arise from a common diathesis—a proposition that has considerably influenced the classification of the anxiety disorders. However, the SA-PD link remains contentious, with some recent studies failing to confirm that putative association. All published research studies investigating the relationship of early SA to PD and/or other anxiety disorders were reviewed. Taken as a whole, the evidence provides support for the SA-PD hypothesis, although the specificity of that relationship needs further clarification. Problems of sample selection, retrospective measurement of early SA and comorbid diagnoses limit the certainty with

which inferences can be drawn from existing data. Nevertheless, a recent community-based study provides additional support for the SA-PD hypothesis. Possible developmental pathways linking SA to PD are considered. One possibility that has not received adequate research attention is that early SA disorder (SAD) may persist into adulthood, rendering the sufferer vulnerable to panic and other anxiety symptoms when confronted with salient life stressors. We conclude that it is premature to reject the SA hypothesis of PD. Only well-designed longitudinal studies can map the complex developmental pathways linking early and later manifestations of morbid anxiety.
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SIXTEEN YEARS AGO, Klein¹ proposed an important reformulation of anxiety that identified panic disorder (PD) as a separate nosological entity with a distinct neurophysiological basis and pattern of inheritance. Klein noted that a distinctive characteristic of subjects with PD was the regularity with which they reported a history of heightened early separation anxiety (SA). This observation built on earlier psychodynamic and attachment theories of anxiety² that assigned an important place to SA as a risk factor for adult anxiety disorders. According to Bowlby's² early analysis, anxiety about the security of attachments is a normal and adaptive evolutionary phenomenon, with pathological manifestations emerging only if the growing child is exposed to abnormalities in early bonding experiences. Alternatively, children with an innate tendency to heightened SA may provoke overprotective caretaking in their parents, thereby creating an indirect association between early bonding difficulties and adult PD.³ Whatever the developmental pathway, the notion that PD and/or agoraphobia represent an unresolved "attachment-autonomy" conflict based on high levels of SA remains a central postulate of the prevailing attachment theory of anxiety.⁴

The proposition that early SA and adult PD belong to a distinct subtype of anxiety has provided one of the foundation stones on which the contemporary classification of anxiety disorders is based.^{1,5} Defining PD as a separate form

of anxiety has advanced the argument for dividing anxiety disorders into discrete subcategories,⁶ an approach used in DSM-III and DSM-IV. Nevertheless, "splitting" anxiety disorders into subtypes continues to be challenged by those who retain a unitary concept of neurosis, and the ensuing nosological debate continues unabated.^{7,8} If it can be established that early SA is specifically linked developmentally to adult PD, this will provide further evidence for the subtyping of anxiety into discrete subtypes. Alternatively, if SA is a generic risk factor for all subtypes of anxiety, this would provide added support for the unitary concept of neurosis.

Although the "separation anxiety hypothesis of panic disorder" (SA-PD hypothesis) has received repeated endorsement by clinicians,^{9,10} empirical evidence has remained equivocal. This uncertainty is reflected in successive revisions of the DSM. In DSM-III and DSM-III-R, a special section was devoted to the relationship between juvenile SA disorder (SAD) and PD, implying a degree of selectivity in that association. In contrast, the SA-PD hypothesis has received

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scant attention in DSM-IV, reflecting growing doubt about the specificity of the putative link.¹¹

In summary, the SA-PD hypothesis remains important for a number of reasons: it retains a central place in attachment theories of developmental psychopathology; it has widespread clinical currency⁹; it suggests specificity in early risk factors for particular forms of anxiety in adulthood; and it is relevant to the wider nosological question as to whether PD should be regarded as a separate form of anxiety disorder with its own distinctive pattern of pathogenesis.⁵ It is therefore timely to review the growing number of studies in this area, since the specificity of the SA-PD hypothesis has come under increasing doubt in recent times.¹² We will argue that inconsistencies in the retrospective measurement of early SA have contributed substantially to the prevailing uncertainties in the area. The review of past empirical investigations in this field will be concluded with a summary of recently published studies that use a psychometrically sound measure—the Separation Anxiety Symptom Inventory (SASI)¹³—to test the SA-PD hypothesis.

METHODOLOGICAL ISSUES

In reviewing research investigating the SA-PD hypothesis, a number of conceptual and methodological issues immediately become evident. (These issues will be touched on briefly here, and elaborated on in later sections.) First, concepts underlying the construct of SA have changed over time. Traditional psychodynamic theory regarded SA as an intrapsychic vulnerability¹⁴ rather than as an observable pattern of behavior. In contrast, early attachment theory characterized SA as an emotional-behavioral reaction pattern observed when infants or children were subjected to separation from key attachment figures.² More recent studies on attachment theory have shifted the emphasis back toward recognizing that “internal representations” of attachment figures, rather than the actual absence or presence of such figures, determines the individual’s ongoing sense of security, attachment style, and emotional response to separations.¹⁵

In a parallel but separate development, successive revisions of the DSM system since 1980 have defined SA as a juvenile anxiety disorder

and have provided operationally defined criteria for its diagnosis. Before that, confusion existed between the terms school phobia and SA, which, it is now acknowledged, are overlapping but not synonymous phenomena.¹⁶ Fluidity in the concepts underpinning SA has confounded past studies that have attempted to identify such early fears in the histories of sufferers of adult anxiety disorders, particularly PD.

The contemporary subclassification of adult anxiety and depressive disorders has posed analogous difficulties for risk factor research.¹⁷ Comorbid diagnoses are common when DSM or related systems are used,⁸ with the overlap between PD and agoraphobia creating a special problem in examining the SA-PD hypothesis.¹⁸ Until recently, the trend has been to regard PD as the primary disorder, with agoraphobic avoidance as a secondary, conditioned response to symptoms of panic.⁶ Nevertheless, it is increasingly recognized that agoraphobia may exist independently of PD (DSM-IV and ICD-10). This observation raises the question of whether SA is linked primarily to the risk of PD (as implied in DSM), the risk of agoraphobia, or both. The question becomes more formidable when attempting to assess the earlier literature in which the diagnosis of “agoraphobia” was used as an all-inclusive term incorporating both PD and phobic avoidance. In the remainder of this review, the designation “PD-Ag” will be used to indicate this broader usage.

AIM

The aim of this article is to review published research examining the following questions: (1) Is early SA a risk factor for later anxiety disorder?; (2) If so, is the risk specific to adult PD, agoraphobia, or both?; and (3) What are the possible intervening developmental factors that determine whether heightened SA in early life predisposes one to anxiety disorders such as PD in adulthood?

RETROSPECTIVE STUDIES

Although the prospective approach is generally the most rigorous method for tracing developmental pathways leading to adult psychopathology, logistic constraints make such studies difficult to undertake. For this reason, the

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