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**In Newsweek Magazine**

# THE TALKING CURE

Jun 20, 2004 8:00 PM EDT

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Within a decade Ugandan villager Josephine Namaganda lost her husband, mother and six children to AIDS, which left her, at the age of 54, to care for nine orphaned grandchildren. Despite these responsibilities, she found herself profoundly unmotivated. She couldn't leave her house, she couldn't sleep, she lost her appetite. She even stopped making the brightly, colored mats that earned her meager income. She's not the only one in her village, near Lake Victoria, who's had trouble coping. Beyond Kampala, the nation's capital, brick houses give way to mud huts, then to bamboo shacks. Twenty years ago truckdrivers and businessmen drove these dirt roads through the swaying grasses and banana groves, bringing some of Africa's earliest AIDS cases. In these desolate towns, no one has escaped poverty and grief.

Sadness may be appropriate for somebody who's had to bear misfortunes like Namaganda's. But what happens when sadness overwhelms hope? For Namaganda, relief came from an unlikely source: Western-style psychotherapy. Two years ago some U.S. researchers investigating how talk therapy could be more widely applied around the world started a pilot program in a nearby village. Although Namaganda was skeptical, she agreed to attend group-therapy sessions. "I couldn't believe that mere discussion would bring changes to my life," she says. Reassured that whatever she said would be kept confidential, she started to open up about her grief and focus on making concrete changes in her life. After four weeks her outlook began to shift. She realized that even though her own daughters had died, she could still fill the traditional *ssenga* role--a wise elder advising young girls.

War, disease and globalization have at least one thing in common: they can disrupt the familial- and community-support networks that many people rely upon to cope with life's burdens. Without support, many people find those difficulties unbearable, and their loss of hope becomes a disability. A recent study from the World Health Organization found that depression is a deepening global health crisis: it afflicts 150 million people and ranks fourth among all diseases in the economic and social costs it extracts. It strikes in poor villages like Namaganda's, where 20 percent of the population showed symptoms, as well as in rich, Western countries. Ten percent of the population in the United States, Germany and other countries are depressed, says psychiatrist Ronald Kessler of Harvard University Medical School, who released the results of the WHO study in the *Journal of the American Medical Association* this month.

The impact on people's lives can be devastating. Between 15 and 20 percent of sufferers commit suicide. Depression is also associated with high-risk



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behaviors, such as alcohol or drug abuse and unprotected sex, which can lead to other illnesses such as AIDS. "Mental illness has a global effect on a person's ability to function," says public-health expert Paul Bolton of Boston University's School of Public Health, who headed the Uganda study. "You're less able to do things physically, think, concentrate, have relationships. In that sense it's more incapacitating than losing a limb."

Fortunately, many of the social changes that are triggering depression in new parts of the world--the fragmenting communities, eroding moral certainties, exposure to increasingly global media--are also promoting greater openness toward what many mental-health experts say is the best cure: talk therapy. Once associated with Woody Allen's neurotic New Yorkers--and eclipsed by the hype over psychotropic drugs like Prozac--psychotherapy is enjoying a revival beyond Western countries. It's catching on in Japan, where the idea of discussing hidden feelings had been considered too embarrassing to contemplate. Even in the Arab world, where the stigma of mental illness is powerful, psychotherapy is gaining ground.

Talk therapy comes in many flavors, but most center on the relationship between therapist and patient, where deeply buried or taboo feelings can surface in conversation. This revealing of hidden feelings is therapy's central mechanism: it defuses the time bombs of the psyche that, left alone, can fuel pain and anxiety. In particular, cognitive behavioral therapy, which focuses on transforming specific, destructive patterns of thought, is gaining popularity. CBT's main appeal is its goal-oriented approach, which produces relatively quick results. Training therapists in CBT is also easier than more psychoanalytic-oriented therapies, which often require years of Freudian-style analysis. Studies have also shown that patients who receive CBT are less likely to relapse than those who are prescribed drugs.

Although talk therapy can't bring back the dead or alleviate poverty, research shows that it can change people's responses to external events that trigger depression. These can be bullying at school, loss of a job, rape or death of a family member or any other stressful event. Prof. Helen Mayberg of Emory University's School of Medicine in Atlanta scanned the brains of medicated patients and those treated with talk therapy--the latter, she says, undergo "very specialized changes in brain regions that drugs do not touch." In the Uganda pilot study, Bolton and his colleagues found that the rate of clinical depression in patients dropped from 86 percent before therapy to 6.5 percent afterward. "The level of improvement in people's functioning was impressive," says Bolton.

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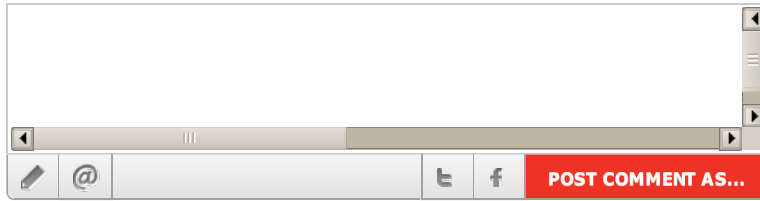
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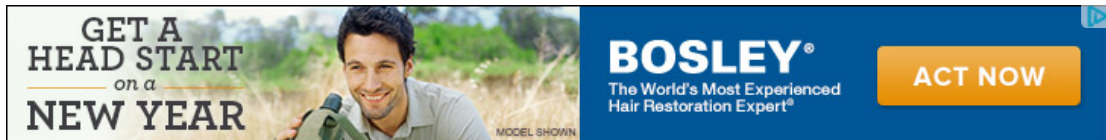
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