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TOWARDS AN INTEGRATED BIOPSYCHOSOCIAL RISK MODEL OF DISTRESS DISORDER AETIOLOGY FOR CHILDREN OF MIDDLE CHILDHOOD

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ABSTRACT

Recent theoretical developments both within and outside the clinical literature have stressed the complex interactions between biological and environmental risk in They have also highlighted the relation to psychopathology development. importance of cognitive dimensions, especially those related to control perceptions, in the developmental path towards anxiety and mood disorders in children. Few studies have investigated these cognitive dimensions in relation to risk and protective factors. In light of these considerations, the present study evaluated structural models investigating the relationship of perceived control and competence to child temperamental risk, parent personal risk, family environmental risk and anxious and depressed feelings. It was hypothesised that temperamental, and psychological risk in relationship to family environment would be mediated by the cognitive dimensions of perceived control and competence. It was further hypothesised that family environment, would mediate the relationship between child temperamental risk and anxious and depressed feelings. A school sample of 293 New Zealand children aged between 8 and 11 and their parents was assessed using a cross-sectional design. Overall results indicated that in the face of temperamental and family adversity, feeling in control of emotions and social interactions and feeling socially competent afforded children protection from anxious or depressed feelings. In addition, a sensitive, accepting family environment was seen to protect a temperamentally vulnerable child from distressed feelings. In contrast, distress was more likely to occur when a temperamentally vulnerable child lived in a family characterised by parental psychological control and conflict than one characterised by less cohesion and parental rejection. Results also indicated that, in terms of cognitive features, perceptions of social competence were particularly important in protecting a child from having anxious or depressed feelings. These findings are discussed in relationship to Barlow's and other recent integrated aetiological theories of distress disorder. Findings are also considered in relation to implications for identification, intervention and prevention strategies for distressed children in both clinical and school populations. Further results, limitations and proposals for future research are also discussed.

DEDICATION

This thesis is dedicated to the memory of three special people who passed away during its writing:

my Father Harry L. Wilson who believed in me and taught me that anything is possible.

my dear Friend *Ruth Parry* whose respect for and way with children and gift as a family therapist have been a model to me in my work and my research.

my Friend and Colleague *Trudy MacKay* whose energy and passion for family and the rights of all children to be safe, secure and to belong has inspired me.

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