

Original Article

Explaining separation anxiety: A qualitative study

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Abstract

Separation anxiety disorder is one of the issues and problems that lead to academic failure and huge losses for the parents and society. This is a qualitative research on separation anxiety disorder in preschool children. The present research method was qualitative with a grounded theory approach based on Charmaz constructivist model. The population included mothers of children with separation anxiety disorder in Tehran in 2020, from whom 10 mothers were selected by homogeneous purposeful sampling until saturation. The semi-structured interview method was used to collect data and the data were analyzed with the MAXQDA software 2020 version. 370 primary codes, 4 themes including the position of strategic management application, the position of the determining father-affected mother, the effective position of the underlying factors, and the position of the child's sensitivity in infancy and childhood and showed a central category of early sensitivity to interactions and environment. It can be concluded that inadequate understanding of interactions and dysfunctional parenting strategies are effective in separation anxiety, and therefore to prevent this disorder, parental educational interventions and the involvement of fathers in parenting are recommended.

Keywords

Separation anxiety
Parents
Grounded theory

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Introduction

Anxiety disorders include conditions that have the effects of extreme fear, anxiety, and behavioral disturbances in common. Fear is a response to a perceived real and present threat, while anxiety is predicting a threat to the future naturally differs in both overlaps. More fear is associated with spontaneous fluctuations in arousal necessary to fight or escape dangerous thoughts, and escape behaviors and more anxiety are associated with muscle tension and angst to be prepared for future danger and precautionary or avoidant behaviors. Sometimes the level of fear or anxiety decreases with pervasive avoidance behaviors. A child with a separation anxiety disorder is afraid or anxious about separating from the attachment person, which is not commensurate with their developmental level, and this persistent fear of hurting the attachment person, the fear of losing or separating from it. Criteria for separation anxiety disorder include severe or disproportionate fear of developmental level or anxiety and worry about the person to whom they are involved, including at least 3 of these: Severe and

persistent anxiety about losing an important person, their attachment, or the possibility of injuries such as illness, injury, accident, or death. Which leads to their separation from the important person of their attachment. Avoiding going out, going to school or other places - for fear of separation falling asleep or falling asleep alone, recurring nightmares involving the theme of separation. Frequent complaints about physical symptoms such as headache, heartburn, nausea, vomiting in fact separation or anticipation of separation from the attachment person. Fear, anxiety, or persistent avoidance for at least 4 weeks in children (leading to discomfort) causes clinically significant disturbances or weakness in social functions. Discomfort is not better justified with other mental disorders ([American Psychiatric Association & Association, 2022](#)). Separation anxiety disorder is a common mental disorder in childhood and early adolescence and is characterized by an unrealistic and excessive fear of separation from an attachment character, usually a parent, which significantly impairs daily activities and developmental tasks.

Patients are extremely concerned that their parents or themselves may be harmed during the separation, so that they may never reunite, and it is a developmental phenomenon that occurs in infants less than 1-year-old. Normal anxiety peaks between 9 and 18 months of age and decreases around 2.5 years of age. Up to 15% of adolescents show severe and persistent fear and withdrawal when confronted with strangers and environments (Sadock's, 2022). Due to the high prevalence and social and clinical burden of anxiety disorders, preventive measures reduce its prevalence and problems and its effects on general health in general (Schiele et al., 2021). These implications make the need to discuss this disorder particularly important in sandstones and the distance between studies (Vaughan, Coddington, Ahmed, & Ertel, 2017).

School dropout behavior or school phobia, which is not itself a separate diagnostic tool, is a common feature associated with separation anxiety disorder. The prevalence of school-leaving behavior is reported to be approximately 5%. However, school absenteeism is much higher in some urban areas. Refusal to go to school is defined as difficulty attending school with anxiety, especially anxiety and depression. Severe separation anxiety often leads to dropping out of school. School phobia, also known as schooling, is also referred to as children who are initially in school but are completely absent from school due to morning mood swings or psychological complaints (King & Bernstein, 2001).

