

AN EMPIRICAL STUDY ON ADULT SEPARATION ANXIETY AND THE EFFECT ON CHILDREN

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Abstract

The proper conceptualization and measurement of anxiety disorders is essential for both treatment and research. It has been analyzed in the history of anxiety disorder nosology and observed that divisions of "neurosis" have mistakenly diverted focus away from what is common to diseases that are now categorized independently. It has been noticed the evolution of agoraphobia terminology over time, as well as the significant variations between "DSM-IV and ICD-10 definitions". It has been discussing the current debates over "posttraumatic generalized anxiety disorder diagnosis", stress disorder, and acute stress disorder. Finally, It has explored the debates regarding where obsessive-compulsive disorder and putatively similar diseases need to be classified in future diagnostic classifications. Clinicians and academics interested in the neuroscience of anxiety disorders would benefit from our overview of disputed areas of diagnosis.

Keywords: Adult separation anxiety, psychopathology effect, Generalized anxiety disorder, Acute stress disorder, Seasonal affective disorder.

INTRODUCTION

The "history of the anxiety disorders section of the Diagnostic and Statistical Manual of Mental Disorders (DSM), fourth edition (APA 1994)", as well as some of the differences between it and "the similar section in the International Classification of Diseases (ICD)", tenth edition, have been identified in this chapter (WHO 1992, 1993). These foundations have utilized it to discuss certain current nosologic debates. "Clinicians and researchers interested in the neurobiology of anxiety disorders" should be aware of classification's limitations. There are only a few comments to make, and the emphasis has shifted from higher-order

structures and dimensions to specific diagnostic constructions.

Before we begin, it's important to remember that our perceptions of psychopathology affect us all, and these perceptions are important in therapeutic practice and research. This is "because reliable diagnoses are essential for aetiology, prognosis, and treatment effectiveness investigations that influence clinical practice". Explicit diagnostic criteria were developed as a result of investigations like these. This chapter explains the investigation's setting and provides relevant statistical data. The study's significance is determined by the research objectives and research questions. In

order to advance the research, every question posed in the chapter is thoroughly answered.

Research Objectives

The research objectives of the research article are mentioned below:

- To identify the impact of adult separation anxiety to children
- To analyze the issues of the anxiety for the children in their daily life
- To evaluate the aspects of adult separation anxiety for children
- To formulate the recommendations for identified issues

Research questions

The research questions of the research article are mentioned below: What is the impact of adult separation anxiety to children? Another question is “how to analyze the issues of anxiety for the children in their daily life?” Other two questions are “How to evaluate the aspects of adult separation anxiety for children? and What are the recommendations for identified issues of adult separation anxiety to children?”

Background

Despite the fact that anxiety has been studied for millennia, it was only recently identified as a “syndrome in medical literature”. Anxiety disorders are referred to as "panophobia", "preternatural anxiety", "nervous diseases," and "neurosis." Cullen defined "neuroses" as "those affections that do not depend on topical affection of organs but on general affection of the nervous system"; thus, the neuroses originally covered a wide range of “neurologic and psychiatric disorders, not just anxiety, depressive, somatoform, and dissociative disorders” (Mac Ginley, Breckenridge & Mowll, 2019). Despite the fact that the spectrum of occurrences it represents has decreased and the term has taken on diverse etiologic implications, the term "neurosis" has stood the test of time.

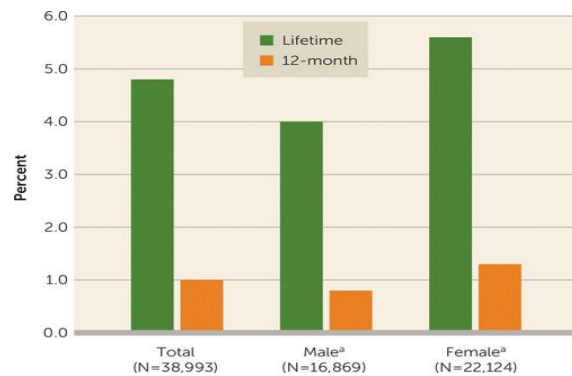


Figure 1: *Adult on-set separation*

(Source: Levy & Johnson, 2019)

