

note that the age of onset is highest for the decade beginning in the late teens. However, the age of onset may actually be younger due to the overlap of anxious disorder of childhood with GAD. Psychiatric comorbidity rates in GAD are high, although not outside of what is seen in many other anxiety disorders. Approximately 37% of all patients with GAD developed GAD as their first chronological psychiatric diagnosis. GAD with comorbid major depression increases ratings of impairment although GAD alone causes significant impairment.

The second section of the book covers theoretical and empirical approaches to GAD. Chapters are devoted to the avoidance theory of worry, information-processing, intolerance of uncertainty, the cognitive model and the neurobiological model. I found the cognitive model well-described with helpful tables and figures. The description of the cognitive model blends nicely with the cognitive-behavioral therapy treatment approach described in the treatment section.

The treatment section emphasizes psychological over pharmacological treatment. Separate chapters on cognitive-behavioral, supportive-expressive psychodynamic therapy and integrative therapy provide multiple perspectives for further study. I thought the integrative therapy section provided highlighted the importance of an interpersonal perspective in GAD. This perspective has not received much attention but appears worthy of further study in psychological assessment and treatment.

The pharmacological treatment chapter does a good job summarizing clinical trial results through 2002. The clinician is faced with many choices when considering the pharmacological management of GAD. Benzodiazepines are quite effective, but because GAD is a chronic disorder, the clinician must weigh the risks of chronic benzodiazepine use against potential risks. Unfortunately, limited clinical trials in GAD have included a long-term treatment approach. The authors recommend "broad-spectrum" antidepressants as a first-line treatment strategy with benzodiazepines serving as useful "adjunctive" treatment in many patients with GAD.

As a psychiatrist, I would have liked to have seen more emphasis on the interaction of generalized anxiety with medical disorders as well as more emphasis on the pharmacological treatment of GAD. However, this book meets the goal of shining more light on an understudied disorder. It will be required reading for those seeking to advance our research and clinical practice agendas for GAD.

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Treating Health Anxiety: A Cognitive-Behavioral Approach by Steven Taylor and Gordon J. G. Asmundson, Guilford Publications, New York, New York; 2004; ISBN: 1-57230-998-9, (hardcover) \$35; 299 pp.

As the authors point out in the first sentence of their preface, we all have health anxiety to some degree at certain times.

Some level of such concern is both normal and healthy. This book postulates a continuum of such fear, from mild and transient concerns surrounding minor or even serious but real illnesses, through various manifestations of somatoform disorders such as hypochondriasis, to the other end of the spectrum, delusional disorders of the somatic type. In other words, their approach places health concerns on an ascending slope of severity with normality at one end and psychosis at the other. Some might argue with this type of continuum, and this viewpoint is sufficiently fundamental to the book that I offer this observation now. If you are of the opinion that disorder spectra which cross major diagnostic categories have no validity, then you may find little with which to agree in this book. However, even if one is not completely convinced but does not hold overwhelming objections, there are many useful insights to be gained from this volume.

The authors divide their subject matter into a dozen chapters. As is often the case, the book starts with a definition, and here that forms the entire first chapter. The authors describe not only what health anxiety is, but when it is maladaptive and how it intertwines with other psychiatric disorders and physical illnesses. The chapter concludes with a brief discussion of cross-cultural considerations, followed (as is the case in each chapter) by a summary statement and conclusions.

They go on to discuss how body and mind interact—that is, a review of both biological and cognitive factors. This is largely a discussion of biological factors that commonly contribute to bodily sensations, the idea being that a misinterpretation of bodily sensations is involved in many maladaptive health fears.

They next go over the role of unhelpful coping strategies in health anxiety and how reassurance can actually worsen such fear. Another chapter covers the part that learning plays in the formation and perpetuation of health anxiety. Studies of treatment outcomes are reviewed in the fifth chapter, including brief reviews of the literature regarding various psychotropic medications used for this spectrum of conditions. The sixth chapter deals with the clinical interview of health-related anxieties and useful psychological scales and questionnaires.

Chapters 7 through 11 deal with treatment interventions that the authors and others have shown to be useful for health anxiety. First there is an overview of the underlying principles of cognitive behavioral therapy in general. Then they cover engagement strategies needed to get people to follow treatment recommendations. Chapter 9 is about cognitive strategies, and the following chapter, 10, covers behavioral interventions. Since stress in and of itself may promote or worsen health anxiety, chapter 11 reviews specific stressors, and the use of such techniques as psychoeducation, relaxation, time management, and general problem solving to decrease and manage stress levels. The final chapter is devoted to maintaining gains and extending them further. The authors discuss relapse prevention, ongoing medical care, and how to approach treatment failures. There are a number of case examples given throughout the book, including parts of patient interviews and treatment sessions.