In the British Journal of Education, a study on the strategies of parents and teachers in dealing with children with a separation anxiety disorder who conducted a qualitative case study method found that parents and teachers have different strategies in dealing with children with separation. Separation anxiety disorders were used such as emotional, verbal, cognitive, and child-centered strategies. However, teachers and parents have limited knowledge of effective strategies for managing and separating children with separation anxiety, and these children need the planning, structure, intervention, and comprehensive assistance of professionals other than teachers and parents. Parents used different strategies to reduce separation anxiety. Parents cited different topics such as emotional strategies, verbal strategies, and cognitive strategies. 1. In emotional strategies, parents focused on explicitly showing love and care, trust, and connection to their children. The sub-themes of this theme are reassurance, quality time, expression of feelings, and determination. 2. In verbal strategies, parents focused on communicating with their children. Underneath was encouragement and transparency. 3. In cognitive strategies, parents helped their children understand their feelings and situations. They also emphasized seeking answers to their questions through networking and online knowledge. Sub-topics included rationalization and research. Child-centered strategies and children's activities are emphasized by teachers and these strategies are the most common among teachers. Underneath it was busy maintaining positive

reinforcement, ignoring choice, and humor, and bringing out their rebelliousness (Pepito & Montalbo, 2019).

The undeniable role of parents in the lives of children, especially in the critical stages of socialization at the beginning of primary school, which initiates social relationships and relationships with peers, is not hidden from anyone and their role is reflected in their problems or problems in research. Unlike multiple developmental models that highlight the role of the cognitive process associated with anxiety disorder in children and adolescents, the role of parents' beliefs about their children and parenting is widely undiscovered. Parental competence was studied by parents of children with separation anxiety disorder. The results showed that parents of anxious children had higher levels of perverted beliefs than parents of undiagnosed children and found that parents of children with control had lower levels of parenting self-efficacy than controls. And perverted beliefs about child anxiety and parenting self-efficacy are positively related to child anxiety (Herren, In-Albon, & Schneider, 2013).

Research points to factors related to parenting and parenting behavior, to the reflective or reflexive function of parents of children with separation anxiety disorder. The concept of "reflective function" further expands the potential metacognitive connection to secure parent-child relationships. Funagi and Target defined reflexive function as "developmental acquisition" that allows the child to respond not only to the behavior of others, but also to his or her perceptions of beliefs, feelings, hopes, pretense, plans, and so on (Fonagy & Target, 1997). This capacity for mentalization enables children to read people's minds and attribute mental states to others. Thus, the development of reflective function presupposes the child's ability to distinguish between himself and the other and to attribute intentions to people. This mentalization gives the child the ability to realize that someone else's behavior can be interpreted. In this sense, the reflective function enables the production of new information (Atkinson & Goldberg, 2003). And considering the existing attachment issues between parent and child and also the deep connection between them, they emphasize reflective function or reflective action, education, and empowerment of parents (Toktam Kazemeini, 2018).

Considering the financial, educational, and cultural damages, problems, and pressures that the absence of children inflicts on the body of society and parents, research in this regard as native and specific to Iranian-Islamic culture and interactions seemed necessary purpose of this research is exploratory. It was deeply and constructively to create concepts and categories to explain separation anxiety disorder from the perspective of mothers.

Method

Participants and Instruments

The method of the present study was qualitative with a grounded theory approach based on Charmaz's constructivist model. The population included mothers of children with separation anxiety disorder in the first grade of primary school and 6 years in Tehran in 1399.

After meeting the inclusion criteria of Tehran mothers from several psychologies and psychiatric clinics in Tehran's 3rd district and diagnosing their children with separation anxiety disorder through clinical interview and CSI4 (Gadow & Sprafkin, 1997) by a specialist clinical psychologist, consistent purposive sampling was used among them, 10 mothers were selected by homogeneous purposeful sampling method until saturation.

Procedure

Interview data were typed in Word software and were used by entering each interview through Max-QDA software with the grounded theory approach that has introduced an interpretive framework for qualitative research and scientific theoretical development, and was used as open, axial, and selective coding. Data were analyzed and the method of the adequacy of description and triangulation was used to verify the validity, after finding, exploring, and explaining the components, subcategories and from the heart of those categories, themes or themes and a central category was obtained.

