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RESEARCH PAPERS

Continuities of Separation Anxiety From Early Life Into Adulthood

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Abstract—The study investigates whether a putative diagnosis of separation anxiety disorder can be identified in adulthood and whether there are continuities between juvenile and adult forms of the disorder. Seventy patients with conventional adult diagnoses of panic disorder and generalized anxiety disorder attending an anxiety clinic were administered an interview and checklist to assess separation anxiety (SA) symptoms in adulthood. Memories of early SA were assessed using the Separation Anxiety Symptom Inventory (SASI). A subsample ($n = 31$) was used to calibrate the checklist against assignment to a category of adult separation anxiety disorder (ASAD) based on the structured interview. In an expanded sample ($n = 70$), patients assigned to the ASAD category returned statistically higher scores on the SASI, with the severity of juvenile SA symptoms accounting for 33% of the variance of adult SA scores ($p < .001$). Assignment of subjects to the putative ASAD category was not associated with any conven-

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tional adult anxiety diagnosis and symptoms of SA appeared to predate the onset of the other anxiety disorders. One possible explanation for the data is that, in some individuals, early onset separation anxiety disorder may persist into adulthood, but the symptoms may either be overlooked or, alternatively, obscured by secondary features such as panic. © 2000 Elsevier Science Ltd. All rights reserved.

Keywords: Separation anxiety disorder; Panic

Although separation anxiety disorder is a well-established diagnostic category, the descriptors in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV;* American Psychiatric Association, 1994) and in the *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (World Health Organization, 1992) tend to emphasize the juvenile aspects of the disorder. Relatively little attention has been paid to the possibility that separation anxiety disorder may occur in adulthood, however, with recent epidemiological studies omitting such a category from the adult anxiety disorders (Kessler et al., 1994; Robins et al., 1984). Interest in the family concordance of separation anxiety (SA) has also tended to focus on the juvenile form of the disorder (Gittelman-Klein, 1975; Last, Phillips, & Statfeld, 1987). Where symptoms of SA have been observed in adults, it has often been assumed that they form part of or are secondary to another diagnosis (Hafner, 1981; Schneck, 1989). An exception is the study by Butcher (1983), which described the treatment of an adult with primary symptoms of SA that originated in childhood. Recently, we have described three patients who appeared to fulfill criteria for separation anxiety disorder in adulthood (Manicavasagar & Silove, 1997). Adults assigned that diagnosis reported extreme anxiety about separations from major attachment figures, fears that harm would befall those close to them, and an intense yearning to return home (Manicavasagar & Silove, 1997). Two of the three reported that the onset of their SA had been in childhood. The present study aimed to investigate more systematically whether there are continuities between early symptoms of SA and an adult form of separation anxiety disorder (ASAD).

As yet, the adult outcome of juvenile separation anxiety disorder (JSAD) remains uncertain (Lipsitz et al., 1994; van der Molen, van Dieren, & Griez, 1989). Although many juveniles who suffer from JSAD appear to make a good recovery, longitudinal studies (mostly focusing on school phobia) suggest that a substantial number continue to suffer from severe psychosocial impairments (Berg & Jackson, 1985; Flakierska, Lindstrom, & Gillberg, 1988; Weiss & Burke, 1970). Such findings are consistent with the tenets of attachment theory, which suggest that the psychological effects of insecure attachments in childhood commonly persist into adulthood (Shear, 1996). Nevertheless, longitudinal studies examining the outcomes of early SA have been limited by several factors, including diagnostic uncertainties (especially in defining points of overlap and divergence of SA and school refusal) (Berg &

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