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**Introduction**

Does society create (some) mental disorders? How we think or feel can be affected by societal influence. For example if one goes or works in a place where they are always put down by words, this can affect the way they feel or the way they look at themselves. This includes in a marriage relationship. When one is exposed to such a toxic environment, then they might eventually end up having a psychiatric disorder.

According to R. Cooper, Classifying Madness, mental disorder which is a disease of the brain is on the same level as the immune system or circulatory system.

As the National Alliance for the Mentally ill put it, “Just as diabetes is a disorder of the pancreas, mental illnesses are brain disorders.” (Cooper, 2005)

Growing up, we would hear that prisoners would be tortured in private rooms, especially if information was required from them. The pain would eventually negatively affect them psychologically and sometimes they ended up becoming mad.

In our practice in the church, we have come across many people who will come to us because the situations are out of hand. Maybe there is a serious manifestation of mental disturbance and the alternative is to seek for help. Rarely will they come in the initial stages even if they sense there is a problem. Reason might be stigmatization. Nobody wants to be associated with madness or a mental disease. It is easier to identify with a physical illness rather than a mental problem. So the mental problems not handled become worse. But once the person is comfortable with us then he or she is able to open up. Since we are not yet certified to treat depression then the norm is to refer them to a colleague who is a professional in this area. Thus, because of stigmatization, then society does contribute to mental disorder in a way.

So What Is Mental Illness Anyway?

There is a thin line between mental distress and mental illness. When it comes to mental disorder, a lot depends on the shifting political, cultural and economic values. Science has its place in mental disorder because of the facts, though those facts can go wrong and cause suffering. So we cannot rule out that there are other instances of mental disorder. According to Statistical Manual of Mental Disorders, Page 223.

In my observation, an example would be, a transition in life that causes distress and a withdrawal from society. The transition can be a job loss or a change of locality or any other loss. The adjustment period can be stressful in itself. Many people think that they can easily or automatically adjust to painful situations or major occurrences in their lives, but they forget that an adjustment disorder can cause deep stress that can lead to a mental health problem.

According to the psychiatrist Paul McHugh, he contends that the wide diversity of mental health conditions tend to fall into four clusters. One cluster includes diseases that produce disturbances in perception, cognition, and emotion. The second cluster includes problems that arise when patients fall at extreme points on psychological dimensions of traits such as introversion and neuroticism. Their problems occur because of who they “are” rather than what they “have.” The third cluster includes behavioral patterns that have immediate positive consequences but delayed negative consequences. People with drug dependence fall into this category. Finally, the fourth cluster includes problems that arise as a result of something that patients have “encountered.” These problems, exemplified by PTSD, are more like injuries than infectious diseases. McHugh realizes that patients often fall into more than one cluster. A quiet person who becomes anxious very easily and thus scores high on the dimensions of introversion and neuroticism (cluster two) may be especially prone to developing PTSD following exposure to a traumatic event (cluster four). Nevertheless, McHugh’s four clusters illustrate the range of qualitatively distinct problems that fall within the domain of mental health professionals. (McNally, 2011)

Humor and Stress

Can humor be a form of therapy? Paula Gremigni states that there are four styles of humor, reflecting an adaptive or a maladaptive use of humor. First is affiliative humor, where one builds relationships through humor. The second is self-enhancing humor where one can use humor to maintain a positive outlook in life and can probably help them cope with stress better. The third is self-defeating humor that demeans self in order to build relationships. The fourth is aggressive humor which is humor that attacks or demeans others. A recent study shows that in positive personality styles (i.e., optimism, hope, and happiness), the personality qualities are more reliable predictor of health.

