

Central Asia: Turning to the *Taeyip*

With their mix of religious guidance and sympathy, Central Asia's traditional healers are proving a popular alternative to psychiatric help.

Note: The following article is one in a series commissioned and published by Transitions Online (TOL) and the Mental Disability Advocacy Project (MDAP), a part of the Open Society Institute's Public Health Programs. Each article addresses the situation in an individual country or region in Central and Eastern Europe and the former Soviet Union, focusing on emerging trends in alternative services and ongoing challenges for the social inclusion of people with mental disabilities.

By Botagoz Kassymbekova

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In his 1999 study of worldwide suicide rates, David Lester, of the U.S.-based Center for the Study of Suicide, concluded that suicide rates in post-Soviet countries were higher in places with a higher quality of life—and lower in countries with large Muslim populations.

With a Muslim population of just 47 percent, Kazakhstan is the least Muslim country among its Central Asian neighbors. And indeed, following the break-up of the Soviet Union, some studies indicated that the suicide rate in Kazakhstan was higher than in Kyrgyzstan (75 percent Muslim), Uzbekistan (88 percent), Tajikistan (85 percent), and Turkmenistan (89 percent).

A 1999 World Health Organization survey showed it to have the highest suicide rate in the region: Kazakhstan had 46.4 suicides per 100,000 men, while 8.6 out of every 100,000 women killed themselves.

Elsewhere in Central Asia, rates were dramatically lower: Kyrgyzstan's male suicide rate was 19.3 for men and 4.0 for women. The lowest rates were in Tajikistan, with 4.2 for men and 1.6 percent for women. Turkmenistan's figures from 1998 showed 13.8 suicides per 100,000 men and 3.5 for women, compared with Uzbekistan's 1998 rates of 10.5 for men and 3.1 for women.

And Kazakhstan's government newspaper, *Astana Dayisy*, reported in August 2001 that Kazakhstan had the highest number of people with affective disorders in Central Asia—181 per every 100,000 people.

Those numbers (especially the suicide rates) have been disputed, particularly by members of the medical profession. No doubt some of the difference in the figures can be explained by different levels of shame. But what is not in dispute is that mental-health problems carry a heavy stigma in Kazakhstan, not just in its more Muslim neighbors.

State Treatment Scars Many

A combination of substandard medical services, corruption, and expensive treatment in Soviet-style hospitals effectively discourage Central Asians from seeking professional psychiatric help. A small number of wealthy people have the option of choosing private hospitals. But even relatively prosperous Kazakhstan has only 15 psychiatric hospitals for its 15 million citizens—so people who do summon the courage to seek out professional treatment have few places to turn.

Kyrgyzstan is a case in point. "The situation for people with mental-health problems in Kyrgyzstan is one of great hardship and difficulty," says Paul Cutler, a program manager with Hamlet Trust, a UK-based non-governmental organization (NGO) that supports the development of community-based mental-health care in Central Asia.

Mental-health problems carry the stigma of shame, Cutler says, which has the effect of cutting the ill and their relatives off from their communities. A lack of services and care for those with mental illnesses and their families exacerbates the problem.

When the sick do get treatment, the care can be highly questionable. Bermet Makenbayeva, who heads a Kyrgyz

NGO called Mental Health and Society (which aims to protect the rights of people with mental-health problems), told United Nations workers last summer that human-rights abuses are common in Kyrgyz mental institutions. "Unfortunately, the rights of people suffering from mental diseases and their relatives are being abused by some state bodies, some medical staff, and by ordinary citizens," she said.

Hamlet Trust's program manager Cutler added that patients who survive their stay in mental hospitals report physical and sexual abuse. They also complain of hunger, isolation from friends and family, and a lack of support as they try to recover.

The lack of care and its poor quality is becoming an increasingly urgent problem—or, perhaps, the true scale of the problems is simply becoming clearer. Whatever the reason, statistics show that the number of people recorded as suffering from affective disorders in the southern Kyrgyz province of Osh jumped 20 percent from 2001 to 2002.

According to the United Nations, the number of people in the province who went to a doctor complaining of a mental condition increased by nearly 7,000 between 2001 and 2002. Law-enforcement agencies in Osh and its surrounding area have also reported an increase in crimes committed by people with psychiatric disorders.

Lack of Options

For people who don't want to enter the hall of horrors of a Central Asian psychiatric institution, the options are limited. An obvious one is to stay hidden at home. This isn't always voluntary, since embarrassed family members tend to encourage relatives with mental afflictions to become shut-ins.

This negative attitude toward people with disorders, whether psychiatric (such as manic depression) or intellectual (like Down Syndrome), permeates every layer of society. Many people want to believe that an illness like depression can be cured by a bottle of wine and a chat among friends.

If all that fails, many turn to a *taeyip*: usually a middle-aged or elderly Muslim woman who practices traditional and religious healing, with the aid of the Koran and a sympathetic ear.

For the largely Muslim population of the fairly traditional southern Kazakh city of Shymkent, *taeyips* are also the bearers of Muslim belief: the Koran is a central tool in their healing process. The use of the Koran has the effect of lifting the sense of shame or disgrace.

"I am ready to help any person, just as Allah helped me; but without the person believing in Allah, there is not much I can do," explains Zamira, one of Shymkent's *taeyips*. All the *taeyips* here tell similar stories about the people they have cured.

Their own stories usually begin with how they themselves were ill, but by following signs sent by Allah, were able to cure themselves. For that to happen, they say, they had to believe in Allah, and adhere to traditional Muslim ways, including wearing headscarves.

