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Psychological intervention for rapid response to collective emotional distress during commemoration of Genocide against Tutsi in Rwanda

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In 1994 Rwanda has experienced one of the largest and most significant genocides in human history. The Genocide against Tutsi not only led to unbelievable personal loss but also to the loss of human resources, human talent and human intention needed for the functioning of a whole society. Those people who survived were devastated by the loss of all they had known resulting in massive horrendous suffering. The first official commemoration of Genocide against TUTSI in Rwanda, which included mental health interventions, was organized in 2004 mainly in Kigali. At that time the mental health support was reactive, centralized, and overwhelmed by the need for their services. Since 2004, it has become important within the Rwandan culture to commemorate those dead and the suffering that was endured. Therefore, all Rwandans feel compelled to participate in the annual commemoration and to come together in many ways to relive the events of the past. The activities unite the people of Rwanda in their time of grief. Rwanda created decentralized network throughout Rwanda to provide most of the care in the community and avoid using higher levels of care. This innovation shows that with the organized mobilization of all resources, from volunteers to the highest trained individuals, a network can be created which utilizes the training and talents of all together in concert. When this type of organization and training are brought to bear on any national problem or crisis, each person can contribute to the highest and best utilization of their talents and education in a way that creates the greatest service to all people. This interventional model can serve as an exemplar for other organizations and other countries who have suffered from the effects of war and conflict.

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Exercise and cognitive bias modification training in adults: Effects on self-reported anxiety

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In the last couple of decades evidence has gathered that individuals suffering from anxiety tend to interpret ambiguous information as threatening. Taking the causal role of this interpretative bias in anxiety, it has been confirmed that modifying these biases in clinical and non-clinical populations can influence anxiety symptoms and its future vulnerability. The study was designed to investigate the potential relationship between threat-related biases in anxiety and exercise. It examined whether exercise improved mood states and also if CBM measures proved to be successful in altering negative mood states in people with anxiety. Healthy adults in the age range of 18-60 years (mean age=29.11; S.D=6.9, men and women) were randomly assigned to one of three conditions: exercise and positive Cognitive Bias Modification (CBM) training, exercise or a control condition (n=3×12). They attended a single session of exercise and a session of training on the same day. A two-tailed paired t-test was used to identify effectiveness of exercise on anxiety. Those in the exercise group were less state and trait anxious after completion of the experiment on a measure of State-Trait Anxiety Inventory (STAI), compared to both the controls and those in exercise and positive CBM condition. Additionally, no significant effects were observed on state anxiety in the exercise plus CBM group, though they were fewer-trait anxious after completion of the training. Some of the clinical potentials of exercise and positive cognitive bias modification in groups of healthy individuals were found. The mixed pattern of findings however renders them inconclusive, leaving interpretations of the potential therapeutic benefits of positive CBM training open for future research.

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