Beard coined the term "neurasthenia," which is worth remembering (weakness of the nerves). Although "neurosis" outlasted "neurasthenia" “as a broad psychopathologic descriptive term” [note that ICD-10 retains “a much narrower definition of neurasthenia”], it was later applied to what are now recognized as a “wide range of anxiety and other syndromes” (Nearchou et al. 2020). “Agophobia, anxiety neurosis, specific and social phobias, obsessive-compulsive neurosis, milder depressive states, and panic disorder” were all classified as neurosis subtypes. The majority of the researchers described broad, overlapping illnesses, hence the phrase "more or less circumscribed" was used. "Neurosis" was a vast “diagnostic category until the third edition” of the DSM, and it is still a large diagnostic category today.

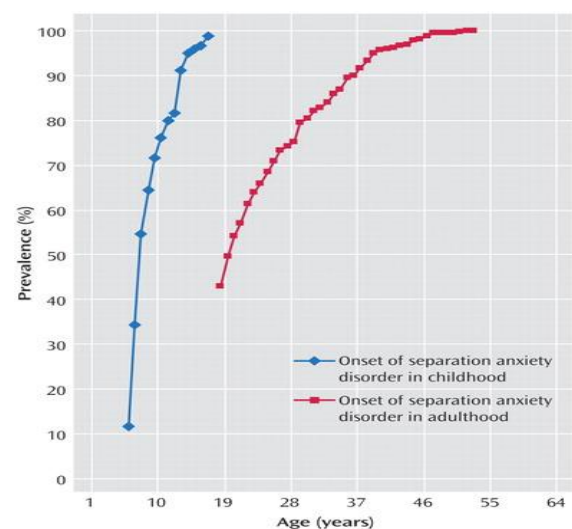


Figure 2: *Prevalence and correlates of Estimated DSM-IV Child and Adults*

(Source: van Der Kolk, Ford & Spinazzola, 2019)

Literature Review

Researchers have focused on what these ailments have in common, including personality features, due to the high prevalence of comorbidity among diseases previously classified as neuroses. According to factor analytic studies, “anxiety and depressive disorders are highly comorbid”, with “phobic, panic, and obsessive-compulsive disorders being especially comorbid” (forming a “fear factor”), and depressive, “generalized anxiety, and posttraumatic stress disorders” being especially comorbid (forming a “distress” or “anxious misery” factor) (Maes et al. 2019). There's also proof that anxiety and depression have a hereditary basis, which could explain the phenotypic comorbidity patterns.

ADULT SEPARATION ANXIETY

Seasonal affective disorder (SAD) is a psychiatric ailment that affects roughly 6% of adults at some point in their lives, and 1 - 2% of individuals each year. Although adult onset is conceivable, most cases begin in childhood and last until adulthood. SAD is defined by severe fear and anxiety over being separated from major attachment figures, usually a spouse or child (Roje api, Buljan Flander, & Prijatelj, 2020). SAD can range in severity from mild to severe impairment. SAD can make it difficult to attend work or perform adequately, as well as restrict one's ability to travel freely. Attachment figures may feel compelled to meet the individual's demands for continual closeness, resulting in conflict and frustration.

Separation anxiety is more likely in youngsters with overprotective parents. Indeed, it could be a sign of parental separation anxiety as much as a child's illness; both parent and child can exacerbate each other's concern (Lopresti et al. 2018). Children with separation anxiety commonly have family members who suffer from anxiety or other mental diseases, raising the possibility that the problem is inherited.

Attachment problems with parents or caregivers are quite important.

IMPACT OF ANXIETY ON CHILDREN

While it's typical for children to have fears and anxieties, some anxious children may develop a long-term disease known as generalized anxiety disorder as teenagers or young adults. Generalized anxiety disorder makes a person “anxious about a wide range of situations and issues”, rather than a single event. It affects those who are anxious the “most of the time” and cannot remember the last time they felt relaxed (Allely & Dubin, 2018).

A youngster who suffers from separation anxiety is worried about being away from their parent or other regular caregiver. It is most common in young children and emerges around the age of six months. Getting used to a new nursery or school can be difficult. Separation anxiety in older children may signal that they are worried about something, such as changes at home. The inability to go out in public, see friends, or participate in activities is a sign of social anxiety (Humphreys, 2019).

