

Separation Anxiety: Understanding and Overcoming the Fear

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Separation anxiety disorder is a psychological condition in which an individual experiences excessive anxiety regarding separation from home or from people to whom the individual has a strong emotional attachment (like a father, mother, grandparents, and brothers or sisters). Separation Anxiety Disorder (SAD), is characterized by significant and recurrent amounts of worry upon (or anticipation of) separation from a child or adolescent's home or from those to whom the child or adolescent is attached.

Those suffering from SAD may worry about losing their parents and/or getting lost or kidnapped. They often refuse to go to certain places (e.g., school) because of fears of separation, or become extremely fearful when they are left alone without their parents. These children and adolescents may also refuse to sleep alone, experience nightmares about separation, or experience various physical complaints (e.g., body-aches, nausea) when separated from their parents. Separation anxiety may cause significant impairment in important areas of functioning, (e.g., academic and social). The duration of this problem must last for at least four weeks and must present itself before the child is 18 years of age.

Background

Present in all age groups, adult separation anxiety disorder (affecting roughly 7% of adults) is more common than childhood separation anxiety disorder (affecting approximately 4% of children). Separation Anxiety can also occur in dogs, which can lead to chewing for relieving stress. Separation anxiety disorder is often characterized by some of the following symptoms:

Recurring distress when separated from the subject of attachment (such as significant other, the father or the mother, or home)

Persistent, excessive worrying about losing the subject of attachment, and/or that some event will lead to separation from a major attachment

Excessive fear about being alone without subject of attachment

Persistent reluctance or refusal to go to sleep without being near a major attachment figure, like a significant other or mother

Recurrent nightmares about separation

Crying

Often, separation anxiety disorder is a symptom of a co-morbid condition. Studies show that children suffering from separation anxiety disorder are much more likely to have ADHD, bipolar disorder, panic disorder, and other disorders later in life.

Separation anxiety disorder versus separation anxiety

Separation anxiety disorder should not be confused with separation anxiety, which occurs as "a

normal stage of development for healthy, secure babies." Separation anxiety occurs as babies begin to understand their own selfhood--or understand that they are a separate person from their primary caregiver. At the same time, the concept of object permanence emerges--which is when children learn that something still exists when it is not seen or heard. As babies begin to understand that they can be separated from their primary caregiver, they do not understand that their caregiver will return, nor do they have a concept of time. This, in turn, causes a normal and healthy anxious reaction.

Some sources state that separation anxiety typically onsets around 8 months of age and increases until 13-15 months, when it begins to decline. Other sources report a peak from 18-36 months.

Compared to separation anxiety, separation anxiety disorder is when the symptoms of separation anxiety becomes problematic for day-to-day living.

Psychosocial Treatment

Cognitive Behavioral Therapy is scientifically proven to help treat separation anxiety disorder. Cognitive and Behavioral Therapies for children and adolescents usually are short-term treatments (i.e., often between 6-20 sessions) that focus on teaching young people and their parents specific skills. CBT is different from many other therapy approaches by focusing on the ways that a person's cognitions (i.e., thoughts), emotions, and behaviors are connected and how they affect one another. Because emotions, thoughts, and behaviors are all linked, CBT approaches allow for therapists to intervene at different points in the cycle. Learn more from the Society of Clinical Child and Adolescent Psychology.