

# The Psychology of Wellness and Orphanage: Interrogating Wellness Perspectives, Models and Dimensions in Community Relations

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## Abstract

This paper reviews literature on perspectives, models and dimensions of wellness in the human community. The paper is guided by the notion that individual wellness translates into family wellness which further translates into community wellness. The intention of the paper is to provide an overview of research on human wellness and the involvement of extended families on the wellness of children, with special focus on orphans. The literature reviewed would help build knowledge on the critical issues pertaining to the involvement of extended families to promote orphan wellness. The link between extended families and their involvement to promote orphan wellness thereof forms the unit of analysis of this paper. In presenting the discussion, the researcher adopts the view that every household has strengths and that these strengths are unique and depend on the individual's beliefs and background. Each family adopts different methods for satisfaction and promotion of same/similar fundamental wellness needs.

**Keywords:** Wellness, orphanage, psychology, extended families, community, perspectives, models, theories.

## 1. Introduction

Since the early 1990s, several authors have proposed wellness as the model of choice for guiding human development professionals (Myers & Sweeney, 2004; Hatfield & Hatfield, 1992; Myers & Sweeney, 2007). The term wellness might be new in the traditional society, but the basic concept is not (Van Langen, 2010). The term "arête" in ancient Greek referred to the noblest state of human functioning which includes a merging of body, mind and spirit (Myers & Sweeney, 2007). Thus viewing the individual as a "whole "seeking "reciprocal actions of the mind and the body, for both of them are parts of the whole with which people should be concerned" (Adler, 1956:255). Maslow (1970) argues that striving towards self-actualization, growth and excellence is a universal human tendency and overarching life purpose developed this integration. A variety of wellness definitions and descriptions have been postulated by various theorists.

This paper aims to depict the essence of wellness by drawing on the works of several wellness theorists. There are various dimensions of wellness theories. This paper, however, will be mainly concerned with intellectual, emotional, social/environmental and physical wellness dimension and how the extended families are involved in promoting the dimensions towards orphan wellness. The purpose is to contextualise orphanage and wellness in contemporary academic thought

## 2. Defining Wellness

Wellness is understood as a total person's approach towards improving the quality of his or her life, health and psychological strengths in proactive and positive ways (Witmer & Sweeney, 1992), both as member of a community and as an adult in life. Wellness is viewed as an integrated method of functioning which is orientated towards maximizing the potential of which the individual is capable (Myers & Williard, 2003). Myers & Sweeney (2007) maintain that wellness is a proactive approach to life that optimizes one's potential. Myers, Sweeney and Witner (2000: 252) maintain that wellness is "*a way of life orientated toward optimal health and well-being in which body, mind and spirit are integrated by the individual to live life more fully within the human and natural community*". Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. Wellness is a process that involves the striving for balance and integration in one's life, adding and refining skills, rethinking previous beliefs and stances towards issues as appropriate (Hatfield & Hatfield, 1992). In contextualizing the given definitions, one may safely conclude that the definitions discussed above, portray a similar message in that wellness is conceptualized as a multidimensional dynamic and proactive philosophy (Myers, 1991).

## 3. Wellness Perspectives

Several theorists have different perceptions pertaining to the concept of wellness. This paper adopts Van Langen's (2010) six different dimensions of wellness including salutogenesis, health continuum, optimizing, self-responsibility, continuous process, holistic and self-determination.

Salutogenes is the antithesis of pathogenesis, commonly known as the western medical model. The

latter traditionally focuses on the origins of illness; aiming at identifying and eliminating or reducing risk factors for health and well-being (Van Lingen, 2005). The salutogenic paradigm is not intended to replace the pathogenic paradigm, but to be adopted alongside it in order to complement its perspective (Wissing, 2000).

The Western medical model furthermore tends to hold a dichotomous view of health, (Antonovsky, 1979) in that people are viewed as being either ill or healthy. In contrast, the wellness perspective of health or well-being is in terms of a continuum, where two extremes represent the theoretical concepts of absolute illness and absolute well-being (Antonovsky, 1987). According to studies by Ardell (1999) and Schafer (1996), the central point of the continuum represents the neutrality, mediocrity, or the absence of illness or symptoms. This implies that, physical health, social relationships, emotional and spiritual well-being domains are all portrayed on this continuum (Van Lingen, 2005).

