



IDENTITY CONSULTANCY

# WHISPERS WELLNESS

VOLUME 1, ISSUE 2

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## The Invisible Scars ... page 8

*...Test Your Knowledge with  
a Short Quiz. ... Page 7*

Resilience on the mat: An Afrocentric Group Intervention for Children and Trusted Adults	1
Kutsigira vanhu vari pakurwadziwa / Pakuchema	4
Collaboration, not replacement: The role of AI in mental health	8
Breaking the Silence: Periods and Girls' Confidence	12
Anxiety: The Weight of Worry	14
Navigating the Digital Maze: The Impact of Social Media on Teen Mental Health	16

## From Me To You

*Wellness Whispers enters its second issue with renewed clarity and conviction. In a world where mental health conversations are still muffled by cultural taboos, structural silences, and digital distractions, this volume is a bold and compassionate invitation to listen more intently to the whispered truths of children, carers, adolescents, and communities across Africa.*

*This issue unflinchingly explores the often-invisible burdens people carry. Each article dissects the psychosocial terrain that shapes emotional wellness, exploring the intergenerational trauma from unprocessed grief, the quiet devastation of verbal abuse, and the corrosive impact of digital hyperconnectivity on young minds. In doing so, our contributors challenge us to widen our lens of understanding and to centre Afrocentric, trauma-informed, and community-rooted interventions that speak to our context and histories.*

*This issue is not just about distress; it is also about hope. Embedded in every paragraph is the unwavering belief that things can change. Healing can occur in a classroom, at a funeral, through a story, or in the deliberate, daily act of listening.*

*We thank all our contributors—researchers, clinicians, students, and advocates—who*

*poured intellect and empathy into these stories. As you read, may you pause, reflect, and perhaps see your story mirrored in the narratives shared here. But more importantly, may you be inspired to act, to check in on a student, to hold space for grief, to challenge stigma, and to whisper wellness into the lives around you.*

*Until the next issue, may we all continue to listen to the quiet cries of our communities—and respond with courage.*

Warm regards,

The Editor

Tipedze Courage W



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**WELLNESS  
WHISPERS**

1



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# Resilience on the mat: An Afrocentric Group Intervention for Children and Trusted Adults.



*By Regina Chari and Hannah E. Acquaye*

If you spend any time with children in your home, classroom, or community, you might have noticed a growing concern – behaviors that are big and baffling. Collectively, caregivers, teachers and community leaders are pointing out some common themes in these behaviors: big emotions, lack of resilience and issues focusing on tasks at hand.

The great south African bishop Desmond Tutu famously said that there comes a point where we need to stop just pulling people out of the river; we need to go upstream and find out why they are falling in. That was his way of challenging us to move beyond the ‘quick fixes’ and explore the root of these concerns. Trusted adults have been busy trying to pull their children out of the river with more words, harsher discipline, and more rigid expectations. Outcomes are not improving, and children and adults are closer to distress and burnout.

We decided to take Bishop Tutu’s advice and go upstream. Children were falling in the river during early childhood and this was impacting the course of their life and future success. They were falling in because of childhood trauma: the obvious Adverse Childhood Experiences (ACES) and the less noticeable intergenerational traumas echoing through time and the unmet needs of felt safety, regulation and connection to their village.

Our team at Refuge Zimbabwe (<http://refugezim.org>) began to create a toolbox of practices to help the trusted adults

in the lives of children to strengthen protection, promote healing and build resilience. Child Centered Storytelling provides the opportunity for one trusted adult to meet the needs of a group of children all at the same time. Sitting together in a semicircle around the storyteller, the children experience a predictable, structured rhythm starting with, “I have a story to share, a story is a gift we receive from the storyteller.” The simple scripted story is told while the trusted adult moves simple homemade props made from items found in any craft bin or with a quick stroll through nature. The pacing is slow, and “I wonder ...” statements allow children to imagine themselves in the story in a sensory rich way. As the story comes to a close, intentional “I wonder...” questions make way for the children to creatively respond using art supplies. Once they have had ample time, the children are given space to share their responses with the storyteller and one another.

Child Centered Storytelling is adapted from the work of Sonja Stewart (2000), Rev. Jerome Berryman (2009) and Dr. Sofia Cavalletti (1992; 2020). Created by Dr. Tim Friesen and developed by Regina Chari and Refuge:Zimbabwe, it blends principles of Montessori, Child Centered Play Therapy (Landreth, 1993) and Therapeutic Storytelling. Child Centered



Storytelling builds on the trauma-informed truth that the best mental health intervention is the relationship between a child and a trusted adult (van der Kolk). This is confirmed by a 2023-2024 study that suggested that when children receive positive adult connections during childhood, regardless of exposure to adverse childhood experiences, in adulthood, they experience reduced sociocultural risk of mental disorders like depression and anxiety (VanBronkhorst et al., 2024).

