

Adult Separation Anxiety Disorder and Intolerance of Uncertainty in Young Adults

Abstract

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The current study was conducted to explore the newly recognised concept of adult separation anxiety disorder (ASAD) in relation to intolerance of uncertainty in Indian young adults. Since, almost negligible research has been conducted on ASAD in India, this study can be considered as pioneering study in India. For this study, a sample of 339 Indian young adults were assessed on the relevant scales to evaluate the adult separation anxiety symptoms, adult separation anxiety disorder and intolerance of uncertainty. The statistical analyses used in the study were coefficient of correlation, multiple linear regression and student's t-test. Results demonstrated that both the dimensions and overall intolerance of uncertainty were positively and significantly correlated to ASAD. Prospective intolerance of uncertainty proved to be an independent predictor of ASAD. Also, it was observed that the dimensions and the overall intolerance of uncertainty was significantly higher in ASAD group as compared to the non-ASAD group.

Keywords: adult separation anxiety disorder, ASAD, intolerance of uncertainty, young adults

Adult separation anxiety disorder is a concept that has not been discovered much with the research as it is a newly ascribed disorder by the two diagnostic classification systems, DSM and ICD. Previously, separation anxiety disorder, was considered to be only occurring the children. It was only in the recent editions of DSM and ICD, that separation anxiety disorder was considered to be existing in adults as well. It was in 2013, that separation anxiety disorder in adulthood was added in the DSM 5 and more recently, in 2019, it was added in ICD 11. Amendments were made in the wording of separation anxiety disorder in the previous editions of DSM and ICD, to make them suitable for ASAD. According to the DSM V (American Psychiatric Association, 2013) and ICD 11 (World Health Organisation, 2019) diagnostic criteria for Separation Anxiety Disorder (SAD), it is an outbreak of extreme and unfitting anxiety or reservations when the individual is separated from his/her major attachment figure or even the thought of it. According to DSM 5, other signs of ASAD include, consistent worry about injury, accident, major illness, or death of the love one; feeling disproportionate distress when one is separated from his/her attachment figure; hesitancy to move away from their home or zone of comfort; frequent nightmares regarding separation from the loved one; experience of anxiety in the circumstances that may lead to separating from the primary individual; claims of physical symptoms when the separation from the loved one occurs (World Health Organization, 2019).

Separation anxiety disorder in children usually occurs from the mother as the mother is seen to be the major attachment figure in most of the cases in children (Bowlby, 1969). When it comes to adults, the major attachment figure can be a parent, or a sibling, or a grandparent, or the romantic partner or even a close friend.

The prevalence of adult separation anxiety disorder is especially much higher in the young adult population as compared to the community. According to DSM 5,

the twelve months prevalence of ASAD in the community sample of USA is 0.9% to 1.9% (American Psychiatric Association, 2013) and lifetime prevalence rate is 1.4% to 6.4% (Silove et al., 2015). However, in the sample of young adult pregnant women in Turkey, the prevalence of ASAD is seen to be 56.2% (Sevil Degirmenci et al., 2020).

Intolerance of uncertainty (IU) can be explained as a characteristic in which a person has negative thoughts about any form of uncertainty in life and expects its consequences to be undesirable. Due to this characteristic, the person will demonstrate a dysfunctional behaviour whenever he will come across a situation that's uncertain (Buhr & Dugas, 2002). People with intolerance of uncertainty, believe more likelihood of adverse consequences to occur in an uncertain situation, even when the possibility of it occurring is unknown (Carleton et al., 2007).

