

SUMMARY

Anxiety and depression are extremely unrelenting and incapacitating, being the leading causes of disease burden. This research program sought to examine the roles of childhood adversities and resilience in the presentation of these disorders. The existing body of literature suggested that childhood adversities may contribute to distorted cognitions, emotion dysregulation and maladaptive behaviours, whereas resilience acts as a potential safeguard through the development of positive adaptive strategies in the face of vulnerabilities.

Chapter Two described the prevalence of six common anxiety disorders and the main types of depression and presented cognitive behavioural therapy (CBT) as the suite of preferred evidenced-based therapies for their treatment.

Chapter Three provided a review of the relevance of childhood adversities. They are now considered a silent global epidemic, with a significant impact on developmental milestones and the manifestation of internalising (e.g., anxiety and depression) and externalising disorders (e.g., antisocial behaviour, substance disorders). Particular types of childhood adversities have been linked to adult anxiety and depression.

Chapter Four introduced the concept of resilience, which may be best described as a set of adaptations within specific domains, that if lacking may contribute to anxiety and depression. However, resilience is yet to be consistently applied to the context of psychopathology or psychological intervention. A role for resilience may lie in the gradual shift from traditional deficit-based to more strength-based intervention frameworks.

Chapter Five introduced the methods underpinning the major empirical phases of the research program. There was a detailed commentary on the measures and protocols used to determine the success of a standard treatment delivered locally.

Chapter Six evaluated two strategies to improve the measurement of resilience with the commonly-used Connor-Davidson Resilience Questionnaire. Applying both exploratory and confirmatory factor analyses, subscales termed Adaptability and Tenacity were identified as viable subscales of resilience. However, Receiver Operating Characteristics analyses failed to support the proposition that cutoff values would help to determine the predictive validity of resilience.

Chapter Seven evaluated the efficacy of a standard CBT treatment protocol implemented locally using a single group, pretest-posttest design. Substantial improvement was noted across the treatment program, with further improvement in self-reported resilience. Analyses of the structural relationships among clinical variables and resilience failed to provide definitive evidence of ‘causal’ associations. The addition of childhood adversities to these analyses provided modest evidence of their detrimental effect during childhood.

Chapter Eight reported on a randomised controlled trial designed to compare treatment outcomes for an experimental, strength-based intervention based on self-compassion with standard treatment for clients with PTSD or depression. The experimental group experienced greater improvement in self-compassion, resilience and severity compared with the standard treatment group, highlighting the potential role of compassion-focused therapy in the management of complex psychopathology.

Chapter Nine summarised the key findings from the total program of research, highlighting the contribution made to existing knowledge. Limitations of the research program were noted, with recommendations offered for future research.