Healing Play trainings are time and cost effective as well as sustainable. Taught first by a collaborative training team from Refuge: Zimbabwe and then as quickly as possible by equipped, local trainers from the community, Child Centered Storytelling is a short-term, high impact, locally delivered intervention, making this a helpful option for communities with limited access to resources and high rates of trauma. Child-Centered Storytelling is one of three unique interventions taught during a Jacaranda Communities of Hope two-week intensive training that includes a camp week for children to experience a safe environment while trusted adults in training receive practice experience with their new skills. The unique interventions are Child Directed Healing Play, Child-Centered Storytelling, and Child Focused Emotional Regulation. Currently, this training has occurred in multiple African countries including Zimbabwe, Zambia Kenya, Ghana, Ethiopia and Mozambique. While trusted adults share how this training allows them to connect with their childhood, one of the children in a recent



camp said this:

*...The lessons ... reminded me to be brave even if I feel small, the woman who lost her coin ... showed me how much God values each of us— it made me think deeply about kindness and seeing the good in others...*

Every child has a story to share! When those stories are shared in the presence of a trusted adult, everything changes. Shame falls away and our children emerge connected, courageous and ready to carry on into whatever their day holds. When children have access to trained, trusted adults in their community, they are protected, supported and resilient 🍀



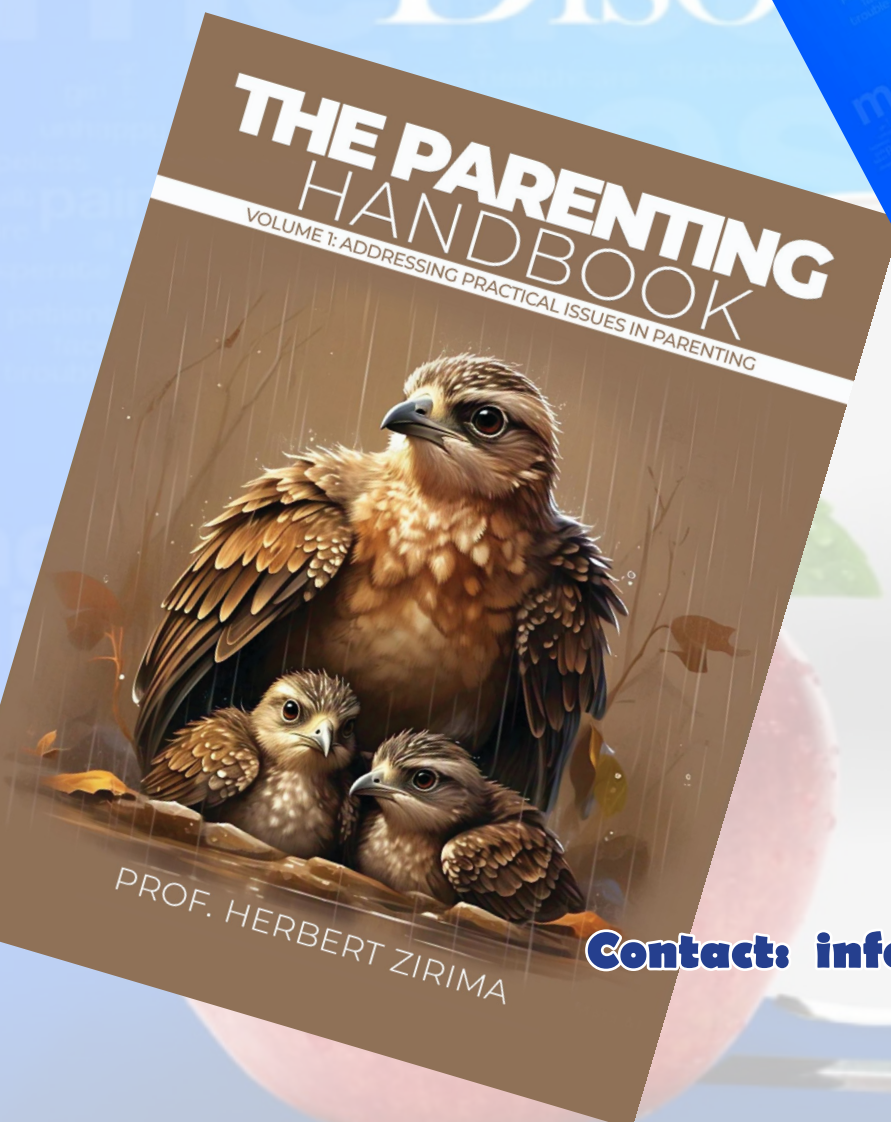
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Professor Herbert Zirima