The relationship between adult separation anxiety disorder and an intolerance towards uncertainty appears to be plausible. One aspect of close attachment relationship is uncertainty (Knobloch, 2008). As we know, a misfortunate event with dire consequences befalling upon the attachment figure is always a possibility. Hence, the uncertainty of how one survives without the major attachment figure, will affect the individual. In such a situation, people with high level of intolerance to uncertainty will become fearful and worried. There is supporting evidence also, that states, ASAD is linked with intolerance of Uncertainty (Bogels et al., 2013). There are three theorists, Izard, Lazarus and Mandler, who have provided their uncertainty theories of anxiety. They considered uncertainty as an essential constituent of anxiety (Strongman, 1995). Izard (1991, 2013), believes that in any kind of anxiety, the usual sentiment is fear. According to him, anxiety is reliant on uncertainty. Lazarus (1991), explains the difference between anxiety and fright with the notion of uncertainty. Prospective detriment to the somatic self causes fright, whereas, ambiguity and uncertainty of a situation causes anxiety. Freud's conception of

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objective and neurotic anxiety is parallel to this explanation. Mandler (1984), is considered to have given a refined explanation of the dependence of anxiety on uncertainty. Mandler's theory of anxiety also depends on the relationship between anxiety and interruption. Bottesi et al. (2016), also constructed a IU model of generalised anxiety disorder. Intolerance to uncertainty is also linked with adult attachment (Wright et al., 2017).

Objectives

1. To study the relationship between ASAD and intolerance of uncertainty in young adults.
2. Predicting the relative contribution of intolerance of uncertainty on ASAD in young adults.
3. The differences between ASAD and non-ASAD young adults with respect to the intolerance of uncertainty.

Hypotheses

Based on review of literature, the following hypotheses are proposed:

1. There would be a positive relationship of ASAD with intolerance of uncertainty (prospective and inhibitory intolerance of uncertainty) in young adults.
2. ASAD in young adults would be predicted by intolerance of uncertainty (prospective and inhibitory intolerance of uncertainty).
3. Intolerance of uncertainty (prospective and inhibitory intolerance of uncertainty) would be higher in ASAD group.

Method

The sample for the present study comprises 339 young adults with age ranging between 18 and 25 years, who are college or university students living away from their families (in hostel or as PGs) for the first time. Out of the 339 individuals, 174 are identified with ASAD and the remaining 164 are not identified with ASAD. The sample is collected from different regions in India, in which, most of the sample is elicited from Punjab. The identification of individuals with ASAD have been conducted with the two-step process (Manicavasagar et al., 2003). First the individuals were screened out using ASA-27 (Manicavasagar et al., 2012) to evaluate the ones having adult separation anxiety symptoms. After that, a clinical method, that is algorithm analysis (Silove et al., 2010) was employed to the individuals reaching the threshold of ASA-27 to diagnose them as having ASAD or not.

Tools

1. *Adult Separation Anxiety Questionnaire (ASA-27; Manicavasagar et al., 2012)*

This questionnaire is intended to assess the separation anxiety disorder in adulthood. It consists of 27 items. This scale is both dimensional as well as categorical, so, it provides both dimensional score and a cut-off point of 22 (LeBeau et al., 2015; Manicavasagar et al., 2010). Participants scoring 22 or above are categorised as having adult separation anxiety

symptoms. It has high reliability, where internal consistency is 0.95 and test-retest reliability is 0.86 (Manicavasagar et al., 2003).

2. *Algorithm Analysis (Silove et al., 2010)*

After screening out participants via ASA-27, algorithm analysis has been used to diagnose participants suffering with ASAD in this study. The algorithm is developed from DSM 5 symptom criteria for separation anxiety disorder. In this method, a table has been created having the 8 diagnostic criteria for separation anxiety disorder, matched to relevant items in the ASA-27. The items of ASA-27 measure itself has been formulated from the DSM criteria (Manicavasagar et al., 2003), the items have been competent to match to the appropriate DSM 5 criteria. It has high indicator validity (Silove et al., 2007). Experts working on anxiety disorders in DSM 5 also acknowledged the algorithm analysis to be a significant tool to measure ASAD (Bogels et al., 2013).