The problem with the third and fourth is that they might end up adding more stress than lifting it away. They can produce a negative outlook in life. Humor to put one’s self down might be fun but the effect of it is that one might never rise above their humor and this can affect them mentally. It is no longer humor but mentally that is who they become. Putting self-down. One has to be determined that this is a job and not their life. But if the recent study shows that personality styles are a predictor of health and effective coping then how much more if affiliative humor and self-enhancing humor can be used to enhance a positive outlook in life and to predict good health. It is said that laughter is medicine

According to Humor and Immune System, there was a reduction in allergic responses in feeding infants who took their mother’s milk. This was as a result of the levels of melatonin in the mother’s breast milk, increased by laughter. There was also a reduced asthmatic reaction to allergens in patients with allergy bronchial as a result of watching a comedy program while it was not the same to patients who did not watch the comedy. (EBSCO)

During Covid, I was able to come up with short three minute clips on the topic on marriage and how couples should handle issues. This was a standalone comedy that I personally did and acted out and sent out to my friends and their feedback was that though they were stressed up about the Covid season, the clips encouraged them made them laugh. They laughter clips were stress removers.

National Guard Couples

Studies reporting the effects of deployment to conflict regions such as Iraq and Afghanistan among National Guard/Reserve (NG/R) populations show high rates of posttraumatic stress disorder (PTSD), alcohol abuse, anxiety disorders, and major depression In fact, studies comparing NG/Rs to other active duty military personnel found higher rates of mental health issues among NG/Rs. (Carissa van den Berk-Clark, 2008)

Multiple deployments and a higher combat exposure has caused higher rates in mental health among NG/R personnel. Other causes are age and family. This can be confirmed by a study done by Vogt and colleagues (2011) on post-traumatic stress (PTS) symptoms that found that because of pre-deployment, deployment and post deployment, mental health problems were higher as a result of combat exposure and family instability. Research shows that intimate partners with one of them exposed to combat has caused a problem in family relationships. There is an increase in distress among the combat veterans. An imbalance in demands and resources also caused a higher levels of distress. Other stressors faced by the combat veterans was when they would want to integrate back into the family and they could not. They wanted to resume their duties financially and in leadership but were unable because of the separation or combat exposure. This according to Knox and Price 1995.

There is a movie I watched that made me understand the trauma that military veterans go through.The movie is called “Indivisible” based on a true story, an army chaplain soldier who went for the Iraq war saw his friends killed and went back home depressed. This affected the family i.e. his wife and children and it was very difficult for him to integrate back into the family. The PTSD was too much. All he would do was sit under a tree from morning to evening or into the night and reminisce what happened in the war. This was accompanied by hallucination. The silence or shouting at the children caused the wife to temporarily separate from him as she sort for help. The other war that the main character faces apart from the Iraq war and his marriage, was his conflict of faith. Where was the God he had believed in? The couple was counseled and helped by a former combat veteran chaplain**.**

https://www.imdb.com/title/tt6512428

 (G.Evans, 2018)

* **5.8/10** (1.2K)
* **Content Rating:** PG-13
* **Director:** David G. Evans
* **Stars:** Sarah Drew, Justin Bruening, Jason George
* **Genre:** Drama | War
* **Release Date:** 2018-10-26

Some learnings from the topic on “National Guard Couples”, this will equip me to help those in the military in our country and family members affected by PTSD. Am also thinking about how many couples were affected by Covid 19. This was a silent war in the homes. Many couples who reached out to us for help or visited our offices after Covid 19 settled down, were either fed up of living together and wanted out or had already moved out. Financial burdens increased due to job loss. But another problem brought about by the pandemic was that initially when the couples got married they drowned themselves in work and didn’t allow their relationships to grow. Their focus was to prepare homes for the children to be born. By the time the children came, they became busier so as to help them step up in their responsibilities. What suffered was their marriage relationship. There was a disconnect. Just like the “Nation Guard Couples”, these couples have had to go back to where the problem started. This has been a rough patch especially after moving on as individuals and now going back to team up with their spouse to work on the marriage. One of the red flags is that there was disruption in the homes and the children were acting up. For either of the spouses, integrating back into the home was an uphill task that had to take intervention.