Results

The results of this research include a central category, 4 main themes or themes, 6 categories which are summarized in the following (Figure 1).

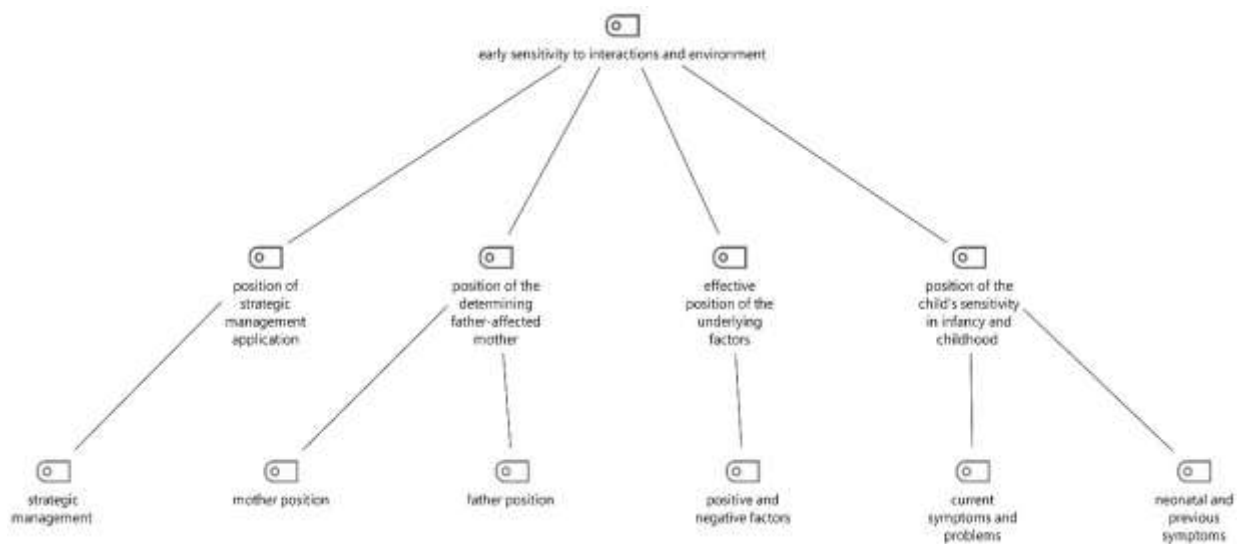


Table 1. Map of central category, main themes and categories

1. Theme position of the management strategy application: This theme refers to the position of each of the ways that parents prefer or suggest or the things that can be done or what strategies they use to manage in each of the situations and includes the category of strategic management and this category includes solutions. Pays that either the parents suggest to others or is successful or unsuccessful or based on the child's behavior before or after the child's behavior is used to calm him down. This category includes 4 subcategories: Useful Strategies, Useless Strategies, Prevention Strategies, and Compensation Strategies. Beneficial strategies refer to strategies that have specific functions such as reducing anxiety and fear. Example: Storytelling; "What helps you in managing Ilda's behavior? Interviewee: that I manage ... become the things I read books before" (ninth p). Useless strategies refer to strategies that do not have a specific function such as reducing anxiety and fear. Example: Taking the park; "Someone said, 'Go to the park, sit down every day and look at it.' Prevention strategies refer to

strategies that have specific functions such as reducing anxiety and fear and worry and are for the time before the behavior and prevention or prevention. Example: Playing; "I say, sit down and play with me. I bought him a Tonbak. I say, for example, let's play with each other. If he can do a weird thing that makes me greedy, he will be satisfied. Okay, everything will calm down. Compensatory strategies refer to strategies that have a specific function, such as reducing anxiety and fear and worry, and for a later time to compensate for the child's restlessness. Example: Staying with a child; "I did not separate him by force, I just stayed by his side. The children were going somewhere to play. Then I did not accept. I said I would go with him or let him come to me. I went with him for an hour so that he would come out.

