



CIEE Global Institute Copenhagen

Course name:	Psychology of Health and Illness
Course number:	PSYC 3002 CPDK
Programs offering course:	Open Campus
Open Campus Track:	Global and Community Health
Language of instruction:	English
U.S. semester credits:	3
Contact hours:	45
Term:	Spring 2019

Course Description

Health psychology focuses on the relationship between behavior, health, and illness while trying to identify the predictors of health-compromising and health-enhancing factors. Through a dual focus on healthcare and psychology, students will examine illness identities in the national context. Special emphasis will be placed on cultural differences related to body image, quality of life, self-help, religious beliefs, alternative medicine, and rituals related to dying and death. Through an examination of the relevant literature, guest lectures and site visits, the course addresses philosophical questions about the perceptions and definitions of what it means to be 'healthy' or 'unhealthy' within the national context.

Learning Objectives

By completing the course students will:

- Evaluate the relationship between behavior, health and illness
- Examine the developments in behavioral patterns in relation to health over time and in various cultures, and in various ethnic and socio-economic groups in national society.
- Critically analyze the regional and national ways of targeting unhealthy lifestyle (diet, smoking, drugs etc): insight in the role of preventative medicine
- Demonstrate the effectiveness of psychological interventions for health promotion
- Appraise the non-rational, emotional side of coping with health and disease and the demand for alternatives for rational Western medicine: (religious) rituals, complementary medicine and self-help.



Course Prerequisites

Students should have completed a semester course in health studies, psychology, sociology, or medical anthropology.

Methods of Instruction

Among other techniques, the methodology used throughout this course will include: teacher presentations with student-teacher dialogue and discussion; active discussion in which students will be expected to prepare presentations to present to the group.

Assessment and Final Grade

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|-----------------------------|-----|
| • Presentation | 15% |
| • Mid Term Exam | 25% |
| • Health Promotion Campaign | 15% |
| • Final paper | 25% |
| • Participation | 20% |

Course Requirements

Presentations

Students must conduct a 15-minute presentation in groups on one of the themes discussed. It should show a good understanding of a selected topic and the ability to put it in perspective. The topic should be presented in a concise yet comprehensive manner. They may use audio-visual media such as a video or film if it adds value and is incorporated seamlessly.

Midterm Exam

All students will be required to take an essay based exam in order to measure their development midway through the course. Students will answer five short questions on topics covered.

Health Promotion Campaign



Students will design and develop a health promotion campaign highlighting the national context / health challenges. The project must be delivered as a Poster Session, with students demonstrating the key challenges facing the host country, and what messages and mediums of communication will be most effective.

Final Paper

A 1875-3750 words final paper is required. This paper must be an in-depth analysis of one of the topics discussed in class. All papers are research papers and must therefore have proper annotation.

Participation

Participation is valued as meaningful contribution in the digital and tangible classroom, utilizing the resources and materials presented to students as part of the course. Meaningful contribution requires students to be prepared in advance of each class session and to have regular attendance. Students must clearly demonstrate they have engaged with the materials as directed, for example, through classroom discussions, online discussion boards, peer-to-peer feedback (after presentations), interaction with guest speakers, and attentiveness on co-curricular and outside-of-classroom activities.

Attendance Policy

Regular class attendance is required throughout the program, and all unexcused absences will result in a lower participation grade for any affected CIEE course. Due to the intensive schedules for Open Campus and Short Term programs, unexcused absences that constitute more than 10% of the total course will result in a written warning.

Students who transfer from one CIEE class to another during the add/drop period will not be considered absent from the first session(s) of their new class, provided they were marked present for the first session(s) of their original class. Otherwise, the absence(s) from the original class carry over to the new class and count against the grade in that class.

For CIEE classes, excessively tardy (over 15 minutes late) students must be marked absent. Attendance policies also apply to any required co-curricular class excursion or event, as well as to Internship, Service Learning, or required field placement. Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent and unexcused. No make-up or re-sit opportunity will be provided.

Attendance policies also apply to any required class excursion, with the exception that some class excursions cannot accommodate any tardiness, and students risk being marked as absent if they fail to be present at the appointed time.

Unexcused absences will lead to the following penalties:



<i>Percentage of Total Course Hours Missed</i>	<i>Equivalent Number of Open Campus Semester classes</i>	<i>Minimum Penalty</i>
Up to 10%	1 content classes, or up to 2 language classes	Participation graded as per class requirements
10 – 20%	2 content classes, or 3-4 language classes	Participation graded as per class requirements; written warning
More than 20%	3 content classes, or 5 language classes	Automatic course failure , and possible expulsion

Weekly Schedule

NOTE: the following schedule is subject to change at the discretion of the instructor to take advantage of current experiential learning opportunities.