How have we been able to assist them in the office? Since there were major communication barriers, we have helped them develop their communication skills by giving them one of the tools we use e.g. Safe Conversations, a tool that I have been trained in. The authors are Harville Hendrix, PhD. and Helen La Kelly Hunt, PhD. Who have worked with couples for 40+ years.

Apart from Covid 19 How do we prevent stress in the home? As things settle down though Covid has not been completely wiped out, we continue to work with those who want to get married to help them prevent the silent wars that go on between a couple. I have been privileged to work with those who want to get married, helping them to make the right choices especially in their careers. It’s an honor to work with my husband. We have also held seminars that help couples in all spheres of life and careers to come and mentally detox and help communication get better. In these seminars we also do physical activities that bring stress levels down, thus curbing the mental health problems or stressors before it gets out of hand. The success rate has been 80% and for the 20% most of them are not ready or willing to work on their relationship.

The course on Self-esteem that I took in AIU has really helped me. I have been able to apply the knowledge I acquired and I have helped the clients put it into practice and for that am grateful to AIU.

Sexual Abuse and Mental Health

Is sexual abuse just about sex? Experts say that it is more about power and not just sex. The abuse includes incest, rape, child molestation, sexual violence and similar forms of non- consensual sexual contact. One should not be quiet about a sexual assault. This is according to an article by Good Therapy. Survivors of a sexual assault can seek a long term therapy. This is important because some survivors might be suffering from a trauma. Statistics in the same article show that one in six women experience rape i.e., in America.

The types of sexual abuse and assault are, rape, child molestations, incest, nonconsensual sexual contact which includes unwanted sexual touching, and non-contact sexual abuse which includes showing pornography to their children without their consent, having sex infront of them, or inappropriate sexual comments (PennsylvaniaFamily Support Alliance, n.d.).

The LGBTQ community is not exempted from sexual abuse and assault. The number of LGBTQ people who will experience a sexual assault in their life time is 64%. Many cases are not reported because of stigmatization, sexual orientation or revealing their gender identity to others. However, they can receive professional help and support from a therapist since therapist are confidants (http://sapac.umich.edu/article 58).

According to the Good Therapy article, sexual abuse is not left out. Many of the offenders are people who are close, e.g., relative and friends. Statistics in the U.S show that

* 44% of sexual assault victims are under the age of 18.
* Children are most vulnerable to childhood sexual assault between 7 and 13 years old.
* 10% of American children are abused before the age of 18.
* Among children who are sexually abused, 20% experience sexual abuse before age 8.

Despite being common, children who experience abuse do not always report it right away. This may be partly due to power the offender has over the child.

* Up to 93% of children who have been sexually abused know their attackers well. An offender will often threaten or manipulate the child to prevent them from disclosing the abuse.
* Over a third of abusers are part of the child’s family.
* 73% of child targets do not disclose the abuse for a year or more.
* 45% of child targets do not disclose abuse until at least five years have passed.

Warning Signs of child abuse according to Good therapy article on sexual abuse

* Torn or stained underwear
* Frequent urinary or yeast infections
* [Nightmares](https://www.goodtherapy.org/blog/psychpedia/nightmare) and anxiety around bedtime
* Bedwetting past the appropriate age
* Preoccupation with their body
* Anger and [tantrums](https://www.goodtherapy.org/blog/psychpedia/tantrum)
* Depressed and withdrawn mood
* Sexual knowledge or behaviors that are not age-appropriate

Effects on Sexual abuse and how it affects Mental Health

1. Depression. A feeling of useless and hopelessness
2. Addiction. Those who survive a sexually assault are 26 times more likely to use drugs to numb their pain. This only makes things worse.
3. PTSD (Post Traumatic Stress Disorder) those who have been assaulted go through PTSD. They might experience flashbacks or nightmares, mistrust, guilt loneliness.
4. Anxiety. The survivor might have fear of visiting where there incident occurred, or fear people who look like the perpetrator, or fear that it will happen again. They might also experience severe panic attacks.
5. Personality Disruptions. This might lead to borderline personality where the child feels or fears abandonment. They don’t want to be left alone but want to be close to the caregiver or parent. The fear is that if they are left alone then there could be a repeated experience.
6. Attachment issues. Contrary to the borderline personality, a survivor might not want to be close to others. They fear connecting emotionally a root of lack of affection they might have experienced in childhood.

