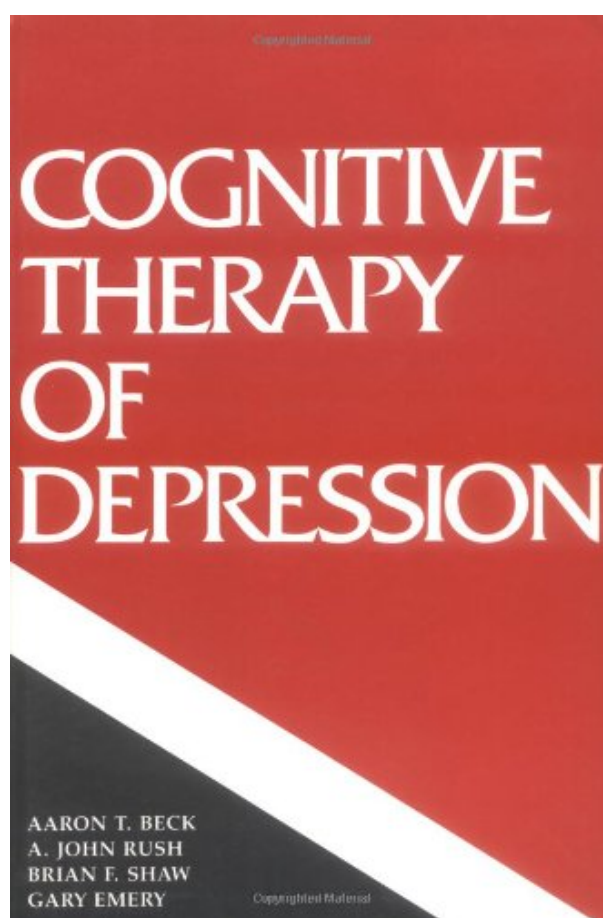
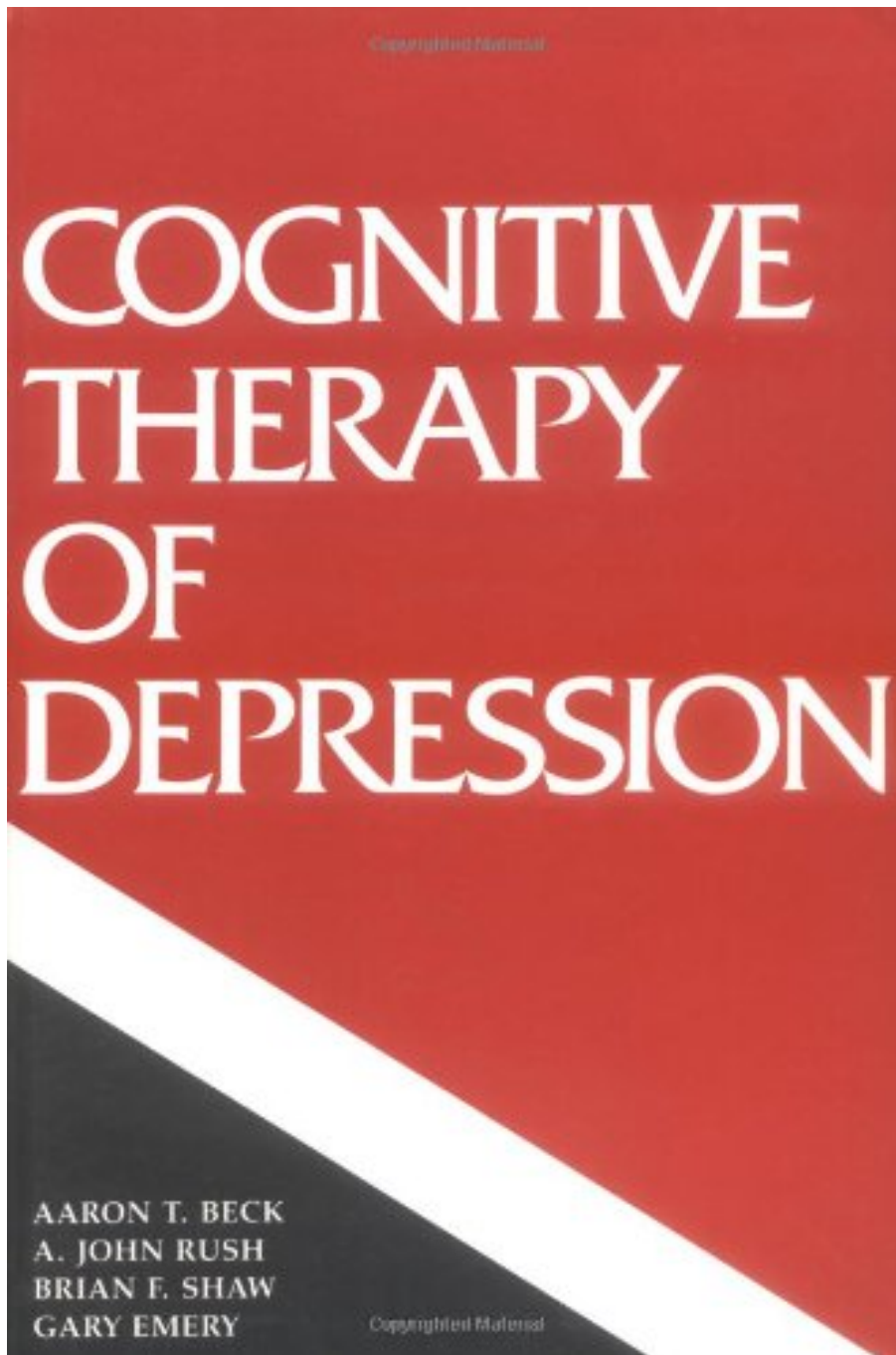


