

# A Self-Report Questionnaire for Measuring Separation Anxiety in Adulthood

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Little attention has been given to measuring symptoms of separation anxiety (SA) in adulthood. The development of an Adult Separation Anxiety Questionnaire (ASA-27) is described and compared to a previously derived Adult Separation Anxiety Semistructured Interview (ASA-SI). Principal components analysis revealed a coherent construct of SA with high internal consistency (Cronbach's alpha = .95) and sound test-retest reliability ( $r = .86$ ;  $P < .001$ ). A

receiver operation characteristic (ROC) analysis against the semistructured interview yielded a high area under the curve index (AUC = 0.9) suggesting that the questionnaire is an adequate alternative measure of SA. Results of this study support previous research suggesting that a construct of SA may be readily measured in adults.

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**T**HE TERM "separation anxiety" (SA) has been used variously to denote an aspect of attachment behavior,<sup>1,2</sup> a pathological form of distress observed in children exposed to aberrant bonding experiences,<sup>3</sup> and a distinctive constellation of anxiety symptoms most commonly observed in the juvenile years.<sup>4,5</sup> The present study focuses attention on this latter usage of the term by refining the measurement of SA symptoms in adulthood.

Clinicians have tended to confine their diagnosis of separation anxiety disorder to the juvenile years, although DSM-IV acknowledges that the disorder may extend into adulthood, an outcome that has been investigated recently.<sup>6-8</sup> These studies suggest that it may be possible to identify adults whose SA mirrors the constellation of symptoms observed in childhood, even though some of the specific features are modified by maturation.<sup>7</sup> For example, in adulthood, SA symptoms may manifest as extreme anxiety about being separated from (or harm befalling) spouses or children as well as parents. Affected adults experience frustrating limitations in their lives imposed by the need to maintain proximity to, or at least close contact with, their key attachment figures. They commonly, but not always, date their SA to their early years, suggesting that there may be close continuities between juvenile and adult forms of the disorder.<sup>6,7</sup>

Adult SA has been explored in a series of separate studies. In the first study,<sup>6</sup> three patients were identified on clinical impressions as suffering from a primary adult form of separation anxiety disorder. The second study<sup>7</sup> explored more systematically the phenomenology, onset, and course of adult SA in a sample of 36 community volunteers. Two provisional measures of SA were used (see below): a self-report questionnaire and a semistructured interview that allowed assignment of subjects to the provisional diagnosis of adult separation anxiety disorder.

A further clinic-based study was undertaken to identify cases of adult separation anxiety disorder among patients attending an anxiety clinic.<sup>9</sup> Patients assigned this provisional diagnosis reported higher levels of juvenile SA compared to other anxiety patients. Where comorbidity existed, symptoms of SA appeared to predate the onset of other anxiety subtypes. This study provided further tentative support for the notion that separation anxiety disorder may be diagnosed in adults and that it may have its origins in heightened levels of juvenile SA.

Two subsequent studies examined familial factors relevant to adult SA. The first involved diagnostic assessments of parents of children attending an anxiety clinic.<sup>10</sup> A high level of concordance was found between a diagnosis of separation anxiety disorder in children and the same putative diagnosis in their parents (82%, odds ratio > 11). No other parental anxiety or depressive disorder was associated with juvenile separation anxiety disorder in children, suggesting a high degree of specificity for the familial clustering of SA symptoms. In a further study,<sup>11</sup> patients assigned to the diagnosis of adult separation anxiety disorder reported significantly higher rates of maternal over-

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protectiveness in their early experiences compared to panic disorder patients. These two studies provided additional evidence that SA in adulthood may be associated with distinctive developmental pathways that differ from those of other adult anxiety subtypes.