The optimizing development view sees wellness as an integrated method of functioning which is oriented towards enabling the individual maximizing one's potential to one's capable level (Srin, 2005). Thus, wellness is all about positive well-being; optimal health, development and functioning; and the maximization of potential (Van Lingen, 2005; Witmer & Sweeney, 1992).

The continuous process view sees wellness as a continuous, life-long process of striving towards realizing one's full potential or enhancing one's quality of life (Van Lingen, 2005). Wellness is also described as an active process through which people become aware of, and make choices towards a more successful existence (USA-based National Wellness Institute-NWI, 2009). On the other hand Probert and Gage (1987) view wellness as both a process and end state of quest for maximum human functioning. However, no one ever arrives at a point where there is no possibility of further development, as it is an ever-evolving process towards achieving one's full potential (NWI, 2009). Wellness can therefore be seen as both a process and an ideal state that is never fully attained.

In the self-responsibility view wellness is described as being a conscious and self-directed process (McMurray, 2000). Some theorists agree that "*wellness is a lifestyle whereby an individual assumes an active role in determining his /her level of wellness*" (Palombi, 1992 p.221). Self-responsibility is one of the most important requirements for wellness (Ardell, 1999).

In the holistic view wellness is concerned with optimal well-being in all spheres of life since it is all about "the mind, body, and spirit" (Archer, Probert & Gage, 1987 p311). In this thesis wellness is viewed in terms of six dimensions which are emotional, intellectual, physical, social/environmental, occupational and spiritual (Hettler, 1984). Wellness is concerned with balance within and across the various lives' dimensions (Olsen, 2007). Additionally, Schafer (2000:55) defines wellness as "the process of living at one's highest possible level as a whole person and promoting the same for others". However, these dimensions do not exist in isolation; instead, they are interconnected (Witmer & Sweeney, 2004).

In the self-determination view wellness is neither prescriptive nor measurable by some objective standard. Instead, the criterion for wellness is based on personally and culturally meaningful goals and values. According to Van Lingen (2000), wellness is viewed as a process of holistic self-development based on personally determined goals for well-being.

#### 4. Wellness Models

This section reviews the five early prominent and diverse models of wellness. Each contributes to better understanding of the wellness concept. Despite the significant conceptual differences in the models, all subscribe to Adams, Bezner and Steinhardt's (1997) effective wellness model of inclusion of several dimensions aligned to systems approach and cultural, organizational and environmental factors that impact on wellness (Lingen, 2010).

Hebert's (1984)-'Cube' Model of Health is one of the earliest models of wellness. It was also the first model towards the inception of the vocational dimension of wellness. It is well known for its unique contribution to the discipline of health education. It focuses on the role of spirituality and a number of internal and external factors that influence an individual's wellness. This model is relevant to this study as it illuminates the role of spirituality in individuals who are orphaned as well as the internal and external factors within the environment and how they interact in the overall promotion of orphan wellness.

Travis and Ryan's (1988) 'Iceberg' Wellness Model posits that one's present health status is not really what individuals perceive as the actual prevailing problem. Travis and Ryan (1988) maintain that the psychological, motivation and the cultural norms are only determinants of behaviour. However, a holistic health in an individual is depicted as the beneath-the surface bulk of the iceberg. Thus, what is readily observed by an outsider may not be really what takes place in the family. Hence this ethnographic study will help unearth what actually happens under the iceberg, which is the real day to day interaction of orphans and extended family members. This is a useful way of conceptualizing the dynamics underlying manifest wellness.

Myers, Sweeney and Witmer' (2000) 'Wellness' Model awarded a central role to spirituality and the impact of societal variables and global context on the individual wellness. These however, made a unique understanding of wellness through in-depth descriptions of life tasks as well as characteristics (Van Lingen,

2010).

Schafer's (1996) Multilevel Wellness Model sees self-responsibility as a vital aspect towards promotion of wellness in an individual. Schafer gives a description of contextual factors (cultures of wellness), and how they influence individual behaviour, trends and wellness. In the light of the above, the study will also examine how these cultures of wellness might influence extended families in their involvement in the promotion of wellness of orphans in Masvingo city.