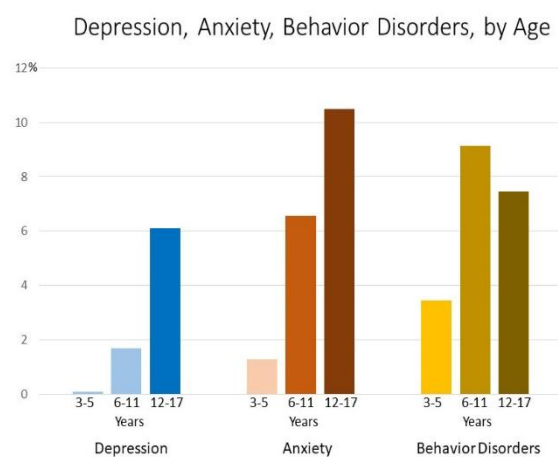


Figure 3: *Children's mental health percentages*

(Source: Hudson et al. 2019)

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are worried about something, such as changes at home. Social anxiety manifests itself in the inability to go out in public, see friends, or participate in activities (Humphreys, 2019).

Some youngsters feel anxious about going to school, doing schoolwork, making friends, or being bullied, especially if they are changing schools or levels. They might not always convey their worries to you, instead complaining of stomachaches or being sick. One of the signs is crying or appearing fatigued in the morning. If it has a significant influence on their daily lives, it may be a problem that requires attention (Halfon & Bulut, 2019).

Theory:

Cognitive Theory

Most notably, while research into the link between parenting style and anxiety or depression has shown “high protection and low warmth as substantial influences”, few studies have combined these findings with cognitive theory developments. In order to put it another way, almost all research ignores the function of a cognitive relationship between parental behaviour and the development of negative affect. There is a link between attribution and childhood depression that has been studied (Hudson et al. 2019). Because evidence from biological, cognitive, and affective theories suggests that early interactions “with control may play a role in the development of cognitive susceptibility”, it would seem prudent to continue to research parenting's impact on or through cognitive phenomena. This field of study is still in its early stages (Arseneault, 2018).

Methods:

A secondary qualitative method is used to design the research study. All of the data and information gathered came from publications and peer-reviewed articles. The data is thoroughly investigated in order to illustrate the study's research objectives. Secondary research is carried out to give a systematic review of the available resources and information. It is a low-cost and simply accessible way for gaining a

better comprehension of the relevant topics. For data collection and analysis, this study adheres to a positivist viewpoint (Gambin & Sharp, 2018).

The descriptive exploratory framework supports secondary data analysis. The publications and papers used to produce the study are focused on consumer satisfaction in both online and offline buying modalities. The data gathered covers the utility of internet buying as well as its accessibility. The study includes a brief discussion of the themes as well as a thematic coding result. The significance of the research study is determined by how the themes are interpreted (Page, 2018). The study is divided into two parts, each of which examines the qualitative data.

Results and analysis:

Table 1: *Thematic coding*

Author	Code	Themes
Mac Ginley, Breckenridge, & Mowll, (2019)	Adult survivors' experiences	“A scoping review of adult survivors' experiences of shame following sexual abuse in childhood”
Levy & Johnson, (2019)	Attachment and Psychotherapy	“Attachment and Psychotherapy: Implications From Empirical Research”

Thematic analysis:

Theme 1: Agoraphobia in the United States and Other Countries, Past and Present

The diagnosis of agoraphobia is probably the most contentious of all the anxiety disorders. In this neurological/psychiatric practise, it has been coined the term "agoraphobia" (fear of the markets – open city squares) to characterize a syndrome he experienced. The patients had a hard time crossing squares without becoming anxious, but it has been struggled in other settings, such as being alone on vacant streets; taking public transportation; going to the theater, concerts, or crowded rooms; or

attending lectures and huge meetings (Kerns et al. 2021).