Week 1

Orientation Week

Class 1:1

Introduction to class

What is the field of health psychology? How to define health and disease or illness? Health and disease as social constructs. A bio-psychosocial approach. Constructions of healthiness as morally superior to unhealthiness will be critically analysed and explored. This will be followed by an exercise where students consider their own preconceived notions of health and illness, their own positions in relation to health discourse and their experiences of health both personally and through their perceptions and experiences of others' health. Important questions to consider will include: Is health important?, why?, do I try to stay healthy?, what does that mean?, what does it say about me as a person if I am healthy or ill?, how do I feel about others who are healthy and about those who are ill?



Readings: Rosenberg 1992, Hepworth 1999, French 2010, Wedding 2006

Online:

<http://denmark.dk/en/lifestyle>

world happiness report: http://unsdsn.org/wp-content/uploads/2014/02/WorldHappinessReport2013_online.pdf

Week 2

Class 2:1

Constructions of Health in a Danish Cultural Context

The students will learn about health, behavior and illness in a cultural perspective. International, cultural and historical comparisons of behavioral patterns concerning health and illness will be discussed, with a focus on Denmark.

Readings: men's health in Denmark:

<https://www.sst.dk/en/publications/2011/~-/media/DBB49B5299F54674AFB3D737CF623691.ashx>

health disparities:

<https://www.sst.dk/en/publications/2011/~-/media/83A30419FB1B47C1BC0D725AE50E5A3C.ashx>

ethical charter for modelling and examples

<http://www.cero-etage.dk/en/ethicalcharter.htm>

<https://www.psychologytoday.com/blog/talking-about-trauma/201705/denmark-declassifies-transgender-mental-illness>

Class 2:2

Mental Health in Denmark

In a country where transgenderism is not classified as a mental disorder, what are the social constructs of disease and health? Topics such as body image, attractiveness, obesity and anorexia nervosa will be addressed from a Danish viewpoint. And what role play gender, race and class here?

Readings: Klocke 2014, Crawford 2006, Johansen 2006, Borg 2000.

Week 3

Class 3:1

Health Promotion in the Danish Healthcare System

The basic structure of the Danish healthcare system will be shown, with an emphasis on preventative health care. Which messages does the government want to come across to the Danish citizens? How to change unhealthy behavior? How to stimulate healthy behavior?

Readings: Fleig 2013, Gummersbrach 2013, Larson 2014

Online:

health promotion packages:

<https://www.sst.dk/en/publications/2014/~media/F62F9FBE45034981829DB633AE88AF18.ashx>

report:

<https://www.sst.dk/en/news/2014/~media/7B4250C3B5C04B6D9D7D374AB13752A4.ashx>

Class 3:2

The Lalonde Model

The model of Lalonde for health promotion will be explained, as will be the role of the media. Site visit: The Danish Health Authority

Readings: Fleig 2013, Gummersbrach 2013, Larson 2014

Online:

health promotion packages:

<https://www.sst.dk/en/publications/2014/~media/F62F9FBE45034981829DB633AE88AF18.ashx>

report:

<https://www.sst.dk/en/news/2014/~media/7B4250C3B5C04B6D9D7D374AB13752A4.ashx>

Mid Term Exam

Week 4

Class 4:1

Alternative Medicine, Self-help and Religion

This week deals with complementary methods of handling health issues. The flaws of the Western evidence based, rational use of medicine are explored. Patient autonomy, tailor-made-medicine and self-help will be addressed, both from a general Western perspective as from a more specific Danish perspective.



Readings: Loss 2014, Prilleltensky 2003, Hanssen 2005.

Health Promotion Campaign

Class 4:2

Alternative Medicine, Self-help and Religion II

Site visit: Medital Klinik Danmark. Specific attention will be paid to: the concept of self-help and the role of individual responsibility discourses in the experience of illness; the role of religion understanding and coping with disease.

Readings: Loss 2014, Prilleltensky 2003, Hanssen 2005.

Week 5

Class 5:1

Dying and Death

This class will focus on individual and institutional approaches to managing and coping with illness and death. Death and palliative care-instructions of aging and dying and approaches to facilitating effective end of life care. Rituals and traditions providing comfort and support in end of life situations, in historical and contemporary sickbeds.

Readings: Lindqvist 2012, Flynn 2014, Fischer 2006

Presentations

Class 5:2

Ritual and Palliative Care

Site visit: Urban hospice, Frederiksberg. Students will learn about rituals and traditions providing comfort and support in end of life situations, in historical and contemporary sickbeds.

Readings: Lindqvist 2012, Flynn 2014, Fischer 2006

Week 6

Class 6:1

Looking forward: A critical health psychology practice

Discussion will centre around how students can apply the skills and knowledge they have engaged with over the last few weeks to practical situations or interventions for the future in Denmark and for their own country of origin.

Readings: Crawford 2006, Wedding 2006, Prilleltensky 2003.