**By Professor H. Zirima**

**Muchinyorwa** chino tinoongorora kuti tingabatsira sei munhu ari kushungurudzika kana kuti ari pakurwadziwa kana kuchema, mazwi akanaka eku- taura ne maitiro aka kodzera kuita. Tine basa reku nyaradza vamwe vedu panguva yeku rwadziwa. Kuvanhv vazhinji, chero pakange paitika rufu rusin- gatarisirwi, kurwadziwa kunongozopera nekufamba kwenguva. Chero zvakadaro hazvo, vanhu vanenge vafirwa vanobatsirika nekuwana mukana wekuta- ura pamusoro pekurasikirwa kwavo. Zviratidzo zveku- rwadziwa zvinowanopera mushure megore kana ma- kore maviri, asi zviratidzo izvi zvinogona kuzodzoka zvakare kana zvichinge zvamutsiridzwa nendangariro dzemusi wakazvarwa mushakabvu kana musi waakas- haika. Hakuna nguva yakatarwa kuti ndiyo inofanira kuchema vanhu.

*Zvii zvinobatsira panguva yekufirwa?*

Taura nhau dzerufu rwauya vanhu vasingafungiri zvine unguwaru. Munhu anga aine mushakabvu ndiye anofanira kutaura mashoko erufu. Izvi zvinonyan- ya kukosha parufu rwenjodzi yakafanana netsaona yemumugwagwa kana kuti kungodonha kwemunhu kwekuti vanhu vanenge vasina kutarisira.

Kana munhu achinge afa tenderai hama dzake kuti dzive pedyo naye achangoshaika, hapana chekumh- anyira kubvisa mutumbi. Maminiti mashoma eku- tanga munhu achangofa anokosha chaizvo, tenderai hama dzepedyo kuti dzitaure mashoko adzinoda kumushakabvu. Kunzwa ndiko kunopedzisira kui- tika kana munhu achinge afa, naizvozvo munhu anenge ashaika anotonzwa zvinotaurwa nevapenyu kwemaminiti mashoma shoma kana achangofa.

Tsvakurudzo inoratidza kuti njere dzinoramba dzichis- handa kwekanguva kadiki mushure mekunge moyo wamira kushanda. Chiitiko ichi chinoita kuti munhu arambe achinzwa chero afa. Nguva chaiyo inotorwa nemunhu achinzwa mushure mekunge afa inosiyana, asi vanotsvakurudza vanoti, munhu kana achinge afa anoramba achinzwa kwemaminiti gumi kana gumi nemashanu achinge afa. Mutsvakurudzo yakaitwa pavanhu vakambodonha nezvirwere zvemoyo ino- ratidza kuti vainzwa panguva yavakanga vamira kufe- ma. Vaitsanangura mazwi avainzwa munharaunda kusanganisira hurukuro dzaitwa nevashandi vemu- chipatara. Izvi zvinoratidza kuti kunzwa kunoramba kuripo chero moyo uchinge wamira kushanda. Zivisai vanhu chimiro chemutumbi kuti vasarudze zvavanoda kuona kana kusaona mutumbi uri mu- bhokisi kusanganisira vana vadiki. Kana mushakabvu ange ava nemutumbi usingaratidzike zvakanaka ku- vanhu, zivisai vanhu nezvechimiro chacho



*Professor Herbert Zirima*



# Collaboration, not replacement: The role of AI in mental health



**By Pure Mlambo**

At night, when the world quiets down, our minds often grow louder. Thoughts of all the good and bad that have happened to us seem to take over, and suddenly there's an urgent need to understand why it's happening, when it will stop, and how to make it all go away. During those moments, resorting to artificial intelligence (AI) tools for self-diagnosis and comfort can seem like the logical next step.

There's no denying the value AI brings to mental health awareness, assessment, and diagnosis. The integration of AI into mental health care has led to the rise of self-diagnostic tools, symptom checkers, and therapeutic chatbots. These technologies can detect early symptoms and behavioural changes that may indicate common issues, such as depression and anxiety. They are easily accessible, affordable, and provide an immediate source of relief for those experiencing emotional distress.