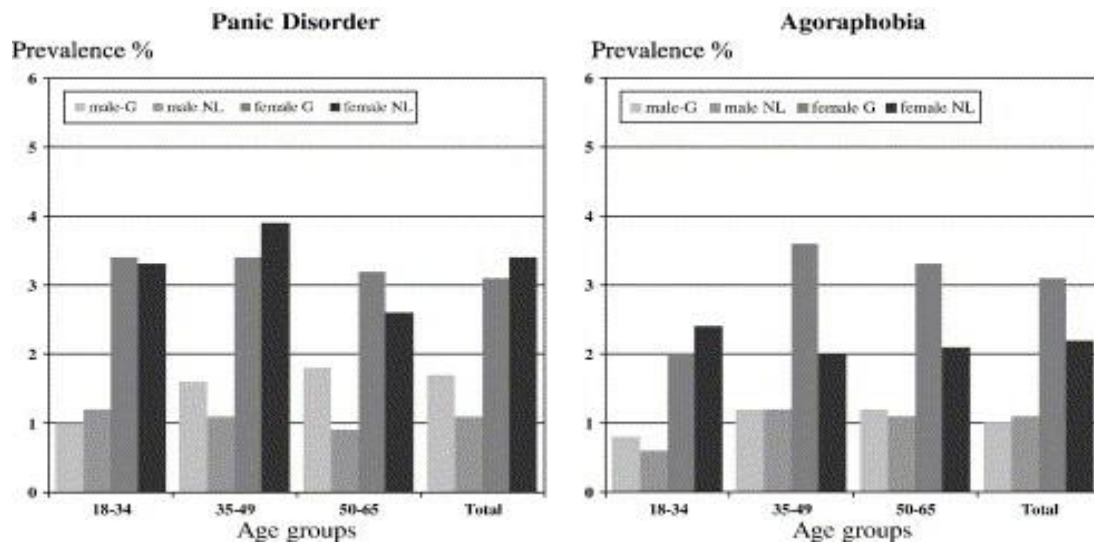


Figure 4: Agoraphobia in the United States and Other Countries, Past and Present

(Source: Maes et al. 2019)

Because the dreaded scenarios plainly extend beyond "the marketplace," the term "fear of places" has never been totally satisfactory. "Phobic-anxiety-depersonalization syndrome," "phobic anxiety state," "locomotor anxiety," "topophobia" (fear of specific places), "kenophobia" (fear of empty spaces), and "platzangst" (place anxiety) have all been used to describe the syndrome, but none have outlasted "agoraphobia" (Brandes et al. 2019).

Theme 2: Posttraumatic Phenomena

Though the diagnosis "traumatic neurosis" ("shell shock," "combat exhaustion," and "war neurosis") was first used in DSM-III, the diagnosis "traumatic neurosis" ("shell shock," "combat weariness," and "war neurosis") had been used for many years. Surprisingly, DSM-I had a vaguely comparable concept called "gross stress reaction," but this diagnosis was dropped from DSM-II. PTSD was characterized in DSM-III as a syndrome that developed after a psychologically distressing experience that "would elicit severe symptoms of distress in practically everyone" (Lacey & Minnis, 2020). Such incidents were "usually outside the range of human experience," according to the text.

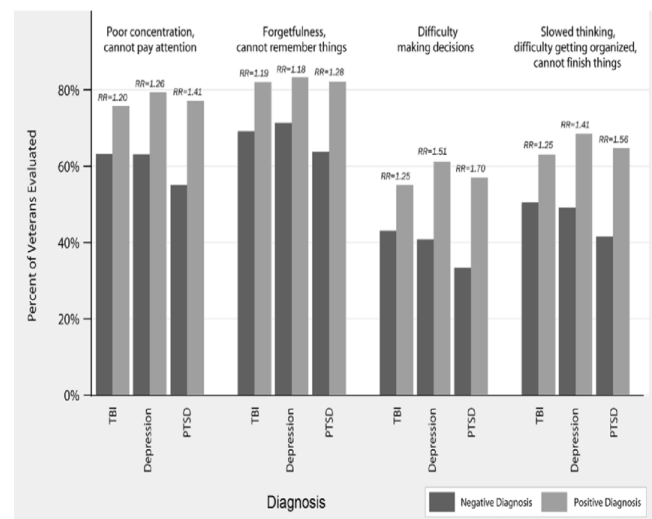


Figure 5: Posttraumatic Phenomena

(Source: Kerns et al. 2021)

Theme 3: "OCD and Putatively Related Conditions"

The most contentious topic in OCD nosology appears to be whether OCD should continue to be categorized "as an anxiety disorder, and whether potential OCD-related illnesses should be labeled as such in DSM-V. Notably, OCD is classified as a "neurotic, stress-related, and somatoform illness" in ICD-10", but not as a "anxiety disorder" (as is the case with PTSD,

which is classified as a "response to severe stress and adjustment disorders" subsection).