Class 6:2

Final Review

Prior to submitting the final essay, students will review the content of the course.

Final Paper

Readings

Borg, Vilhelm et al., "Social class and self-rated health: can the gradient be explained by differences in life style or work environment?", *Social Science and Medicine* 51.7 (2000) 1019-1030. Print.

Crawford, R., "Health as a meaningful social practice", *Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. 10.4 (2006) 401-420. Print.

Fischer, Suzanne et al., "Responders and non-responders in a study on medical end-of-life decisions in Denmark, the Netherlands, Sweden and Switzerland", *Journal of Public Health* 51.1 (2006) 24-33. Print.

Fleig, Lena et al. "From Intentions via Planning and Behavior to Physical Exercise Habits". *Psychology of Sport & Exercise* 14.5 (2013) 632-640. Print.

Flynn, Eleanor. "Visualizing Death and Burial: Past and Present". *International Psychogeriatrics* 26.5 (2014) 709-713. Print.

French, D. et al. *Health Psychology (Second Edition)*. BPS Blackwell, 2010. Print.

- Gummersbach, Elisabeth et al. "Effects of Different Information Brochures on Women's Decision-Making Regarding Mammography Screening: Study Protocol for a Randomized Controlled Questionnaire Study". *Trials* 14. (2013) 319. Print.
- Hanssen B. et al., "Use of complementary and alternative medicine in the Scandinavian countries", *Scandinavian Journal of Primary Health Care* 23.1 (2005) 57–62. Print.
- Hepworth, Julie. *The Social Construction of Anorexia Nervosa*. London: Sage, 1999. Print.
- Johansen, Anette et al., "Health behaviour among adolescents in Denmark: Influence of school class and individual risk factors", *Scandinavian Journal of Public Health* 34.1 (2006) 32-40. Print.
- Klocke, Andreas et al. "International Variation in Child Subjective Well-Being". *Child Indicators Research* 7.1 (2014) 1-20. Print.
- Larson, Heidi et al. "Understanding Vaccine Hesitancy Around Vaccines and Vaccination from a Global Perspective: A Systematic Review of Published Literature, 2007-2012". *Vaccine* 32.19 (2014) 2150- 2159. Print.
- Loss, Julika et al. "Online Social Networking Sites- A Novel Setting for Health Promotion?". *Health and Place* 26. (March 2014) 161-171. Print.
- Lindqvist, Olav et al. "Complexity in Non-Pharmacological Caregiving Activities at the End of Life: An International Qualitative Study (Non-Pharmacological Caregiving for the Dying)". *PloS Medicine* 9.2 (2012) Print.
- Prilleltensky, O. et al, "Towards a critical health psychology practice", *Journal of Health Psychology* 8.2 (2003) 197-210. Print.
- Rosenberg, Charles. "Framing Disease. Illness, Society and History", in: Ch. E. Rosenberg, *Explaining Epidemics and other studies in the history of medicine* (Cambridge University Press 1992) 305-318. Print.
- Wedding, Danny and Margaret L. Stuber. *Behavior & Medicine*. 4th edition. Cambridge MA: Hogrefe & Huber publishers, 2006. Print.

Online Resources

<http://denmark.dk/en/lifestyle>

<https://www.sst.dk/en/publications/2011/~-/media/DBB49B5299F54674AFB3D737CF623691.ashx>

<https://www.sst.dk/en/publications/2011/~-/media/83A30419FB1B47C1BC0D725AE50E5A3C.ashx>

<http://www.cero-etage.dk/en/ethicalcharter.htm>

<https://www.sst.dk/en/publications/2014/~-/media/F62F9FBE45034981829DB633AE88AF18.ashx>

<https://www.sst.dk/en/news/2014/~-/media/7B4250C3B5C04B6D9D7D374AB13752A4.ashx>

http://unsdsn.org/wp-content/uploads/2014/02/WorldHappinessReport2013_online.pdf

<https://www.psychologytoday.com/blog/talking-about-trauma/201705/denmark-declassifies-transgender-mental-illness>

http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf

Recommended Readings

Berlant, L. 2010. *Risky Bigness: On obesity, eating and the ambiguity of health in Against Health: How Health Became the New Morality*. New York University Press: New York. Print.

Burr, V. 2015. *Social Constructionism*. Routledge: East Sussex. Print.

Haland, Evy Johanne. *Women, Pain and Death: Rituals and Everyday Life in the Margins of Europe and Beyond*. Newcastle: Cambridge Scholars, 2008. Print.

Nuland, S. 1995. *How we die: Reflections of life's final chapter*. First Vintage: New York. Print.



Sahler, Olle Jane Z. *The Behavioral Sciences and Health Care* Cambridge: Hogrefe, 2012. Print.

Ziguras, C. 2004. *Self-Care: Embodiment, personal autonomy and the shaping of health consciousness*. Routledge: London. Print.