The limitations of relying on AI-only approaches to self-diagnosis and assessment in mental health

## **Risk of misdiagnosis**

The use of AI tools increases the risk of self-diagnosis. When individuals rely on self-reported symptoms, there's a high potential for misinterpretation of diagnostic criteria, which can lead to inaccurate results. As a result, this may heighten anxiety and cause

unnecessary distress over an assumed diagnosis.

Although most tools include disclaimers encouraging users to consult a mental health professional for an accurate diagnosis, the presence of a diagnostic label can be psychologically impactful. Individuals may begin to view their identity through the lens of that self-diagnosis, internalising it without proper clinical context. Without professional guidance, what may begin as curiosity or concern can quickly

evolve into mislabeling and emotional harm.

## **Absence of human empathy**

Mental health issues are deeply rooted in lived experiences, shaped by emotion, memory, culture, and personal context that cannot be understood solely through algorithms and patterns of probabilities. AI tools can recognise certain words or behaviours, but they cannot truly understand emotions or show genuine empathy. In the management of mental health issues, the therapeutic relationship plays a critical role. The connection between a client and a compassionate, human clinician offers safety and trust, qualities that are key to healing. In contrast, AI responds with logic-driven responses, which can make it challenging for individuals to feel a real connection.

## **Delay in help seeking**

For individuals already struggling with fear of judgement or withdrawal, a digital platform may feel like a "safe" alternative to human interaction. In the short term, this might be beneficial but over time reinforce avoidance behaviours, making it harder to seek real-world support. Dreier et al. (2023) documented a serious adverse event in which suicidal ideation emerged following interaction with a mental health chatbot, which points to the risks of unsupervised AI engagement. For individuals experiencing severe psychological symptoms, a delay in professional evaluation can become not just harmful but life-threatening.





### **Reinforcement of cognitive biases and negative thought patterns**

AI tools can unintentionally reinforce confirmation bias, which is the tendency to seek and interpret information in ways that support existing beliefs. For instance, someone who suspects they have a particular mental health condition may selectively enter symptoms that align with that belief while ignoring counter evidence. Based on this information, an AI system may offer a diagnostic suggestion that seems to confirm the user's suspicions, thereby strengthening false assumptions and increasing anxiety or self-labelling.

Consider someone struggling with self-criticism who describes themselves as a failure. An AI system might detect the negative tone and respond by indicating depressive symptoms, seemingly validating the user's negative thoughts. Unlike a trained professional, the AI lacks the ability to challenge negative thought patterns or possess skills for reframing them, which could potentially worsen the user's distress instead of alleviating it.

### **Towards a more human approach**

AI can detect what is said but not what is unspoken. It cannot understand the silent struggles, emotional complexities, or lived experiences that often lie

beneath the surface. Rather than viewing AI as a replacement for mental health professionals, we must embrace it as a collaborative tool that supports but does not substitute the expertise and empathy of trained professionals.

Finally, the future of mental health care is not man or machine, but both. Let us embrace the power of AI to enhance, not overshadow, the human connection, which is key in recovery 🌟



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# Short Quiz

**1. What is the most common mental health disorder globally?**

- A) Bipolar disorder
- B) Depression
- C) Schizophrenia
- D) OCD

**2. Which activity is scientifically proven to boost mental well-being?**

- A) Binge-watching TV
- B) Regular exercise
- C) Eating sugary snacks
- D) Scrolling social media

**3. True or False: Mental health disorders only affect people who are a bit old.**

- A) True
- B) False

**4. True or False: Men are less likely to seek help for mental health issues than women.**

- A) True
- B) False

**5. Which social media habit is linked to poorer mental health?**

- A) Comparing yourself to others
- B) Sharing gratitude posts
- C) Joining support groups
- D) Limiting screen time

**6. What does “self-care” mean in mental health?**

- A) Ignoring your feelings
- B) Prioritizing activities that support well-being
- C) Only seeking help in crises
- D) Isolating from others

**7. True or False: Talking about suicide increases the risk of someone attempting it.**

- A) True
- B) False

**8. What’s a common physical symptom of depression?**

- A) Unexplained aches/pains
- B) Excessive energy
- C) Improved digestion
- D) Clearer skin

**9. What is a common barrier to seeking mental health treatment?**

- A) Stigma
- B) Overabundance of therapists
- C) High cost of therapy
- D) Easy access to care

**10. Which response helps a grieving person MOST?**

- A) “You’ll find someone new.”
- B) “This must be so painful for you.”
- C) “At least they’re in a better place.”
- D) “Don’t cry.”