Adams, Bezner and Steinhart's (1997) Perceived Wellness Model emphasizes the crucial role of one's subjective perceptions in determining health status. Thus the individual needs to be in an enabling environment in order to develop a positive attitude towards self. The overall impact of perceptions on health is supported by several researchers who have suggested that individual health perceptions are valid indicators of future health outcomes even after statistically controlling for confounding variables. Specific models that integrate cognitive and biological components have been proposed by several authors (Jasnoski & Schwartz, 1985; Seeman, 1989; Wilson & Cleary, 1995). Wilson and Cleary (1995) developed a model of patient care that integrates several components including biological and physiological variables, symptom status, functional status, and general health perceptions, among others. A person with high perceived wellness could also be expected to intellectually: 1) value competence and effectiveness in cognitive function, 2) feel more involved with job communication processes, and 3) be more satisfied and less stressed with work in general (Whitmer & Sweeney, 1992). Finally, the emotional characteristics that would be evident in a person with high perceived wellness include: 1) an ability to perform without reassurance or approval of others, 2) a clear internal picture of core identity, 3) a sense of personal adequacy and self-satisfaction, and 4) higher global self-esteem (Carney, FreedlSaini, TeVelde, Simeone, & Clark, 1988).

In summarising the five models explained above, there is clear evidence that the models highlight the impact of intra-individual factors which encompass; behaviours, attitudes, perceptions and resources. The effect of one dimension, for example, micro-contextual factors which include the family, peer group, relevant organizations and immediate community, overlaps thereby affecting the macro-contextual factors in various forms. This being the larger social, political, economic and cultural aspects, it will immensely affect wellness in other dimensions (Van Langen, 2010). Thus the models emphasize the importance of interconnectedness of people. They also highlight the idea that an individual does not live in isolation. However, there exist an on-going reciprocal interaction among people whereby, one learns and benefit from others, and should in turn contribute to the lives and well-being of others. This process enables an individual in achieving the *Unhu* (*Ubuntu*) concept which is the ultimate valued aspects amongst the African culture in general and Zimbabwean Shona and Ndebele culture in particular.

## 5. Major Dimensions of Wellness

This part of the paper looks at the intellectual, emotional, social/environmental and physical dimensions of wellness and how the extended families are involved in promoting the dimensions towards orphan wellness.

### 5.1 Intellectual wellness

Intellectual wellness is the degree to which one engages in creative and stimulating activities, as well as the use of resources to expand knowledge and focus on the acquisition, development, application, and articulation of critical thinking. It represents a commitment to lifelong learning, an effort to share knowledge with others, and development of skills and abilities to achieve a more being energized by an optimal amount of satisfying life. The perception of intellectually stimulating activity that involves critical reasoning, as well as development of a sense of humour, is also important (Sirin, 2005).

Numerous studies have explored the relationship between aspects of student's wellness and academic outcomes (Tatar & Myers, 2010; McMurray, 2000; Prilleltensky & Prilleltensky, 2006; & Van Langen, 2010). Intellectual wellness encourages creativity and stimulates mental activity. It involves the on-going acquisition, further development and creative application of independent and critical thinking skills, and openness to new ideas (Schafer, 2000). In this regard, an intellectually well person uses the available intellectual and cultural activities and resources to expand his/her knowledge and to improve (Jager, Bensley & Jarger, 2003). Orphans are more likely to be enrolled in poorly resourced schools and their attendance is also likely to be erratic. Orphans have lower school attendance, lower school completion rates, and/or are less likely than non-orphans to be at the age-appropriate grade level (Bicego, Rustein, & Johnson, 2003; Nyamukapa & Gregson, 2005). Psychological problems have been consistently observed among orphans (Atwine, Cantor-Graae & Bajunirwe, 2005; Cluver & Gardner, 2007; Pelton & Forehand, 2005).