2. The theme of the position of the determining father-mother caught: It is about the importance of each parent's position and includes two categories: father position and mother position. The position of the father

deals with the decisive and important aspect of the father and is without sub-categories. Example: The effect of the father's absence on fear; "In some places, a person is disturbed, for example, at night, if his father is not there, he must lock the door. I say do not do it. Well, we suffocate. For example, when he is afraid of the dark, he clings to some places and says, "No, we are not going." He gets stuck. And the position of the mother means that it deals with the effective position of the mother in terms of issues and troubles with which she has entered into a relationship with the child or already has. The position of the mother includes the subcategory of the mother's problems, that is, the set of problems that the mother has arisen because of her problems with the child. Example: mixing; "My nerves are tangled again. Well, why is my mother doing this? For example, something has to be done, we have to go some way. Because I am not at all afraid (sixth p) and the mother's symptoms are a set of psychological symptoms such as depression, obsession, and all kinds of fears that occur before the onset of symptoms or before the birth of the child. Example: Mother's confusion; Well, when Ilda was a child, I was not in the mood at all.

3. The theme of the effective position of contextual factors: The definition of this theme is a set of factors that affect the behavioral outcome and has a category of positive and negative factors. Positive example: Improvement with age; "I explain, he says yes, but he used to cry. "(The fourth p) Negative example: Not going to the kindergarten: Interviewer: So what exactly was the problem, Etienne or what? Interviewee: "Atin Vala, look, he did not go to preschool, he did not go to kindergarten, he did not go, he was always with me, because his father was always on the road, so we had to travel with him somewhere" (sixth p).

4. The theme of the place of child sensitization in infancy and childhood: It deals with aspects of the child's physical and psychological problems that seem to be involved in the child's behavioral response and sensitivity. It has two main categories of current symptoms and problems, namely the set of symptoms and current problems of the child and the category of neonatal and previous symptoms, i.e. symptoms that he has been involved with or has had since the beginning of infancy. The child's current symptoms and problems are without subcategories. Example: He does not sleep alone; "He is afraid of the terrible darkness. The lights are on at night until morning. His father's sleep instead of Etienne's sleep with me "(Sixth Participant, Pos. ٣٩) But the child's current problems include a subset of physical problems, that is, a set of problems that have physical manifestations or aspects of physical illness. Yes, Reyhaneh, her father is a minor. Yes, my sister also has anemia, but their father is a minor "(tenth participant). The subcategory of Types of Fear is the collection of typical child fears: "Fear of loud noise was a year and a half, I realized he was scared, and I do not know why he is scared out loud, because we are a whole gentle family "(Fourth p). Developmental delay: "It was

not except for small children. It was like this. It was a small child. And the sub-category of significant problems, that is problems that are important from a research point of view. Example: Problem with breastfeeding: Take his mother's milk "(Tenth).

Discussion and Conclusion

The 370 primary codes showed four themes, including the position of strategic management application, the position of the determining parent-affected mother, the effective position of the underlying factors and the position of the child's sensitivity in infancy and childhood, and a central category: early sensitivity to interactions and environment. The present study has produced 6 analytical-theoretical proposition problem-solving solving, which include:

1. Most likely, children with separation anxiety disorder from the earliest period of life had significant physical illnesses or problems, most of these problems based on the participants' views. It was genetic or inherited and caused the child to become sensitive from an early age. Removing the age limit in defining separation anxiety disorder is the result of long debates about the diagnostic limit of this disorder in childhood. In the past, adults with separation anxiety syndrome were classified into other classes, such as panic disorder, market phobia, and generalized anxiety disorder. While the parents of these children (especially mothers) who were previously diagnosed with a market phobia, had an adult form of a separation anxiety disorder (Silove & Rees, 2014). Genetic factors seem to play an important role in shaping the dimensions of anxiety in children (Ogliari et al., 2010). Unique 30-year long-term results from a city in New Zealand (Gibb, Fergusson, & Horwood, 2011) show that separation anxiety is associated with parental anxiety disorder, and studies suggest that children of parents with anxiety disorder are at risk for developing an anxiety disorder. Studies of twins also indicate family transmission, and widely, people with the disorder have had parents with the disorder (Biederman et al., 2006). The results of research confirm the transmission of anxiety disorders from the mother (Martini, Knappe, Beesdo-Baum, Lieb, & Wittchen, 2010).

