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# Constructing a Family Health History to Facilitate Learning in a Health Psychology Seminar

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*This article describes a project to reinforce learning in an undergraduate health psychology seminar. The project required students to (a) profile the physical and mental health status of at least 15 family members, (b) identify trends or patterns related to health and illness in their families, and (c) develop an action plan for maintaining good health. Students' evaluations of the project suggested that the project reinforced learning from the class, enhanced knowledge about the causes for illnesses, and prompted them to monitor or change health-related behavior to maintain good health.*

Health psychology focuses broadly on psychological and behavioral factors that affect health, illness, treatment, and recovery from illness (Bishop, 1994; Taylor, 1999). In recent years, health psychology has become a growing area of training and specialization among psychologists (Baum, Gatchel, & Krantz, 1997). Textbooks suitable to stimulate interest in the field at the undergraduate level are also becoming more common (Baum et al., 1997; Bishop, 1994; Brannon & Feist, 2000; Taylor, 1999). Although several health psychology textbooks are available for undergraduate courses, instructor support resources for in-class demonstrations or projects to stimulate learning in this course are less available. This article presents a project used to facilitate learning in an undergraduate health psychology course. The purpose of the project was to (a) profile the physical and mental health status of at least 15 family members, (b) identify trends or patterns related to health and illness in their families, and (c) develop an action plan for maintaining good health.

Students have access to numerous magazines, television programs, and Internet sites that present information about health, treatment of disease, or prevention of disease. However, using this information to improve health is difficult for students because the information may be of dubious quality.

Health-related information may also conflict with previously reported findings or with commonsense explanations of health. I developed this assignment to promote critical thinking about health by having students gather and analyze trends in family health histories and encouraging students to search broadly for reputable information about the latest understanding of causes, symptoms, and treatments of both physical and mental illnesses.

Advances in science and technology that place a greater emphasis on genetic and biological causes for disease further complicate the matter. Recent efforts with the Human Genome Project, for example, were in part motivated by a greater desire to understand potential genetic causes or triggers for disease (e.g., Grodin & Laurie, 2000). Diseases such as breast cancer, Alzheimers disease, and mental disorders such as depression, schizophrenia, and addictions have genetic links that relate to higher risks for developing the disorder (e.g., Hyman & Moldin, 2001; Nestler & Landsman, 2001; Taylor, 1999). However, even with identified genetic links, the majority of cases of these conditions are also influenced by other factors, including health-related behavior or exposure to pathogens. This increased emphasis on biological and genetic causes for disease is important. However, students in health psychology also need to understand the complexity of social, psychological, behavioral, and environmental factors involved in health.

## Family Health History Project

### *Health History*

During the first course meeting, I presented requirements for the family health history project and the final paper sum-

marizing students' findings. Because of the large scope of this project, the final written paper summarizing the project was due the 10th week of classes. For the project, students selected 15 biologically related family members to profile for this assignment. No students in this sample were adopted. However, if a student was adopted and did not have access to information about biological relatives, I would have instructed the student to select any 15 relatives to profile. Identifying patterns in health of adoptive families may be useful in maintaining good health because illness may be caused by behavioral, social, psychological, or environmental factors. Students included, at a minimum, profiles of parents' and grandparents' health status. I instructed students to select remaining family members to profile for this assignment based on conversations with family members. I required a total of 15 profiles for two reasons. First, I thought 15 profiles would be a large enough sample to identify trends in health. Second, I thought that requiring students to complete 15 profiles was similar in effort to projects in other upper level classes. At a minimum, students reported the following for each person profiled: (a) the relationship of the person to the student; (b) birth and death dates (if applicable) for each person; (c) general description of the person's health (e.g., medical and psychological illnesses throughout the person's life), including both chronic and nonchronic conditions; and (d) potential causes for various conditions identified based on current research and family folklore (e.g., Grandma had diabetes because her mother fed her too many sweets when she was a child). I instructed students not to identify any particular person when reporting health profiles, but rather to include nondescriptive labels such as parent rather than mother or father. I assured students throughout the seminar that all information contained in the written paper would be kept confidential. In the final written paper, students presented each person's profile on a separate page. Most profiles were a page long, but in some cases, profiles were longer due to complicated health histories.