***Find Correct Answers on the last page***

# The Invisible Scars: The lasting Impact of Verbal Abuse on Children



**By Clemence Makuni**

When we think of abuse, we often conjure images of visible wounds or bruises—obvious signs that something is wrong. But not all scars are visible. Verbal abuse, though lacking physical marks, can leave deep, enduring wounds, especially in children. Its impact, often underestimated or dismissed, can echo throughout a person's life, shaping self-esteem, relationships, and overall well-being.

Verbal abuse, though often overlooked, can have profound and long-lasting consequences on the psychological well-being of children. Unlike physical abuse, which leaves visible marks, verbal mistreatment can inflict invisible yet deeply damaging wounds on a child's sense of self, emotional regulation, and overall development. As a counselling psychologist, I aim to shed light on this critical issue and provide insights on how to recognise, address, and prevent harm caused by verbal abuse.

## What is Verbal Abuse?

Verbal abuse goes beyond the occasional harsh word or fleeting moment of anger. It's a pattern of behaviour—belittling, constant criticism, humiliation, name-calling, and threats—that chips away at a child's sense of self-worth. Unlike physical abuse, its effects are insidious, often disguised as discipline or tough love, making it harder for children and even adults to recognise and report.

## The Psychological Impacts of Verbal Abuse

Numerous studies have demonstrated the serious cognitive, emotional, and social impacts of verbal abuse on children. Harsh, demeaning, or threatening language can chip away at a child's self-esteem, leading to feelings of worthlessness, shame, and inadequacy that persist into adulthood. The constant put-downs and criticism also disrupt healthy attachment formation, as children learn to view themselves through the lens

of their abuser.

The timing and duration of verbal abuse can profoundly shape a child's developmental trajectory. Abuse experienced during the formative early years can disrupt the crucial process of attachment, leaving children with an inability to form healthy, trusting relationships later in life. Verbal mistreatment during middle childhood may impede the development of essential self-regulation and social skills, hindering academic and peer success. Adolescents subjected to verbal abuse are at a heightened risk of engaging in risky behaviours, substance abuse, and other maladaptive coping mechanisms.

Verbally abused children are also at higher risk of developing mental health issues such as anxiety, depression, PTSD, and dissociative disorders. The stress and trauma of the abuse can impair the child's ability to regulate their emotions, leading to behavioural problems, social withdrawals, and academic difficulties. In severe cases, verbal abuse has even been linked to increased suicidal ideation and attempts.

Furthermore, the effects of verbal abuse extend beyond the realm of psychology. Emerging research suggests that the chronic stress of such abuse can also manifest in physiological changes, including alterations to brain structure and function, as well as weakened immune systems.

## How Does It Affect Children?

### 1. Self-Esteem and Identity

Children learn who they are through the eyes of the adults around them. When their eyes



reflect disappointment, disdain, or outright hostility, children internalise these messages. “You are foolish,” “You will never achieve anything of significance,” or “Why can you not be more like your sister?”—these phrases become the background noise of their internal dialogue. Over time, children may come to believe these statements are true, eroding their self-confidence and distorting their sense of self.

## **2. Emotional and Mental Health**

Verbal abuse is strongly linked to anxiety, depression, and chronic stress. Children may become withdrawn, struggle with feelings of worthlessness, or develop a persistent fear of failure. Because the abuse is verbal, they might be told they’re “too sensitive” or “overreacting,” leading to self-doubt and confusion.

## **3. Relationship Challenges**

The way we’re spoken to as children shapes the way we communicate and connect with others. Children who grow up under a barrage of criticism may find it difficult to trust others, set healthy boundaries, or express their emotions openly. As adults, they may gravitate toward relationships that mirror the patterns of their childhood, perpetuating a cycle of unhealthy dynamics.

## **4. Academic and Social Performance**

The classroom is another arena where the effects of verbal abuse can surface. Children who are constantly told they are not good enough may struggle academically, not because they lack ability, but



because they lack belief in themselves. Socially, they may withdraw or act out, unsure of how to navigate friendships or advocate for themselves.

The Path towards Healing Recognition is the first step. Carers, teachers, and community members must acknowledge that words can wound as deeply as sticks and stones. Healing comes from providing children with safe, supportive environments where they are valued and heard. Therapy can be crucial in helping survivors of verbal abuse unpack and reframe the internalised negative messages. Encouragement, patience, and consistent positive reinforcement can help rebuild a child’s self-esteem. Most importantly, adults can model healthy communication, showing that love and discipline can be delivered with respect and kindness.