They believe that their mission is to cure people. "This is my destiny, and if I do not do it now, Allah will make me ill and I will continue to suffer," says Zamira.

Another *taeyip*, Sarsenkul, has a similar story: she saw an image of an old man, and interpreted it as a sign of her destiny. Her cures involve reading the Koran to people while feeding them pungent weeds. When her patients vomit, she says, they expel the illness from their bodies.

Sometimes a *taeyip* will flip blindly to a page in the Koran, and put her finger down. The verse her finger lands on may, she believes, hold a special meaning for her client.

These women sometimes become the Islamic equivalent of a Western "agony aunt." Zamira contributes to a conservative Kazakh newspaper, and in one article recalled the story of a woman named Jumagul, who was the mother of three children and had degrees in literature and psychology.

“After being treated by her grandfather Asan, [Jumagul] started reading the Koran five times a day,” Zamana says. “After that, she had the desire to cure people and started learning the art of healing. By taking the path of Islam, she restored to herself spiritually and physically and her house entered happiness. She went to Almaty [in Kazakhstan] to complete courses in biotherapy and medical astrology. Now she has a diploma, and the right to heal others.”

Taeyips describe themselves as healers for Allah, but it turns out that even Allah charges a fee. Still, a regular visit, during which a *taeyip* will talk to you about your problems, offer advice on family and business matters, and “cure” your depression (and perhaps even more serious mental disorders) will cost about 200 tenge (US\$1.50). This is a fraction of the amount charged by private doctors. People with more money are expected to pay more, the poor pay less.

Not Everyone Believes

But skeptics are easy to find in Shymkent, where one of Kazakhstan’s 15 psychiatric hospitals is located.

“They and other so-called healers cannot offer real, professional help,” protests a chief nurse at Shymkent’s psychiatric hospital. “We tell people that our hospital offers lots of free medicine and free medical services. But no one listens. People are too afraid of losing money. They cannot believe that anything can be for free. So they choose healers.”

The reality, however, is that the free medicine and treatment offered in hospitals don’t ease most patients’ symptoms. Either the person is inaccurately diagnosed, or the treatment prescribed is ineffective. Personalized, truly professional care is beyond most people’s economic reach.

Even the location of the local psychiatric hospital (outside the town, isolated from the community) imbues an air of shame to mental illness. A mixture of old-fashioned Soviet thinking about disorders of the mind, and societal stereotypes—cruel jokes about people with mental disabilities circulate—make it difficult for people with problems to get the help they need.

“Both men and women, young and old, suffer from mental disabilities,” says Salima, whose husband is a patient at the local psychiatric hospital. “They [patients] come here [to the hospital] for some time, but they cannot stay here forever. They cannot find jobs, but are expected to earn money, especially men...” When they can’t find work, she said, a cycle of depression begins. Family problems develop, and the social fabric of life is torn.

More Than Healing

This is where the *taeyips* believe they are most useful: by offering services to the emotionally distraught, they are helping to sustain family units.

“I visit a *taeyip* when I’m suffering from stress or family problems,” says a young, healthy Kazakh woman—whose main problem is feeling pressured by her family to get married. “It is not expensive and I get good attention. Frankly, *taeyips* are like Western psychologists: they listen to you carefully and then talk about you and your problems as they read it in the Koran. They ask you to open a page of the Koran and read about your life.

“Though I do not quite believe in everything they say,” she added, “I enjoy visiting them.”

But many people turn to *taeyips* for graver matters. A couple whose 22-year-old son developed a serious mental illness says they first sought help at a psychiatric hospital before visiting a traditional healer.

“They gave us pills for our son to calm down, but they only helped temporarily,” said the man’s mother. “We believe that there is a way to cure our son, since he is so young. Now we bring our son every few months to a *taeyip* in Kyrgyzstan, and he feels better for a while afterward... Doctors take a lot of money, but hardly care.”

The elderly couple say they try to keep their son’s illness a secret from neighbors and colleagues, since mental impairment is frequently seen as a sign of Allah’s wrath.

Professional medical personnel admit that most patients at psychiatric hospitals only arrived after their psychiatric illnesses had reached an advanced stage. Doctors and nurses may not have much faith in religious psychology, but they often shunt “no-hope cases” off to healers. They view *taeyips* as a cultural tradition that people in Shymkent and other communities created, protect, and are comforted by. Some even suggest that *taeyips* should consider getting formal training, so they can offer more professional help.

Whatever their medical value, in a country where doctors are regularly accused of making false diagnoses to persuade patients to purchase expensive drugs (doctors often get a commission), it can at least be said of the *taeyip* that they are upholding the main principle of the Hippocratic oath: First, do no harm.

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TOL is a nonprofit Internet magazine and media development organization dedicated to using Internet technologies to help strengthen the professionalism, independence, and impact of the media in post-communist Central and Eastern Europe, the Balkans, and the former Soviet Union. Based in Prague and with branch offices in Moscow, Sarajevo, and London, TOL produces timely, original news and analysis, covering all 28 countries in the post-communist region through its network of local journalists and editors. Visit TOL’s website at www.tol.cz for more information.

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The Mental Disability Advocacy Program (MDAP) is a part of the Open Society Institute’s Public Health Programs. MDAP supports projects that seek to address the massive over-institutionalization, lack of community-based services, and general exclusion from society of people with mental disabilities throughout Central and Eastern Europe and the former Soviet Union. Since 1995, MDAP has been supporting the development of community-based alternative services to facilitate the reintegration of people with mental disabilities into the community, as well as supporting the development of services to prevent institutionalization in the first place.