The primary caregiver of an extended family caring for the orphans may be less able to pay for schooling and school necessities (Bannett & Whiteside, 2002; UNAIDS, 2000; Jackson, 2002). If at all the orphan happens to be enrolled in a school, the additional responsibilities and burdens brought up by economic instability, may cause these orphans to drop out of school. Hence Hunter (2001,) argues that many orphaned

children are traumatized permanently by loss of care and protection. Consequently, these traumas affect their concentration in class, eventually, impacting negatively on their emotional and intellectual wellness. Even though extended family give care, these children often lack love, attention and affection as they have to eat separately, and suffer harsh treatment and abuse from step or foster parents. To survive and thrive, children need to grow up in a family and community environment that provides for their healthy and sound development (UNICEF, 2004:13). The child's development cannot be understood properly without considerations of the critical role of a family in the child's developmental process (Jackson, 2000). The family has a basic function of preparing children for life outside the family thus enabling them to develop into mature adults (Donald et al, 2008). A family which is able and equipped to carry out its parental task consistently and successfully gives a sense of security, a sense of companionship and belonging, a sense of responsibility and bestows a sense of purpose and direction in its members (Nyamukapa & Gregson, 2005). Van Den Berg (2006) established that less attention and care is provided to orphans when they are sick and they have a high mortality rate than biologically related children. In relation to the above observations, this study seeks to establish the extent to which orphans' intellectual wellness is being promoted through the involvement of extended families in Masvingo City in Zimbabwe.

### **5.2 Emotional wellness**

Relatively, minimum studies have discussed on psychological wellness, but there is some agreement that it is one's sense of expectation that positive outcomes result from the events and experiences of life. Emotional wellness is conceptualized as awareness and control of feelings, as well as a realistic, positive, and developmental view of the self, conflict, and life circumstances, coping with stress, and the maintenance of fulfilling relationships with others (Rossouw, 2003). Van Den Berg (2006) considered emotional wellness to be a continual process that included awareness and management of feelings, and a positive view of self, the old, and relationships. Van Den Berg (2006) defined emotional wellness as related to one's level of depression, anxiety, well-being, self-control, and optimism. Emotional wellness includes experiencing satisfaction, curiosity, and enjoyment in life, as well as having a positive anticipation of the future, or optimistic outlook. Van Den Berg (2006) describes the self-determination theory (SDT) as another perspective that fits within the concept of self-realization as a central definitional aspect of wellness, and that SDT specifies both what it means to actualize the self and how this can be accomplished. This involves the fulfilment of basic psychological needs: autonomy, competence, and relatedness resulting in psychological growth (e.g., intrinsic motivation; integrity; internalization).

Emotional wellness is closely related to the popularized concept of Emotional Intelligence (Jager, Bensley & Jager, 2003). Thus, this dimension is an awareness and acceptance of one's feelings, and the ability to maintain relative control over emotional states, to express feelings appropriately, and to cope effectively with stress. An individual should have the capacity to feel positive and enthusiastic about oneself and about life. When an individual is well equipped in this dimension, the individual will have the ability to motivate oneself and persist in the face of frustrations, and to delay gratification and suppress impulsiveness. Zhao et al (2007) established that orphans are generally disadvantage compared to non-orphans. Although most of the orphans are cared for by extended family members, these orphans are more likely to live in households with less favourable dependency ratios and greater experiences of financial hardship (Monasch & Boerma, 2004; Nyambedha, Wandibba, & Agaard-Hansen, 2006; Oleke, Blystand, & Rekdal, 2005; Safman, 2004). Orphans have markedly increased internalized problems and higher levels of anxiety, depression, anger, and depressive disorders, as compared with their counterparts (Artwine et al., 2005; Makame et al., 2005).

### **5.3 Social/Environmental wellness**

Social/Environmental wellness focuses on the aspect of the need for personal identity and a feeling of belonging (Jager, Bensley & Jager, 2003). It emphasizes the interdependence of people and the nature. Thus, it includes the pursuit of harmony with one's immediate human and physical environment as well as with the larger community and with nature. Social wellness encompasses the degree and quality of interactions with others, the community, and nature. It includes the extent to which a person works toward supporting the community and environment in everyday actions, such as volunteer work (Richter, Manegold & Pather, 2004). Included in the definition of social wellness is getting along with others and being comfortable and willing to express one's feelings, needs, and opinions; supportive, fulfilling relationships (including sexual relations), and intimacy; and interaction with the social environment and contribution to one's community (Ohnishi, Nakamura, Kizuki, Seino, Inose & Takano, 2008). In the promotion of social wellness, an individual has to establish meaningful relationships as well as demonstrate an on-going commitment to the common good of the community and the environment. Identity, uniqueness as a person and a sense of personal continuity give a child a sense of the future and direction in life if a child fails to achieve all these, he/she may therefore experience a sense of alienation and become apathetic with a low self-esteem and lack of direction (Loening, Voysey & Wilson, 2001).

