

LETTERS

Edited by Jennifer Sills

The dual components of mental health

IN THEIR RESEARCH Article “Reconciling after civil conflict increases social capital but decreases individual well-being” (13 May, p. 787), J. Cilliers *et al.* found that although reconciliation techniques helped communities in war-torn Sierra Leone recover from conflicts, individuals suffered negative mental health consequences. This disturbing conclusion raises questions about what might be a valuable social intervention. However, Cilliers *et al.*'s assessment may not tell the whole story because it is based on a one-dimensional model of mental health.

Mental health has dual, relatively independent components (1). Cilliers *et al.* assessed negative components such as post-traumatic stress disorder, depression, and anxiety, but they did not assess positive components such as happiness, optimism, purpose in life, gratitude, and mindfulness. These variables are powerful buffers, enhancing human resilience in the face of stressful life events (2). The presence of negative components does not mean the absence of positive components (3).

The reconciliation program in Sierra Leone may well have had favorable effects on the mental health of the individuals experiencing it, in addition to the negative effects found by Cilliers *et al.* The call for policy-makers to restructure reconciliation processes to “reduce their negative psychological costs” is indeed a valuable suggestion. That said, it seems prudent to withhold judgment until a more effective assessment is performed.

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Response

REICH SUGGESTS THAT we should look at other psychological outcomes. He posits that if we had examined positive psychological



People walk through the town of Kailahun in Sierra Leone in 2012. Reconciliation efforts in the wake of the country's vicious civil war have been found to have complex and sometimes counterintuitive effects on mental health.

outcomes, we might have uncovered opposite effects. For example, happiness may have increased even though people were more depressed, anxious, and traumatized. Although we think scholars should continue probing other outcomes, we believe that this particular scenario is unlikely.

Decades of psychology research cited in Reich's own review (1) suggest that responses in the positive and negative domains either move inversely to produce effects in the same direction (2–4) or that they do not move together at all (5–7). This evidence suggests that we likely would have found that happiness had fallen or remained unchanged in conjunction with increased depression and anxiety after community reconciliation in Sierra Leone.

Of course, there are exceptions. For example, individuals may reappraise negative events as positive events if they foster crises and believe that survival fosters personal growth and resilience (8, 9). However, in Reich's own assessment, “perceptions of positive gain from negative experiences may be mostly illusionary” [(7), p. 127]. Indeed, individuals who reappraised negative outcomes as positive for reasons like personal growth were not found to be less vulnerable to future stressors (10). This suggests that in studying reconciliation, if we look at outcomes such as life satisfaction, where positive effects may appear, we should also verify how these outcomes relate to measures like psychological resilience, to fully interpret the effects.

Even if other positive effects do exist, we find it difficult to agree with Reich's conclusion that one should “withhold judgment” about the effects of the reconciliation project. The effects we documented—increased depression, anxiety, and post-traumatic stress disorder—are all important measures

of psychological well-being. If other positive effects exist (beyond those that we show for forgiveness), these would still have to be balanced against the existing negative effects. This trade-off underscores our call to policy-makers: Reconciliation processes should be restructured so as to minimize their negative consequences.

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NIH's mentoring makes progress

A 2012 REPORT by the National Institutes of Health (NIH) Advisory Committee to the Director highlighted the unacceptable lack of diversity among biomedical and

behavioral researchers and recommended a comprehensive strategy, including a call to improve research mentoring and career preparation (1). We commend NIH for launching and supporting the Diversity Program Consortium, which includes the National Research Mentoring Network (NRMN) (2), as one response to this critical need. As J. Mervis points out in his News Feature “Mentoring’s moment” (2 September, p. 980), measurable change in the workforce’s demographic composition takes time and cannot be achieved solely by one program. Despite the challenges, NRMN leaders, and all of those working toward its success, are deeply committed to implementing a national mentoring program to advance a more inclusive research training enterprise.

NRMN has made progress. In 2 years, more than 2000 mentors have participated in NRMN mentor training and 2500 mentees (75% from underrepresented groups) have engaged in NRMN, 225 of them with NRMN’s intensive grantsmanship coaches. NRMN has developed and implemented a multifaceted program to enhance national efforts to increase, size, quality, diversity, and research productivity of the biomedical workforce. NRMN programs match and link mentees across career stages to mentors and coaches; train mentors, coaches, and mentees to more effectively navigate their relationships, with a focus on cultural responsiveness; refer mentees to career and research resources; and promote the value of career mentoring. Initial feedback has been positive: Mentors trained by NRMN have indicated that both their knowledge of targeted mentoring competencies and their confidence have substantially increased. We hope to build on this success by refining and expanding our training program in the future.

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