## **Risk Factors and Prevention**

Certain factors can increase a child’s vulnerability to verbal abuse, including parental mental illness, substance abuse, social isolation, and intergenerational cycles of maltreatment. Poverty, cultural norms that condone harsh

and a lack of access to support services also contribute to the problem.

Tragically, the detrimental effects of verbal abuse can extend beyond the individual child, manifesting across generations. Children who experience or witness verbal mistreatment in their families are more likely to adopt abusive patterns of communication and perpetuate the cycle of maltreatment. Breaking this intergenerational cycle requires comprehensive, trauma-informed interventions that address the root causes of verbal abuse within the family system.

However, there are also protective factors that can mitigate the negative effects of verbal abuse. Strong, nurturing relationships with caring adults, participation in positive social activities, and access to trauma-informed mental health services can all help foster resilience in verbally abused children.

Early identification and intervention are crucial in addressing the impacts of verbal abuse. Mental health professionals, such as child psychologists and therapists, can employ evidence-based treatments

like cognitive-behavioural therapy (CBT) and trauma-focused CBT to help children process their experiences, develop healthy coping mechanisms, and rebuild a positive sense of self.

Additionally, providing parenting education and family therapy can equip carers with the skills to communicate with their children in a more constructive, supportive manner. Community-based programs and policies that promote child well-being and support vulnerable families can also play a vital role in prevention and intervention efforts.

The scars left by verbal abuse may be invisible, but they are no less

real. By understanding its profound impact and taking steps to prevent and address it, we can help children grow into adults who know their worth—and who, in turn, speak words that heal rather than hurt. Verbal abuse, though often overlooked, can have profound and lasting consequences on children's psychological, emotional, and physical development. By raising awareness, identifying risk factors, and implementing effective interventions, we can work to protect vulnerable children and help them heal from the invisible scars of verbal mistreatment. I urge all carers, educators, and policymakers to prioritise this critical issue and take action to safeguard the well-being of our youth ■



*Makuni Clemence is a seasoned educator and a holder of a Master's degree in Counselling Psychology from GZU and currently serving as a schools inspector for Guidance and Counselling in Harare Province, intern counselling psychologist(AH-PCZ).*

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# Breaking the Silence: Periods and Girls' Confidence



**By Yeukai Dehwa**

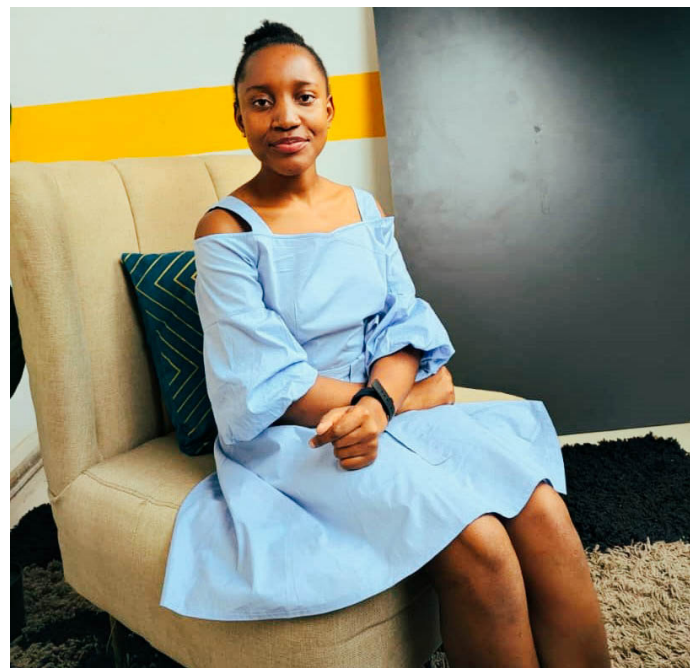
For many girls, getting their period is not just a physical change; it is an emotional one, too. When no one talks about it, when periods are considered dirty or shameful, girls start to feel embarrassed and unsure of themselves. This silence erodes their confidence, pride, and self-esteem.

Some girls fear going to school during their period. They worry about leaking, being laughed at, or not having a pad. Some girls keep their pain or questions to themselves, thinking they are alone and unsure how to start a conversation with older girls or women. Over time, this can lead to anxiety, sadness, or even fear of their own body. The heightened anxiety and fear that comes with every period can be reduced.

But when we talk openly about periods, everything changes. Girls begin to understand what is happening in their bodies. They learn that periods are normal and nothing to be ashamed of. With support, education, and access to menstrual products, they feel more in control and less alone. Ensuring that boys, too, get this awareness is critical, as it reduces

the shame and ridicule and empowers boys positively.