Review of related literature from various African countries suggest that although the extended family heads might alleviate orphans' plight, it is unrealistic to assume that children can escape from poverty without massive support from external sources (Bhargava & Bigombe, 2003). In traditional African community, child rearing of orphans was the responsibility of the whole community in the absence of biological parents (Nyambedha, Wandibba, & Aagaard-Hansen, 2003). This enabled nurturing conformity to the social rules and customs at an early stage (Nyaumwe & Mkabela, 2007). Consequently, this promoted the Ubuntu philosophy, which acted as a uniting force. This enables members in a given community to care for the wellbeing of others in general and orphans in particular. However, today, the whole burden of caring for orphans have now been shouldered on struggling extended family heads. A study by Strebel (2004) on orphans in Botswana revealed orphans are lacking psycho-social support due to failure to identify workable means to deal with the emotional trauma. It was established in one of the studies conducted in Botswana (Cluver & Gardner, 2007), some orphans refused to accept relief services to avoid the associated stigma attached to such welfare benefits. In the light of the above observation, this research strives to establish how the extended families are promoting the social/environmental wellness of the orphans in Masvingo city.

#### **5.4 Physical wellness**

In general, physical wellness includes physical activity, nutrition, and self-care, and involves preventative and proactive actions that take care of one's physical body. This dimension is achieved through the individual's willingness to pursue activities that enhance physical health, and the avoidance of activities that could be detrimental to physical well-being. The following are some of the components of physical wellness habits: regular physical activity, nutritional responsibility, sufficient relaxation and sleep, self-care and safety awareness (Van Langen, 2010). This also implies the non-abuse of alcohol, drugs, tobacco and medication, the practice of safe traffic measures, and safe responsible sexual practices. In the absence of a stable family, children are likely to be exposed to detrimental forms of physical harm which are likely to promote the wellness of physical wellness. The family is a source of physical wellness promotion. Related studies revealed that orphans' emotional wellness is affected when orphans are depressed, when they suffer malnutrition, homelessness, starvation, and many others (Mutandwa & Muganiwa, 2008; Ansell & Young, 2004; Foster, Makufa, Drew & Kralvec, 1997; Foster, Makufa, Drew, Mashumba & Kambeu, 1997; Foster, 2000; Ntozi, Ahibisibwe, O'dwee, Ayiga & Okurut, 1999; UNICEF, 2003; Cluver & Gardner, 2007). Though extended family members may be able to care for one orphan, the demands for caring for additional orphan members undermines the nutritional well-being of all the children in the household (UNICEF, 2007), eventually, this affects a learner's physical wellness.

#### **6. Child Wellness**

Child wellness is achieved by the satisfaction of personal, collective and relational needs of children. These needs, in turn are satisfied by the presence of cogent values, adequate psychological and material resources, and effective programs and policies (O'Connell, Boat & Warner, 2009). Wellness is a hierarchical concept in that the needs of the child are predicated on the satisfaction of the needs of the family. Hence, in light of the above statement, one would safely conclude that, the macro system is of paramount importance since it is the dominant social and economic structure where values, beliefs, and practices are imparted. These components are critical for the promotion of orphan wellness in any given society. The needs of the family, in turn, depend on community welfare, which is based largely on the level of social wellness. As an example, the needs of a child depend on parenting skills and on the economic situation of the family in general. The wellness of the family as a whole is closely related to the level of community safety, to availability of recreational facilities, and to access health and human services. (Prilleltensky & Nelson, 2000). Wellness at each level of analysis depends on the satisfaction of personal, relational and collective needs (Prilleltensky & Nelson, 2000). This study explores how extended families are involved in the promotion of orphan wellness despite the economic difficulties that they are encountering. The above observation was supported by Uys and Cameron (2003), who also noted that malnutrition associated with poverty, implies a compromised immune status. Lack of basic services such as water, descent shelter, food and so on, also predisposes a person to infections such as TB (UNICEF, 2003).