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This bestselling, classic work offers a definitive presentation of the theory and practice of cognitive therapy for depression. Aaron T. Beck and his associates set forth their seminal argument that depression arises from a "cognitive triad" of errors and from the idiosyncratic way that one infers, recollects, and generalizes. From the initial interview to termination, many helpful case examples demonstrate how cognitive-behavioral interventions can loosen the grip of "depressogenic" thoughts and assumptions. Guidance is provided for working with individuals and groups to address the full range of problems that patients face, including suicidal ideation and possible relapse.

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Assignments

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*Further Materials and Technical Aids

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A classic by a preeminent expert.

By Mark Hammond

Aaron T. Beck's "Depression" is regarded as a classic. Its emphasis is on the diagnosis and treatment of depression, including manic depression (bipolar disorder), and other affective (mood) disorders. There is much more detail regarding the diagnosis of affective disorders than one would find in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV). Of particular importance is the inclusion of the Beck Depression Index, a psychological test used to evaluate people for depression. People with a background in both mental health and psychological testing are familiar with the Beck Depression Index. A good portion of the book is devoted to the Beck Depression Indicator (as a subjective assessment medium). Additionally, Beck discusses patterns of behavior and the manifestation of depression in dreams.

A portion of the book is devoted to theories of depression, dealing primarily with 20th century theories of depression. If you want to view depression in a historical context, there is nothing better than Jackson's "Melancholia and Depression." However, we digress at this point. We must remember that this work was copyrighted in 1967, and that there has been significant research on affective disorders since then. The discussion of psychopharmacological intervention does not discuss the selective serotonin reuptake inhibitors such as Prozac, Paxil, and Zoloft. The work of Martin E. P. Seligman, also of the University of Pennsylvania, is not mentioned because it was not completed by the time of the release of this publication. The strongest appeal of this book is the use of cognitive therapy in the treatment of depression.