2. According to caregivers, these problems are either internal-relationship (such as relationship problems of the couple or the presence of one parent) or external-emotional (such as events that occurred later in development) that have a major impact on the child. And the cause of this disorder is considered to be due to it. Children's anxiety states can be related to negative life situations. Separation anxiety disorder is often accelerated by changes or stress in a child's life, and symptoms include changes in lifestyle, illness, lack of rest, family relocation, or changes in family structure (such as death, divorce, parental illness, cohabitation), new school, accidents Trauma or returning to school after the holidays worsens and may also be affected by a change of caregiver or parent-child response to

discipline, availability, or daily routines, or even positive changes (Dabkowska, Araszkievicz, Dabkowska, & Wilkosc, 2011).

3. According to the keep takers, other factors affect its intensification or decrease (such as family support, the effect of intelligence, and the effect of school). According to Egger, Costello and Angold (2003), high-risk schools are one of the factors influencing a child's refusal to attend school.

4. The mother has an important and indisputable role in it (for example, the role of the mother's previous problems on the child). School abstinence or school phobia, also known as school-age separation anxiety disorder, is associated with living with a single parent, especially the mother (Egger, Costello, & Angold, 2003).

5. The father plays a special role in the child's life and symptoms (such as the absence of the father and its effect on the child's fears).

6. The strategies of parents and most mothers to spend more time with the child are random and seem to have no definite order and stability, and every time the child shows signs of different strategies, whether successful or unsuccessful, why to prevent the sign or to compensate for fear. They use the child, and finally, we come to the central category, which gives us an overview of relationships and consequences, that is, the child's early sensitivity to interactions and the environment, which shows that these children seem to be born from the beginning. They have been more sensitive to relationship interactions and the environment, and their hypersensitivity has led to more intense and acute responses than other children.

The results of the present study with the results of Kazemeini, Z. S. S., Ali Mashhadi, Morteza Moddares Gharravi (2018) on the effective role of parents in relation to children with separation anxiety disorder and also with Khanjani, Hashemi, Peymannia, Aghagolzadeh (Khanjani, Hashemi, Peymannia, & Aghagolzadeh, 2014) research on the underlying role of interaction. The mother-child is consistent in the formation of separation anxiety disorder and is in line with the research of Pepito and Montalbo (2019).

In any research, some limitations are useful to thinkers of that knowledge. In this study, the researcher's mind was effective in interpreting the mentioned categories and the views of the participants. The researchers tried to reduce it through the adequate description and rich description and responsiveness. The face-to-face conversation was not possible, due to the lack of cooperation of fathers, interviews were conducted only with mothers of affected children who asked questions. Regarding the relationship with the fathers, we tried to compensate for it. It is recommended that additional training be provided to parents and teachers on the management of children with separation anxiety, and early childhood centers should have specific policies and services in place to ensure the general mental health of children.

Disclosure Statement

The authors declare that there was no commercial or financial relationship that could be construed as a potential conflict of interest in their research.