Let's break the silence. Let us provide girls the knowledge, comfort, and confidence they need to grow without shame👁



That's Yeukai Dehwa, student on attachment  
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# Anxiety: The Weight of Worry



**By Tinotenda Shumba**

An unrelenting undercurrent of anxiety overshadows the excitement of higher education for many university students in Zimbabwe. Pressure to succeed, financial instability, and an uncertain future combine to create an ideal environment for mental health struggles. While anxiety disorders, marked by excessive fear, physical symptoms, and intrusive thoughts, are a global concern, Zimbabwean students face unique challenges that amplify their distress. In a society that frequently stigmatises mental health, many students conceal their struggles behind academic rigour and social expectations.

The causes of anxiety among students are complex, rooted in both biology and the environment.

Neuroscientific research shows that the amygdala, the brain's fear centre, becomes hyperactive in those with anxiety disorders, triggering

disproportionate stress responses.

Genetics also play a role; students with a family history of anxiety are more susceptible. However, external pressures often serve as the decisive factor. In Zimbabwe, where economic instability is the norm, students juggle tuition fees, part-time jobs, and the looming fear of unemployment after graduation. Political unrest, such as election-related tensions or sudden policy changes, adds another layer of stress, leaving many in a constant state of unease.

University life, while intellectually stimulating, can also be isolating. The transition from home to campus disrupts support systems, and academic competition breeds insecurity.

Many students report symptoms like insomnia, heart palpitations, and difficulty concentrating, yet few speak openly about their

struggles. Cultural stigma compounds the issue, with anxiety often dismissed as mere “overthinking” or a lack of resilience. Some turn to religion or traditional healers, but without professional guidance, their symptoms persist. The lack of on-campus mental health services further deepens the crisis, leaving students with few avenues for help.

Despite these challenges, there are signs of progress. Student-led mental health initiatives are emerging, with peer support groups like Identity Connect encouraging open discussions. Universities such as the Great Zimbabwe University have begun introducing counselling services, though accessibility remains limited. Grassroots projects like the Friendship Bench, which trains community members in basic therapy techniques, offer a glimmer of hope.

These small but vital steps signal a shift toward recognising anxiety as a legitimate health concern rather than a personal shortcoming.

For students grappling with anxiety, self-awareness is the first step toward management. Simple methods, such as deep breathing exercises, following a disciplined regimen, and confiding in trusted individuals, may bring instant relief. Long-term strategies, such as cognitive behavioural techniques

to reframe negative thoughts, are also effective. Most importantly, students must challenge the stigma by speaking up and demanding better mental health support from institutions.

Anxiety may be pervasive, but it is not insurmountable. The journey begins with acknowledging the silent battles many face and ensuring no student has to endure them alone 🗨️



*Tinotenda Shumba is a student at Masvingo Teacher's College.*



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# Navigating the Digital Maze: The Impact of Social Media on Teen Mental Health



mental health issues among adolescents. The U.S. Centres for Disease Control and Prevention (CDC) reported that between 2014 and 2024, the suicide rate for individuals aged 10–24 rose by 56%, with a particularly sharp increase of 78% among black youth. Additionally, among adolescents aged 10-14, the suicide rate surged by 167% for girls and 91% for boys between 2010 and 2020. Other indicators, such as self-harm episodes, major

**By Sharon Dzingai**

In the contemporary digital era, social media platforms have become integral to adolescents' daily lives, offering unprecedented opportunities for connection, self-expression, and information access. However, alongside these benefits, a growing body of research indicates that excessive and unmoderated social media use can adversely affect the mental health of teenagers. This article examines the multifaceted relationship between social media usage and adolescent mental well-being.

## The Rise of Social Media and Its Ubiquity Among Teens

Over the past decade, social media usage has surged, particularly among adolescents. Platforms such as Instagram, Snapchat, and TikTok have become central to teenage social interaction. According to a 2024 report by the Pew Research Centre, 95% of teens aged 13 to 17 have access to a smartphone, and 85% report using at least one social media platform daily. 45% of teens indicate they are online “almost constantly,” highlighting the pervasive nature of digital engagement in this demographic.

**Mental Health Trends Among Adolescents**

Concurrently, there has been a notable increase in

depressive episodes, and anxiety, have also shown similar upward trends.

## Social Media and Mental Health

Several studies have sought to elucidate the connection between social media use and mental health outcomes in adolescents:

### Depression and Anxiety

A meta-analysis published in the *Journal of Public Health* in March 2023 examined 27 studies involving 120,895 subjects and found a moderate and robust association between problematic smartphone use and anxiety.