##### **6.1 Needs for promotion of child wellness**

Wellness is considered the paradigm of counseling and development (Myers, Luecht, & Sweeney, 2005). However, researchers have failed to agree on a definition or on the dimensional structure of wellness (Tater & Myers, 2010). Recent research (Van Langen, 2010; Prilleltensky and Prilleltensky, 2006) indicates that adults with histories of childhood physical, sexual, and emotional abuse frequently present with symptoms of post-traumatic stress disorder (PTSD) and other psychiatric disorders that require specialized treatment. Myers, Luecht, and Sweeney, (2005) found that almost 76% of adults reporting child physical abuse and neglect had at least one psychiatric disorder in their lifetime and nearly 50% had three or more psychiatric disorders. Furthermore,

studies of childhood trauma survivors have noted that problems in emotion regulation and interpersonal functioning are as common as PTSD symptoms. In an environment where the orphans are emotionally, physically and spiritually traumatized by the environment due to minimum resources, they are likely to have a retarded growth since the needs for promotion of child wellness are not all that conducive.

### **6.2 Values for promotion of child wellness**

Values for promotion of child wellness involve expressing care, empathy, and concern for the physical and emotional health of children. Health promotion empowers both individuals and communities. Empowerment is a process through which people gain hegemony over choices and behaviour affecting their health (World Health Organisation, 1998). Child wellness is predicated on the satisfaction of material, physical, affective, and psychological needs (Prilleltensky, 2010). Wellness is an ecological concept; a child's well-being is determined by the level of parental, familial, communal, and social wellness (Myers, Luecht & Sweeney, 2005). Parents enjoying physical and psychological health, and have access to adequate financial resources, will be in a better position to provide a wellness enhancing environment for their children (Mike, 2009). Parental wellness, in turn, is based on the opportunities afforded them by the community in which they reside. Orphans in this study have minimum access to the above conducive environment for promotion of wellness. Hence, the extended family heads and other stake holders should promote (Prilleltensky, 2010) the rights and ability of orphans to pursue chosen goal without undue frustration and in consideration of other people's needs. Empowerment is centred on the acquisition of skills (including thinking and decision-making skills) the acquisition of assertiveness, interpersonal competence and cognitive knowledge and psychological perception (including self-esteem and perceptions of control (Tsfamariam, 2010).

### **6.3 Values and needs for child relation wellness**

Wellness or holistic health can be defined as a state of complete physical, mental, and social well-being. Such wellness is considered to be dynamic and is affected both by personal and environmental factors (Ross & Deverell, 2004:14). To be able to survive well and thrive well, children need to be well care for in a family and community environment that provides for their changing needs, thereby promoting their healthy and sound development (UNICEF, 2004). In this study, there is therefore, there is need for fostering partnership in which orphans and extended family heads can have meaningful input into decisions affecting their lives (Prilleltensky, 2010). The community should also be involved into promoting vital community structures that facilitate the pursuit of personal and communal goals (Theron, 2004). When personal and/or environmental factors are perceived as negative, stress ensues and a comprehensive physiological response (including mental, emotional, behavioural and physical components) is provoked (Prilleltensky, 2010). Chronic stressful responses are at loggerheads with emotional wellness or resilience (Ross & Deverell, 2004). Hence this calls for a conducive/fertile environment for created by the community and other stake holders to enable the extended family heads to promote wellness of orphans.

## **7. Conclusion**

This paper presented review of related literature on issues pertaining to wellness theories, wellness perspectives, wellness models and wellness dimensions. As is evident in the literature, there are many complex, interrelated systemic and contextual factors which are detrimental to the promotion of orphans' wellness. Bronfenbrenner's bio-ecological systems (macro, exo, meso and micro) as well as Maslow's hierarchy of needs for self-actualizations (physiological, safety, love and belonging and self-esteem), play a pivotal role towards achieving orphan wellness. An enabling environment for the intersection of the aspects in the two theories will lead to promotion of orphan wellness and a health society.

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