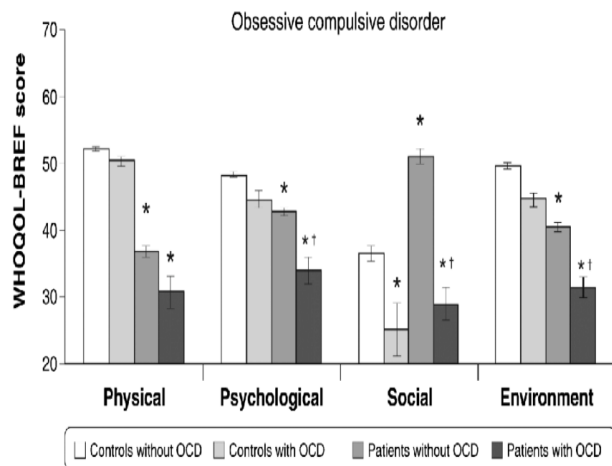


Figure 6: Relationship among different OCDs

(Source: Halfon & Bulut, 2019)

Additional justifications for eliminating OCD and categorizing it with putatively similar conditions include somewhat “diverse phenomenology and neurocircuitry”, while none of the arguments are without debate, and it is unclear whether the remaining anxiety disorders are homogeneous in most ways (Allely & Dubin, 2018).

Discussion

In reality, in the “DSM-III-R”, this phrase was added to criteria, along with instances of possible traumatic stresses (serious threats of death and injury and others). However, the discipline quickly concluded that many traumatic situations were not outside the normal range of human experience – might be especially in the United States – and the idea was abandoned in “DSM-IV”. The “DSM-IV” also broadened the criteria of a “PTSD-related trauma” to include things like being diagnosed with a life-threatening illness. Furthermore, there was no longer any need to witness the incident firsthand (Elliott & Place, 2019). As a result, what was originally thought to be a relatively violent, immediate type of stressor progressively became something much less well defined. This “criterion creep” has sparked a lot of debate.

Conclusion

Treatment and research for anxiety disorders are dependent on accurate “conceptualization and measurement” of these illnesses. The history of anxiety disorder nosology has been explored, and it has been noted that divisions of “neurosis” have mistakenly diverted focus away from what is common among diseases currently categorized individually. The evolution of agoraphobia definitions, as well as the significant variations between “DSM-IV and ICD-10 classifications”, have been noticed. There have been ongoing debates about the diagnoses of “PTSD, ASD, and GAD”. Finally, the debate about where OCD and potentially related diseases should be classified in future diagnostic classifications was examined. Clinicians and researchers interested in the neuroscience of anxiety disorders will find it beneficial to review contentious elements of diagnosis.

Limitation

Multiple constraints were discovered while developing the study. Secondary qualitative methodologies were used to further the study in the future, as well as data interpretation procedures that can depict adult separation anxiety and its impact on children. The decision to use a single approach has limited the resources available to further investigate the effects of online and offline shopping on children (Halfon & Bulut, 2019).

Future scope

Finally, it has been anticipated that future modifications of classification systems will remove age-related limits that are currently in place for SAD (Seasonal affective disorder), as it appears, based on current understanding, that the illness can affect people of any age. Furthermore, it is believed that increasing awareness and knowledge of anxiety disorders, particularly among those who work with them, is critical for better identification and more targeted and successful treatment (Arseneault, 2018). The discovery of this disorder helps to

allow for a better understanding of the link between psychiatric disorders in adulthood and early separation anxiety, leading to the development of a continuity model in which separation anxiety persists into adulthood and leads to the “development of the ASAD” (Arthroscopic Subacromial Decompression).

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