The authors include a number of appendices which reproduce various assessment tools and scoring forms mentioned elsewhere in the book. In some cases the purchaser is given permission to copy for personal use, and in others resources for obtaining manuals and licensed use are listed. The book concludes with an extensive section of references followed by a subject matter index.

This book is well written and quite readable. The appendices are very helpful adjuncts to the text. *Treating Health Anxiety* will be very useful for anyone who works with patients who have worries about their health, especially if those worries are overblown and/or nonproductive. This would include psychiatrists, psychologists, social workers, and primary care physicians. The book has sufficient explanations and background material that students, clinical psychology interns, and residents would find it quite understandable as well. And yet I do not believe that most experienced practitioners would be bored while reading it, since the chapter sections have headings which make it easy to scan and skip over elements with which the reader is already familiar.

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Character Strengths and Virtues: A Handbook and Classification, edited by Christopher Peterson and Martin E. P. Seligman, Oxford University Press, New York, New York; 2004; ISBN: 0-19-516701-5, \$75 (hardcover), 814 pp.

This book is subtitled, at least internally, "A Manual of the Sanities." This is because the authors and editors are working toward the design of an empirical classification of positive attributes. This would be a companion to the Diagnostic and Statistical Manual, which is, after all, a classification of disorders or vulnerabilities of the human psyche. The two editors are joined in their work by an advisory board of 13 experts in the field of mental health. There are 42 additional collaborators who were "commissioned" to write about areas within their particular research interests. This work is a contribution to the overall field of "positive psychology," which sees as its legitimate areas of enquiry the building blocks of the good or virtuous life. The editors are psychologists, and indeed, the book carries the imprimatur of the American Psychological Association, so the perspective has a certain psychological flavor to it, although contributions by other professions are certainly obvious throughout the text. One purpose for this type of work is to design interventions in early development which might result in greater likelihood of people having such attributes.

The book is divided into three major sections, the first giving some introductory and historical background in three chapters; the second listing the character strengths identified by these researchers; and the third being a single chapter which summarizes and lists recommendations. It is the middle section, Strengths of Character, which this review will mainly address. Six general categories of virtues are identified, with each being

subdivided into three to five specifically named strengths. The authors gathered these descriptions from the study of multiple cultures in various parts of the world, and while this classification is an early attempt, a great deal of study and debate went into its composition. Measurement and assessment instruments have been identified for each strength. The intent is to identify true "character strengths" as opposed to talents and abilities such as "IQ," or virtues that are valued only by some cultures, such as "cleanliness" or "silence." The intent was to come as close as possible to a set of universally admired and positive traits. In pursuit of this goal, the group looked at multiple world cultures and religions.

The first is "wisdom and knowledge," which is subdivided into chapters on creativity, curiosity, open-mindedness, love of learning, and perspective. Synonyms are frequently listed for each subcategory. Chapters give examples to demonstrate pragmatically how such a thing as "creativity," for example, actually manifests itself in someone's everyday life. Theoretical matters are discussed. Developmental issues are also reviewed, such as those environmental surroundings that might enable or hinder the development of a given strength. Cross-cultural issues are addressed when possible, and there are hypotheses regarding deliberate interventions which might assist in developing a strength. The final comments in each chapter address what is not yet known about that virtue and provide a short bibliography of "must-read" articles and books on that topic.

Since each of this section's chapters are organized in the same way, I will simply mention that the remaining sections cover courage and its attributes, humanity, justice, temperance, and transcendence. Perhaps a listing of the chapter headings under transcendence, at least, is necessary to demonstrate the traits discussed. They are as follows: "appreciation of beauty and excellence," "gratitude," "hope," "humor," and "spirituality."

The book is not about looking at the world through rose colored glasses, but actually seeks to devise a classification of strengths that is useful and generates hypotheses regarding each trait that can be scientifically tested. The editors have reviewed and rewritten each chapter so that the book, even with so many contributing authors, is unified and flows as if written by one individual. The writing is very clear as well, so this book is easy to read despite the esoteric nature of its content. The final pages of the book contain an extensive (118 pages) list of references, an index of names, and a subject index.

This book may be most useful to those who work in a "strengths-based" treatment setting, as a way of codifying character virtues when writing about positive attributes of a given patient, couple, or family. It could also be quite interesting reading for anyone who wishes to understand more about the positive psychology movement. Certainly any discipline, psychiatrists, psychologists, social workers, nurses and other mental health professionals, can learn from this book.

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