3. *Intolerance of Uncertainty Scale (IUS-12; Carleton et al., 2007)*

As the name suggests, this scale is created to assess the trait-level Intolerance of Uncertainty of the individual. This scale is the short version of the original IUS-27 Scale (Freeston et al., 1994). It measures two dimensions of IU, which is, Prospective IU and Inhibitory IU. Prospective IU is apprehensive anxiety and fear regarding future events, and a desire for predictability. It is inherently thought-oriented and future-oriented. Inhibitory IU is the inhibition of behaviour due to uncertainty, uncertainty paralysis, and negative reactions in the presence of uncertainty. It is more behaviour-focused and present-focused. It is a 12-item scale. This measure provides high reliability (Cronbach's alpha), that is, 0.94. It also demonstrates strong convergent validity (Carleton et al., 2007).

Procedure

Individuals who were willing to participate in the study, were asked to fill the questionnaires. Informed consent was also taken from the participants initially. In the informed consent, participants were informed that their participation is entirely voluntary and were assured of the confidentiality of their responses. There are two research designs adopted in this study, correlational design and comparative design. The statistical analysis used in the study are coefficient of correlation, multiple linear regression and student's t-test.

Results

The scale used to measure intolerance of uncertainty has scores for two dimensions and one total score. Results suggest, there is a significant correlation between prospective intolerance of uncertainty and ASAD ($r= 0.28, p<0.001$). In the same way, there is a significant correlation between inhibitory intolerance of uncertainty and ASAD ($r= 0.21, p<0.01$). The

direction of the relationship of ASAD with both the dimensions is positive. This means, as the scores on 14.67, $p < 0.01$). In regression, out of both the dimensions, prospective intolerance of uncertainty

Table 1 Coefficient of correlation between adult separation anxiety disorder (ASAD) and dimensions of intolerance of uncertainty (IU), (n= 174).

Variables	1	2	3	4
1. ASAD	-			
2. Total IU	0.28***	-		
3. Prospective IU	0.28***	0.91	-	
4. Inhibitory IU	0.21**	0.86	0.58	-

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

prospective and inhibitory intolerance of uncertainty increases, the symptoms of separation anxiety in young adults with ASAD also increases and vice- (b= 0.53, $t = 3.83$, $p < 0.01$) explained unique variance. Therefore, prospective intolerance of uncertainty proved to be a significant independent predictor of

Table 2 Stepwise multiple regression analysis for ASAD, n= 174

Variables	B	SE B	β	R ²	ΔR^2
Model 1				0.08	0.07
Constant	24.45	3.24			
Prospective	0.53	0.14	0.28		

Note. Model 1 - $F_{(1, 172)} = 14.67$, $p < 0.01$

versa. Total, intolerance of uncertainty is the sum total of both prospective and inhibitory intolerance of uncertainty. The correlation between total intolerance of uncertainty and ASAD proved to be significant ($r = 0.28$, $p < 0.001$). The direction of the relationship also ASAD, whereas, inhibitory intolerance of uncertainty didn't prove to be a significant independent predictor of ASAD. Hypothesis 2 is partially confirmed. Both the dimensions of intolerance of uncertainty have shown significant results at varied levels of

Table 3 Mean, Standard Deviation (SD), and t-ratio obtained by ASAD and non-ASAD groups in dimensions of intolerance of uncertainty, n= 339.

Variables	Groups	N	Mean	SD	t-ratio
Intolerance of uncertainty	ASAD	174	39.03	6.64	2.92**
	NON-ASAD	165	36.7	7.93	
Prospective intolerance of uncertainty	ASAD	174	22.88	4.17	2.22*
	NON-ASAD	165	21.79	4.8	
Inhibitory intolerance of uncertainty	ASAD	174	16.15	3.29	3.18***
	NON-ASAD	165	14.91	3.85	

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

came out to be positive. Therefore, as the overall intolerance of uncertainty increases, the signs of separation anxiety in young adults with ASAD also increases. The sample contains evidence to conclude the presence of a strong relationship of ASAD with all the three scores of the intolerance of uncertainty. Therefore, the hypothesis 1 is confirmed.