Survivors should not be abandoned but assisted professionally. Both therapy and medical help (Therapy, 2000).

In conclusion, maybe if we had more people come out in the open to talk about their experiences it would encourage others especially children. Open forums and a safe space will help. But what happens to children who have been assaulted by relatives?

In Africa, we live in communities. We share the same village or same homestead and this causes us to be in each other’s faces. Even when we migrate to the city we will have our relatives still come and live with us and this is what makes sexual abuse prevalent. There is a sense of trust and the young girls between age 5 and 11years, would be sent alone or are still being sent to date to get milk or certain items from a neighbor. The uncles sometimes take advantage of the nieces and so do the young men in the village. How would you report someone who is your uncle or a relative to your mum? One would not be taken seriously and would be beaten thoroughly for uttering such words. Many girls have suffered and this has affected their adult or even marriage life. We need to go back to the days when the aunties were close to the nieces who would confide in them. The society should also not fear to shame the offenders, by making them know that someone is aware of what has happened, however close of a relative they are. There is a “Holy fear” that is good that will help deal with this problem. I also think that we need as a government to reinforce the girls mentorship programs in the school. Have at least one female teacher that the girls can confide in. Mothers should also have forums where others women mentors can also create a safe space to talk and receive counsel. There is definitely a fear of this but when the ladies know the effects of mental health and sexual abuse hopefully, they will buy into the idea of the forums. Other forums can also be used but indirectly, for example, women’s social groups where amongst others, they discuss matters on hygiene, or societies where they keep money. That way one is assured that they will still come to the society but yet be helped in her family front. Being assured that they would want their daughters to be better people in life but they cannot if they are dealing with serious mental issues which have affected them. However, sometimes the village needs to take a hard stand and report the perpetrators to the government authority irrespective of who they are.

This topic has challenged me to go back to the village I come from and talk to you girls and teenagers about sexual abuse. My strategy would be to start from where I am known. Reach out to the ladies around me, my aunties and church women and sell my idea. I need to first win their hearts before I can win the hearts of their daughters and granddaughters.

POEM

SILENT SCREAM - by Grace Achoki

I hear silent screams

Of a girl who has been molested,

She cannot lift her head up high

Shame engulfs her,

But anger and revenge are in her throat.

I hear silent screams,

Of a girl who wants to speak up

But actions speak louder than words,

She screams loudly at her colleagues

She screams loudly at her husband,

She screams louder at her teenage daughter

To protect her a visit to the doctor.

I hear a silent scream,

A scream from a mother

A mother who never told

But is now very old

And lives with regret

That she wished she told

And make a young girl bold.

The above is an original poem that I composed as I was thinking about the topic on sexual abuse and the thousands of women who have been molested and are silent yet inside they are loudly screaming for the freedom to speak.

BODY IMAGE AND STRESS

Does Body Image affect Mental Health?

According to Mental Health Foundation, Body Image Report, How we feel and think about our bodies is the term that is used to describe Body Image. Our thoughts and feelings about our bodies can impact us mentally.

Body image might not be a mental health problem in itself, but can be a risk to having a mental health issue. Research has found that the dissatisfaction of body image can lead to psychological stress. A positive look at one’s body image can be linked to an emotional well-being and fewer unhealthy dieting behaviors (Mental Health Foundation).

Interview I carried out on body image stressors

Some questions asked?