### Social Comparison and Self-Esteem

Social media platforms often present curated images of peers' lives, leading to social comparison. This phenomenon can negatively impact self-esteem and contribute to depressive symptoms. A study highlighted in *Cyberpsychology, Behaviour, and Social Networking* found a strong bidirectional relationship between social media use and anxiety, suggesting that individuals with higher anxiety may be more drawn to social media, which in turn exacerbates their symptoms.



can disrupt sleep patterns, leading to sleep deprivation, which is a known risk factor for mood disorders. Research indicates that adolescents who engage in high levels of screen time are more likely to experience poor sleep quality, which is associated with increased rates of depression and anxiety.

### **Cyberbullying**

The digital realm can facilitate bullying behaviour, with victims experiencing heightened levels of stress, anxiety, and depression. The anonymity and pervasive nature of online interactions can intensify the impact of such negative experiences.

### **Theoretical Perspectives**

Several theories offer clarification about how social media influences teen mental health. One such theory is the Social Comparison Theory, proposed by Leon Festinger, which suggests that individuals evaluate their social and personal worth based on comparisons with others. Social media platforms create an environment where adolescents are constantly exposed to curated and often idealised portrayals of their peers' lives. This amplified comparison can lead to feelings of inadequacy, low self-esteem, and even depression, as teenagers may perceive themselves as falling short in terms of appearance, achievements, or social status.

Another relevant perspective is the Uses and Gratifications Theory, which posits that individuals engage

with media to fulfil specific needs or desires.

For teenagers, social media serves as a platform for social connection, self-expression, and entertainment. While these benefits are significant, excessive use can have detrimental effects. Over-reliance on social media for validation may lead to compulsive behaviour, addiction, or social isolation when digital interactions replace real-world relationships. The constant pursuit of online approval can also heighten anxiety, as teenagers feel pressured to maintain a certain digital persona.

The cognitive-behavioural model further explains the psychological impact of social media on teen mental health by examining the relationship between thoughts, emotions, and behaviours. Negative interactions, such as cyberbullying or online harassment, can lead to distorted thought patterns, where victims internalise harmful messages about their self-worth. These maladaptive thoughts may contribute to increased stress, anxiety, and depressive symptoms, reinforcing a cycle of negative emotional well-being. Adolescents who experience repeated negative encounters online may struggle with emotional regulation, leading to long-term psychological distress.

### **Mitigation Strategies**

Addressing the impact of social media on teen mental health requires a multifaceted approach, ...





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Furthermore, public health recommendations suggest delaying the introduction of smartphones to children to safeguard their mental health. For example, New York City's Health Commissioner, Ashwin Vasani, advises parents to postpone giving children cell phones until at least age 14 (New York Post, 2024). This recommendation is based on concerns linking early smartphone use to increased risks of depression and anxiety among

with parental involvement playing a crucial role. Engaging in open dialogues about online experiences, setting reasonable screen time boundaries, and modelling balanced digital behaviours are essential strategies. A study by Fardouly et al. (2018) examined the effects of parental control over social media usage among preadolescents aged 10 to 12. The findings indicated that greater parental regulation of social media time was associated with better mental health outcomes in children. Specifically, reduced time spent browsing and fewer appearance comparisons on social media mediated this relationship, leading to higher appearance satisfaction and life satisfaction, along with lower depressive symptoms.

In addition to parental involvement, technological solutions have been introduced to mitigate the negative effects of social media on adolescents. For instance, TikTok has implemented features that allow parents to block their children's access during specific times, such as family meals or school hours. These controls aim to promote healthier usage patterns and encourage offline activities (The Times, 2024). However, while such features provide tools for managing screen time, experts emphasise the importance of comprehensive strategies that include open communication and education about responsible digital behaviour.

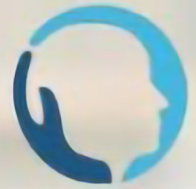
adolescents. Delaying smartphone ownership may help reduce exposure to potential stressors associated with social media use during critical developmental periods.

Collectively, these strategies call for a collaborative approach involving parents, technology platforms, and public health policies to address the complex relationship between social media use and teen mental health 📍



*Sharon Dzingai is an active social scientist who is deeply committed to fostering resilient communities. She can be contacted at [shdzingai23@gmail.com](mailto:shdzingai23@gmail.com).*





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## ANSWERS TO QUIZ

1-B; 2-B; 3-B; 4-A; 5-A; 6-B; 7-B; 8-A; 9-A; 10-B