

Book Reviews

Cathleen Morrow, MD Book Review Editor

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Character Strengths and Virtues: A Handbook and Classification, Christopher Peterson and Martin E. P. Seligman, New York, Oxford University Press, 2004, 800 pp., \$75, hardcover.

I spoke recently with a family physician who has practiced among the Tohono O'odham Native American community in southern Arizona. He recalls a conversation with an elder from that community about the exponential rise of diabetes, substance abuse, and other lifestyle-related afflictions since World War II. The ultimate cause of this change, said the elder, was that people in his community had become "detached from their values."

It would be easy to dismiss such a comment as trite, simplistic, soupy, or irrelevant. I would not write it off too quickly, however. My own clinical experience working with behavioral health issues is that people's healing and wellness has a lot to do with their realization of what really matters in their lives and their "giving life" to personal values, personal strengths, passions, and commitments.

As Paul Hershberger has recently described in this journal,¹ the importance in health of giving expression to one's cherished personal values is also supported by the emerging and empirically

grounded field of "positive psychology." Exploring "... aspects and benefits of human strengths, positive emotions, life satisfaction, and how these all can be developed, positive psychology reveals intriguing data linking such variables with both quality of life and longevity.

Enter character strengths and virtues. Peterson and Seligman, distinguished psychologists at the University of Michigan and the University of Pennsylvania and leaders in the positive psychology movement, have shepherded many years of extraordinary psychological, historical, anthropological, and cross-cultural exploration of the human virtues that people value. In their summation of this work in *Character Strengths and Virtues*, they identify six categories of virtue about which there is broad human consensus: wisdom and knowledge, courage, humanity, justice, temperance, and transcendence. These six virtues are further divided into 24 strengths of character (enumerated in the Hershberger article),¹ such as open-mindedness, persistence, kindness, citizenship, humility, and gratitude. The main body of the book consists of chapters on each of these 24 strengths of character, exploring consensual definitions, theoretical underpinnings, validated measures, correlates with psychosocial and health outcomes, and details about what is known

about the development and cultivation of each of these strengths of character.

The primary audiences of this book are people in the psychological community who would use this methodologically sound compendium of positive human qualities as a foundation for research and program development. Peterson and Seligman intend that *Character Strengths and Virtues* may do for the positive side of the landscape of human experience what the DSM² does for psychiatric pathology; indeed, they refer to their book as a "manual of the sanities."

I suspect that no one other than the close colleagues and immediate family members of Peterson and Seligman would read this book cover to cover, any more than one would read the DSM cover to cover. Having said that, I think it is a remarkable book. It is thoughtfully conceived, methodologically rigorous, and extraordinarily comprehensive in both scope and detail. It embraces and honors the traditions of world cultures beyond our own. It is written in a cogent style by multiple contributors, with enough humor and human narrative to keep it moving. Particularly engaging are personal examples that introduce each of the 24 chapters, ranging from Mark Twain (humor) to Sojourner Truth (integrity) to Arnold Schwarzenegger in his

earlier bodybuilder incarnation (self-control).

I would propose two uses of this book for the family medicine community.

First, I suggest we leave a copy of this book on that modestly cluttered table in our preceptor rooms. Most of us in family medicine would enjoy perusing its chapters in the occasional few minutes of empty space there amid everything else we do. The occasional reader will certainly come away with an appreciation of the science that Peterson and Seligman bring to the contemporary (and largely exhortational) discourse on “character” and will be challenged to think about how the work we do may be influenced by their observation that human well-being is rooted as much in living out personal character and values as it is in the healing of pathology.

Second, *Character Strengths and Virtues* provides a rigorous and functional framework for our own research and program development in primary care settings. We might, for instance, use *Character Strengths and Virtues* methodologies to explore the relationship between patients’ “signature strengths” and health outcomes in primary care populations. As we develop more community education groups in our practices, we might consider groups on gratitude, or creativity, or hope. And, as Hershberger suggests, we might look at our own profiles of character strengths in personal development or team development settings.

The book helps, in other words, with a coherent conversation about human qualities of character. Perhaps it can ultimately help people to remain “attached to their values” as well.

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Cinemeducation: A Comprehensive Guide to Using Film in Medical Education, Matthew Alexander, Patricia Lenahan, and Anna Pavlov, editors, Oxford, UK: Radcliffe Publishing Company, 2005, 247 pp., \$49.95, paperback. Available as a recommended text from *STFM* at www.stfm.org/bookstore.

I was initially exposed to popular movies as a teaching tool when teaching and learning family therapy. In the first edition of *Ethnicity and Family Therapy*, Monica McGoldrick mentions specific popular films that highlight cultural aspects of family life.¹

About 20 years ago, I began using popular movies for teaching graduate students about ethnic diversity in families of white European background following McGoldrick’s suggestions. Both myself and McGoldrick preface our discussion of cultural patterns by pointing out the dangers of prejudice and stereotyping—a potential pitfall of using popular movies. The United States has an unfortunate history of using cultural and ethnic differences both implicitly and explicitly, as the basis of discrimination. On the other hand, there are culturally based values about the definition of “family,” expression of emotion, importance of individuality, views of marriage, and conflict that are transmitted to children through their families of origin.² As *Cinemeducation* reminds us, film, while perhaps at times an exaggeration or caricature of those values, can illustrate important educational points with a dramatic vividness that students and residents will recall long after they have forgotten our carefully prepared, insightful lectures.