According to table 2, when ASAD was regressed on the two dimensions of intolerance of uncertainty in a stepwise multiple regression analysis, a significant model was found causing 8% variance in ASAD ($F =$

significance. There is a significant difference observed between ASAD and non-ASAD group in prospective intolerance of uncertainty ($t = 2.22$, $p < 0.05$). The mean scores prove to be higher in ASAD group. The difference between both the groups for inhibitory intolerance of uncertainty is also significant ($t = 3.18$, $p < 0.001$), mean scores being higher for ASAD group. This implies, young adults with ASAD have more prospective and inhibitory intolerance of uncertainty than young adults without ASAD.

Correspondingly, the difference seen between both ASAD and non-ASAD group in relation to total intolerance of uncertainty is significant ($t= 2.92$, $p<0.01$). Expectantly, the means scores proved to be higher in ASAD group, which indicates that young adults with ASAD have more overall intolerance of uncertainty as compared to young adults without ASAD. From the above conclusions, the hypothesis 3 is confirmed.

Discussion

In the past research, intolerance of uncertainty has been studied with other anxiety disorders (Carleton et al., 2010). So, studying its relationship with separation anxiety disorder in adulthood gave new insights. Both the dimensions of intolerance of uncertainty such as, prospective intolerance of uncertainty and inhibitory intolerance of uncertainty demonstrated a positive and significant relationship with adult separation anxiety disorder. Overall intolerance of uncertainty also demonstrated a positive and significant relationship with ASAD.

The dimensions were further tested for its predictive power over ASAD. Prospective intolerance of uncertainty independently predicted ASAD at the significant level. This means, that thought-oriented and future-oriented intolerance of uncertainty is more likely to cause ASAD in an individual than behaviour-oriented and present-oriented intolerance of uncertainty. Therefore, the cognitive aspect of IU plays a larger role in triggering ASAD than the behavioural aspect.

Childhood separation anxiety disorders is directly linked with ambiguous information, which may have stemmed by IU (Bogels & Zigterman, 2000). The role of intolerance of uncertainty in adult separation anxiety disorder has been revealed with the comparative analysis. Results on the comparison ASAD and non-ASAD group convey similar outcome to correlation. Both the dimensions and the overall score shows significant mean differences. Prospective and inhibitory intolerance of uncertainty are seen to be significantly higher in ASAD group than non-ASAD group. The overall intolerance of uncertainty is also seen to be significantly higher in ASAD group in comparison to non-ASAD group.

There is supporting evidence also, that states, ASAD is linked with intolerance of uncertainty (Bogels et al., 2013). A supporting study by Boelen et al. (2014), suggested that adult separation anxiety disorder and intolerance of uncertainty had significant relationship with each other. Another supporting study by Sevil Degirmenci et al. (2020), observed that there was a positive correlation between ASAD symptoms and prospective, inhibitory and overall intolerance of uncertainty. It was also seen that both the subscales and overall intolerance of uncertainty were higher in individuals with ASAD symptoms than the individuals without ASAD symptoms. Intolerance of uncertainty proved to be a significant predictor of

general anxiety explaining 36% variances (Osmanağaoğlu et al., 2018).

Conclusion

As adult separation anxiety disorder, is rather a newly recognised concept, explaining the inadequate research regarding it, especially in India. This study acquires the knowledge related to ASAD, which satisfies the requirement to study ASAD, mainly in a collectivistic society such as, India. This study can be considered as a pioneering study in India, exploring the concept of adult separation anxiety disorder in Indian young adults. From the results, it can be established that to reduce the symptoms of ASAD in young adults, intolerance of uncertainty must be decreased, especially the thoughts related to IU. Also, to lessen the risk of vulnerability to ASAD in children and adolescents, individuals must be helped to develop skills to positively deal with future uncertainty. Interventions must be developed for the individuals having ASAD, which target to reduce the intolerance of uncertainty, along with the symptoms of ASAD.

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