1. How old are you?
2. When did body image affect you most?
3. What are the causes of body image stress?
4. Are there any triggers? If yes what are they?
5. How many things do you want to change about your body?
6. When you have a trigger what do you do?

G. Answers

1. As I carried out the interviews both boys and girls are affected
2. One major cause of body image stress, is taking in what the public says, yet we don’t have to accept everything people say to us. Or names we are called growing up e.g. fatty or skinny legs

Other causes of negative body image

* 1. Most said social media
	2. Insecurity – e.g. unclear skin
	3. Peer pressure
	4. Bullying
	5. Overthinking
1. Body image can start as early as 12 years or younger and continue to an older age.
2. The girls especially believe that there is something wrong with them
3. One of the triggers is when they see people walk past them, they want the same shape
4. What they want to change about their bodies is everything but there is nothing they can do about it.
5. When they have a trigger, they think about it the whole day as it clouds their minds

(Mental Health Foundation, 2019)

Does body image affect both girls and boys? A research was carried out and it turned out to be that girls are more likely to be dissatisfied with their weight and appearance than boys. In the survey, 46% of girls reported that their body image causes them to worry “often” or always compared to 25% of boys. Body image concerns can also affect young children. One review found studies identifying body dissatisfaction in children under the age of six, though estimates of the degree of dissatisfaction varied widely depending on how it is measured. To young people, body image is very important. Amongst ages 16-25 years body image is the third largest challenge that is causing harm. The first two being failure to succeed in studies and a lack of unemployment (YMCA, 2016).

My view on Body Image is that millions of money all over the world is poured into the cosmetic industry and gyms as people search for a better them. The world has role models that people want to look like. If one knows a celebrity, they might go out of their way to buy their production with the hope of looking or smelling like them. Unfortunately, just like the race of chasing after money, many have fallen into the trap of chasing for beauty. It is never enough especially for the ladies. It starts off with the eyes, then the lips the nose (probably a plastic surgery) etc. A poor body image will result to poor self-image and can eventually result to mental distress.

Two months ago I went on a mission in our city centre in Nairobi Kenya to look for a certain product. I was shocked at what I saw. Hundreds of people on this street heading to the cosmetic shops. We climbed stairs to get our product but were almost knocked off the stairs by people carrying boxes and boxes of cosmetics. This was truly the den of cosmetics.

Body kindness. Right from school when the children are young, we should encourage them by speaking positively about their bodies. Not being sensitive and making mean comments about people causes stress. Many people take seriously the comments that are made about their bodies, whether negatively or positively.

A child might not want to go to school or play outside because they are depressed about their weight. In our country obesity is not a big problem among age 16 -25 years, but how they look worries them. Many of us in East Africa are dark skinned so being light skinned looks more prestigious. One is noticed more and stands out in the crowd when they are light skinned. The big lie is, the lighter you are, especially if you come from some communities where they are dark skinned, the better the opportunities you have. It is also believed that the lighter one is, the richer they are.

That is why a Kenyan lady like Lupita Nyongo, an Academy Award (amongst other awards) for Best Actress in “12 Years A Slave” movie inspired many black Kenyan young ladies. She made a statement to young African ladies, that in her black skin it was possible to still look beautiful and win awards, achieving much in life. Thus having a positive body image that black is beautiful.

**CONCLUSION**

Having gone through this course, there is a lot that I have learned and benefited from. What has shocked me as I read the book “What is Mental Illness?” was that the Chinese also get depressed. The assumption is that because they are known as very hardworking people and always on the move, they have no time to sit down and feel depressed or have no time to be weighed down by any issue. Yet when they go through depression, the symptoms are somatic. Unless the Psychiatrist asks them, then what you see is what you get.

After completing my degree in Psychology, I am hoping to be certified so that I am able to identify the symptoms of depression and help many who are suffering and are not able to speak up because of stigmatization.

