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Burns, MD**

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*(for more extraordinary praise, from professionals and readers,
please turn the page . . .)*

DAVID D. BURNS, M.D. graduated magna cum laude from Amherst College, received his M.D. degree from Stanford University School of Medicine, and completed his psychiatry residency at the University of Pennsylvania School of Medicine. He has served as Acting Chief of Psychiatry at the Presbyterian-University of Pennsylvania Medical Center and Visiting Scholar at the Harvard Medical School. He is currently Clinical Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine, where he is actively involved in research and teaching. Dr. Burns has received numerous awards, including the A. E. Bennett Award from the Society for Biological Psychiatry and the Distinguished Contribution to Psychology through the Media Award from the Association of Applied and Preventive Psychology. In 1998 and in 2000 he received the Teacher of the Year award from the graduating psychiatric residents at Stanford.

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*The
Feeling Good
Handbook*

David D. Burns, M.D.

REVISED EDITION



A PLUME BOOK

This book is dedicated to my colleagues
Tony Bates and Sheila Flynn,
who are very dear to me.

Acknowledgments

I owe a debt of gratitude to many people who have contributed to this book in so many ways. First, I want to thank my colleagues, Dr. Tony Bates and Sister Sheila Flynn. Their vision and creativity were crucial to the birth of this book and have been a constant source of joy to me. I would also like to thank several Stanford colleagues who helped me with the revised chapters on antidepressant and anti-anxiety medications for the 1999 revision of the *Handbook*. They included Alan Schatzberg, M.D., our department chairman, Joe Bellenoff, M.D., a psychopharmacology fellow, and Greg Tarasoff, M.D., a senior psychiatric resident. In addition, many of my patients, who wish to remain anonymous, read and critiqued various chapters of the *Handbook* while it was being written and edited. This feedback was essential in showing me what was genuinely helpful and what was not. The result was the development of a much stronger manuscript. Thank you!

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Preface to Revised Edition

This book is about a relatively new type of treatment for depression, anxiety, and other disorders called cognitive behavioral therapy (CBT). Although CBT may seem like a complicated name, it has a simple meaning. A “cognition” is just a fancy name for a thought. If you have ever been very depressed or anxious, you are probably aware that you think about things very negatively when you are down in the dumps. Depressed people also have a tendency to behave in self-defeating ways—you may avoid work, pleasurable activities, and other people, for example. CBT can help you change these negative thinking and behavior patterns so you can experience greater happiness, productivity, and intimacy.

I have been very gratified by the overwhelming positive response to the *Feeling Good Handbook*. In 1994 the results of a nationwide survey about the use of self-help books by mental health professionals were published in the *Authoritative Guide to Self-Help Books*. In this study the researchers surveyed 500 American mental health professionals and asked if they “prescribed” books for patients to read between sessions to speed recovery. Seventy percent of the therapists polled indicated that they did use “bibliotherapy” with their patients, and 86 percent reported that the books were helpful to their patients. The therapists

scientific evidence shows that psychological interventions, particularly cognitive-behavioral therapies (CBTs), are generally as effective or more effective than medications in the treatment of depression, even if severe.”*

CBT is gaining popularity in the treatment of many other disorders as well. For example, at a recent conference, I was intrigued by the presentation by a colleague of mine from Stanford, Dr. Stuart Agras. Dr. Agras is a professor of psychiatry and a world-renowned eating-disorders expert. He presented the results of numerous recent studies on the treatment of eating disorders with medications, such as the new SSRI antidepressants like Prozac, and different types of psychotherapy. These studies indicated that CBT is the most effective treatment for eating disorders—far better than any known drug or any other form of psychotherapy.

The first controlled-outcome study of cognitive behavioral therapy for depression was conducted when I was doing my postdoctoral fellowship in depression research at the University of Pennsylvania in the mid-1970s.[†] In that study depressed patients were randomly assigned to one of two treatment groups. Patients in the first group were treated with imipramine, one of the most widely used antidepressants at the time. These patients received medication alone without any psychotherapy. Patients in the second group received cognitive therapy alone without any antidepressant medications. At the end of the 12-week treatment period, the patients in the cognitive therapy group had improved as much as, if not more than, the patients in the antidepressant drug group. This was the first time that any form of psychotherapy had been shown to be as effective as medications. The study caused considerable controversy and led to a tremendous increase in interest in cognitive therapy and in psychotherapy research.

During the two decades since that study was published, dozens of similar studies comparing CBT with antidepressant medications as well as other forms of short-term psychotherapy have been published in psychology and psychiatry journals throughout the world. Drs. Antonuccio and William Danton, from the University of Nevada, and

*Antonuccio, D. O., Danton, W. G., & DeNelsky, G. Y. 1995. Psychotherapy versus medication for depression: Challenging the conventional wisdom with data. *Professional Psychology*, 26, 574-85.

[†]Rush, A. J., Beck, A. T., Kovacs, M., & Hollon, S. 1977. Comparative efficacy of cognitive therapy and pharmacotherapy in the treatment of depressed outpatients. *Cognitive Therapy and Research*, 1(1): 17-38.

genetic disorder and that antidepressant drugs represent the most powerful form of treatment—beliefs that are not solidly grounded in the facts.

You might question these conclusions and wonder if Dr. Antonuccio and his co-authors interpreted the literature in a fair and unbiased manner. Certainly, their conclusions are controversial. Yet there have been several other scholarly review articles summarizing research studies on antidepressant drugs versus psychotherapy in the treatment of depression,* and their conclusions are consistent with those of Dr. Antonuccio and his colleagues. There is strong evidence from many independent studies that CBT is at least as good as antidepressant medications. For many patients CBT actually seems to work better.

Is there any evidence that a cognitive therapy self-help book such as this one can have antidepressant effects? If you are feeling down in the dumps and you diligently study this book and complete the exercises in it, what is the chance that your mood will improve?

Self-help books are quite controversial. Many people are skeptical about the motives of the individuals who write them. They believe that self-help authors are primarily out to help themselves make money. In addition, self-help authors are often criticized for offering overly simplistic formulas for the complex problems of daily living. I think these impressions are justified. When I look through the self-help sections of popular bookstores, the superficial jargon and quick fixes that are promised in many books turn me off as well.

However, there are two sides to every coin, and academic researchers have begun to take a serious look at self-help books as a new form of therapy. This type of treatment is called *bibliotherapy*, or reading therapy. It can be administered in one of two ways. First, therapists can “prescribe” a self-help book for their patients to read between therapy sessions to increase the speed of learning and recovery. Second, individuals suffering from depression or anxiety can be given a self-help book to read as a self-administered treatment without any other drug therapy or psychotherapy.

The second approach—bibliotherapy without other therapy—has been recently evaluated in five published studies over the past decade

*Dobson, K. S. 1989. A meta-analysis of the efficacy of cognitive therapy for depression. *Journal of Consulting and Clinical Psychology*, 57(3), 414-19.

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