In teaching cultural diversity, I’ve also found that film gets across an insight that is difficult to teach through reading and lectures—the dominant white Northern European background that we often think of as “all American” is a culture with its own values, norms, and “rules” for relationships and emotions. The focus on achievement, appearances, and containment of emotion characterizing the family in “Ordinary People” is almost a caricature of white Anglo-Saxon Protestant (WASP) culture. In “Annie Hall,” Alvie (played by Woody Allen), during a sedate, polite dinner featuring light conversation with Annie’s WASP family, turns to the audience and tells us “They’re nothing like my family.” Then with a split screen, we see Alvie’s Eastern European Jewish family’s dinner table. There is little interpersonal distance. Family members are literally in each other’s plates, carping, complaining, and having conversations that occur simultaneously with chaotic emotional expressiveness.

Cinemeducation is a veritable educators’ catalog and teaching guide of films that can be used to illustrate lectures or short vignettes from popular movies that may trigger focused discussions about specific topics such as death, somatization, chronic illness, or menopause. The book tends to emphasize behavioral science topics, with less attention to films portraying specific biomedical conditions. However, movies depicting pediatric asthma (“As Good as It Gets”), stroke (“Flawless”), cerebral palsy (“My Left Foot”), and the progression of diabetes (“Steel Magnolias” and “Soul Food”) are included.

The book is organized into 30 chapters. Most chapters begin with a brief description of that particular section’s subject—typically one or two paragraphs. The remainder of the chapters are organized into sub-topics, each with an accompanying film segment(s) and educational

questions for those viewing the clip. For example, the chapter on schizophrenia and bipolar disorders includes several major topics under schizophrenia, including “public perception of people with schizophrenia,” “symptoms of schizophrenia,” “treating the family of a schizophrenic patient,” family coping over time, and “nonadherence.” Each of these topics includes at least one movie clip followed by a minimum of three accompanying discussion questions. Under “symptoms of schizophrenia,” there is further subdivision, with five characteristics noted. Under the symptom, “lack of social connection with or interest in others,” the movie “A Beautiful Mind,” about a Nobel prize-winning mathematician who develops schizophrenia, is briefly described. The reader/educator is then directed to show specific film segments in which the lead character is speaking to a delusion and has no friends. Discussion questions for this segment include: “How would you respond to a parent who was concerned that their child may be a loner?”

Edited books, by virtue of multiple authorship, are often of uneven quality with little overriding cohesiveness. Alexander, Lenahan, and Pavlov have devoted considerable editorial time and energy to producing a consistently high-quality work. Despite the multitude of authors involved, the consistent format does not require the reader to get reoriented with each new chapter.

While I certainly encourage educators to preview the movies and accompanying questions, as well as read any recommended background material before incorporating a

chapter from *Cinemeducation* to illustrate a lecture or lead a focused discussion, the book could not be more educator friendly. The time into the film for specific scenes is denoted by its corresponding VCR counter reading. Additionally, while faculty may generate their own questions for each film segment, the discussion points provided in the text can be used verbatim. For those of us who value film in medical education but must balance lecture discussions with patient care, research, clinical teaching, and administration, these “ready to wear” curricular components are greatly appreciated.

When I attend conferences, lectures, or other informal gatherings, teachers who use film for education are always recommending new films and debating the best movies for teaching certain subjects (Does Woody Allen portray somatoform conditions better in “Hollywood Ending” or in “Hannah and Her Sisters”?). Knowing my affinity for using film excerpts in lectures, current, as well as former, students and residents frequently recommend “must see” movies to me for teaching. In a similar vein, I could point out some “classics” that the editors missed (eg, where was “The Madness of King George” with its brilliant portrayal of altered mental status?). However, in general, I was impressed with the breadth of topics and films included. In addition to a broad array of psychiatric and some medical conditions, the chapters include sexuality, diversity, the physician-patient relationship, the family life cycle, and even leadership. As noted, *Cinemeducation* emphasizes psychosocial issues, and the discussion questions ac-

companying the biomedical topics tend to emphasize the patient’s and the family’s adjustment to illness.

Cinemeducation begins and ends with several chapters describing educational advantages of films. Because they share the narrative format with medical encounters, movies have particular impact and can thus be time-efficient teaching tools. Alexander’s survey of family medicine residency graduates found that use of film was associated with better retention and enjoyment of behavioral medicine content during training.

With the rapid popularity of DVDs, the VHS technology, on which *Cinemeducation’s* time counter guidelines are based, may be soon out of date. Advantages and technological aspects of DVDs are described in a later section. A final chapter proposes a network of faculty who use film in education as a means of keeping current with new releases.

Cinemeducation will allow educators new to popular film in the curriculum to get a running start on this innovation. For those of us using film for some time, we are likely to find new curricular topics that film can address. Even for educators who thought they had films for almost every subject area, this comprehensive book will provide even more cinematic options.

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