What also surprised me was that humor can be used to help in mental distress. Hopefully I will also help others through humor. Just as it is said, “An apple a day keeps the doctor away”, I will come up with my own slogan, “A joke a day keeps depression away”

According to King James Bible, Proverbs 17:22 says “A merry heart doeth good like a medicine but a broken spirit drieth the bone.”

Helping people rejoice irrespective of the mood they are in and trying to cheer them up through humor is something I am aspired to do.

When I finish with my Masters, my dream is to open a National Institute for Counseling and also hope to also have a theater in the institute that will run weekly with plays that will cheer people up. If humor can heal a soul then why not go out of the norm and try and see if it will heal depressed people. I have already started doing this by running some clips in our local language. Trying to bring healing in Marriages through “Stand alone” comedy in Kiswahili language. Many have called me on phone to say how they were educated and want more. . Counseling can be very intense. I have used some comedy in the midst of speaking to my clients. They leave the office light hearted and ready to come again to walk the journey of healing. Could this be an alternative to medicine or a booster to medicine? For me, this is alternative medicine. Prior to reading the book on “Humor and Mental Distress”, I had never taken seriously Humor and Mental distress. My eyes have been opened to see. This has given me a fresh motivation to continue with counseling through humor. Of course with moderation. The objective is to see the client go through the journey of healing. Initially, I thought people will never take me seriously. Yet I have seen it work in my motivational talks. So why can’t it work with depressed clients. But as we have been encouraged in AIU repeatedly that “We are unique and unrepeatable”. This is so true.

I also hope to send drama teams to Mental Institutions to carry out comedies that will cheer people up. I have never heard of such a thing in our country. I am grateful to AIU for allowing us to be innovative and creative as we do the assignments. I appreciate the balance of not just seeing what our forefathers have discovered and has worked but also seeing how we can improve on what they discovered not discarding it.

The topic on National Guard Couples, will equip me to help those in the military in our country and family members affected by PTSD.There is a war out there that couples need to face. Whether it is the war of deployment i.e. pre deployment or post-deployment or whether it is the silent pandemic war caused by the effects of Covid 19, we need to face these wars and overcome them.

Apart from Covid 19, how do we prevent stress in the home? As things settle down though Covid has not been completely wiped out, we continue to work with those who want to get married to help them prevent the silent wars that go on between a couple. I have been privileged to work with those who want to get married, helping them to make the right choices especially in their careers. It’s an honor to work with my husband. We have also held seminars that help couples in all spheres of life and careers to come and mentally detox and help communication better. In these seminars we also do physical activities that bring stress levels down, thus curbing the mental health problems or stressors before it gets out of hand. The success rate has been 80% and for the 20% most of them are not ready or willing to work on their relationship.

On Sexual abuse, maybe if we had more people come out in the open to talk about their experiences it would encourage others especially children. Open forums and a safe space will help. But what happens to children who have been assaulted by relatives.

This topic has challenged me to go back to the village I come from and talk to young girls and teenagers about sexual abuse. My strategy would be to start from where I am known. . Reach out to the ladies around me, my aunties and church women and sell my idea. I need to first win their hearts before I can win the hearts of their daughters and granddaughters. Train people who are like minded so that I am not carrying too much on my plate.

About body image and distress, there is nothing wrong with looking better and beautifying ourselves but we can’t overdo it. Firstly the products are so expensive and it is never used alone. It must have an accompaniment. What happens when one cannot afford the products anymore? Secondly, the chemicals in the creams can be very harmful and dangerous. The effect might not be seen now but later. I have seen relatives who have gone through trying to bleach themselves and it has failed. It has ended up being a shameful, painful experience that the world sees. This has definitely affected their self-esteem. I didn’t realize that carelessly talking about body image affects those around me especially my children. We need to be proud of who we are. What we can change will change, but what we cannot change then we accept. Running away from who we are only brings further problems.

 All in all this course on Foundations on Mental Health has impacted me and is propelling me to be more pro-active. Not just to learn but to actualize and put into practice what I have learned.

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