#### MEASURES OF SEPARATION ANXIETY

Most existing measures of SA have focused on symptoms in the juvenile phase of development. With the inclusion of juvenile separation anxiety disorder in DSM-III,<sup>12</sup> DSM-IV,<sup>4</sup> and ICD-10,<sup>5</sup> a number of interview-based instruments have been developed to elicit relevant symptoms directly from children, and indirectly from the observations of parents.<sup>13-16</sup> There are several other childhood measures that assess juvenile SA in a dimensional or psychodynamic manner, such as the Hansberg Separation Anxiety Test,<sup>17,18</sup> the Multidimensional Anxiety Scale for Children,<sup>19</sup> and the Screen for Child Anxiety Related Emotional Disorder.<sup>20</sup> A retrospective measure of juvenile SA, the Separation Anxiety Symptom Inventory (SASI),<sup>21</sup> records adults' memories of SA experiences over the first 18 years of life. This 15-item self-report measure has a coherent factor structure, satisfactory internal consistency (Cronbach's alpha = .84 to .88) and sound test-retest reliability (intraclass correlations of .86 to .98).<sup>21</sup>

In adulthood, the focus of measurement has tended to be on attachment style, a construct derived from attachment theory, in which the focus is on a pervasive pattern of bonding. The Berkeley Adult Attachment Interview<sup>22</sup> and the Attachment Style Questionnaire<sup>23</sup> are examples of such measures. In contrast, relatively little attention has been given specifically to developing a phenomenological or symptom measure of SA for adulthood. The few existing instruments have assumed that SA is a dimensional construct representing an underlying personality trait. For example, the Interpersonal Sensitivity Measure (IPSM)<sup>24</sup> consists of 36 items with SA forming one subscale. Gilbert et al.<sup>25</sup> have developed a 10-item self-report measure with five items measuring SA and the other five, social anxiety in adulthood. It is unclear whether the SA subscale represents a construct equivalent to a putative adulthood category of separation anxiety disorder. A measure relevant only to maternal attachment to infants, the Maternal Separation Anxiety Scale (MSAC), was developed

by Hock et al.<sup>26</sup> Maternal SA was defined as the "unpleasant emotional state reflecting a mother's apprehensions about leaving her child."<sup>26</sup> The measure would not be relevant to assessing general symptoms of SA in adulthood.

Semistructured diagnostic interviews for adults such as the Diagnostic Interview Schedule,<sup>27</sup> the Composite International Diagnostic Interview (CIDI),<sup>28</sup> and the Structured Clinical Interview for DSM (SCID)<sup>29</sup> do not include modules for current separation anxiety disorder. Moreover, there are no recent clinical or epidemiological studies that have included separation anxiety disorder as a possible category in adulthood.<sup>30-33</sup>

#### PRELIMINARY INVESTIGATIONS INTO THE MEASUREMENT OF ADULT SEPARATION ANXIETY

Data outlining the development of the Adult Separation Anxiety Semistructured Interview (ASA-SI) have been provided previously.<sup>7</sup> The interview was used in the present study as the "gold standard" to make a provisional diagnosis of separation anxiety disorder in adulthood. Items for the interview were derived from a content analysis of responses to a semistructured assessment of patients selected on clinical grounds to be suffering from high levels of SA. The qualitative study was terminated when the themes yielded by successive interviews became repetitive, suggesting that the constellation of symptoms documented was exhaustive.<sup>34</sup> Items of the ASA-SI assessed for both current symptoms (in the last 3 months and lasting for several weeks) and past symptoms (prior to the last 3-month period and lasting for several weeks in adulthood).

On completion of the interview, a global clinical assignment to the putative diagnosis of adult separation anxiety disorder (ASAD) was made by trained clinicians.<sup>7</sup> (The term "ASAD" will be used for convenience throughout the remainder of the paper although the designation is intended to be provisional given its uncertain nosological status). Training of interviewers involved listening to 10 audiotaped ASA-SI interviews, half with a predetermined diagnosis of ASAD. Interviewers were then required to rate a further 10 audiotapes. Optimal levels of inter-rater reliability (100%) have been achieved in previous studies.<sup>7,9</sup> Furthermore, a DSM-IV-based diagnosis based on specified criteria in the manual corresponded closely to the

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