

PRACTICAL EXAMPLES OF SEPARATION-RELATED PROBLEMS IN DOGS: DISTINGUISHING BETWEEN ANXIETY AND FRUSTRATION

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These notes are a theoretical and practical supplement to the clinical cases and situations that will be discussed during the presentation.

INTRODUCTION

Problems related to separation in dogs are one of the most common reasons for consultation in veterinary practice. Traditionally, most of these cases have been addressed under the generic label of *separation anxiety*. In doing so, we assumed that fear or anxiety in the absence of the caregiver was the main driver of the problematic behavior. However, this view is incomplete and, in many cases, can lead to inaccurate diagnoses and ineffective treatment plans.

Today, research and clinical experience show us that separation-related problems are not homogeneous. Under the same set of observable signs (vocalization, destruction, inappropriate urination or defecation, escape attempts), different motivations and emotional states can coexist, specifically anxiety and frustration.

ANXIETY

Anxiety is an emotional state related to uncertainty, i.e., doubts about what is going to happen or about the possibility of changing it. Thus, in the context of separation problems, uncertainty can be related to two phenomena:

- **Unpredictability**: the dog does not know when it will be left alone.
- **Uncontrollability**: the dog perceives that it cannot influence the outcome or change the situation in its favor.

Anxiety is therefore a negative and anticipatory emotional state. In language we can use with our clients, the animal internally asks itself questions or dilemmas such as: "Is something bad going to happen?" or "I won't be able to do anything to prevent this."

This is a response to the perception of a potential threat, where the danger is not yet imminent or immediate, but is likely enough to trigger hypervigilance, muscle tension, and physiological changes associated with stress.

In separation problems, this threat can be fueled by various mechanisms, which are compatible with each other:

- Anticipation of the discomfort experienced during loneliness.
- Temporary loss of the primary attachment figure.
- Presence of aversive stimuli during absence (external noises, storms, construction work).
- Memories of previous unpleasant experiences when left alone.



Anxiety is fueled by unpredictability (the dog does not know exactly when or how the separation will occur) and uncontrollability (the dog feels that it has no resources to change the situation). In clinical practice, separation anxiety manifests itself even before the caregiver leaves, with signs such as:

- Hypervigilance to pre-departure cues.
- · Pacing (wandering).
- Panting, trembling, salivation.
- Avoidance or contact-seeking behaviors.

FRUSTRATION

Frustration is a negative emotional state that arises from a prediction error. It appears when the dog does not have access to a necessary resource, when an anticipated reward does not occur, or when a barrier stands between the animal and the expected resource or reward. In colloquial language, it could be expressed as: "I was expecting something good and it didn't happen" or "I need that, but I can't get it.

In this case, the negative emotion arises not from the anticipation of a threat, but from the absence of a positive element that the dog considered probable or accessible. This mechanism is associated with:

- High physiological and behavioral arousal.
- Persistent and repetitive behaviors to try to achieve the goal.

In separation problems, frustration can arise when the dog has learned that the caregiver's presence means frequent access to interaction or resources, and absence breaks that expectation. Typical behaviors include:

- Repetitive barking.
- Intense scratching at doors or windows.
- Destruction focused on access points.

CLINICAL RELEVANCE

The behaviors observed in separation problems are not unequivocal indicators of anxiety, but may also be related to frustration. The variability found in dogs' responses indicates that the same sign, for example vocalization, may be motivated by the anticipation of a threat in some cases and by the absence of a valuable resource in others. This evidence highlights the clinical importance of assessing not only which behaviors appear, but also the context in which they occur, their temporal sequence, and the individual traits of the animal, in order to identify the predominant emotional driver and guide effective intervention(1)

Although some clinical signs are more associated with anxiety, while others are more common in situations of frustration, we cannot establish discrete lists of indicators that allow us to clearly differentiate between the two states. Ultimately, beyond theoretical analysis, clinical evidence indicates that in most cases different emotional states will coexist, whose specific weight may also change over time. Thus, for example, a dog that initially experiences frustration at not being able to access its caregiver or certain resources may eventually develop anxiety in response to cues that predict that situation.

As a guide, below are some signs that can help us intuit that we are facing a problem where frustration plays a predominant role:

In separation problems, frustration may be suspected when behaviors such as repetitive barking, scratching at doors or windows, and, in general, destruction focused on exit points predominate.



Anxiety, especially when related to fear, is often associated with whining, crying, howling, and hypervigilance for signs of escape.

The clinical examination should always be structured, systematic, and include the following elements:

- Detailed behavioral history: describe the onset of the problem, triggers, and progression.
- Direct or video observation: analyze temporal patterns and types of behavior during absence.
- Assessment of traits: determine the degree of excitability, impulsivity, and fear.

So-called **multiaxial clinical assessment models** can help us structure the information gathering process and better guide the diagnosis. The model we apply at our center includes the following axes:

- 1. Observed behavior.
- 2. Traits and temperament.
- 3. Physical health.
- 4. Physical and social environments.
- 5. Functionality (impact on the lifestyle and quality of life of the animal and the family).

Animals with separation issues show more restlessness, vocalization, and salivation, and take longer to relax after absence, in addition to traits such as increased excitability and decreased calmness. In contrast, dogs without SRB remained mostly inactive and showed no significant changes in behavior or emotional state².

Behavioral expression during separation is modulated by temperament, previous experience, and context. Therefore, a clinical approach that considers the interaction of multiple emotions in the genesis of separation problems, the need for an accurate differential diagnosis, and the advisability of a multimodal preventive and therapeutic approach is essential³.

THERAPEUTIC IMPLICATIONS

For anxiety:

- 1. Reduce unpredictability: establish clear and consistent routines for departures and arrivals.
- 2. **Increase the sense of control**: apply counterconditioning to associate absence with predictable positive experiences.
- 3. Systematic desensitization: graded exposure.
- 4. **Biological therapies with anxiolytic properties.** When necessary to reduce the intensity of the emotional response and facilitate learning.

For frustration:

- Manage expectations: vary interaction routines and avoid reinforcing excessive demands for attention.
- Increase self-control: training in waiting exercises, relaxation skills, and self-control activities.
- **Counterconditioning**: associate the absence of the caregiver with the provision of attractive resources that maintain motivation.
- Biological therapies to reduce impulsivity/arousal.

Conclusion

Separation problems in dogs are not a single disorder, but rather a spectrum involving different emotional drivers. Anxiety and frustration are two of the most relevant, both linked to uncertainty through unpredictability and uncontrollability.



The distinction between the two not only improves clinical understanding but is also essential for designing specific and effective interventions. An accurate diagnosis, based on a detailed assessment and identification of the predominant emotional state, allows the clinician to select the most appropriate behavior modification strategies, environmental management, pharmacotherapy, and communication with the client.

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