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References

- American Psychiatric Association, D., & Association, A. P. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5* (Vol. 5): American psychiatric association Washington, DC.
- Atkinson, L., & Goldberg, S. (2003). *Attachment issues in psychopathology and intervention*: Routledge.
- Biederman, J., Petty, C., Faraone, S. V., Henin, A., Hirshfeld-Becker, D., Pollack, M. H., Rosenbaum, J. F. (2006). Effects of parental anxiety disorders in children at high risk for panic disorder: A controlled study. *Journal of affective disorders*, 94(1-3), 191-197. doi: 10.1016/j.jad.2006.04.012
- Dabkowska, M., Araszkievicz, A., Dabkowska, A., & Wilkosc, M. (2011). Separation anxiety in children and adolescents. In *Different views of anxiety disorders*: IntechOpen. doi:10.5772/22672
- Egger, H. L., Costello, J. E & ,.Angold, A. (2003). School refusal and psychiatric disorders: A community study. *Journal of the American academy of child & adolescent psychiatry*, 42(7), 797-807. doi: 10.1097/01.CHI.0000046865.56865.79
- Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and psychopathology*, 9(4), 679-700.
- Gadow, K. D., & Sprafkin, J. (1997). *Child symptom inventory 4: CSI*: Checkmate Plus Stony Brook, NY.
- Gibb, S. J., Fergusson, D. M., & Horwood, L. J. (2011). Relationship separation and mental health problems: findings from a 30-year longitudinal study. *Australian & New Zealand Journal of Psychiatry*, 45(2), 163-169. doi:10.3109/00048674.2010.529603
- Herren, C., In-Albon, T., & Schneider, S. (2013). Beliefs regarding child anxiety and parenting competence in parents of children with separation anxiety disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, 44(1), 53-60. doi: 10.1016/j.jbtep.2012.07.005
- Khanjani, Z., Hashemi, T., Peymannia, B., & Aghagolzadeh, M. (2014). Relationship between the quality of mother-child interaction, separation anxiety and school phobia in children. *Studies in Medical Sciences*, 25(3), 231-240.
- King, N. J., & Bernstein, G. A. (2001). School refusal in children and adolescents: A review of the past 10 years. *Journal of the American academy of child & adolescent psychiatry*, 40(2), 197-205 . doi: 10.1097/00004583-200102000-00014

- Martini, J., Knappe, S., Beesdo-Baum, K., Lieb, R., & Wittchen, H.-U. (2010). Anxiety disorders before birth and self-perceived distress during pregnancy: associations with maternal depression and obstetric, neonatal and early childhood outcomes. *Early human development*, 86(5), 305-310 . doi: 10.1016/j.earlhumdev.2010.04.004
- Ogliari, A., Spatola, C. A., Pesenti-Gritti, P., Medda, E., Penna, L., Stazi, M. A., . . . Fagnani, C. (2010). The role of genes and environment in shaping co-occurrence of DSM-IV defined anxiety dimensions among Italian twins aged 8–17. *Journal of Anxiety Disorders*, 24(4), 433-439 . doi:10.1016/j.janxdis.2010.02.008
- Pepito, G., & Montalbo, I. C. (2019). Separation anxiety on preschoolers' development. *International Journal of English and Education*, 8(1), 229-239 . https://www.researchgate.net/publication/330410506_Separation_Anxiety_on_Preschoolers'_Development
- Sadock's, K. (2021). (*Synopsis of psychiatry*. Printed in China: Wolters Kluwer.
- Schiele, M. A., Vietz, M., Gajewska, A., Unterecker, S., Gottschalk, M. G., Deckert, J., . . . Domschke, K. (2021). The cognitive anxiety sensitivity treatment (CAST) in anxiety prevention—Focus on separation anxiety and interoception. *European Neuropsychopharmacology*, 53, 104-113 . doi: 10.1016/j.euroneuro.2021.08.265
- Silove, D., & Rees, S. (2014). Separation anxiety disorder across the lifespan: DSM-5 lifts age restriction on diagnosis. *Asian Journal of Psychiatry*, 11, 98-101 . doi: 10.1016/j.ajp.2014.06.021
- Toktam Kazemeini, Z. S. S., Ali Mashhadi, Morteza Moddares Gharravi. (2018). Reflective Functioning Factors in Parents of Children with Separation Anxiety Disorder: A Qualitative Research. *Quarterly Journal of Child Mental Health*, vol. 5 .
- Vaughan, J., Coddington, J. A., Ahmed, A. H., & Ertel, M. (2017). Separation anxiety disorder in school-age children: What health care providers should know. *Journal of pediatric health care*, 31(4), 433-440. doi: 10.1016/j.pedhc.2016.11.003