### Trends

Students identified patterns or trends regarding health and illness after completing health profiles on their 15 family members. I instructed students to apply their critical thinking skills to the information they collected to identify trends and patterns. Because students analyzed a small sample of health histories, a pattern could be just two or three similar illnesses in their family history. If students had difficulty identifying trends, I instructed them first to examine patterns of health within their mother's family, and then examine patterns of health within their father's family, to assess potential genetic or behavioral causes for illness. I instructed them then to look at both their mother's and father's families together to assess other conditions that occurred frequently that might be related to behavior (e.g., lung cancer and smoking). If students were unable to find a pattern or trend, I instructed them to describe their findings in greater detail, noting the lack of a pattern. Students identified such patterns as a family history of diabetes, heart disease or heart attacks, autoimmune diseases (e.g., rheumatoid arthritis), and various cancers (e.g., breast cancer, lung cancer, leukemia). Students discussed between three and seven trends. In addition to identifying trends, stu-

dents gathered health information from various sources (e.g., academic journals, popular magazines) and discussed what was known about each identified illness or condition in terms of known causes, symptoms, and treatments.

### Action Planning

For the final section of the paper, students developed action plans for maintaining good health based on patterns in their health history and on information about known causes, symptoms, and treatments for various diseases. I instructed students to focus their action plans on alterable behaviors (e.g., smoking, diet) to enhance health. When patterns in health histories were of a likely biological or genetic origin, students developed their action plans to monitor symptoms and detect illnesses earlier, possibly preventing them or treating them more effectively.

Students' final papers summarizing their health histories, identifying trends, and providing action plans were between 20 and 30 pages in length. Grading papers posed some challenges because papers were quite different from each other. For example, some papers had many trends, others had few; some illnesses had successful treatments whereas others did not. The health history, trends, and action planning sections were each worth 25% of the final project grade. Students earned full credit if the section was complete and well researched and if the project indicated students did a thorough job in researching health trends identified in the paper. If a section was deficient (e.g., a student failed to discuss treatments for an illness) I made deductions in points. Points for writing style, grammar, punctuation, and spelling comprised the remaining 25% of the grade. I deducted a point for every two of these types of errors that I detected.

**Table 1. Means and Standard Deviations of Responses to Health History Project Evaluation**

Item	<i>M</i>	<i>SD</i>
1. This assignment was a worthwhile use of my time.	4.60	0.94
2. This assignment reinforced learning from the class.	4.45	0.69
3. This assignment should be used again in the future.	4.60	0.60
4. This assignment helped me discover things about my family.	4.40	1.14
5. This assignment helped me better understand risk factors associated with illness.	4.80	0.41
6. This assignment helped me identify potential health problems for me and my family.	4.85	0.37
7. This assignment helped me understand the role of genetics in health.	4.40	1.05
8. This assignment helped me understand the role of behavior in health.	4.50	0.76
9. This assignment helped me understand the role of stress in health.	4.60	0.60
10. As a result of this project I plan to change my behavior.	4.30	1.03

Note. *N* = 20. Responses based on a scale ranging from 1 (*strongly disagree*), 2 (*disagree*), 3 (*neither agree nor disagree*), 4 (*agree*), to 5 (*strongly agree*).

## Evaluation

All 20 students in my health psychology seminar at a small, private, mid-Atlantic, liberal arts college completed the project and a 10-item evaluation tool. I developed the evaluation tool to assess attitudes about this health history assignment. Students rated items on a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Table 1 reports results for each question.

In general, students' responses to the assignment were quite favorable. Regarding the role of the assignment in class, students reported that the assignment reinforced learning from the class, was a worthwhile use of time, and should be used again in future seminars. Regarding specific aspects of learning from this assignment, students reported that the assignment helped them understand the role of risk factors in health and disease. Regarding personal development, students reported that they discovered things about their families, identified potential health problems to be concerned about in their families, and planned to change their behavior to enhance their health.

Because each paper was unique, students asked numerous questions in and out of the seminar to assist them in completing the project. Students were also helpful to each other in identifying resources (e.g., Web sites, local or national organizations) to gather health information to integrate into the paper. From my perspective, the assignment was informative and interesting to read and evaluate. Future use of this assignment could be linked to measures of performance in the class (e.g., final grades), evaluation of teaching effectiveness, or changes in health-related behavior, awareness, or attitudes beyond the class. Another potential outcome of this project might be the extent to which it influenced career plans for psychology majors who had this opportunity to examine health from a psychological perspective.

In conclusion, the assignment turned out to be a good learning experience for the students and me, and I used it in subsequent seminars on health psychology. I learned a lot about how students think about illness and disease, which

helps me present course materials more effectively by balancing health psychology information with ways to enhance personal health. Many students commented on how interesting it was to gather family health information from relatives and how they shared their findings with family members once they completed the project. I hope that the project sufficiently captured students' attention with respect to important health issues and that real behavior change resulted from this project's focus on wellness, early detection, and effective treatment. These questions, of course, could be the goal of future investigations of this teaching technique.

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## Notes

1. I thank the reviewers for their useful comments that improved this article.
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