This book has value to academic libraries, mental health professionals and students, as well as people who are interested in the study of depression and mood disorders. In addition, those who have a family member suffering from depression may be given an insight into the diagnosis and treatment of this disorder through reading this book. People who buy this book should also consider purchasing Martin E. P. Seligman's "Learned Optimism," as well as Jungian analyst Julia Kristeva's "Dark Sun."

47 of 50 people found the following review helpful.

A classic

By Robert Leahy

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16 of 17 people found the following review helpful.

Gives cause and cure for depression

By Jim S

Cognitive Therapy of Depression by Beck, A., A. Rush, B. Shaw, and G. Emert

1979. Guilford Press, NY This rather long, very detailed book is meant for professionals. However, many who suffer from depression can relate to much of what is described, especially in several chapters. This book was written in 1979 and many ideas we read about in self-help books originally came from these authors. It is widely accepted that Cognitive Therapy can control depression at least as good as antidepressants, and without all the chemical side effects that often occur. A recent study in the American Journal of Psychiatry

revealed that many people stop taking their meds due to side effects and that medication often does not work especially the first time. Cognitive Therapy is a bright light for us depressives who do not get relief from medication or who suffer terrible side effects.

In a chapter entitled "Focus on Target Symptoms" we are given methods that can quickly alleviate the disabling parts of depression. Contrary to what many believe, prolong discussion of feelings can intensify the feelings. Such excessive "ventilation" of feelings often strains relationships with friends and relatives. To deal with "overwhelming problems" the patient could be asked what solutions he would offer to another person in a similar situation. Although depressed patients do sleep less than other people, many patients exaggerate the extent of the insomnia. If a person said he was awake all night, he was probably in a light sleep for a good part of the time. Depressed persons tend to make broad categorical judgments and show a typical all-or-nothing response to bad events. A good exercise is to try to list some possible benefits.

Of particular help is the chapter entitled "Depressogenic Assumptions." Depression is mostly a thinking disease. Cognitive therapy aims to correct negative thought patterns. This chapter goes to great depth explaining the many faulty beliefs that depressives cling to. Everyone with depressive moods will find themselves written about here. People who suffer frequent bouts of depression often hold high expectations for themselves; they believe that to be happy they must never make a mistake, must be accepted by all people at all times, and/or must be successful in whatever they attempt. These beliefs were acquired from childhood experiences or from the attitudes and opinions of peers or parents. A part of cognitive therapy is to identify the chief assumptions that lead people into depression. The patient must be actively involved in discovering these depression-producing ideas, simply pointing out dysfunctional thought processes is not effective. It must be noted that sometimes people have periods where their expectations are working; for example they may make the starting football team or make the cut for cheerleader. When experiencing success, the person is exuberant and becomes bonded to the idea of seeking high levels of success in order to be happy. To ensure high performance, that is to be larger than life, the depressive often develops many shoulds and rules of living.

Many people have belief systems organized around "justice" and "deserving." These sometimes work well, but the depressive goes overboard. One might believe that if one worked hard one should always succeed. However, how hard should one work? Also, what exactly is success? What does it mean to be good? One series of thoughts to understand this is given as: "When someone says, 'Dr. So-and-So is good,' what does that mean? Does it mean he is good in all realms of a medical doctor, or in special areas? Does it mean that he is a good clinician? Is he good with patients? Is he good at research? Is he good at emergencies? Or does it mean he is a good husband, father, neighbor, church member, and bridge player?"

Depressives need to train their minds at looking for alternative ways of viewing situations. Fairness is often a matter of personal opinion or bias. "The employee believes, 'I do the work around here. I produce the product. I should receive more money. It's not fair.'--while the owner believes, 'I produce the capital. I invested it. I took the risk. I should get more money instead of having to give it to workers.' In nearly every case, fairness can be looked at from two or more points of view."

This book is not a quick, easy read. Rather, it is detailed and thought provoking. Some of us people with depression need thought-provoking ideas instead of simple instructions. If you worry and think a lot, you will love this book--but it might cause you to change your opinions and lose your depression.

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