PERGAMON

Social Science & Medicine 58 (2004) 471–485

SOCIAL SCIENCE & MEDICINE

www.elsevier.com/locate/socscimed

Distribution of distress in post-socialist Mongolia: a cultural epidemiology of *yadargaa*

Brandon A. Kohrt[a,*], Daniel J. Hruschka[a], Holbrook E. Kohrt[b], Nova L. Panebianco[c], G. Tsagaankhuu[d]

[a] *Department of Anthropology, Emory University, 1557 Pierce Drive, Atlanta, GA 30322, USA*
[b] *Division of Child and Adolescent Psychiatry and Child Development, Stanford University School of Medicine, Stanford, CA 94305-5719, USA*
[c] *SUNY Stony Brook School of Medicine, Health Science Center, Stony Brook, NY 11794-8434, USA*
[d] *Department of Neurology, National Medical University of Mongolia, Jamyan Gunee Str. 4, Ulaanbaatar 210648, Mongolia*

Abstract

This study discusses quality of life in post-socialist Mongolia. *Yadargaa*, a fatigue-related illness in traditional Mongolian medicine, results from lifestyle imbalance. We examine the distribution of *yadargaa* and its association to socioeconomic changes under capitalism. Ethnographic interviews concerning *yadargaa* were conducted with health professionals, *yadargaa* patients, and laypersons. Epidemiological methods were used to identify risk groups, to estimate the point prevalence, and to assess the distribution of meanings and interpretations of *yadargaa*. The epidemiological sample included 194 individuals, half urban and half rural. Nearly half of the epidemiological sample suffered from *yadargaa* (49%). These *yadargaa* sufferers felt that they benefited less than non-*yadargaa* subjects from the current socioeconomic changes. Among these, perceived change in employment opportunities was one of the best predictors of *yadargaa*. Additionally, *yadargaa* sufferers were predominantly women, the elderly, and urban residents. *Yadargaa* varies greatly in presentation; Western psychiatric categories are only able to explain half of *yadargaa* cases. In conclusion, *yadargaa* strongly associates with disenfranchised groups in the capitalist economy. As a culturally constructed indicator of quality of life, *yadargaa* is a window into the lives of women and men in post-socialist Mongolia.

Keywords: *Yadargaa*; Mongolia; Culture-bound syndrome; Idiom of distress; Cultural epidemiology; Socioeconomic change

Introduction

Post-socialist populations suffered significant shifts in morbidity and mortality following their transition to capitalism. Research in the former Soviet Union and Eastern Europe has enhanced our understanding of the pathways by which these socioeconomic changes alter health and well-being (see special issue of Social Science and Medicine, Vol. 51, issue 9). During socialism, most of these populations putatively experienced moderately good states of health. Recent socioeconomic changes to capitalism, however, have contributed to poor health. This often results from deterioration in public health care, education, and social welfare because the capitalist governments have shifted their emphasis from human to physical capital (Griffin, 1999; Kumsawa & Jones, 1999). Additionally, in the new competitive market, job insecurity has increased and employees are less likely to employ preventative health measures, to seek timely medical care, or to use leisure time because these factors jeopardize employment (Nazarova, 2000). Furthermore, rising income inequality has contributed to depression and subsequently to increased job instability in a downward spiral of well-being (Kopp, Skrabski, &

*Corresponding author. Tel.: +1-404-727-7521; fax: +1-404-727-2860.
E-mail address: bkohrt@learnlink.emory.edu (B.A. Kohrt).

0277-9536/03/$ - see front matter © 2003 Elsevier Ltd. All rights reserved.
doi:10.1016/S0277-9536(03)00216-8

Szedmak, 2000). These studies have also shown that the subjective experience of economic change is an important predictor of health outcome. For example, certain groups, especially the elderly, feel a loss of personal control, which has led to psychological and physical health distress (Bobak, Pikhart, Rose, Hertzman, & Marmot, 2000). Additionally, relative wealth—the incongruity between aspirations and acquisition—in post-socialist countries has strongly influenced men's psychological and physical morbidity (Watson, 1995). This literature illustrates the need to assess both subjective and standard economic indicators to understand well-being.

Mongolians, after seven decades of socialism—a generation longer than most of Eastern Europe, also suffer similar changes in well-being. Some authors have pursued the connection between health changes and standard indicators, such as increased unemployment, more violent crime, or decreased funds for prenatal care (see Griffin, 1995b). However, the area of subjective experience has received little attention. This study highlights the subjective experience of Mongolians a decade after the transition. Unlike most studies in other post-socialist states, which employed self-reports of depression as an indicator of personal experience, we chose, instead, to examine the Mongolian illness label *yadargaa*. This illness is related to shamanic and Tibetan concepts of life-balance and stability. Through a combination of epidemiologic and ethnographic methods, we examine the relation between *yadargaa* incidence and disruptions in life-stability resulting from the transition. Socioeconomic transitions throughout the developing world (Kumsawa & Jones, 1999), underscore the importance of understanding how the subjective experience of inequality impacts morbidity and mortality. Through cultural epidemiology, we can assess the social characteristics of those in suffering and ultimately explore the convergence of social forces that lead to personal distress and disease.

Background

Culture-bound syndromes, idioms of distress, and local labels of impaired well-being

The term "culture-bound syndrome" (CBS) has been hotly debated in anthropological literature (see Hahn, 1995). The term has been stigmatized as representing exotification of cross-cultural illness models. The validity of the term is further questioned because the syndromes do not fall into a specific "disease" category; they tend to be characterized by nonspecific symptoms of malaise and disturbed mood. Cross-cultural studies of impaired health have been mired in definitional clashes between cultural and biomedical approaches.

There has been no definitive resolution to the debate, and consequently, we do not wish to purport that *yadargaa* is or is not a "culture-bound syndrome", "idiom of distress", or any other theoretical construct in medical anthropology. However, we do explore how studying local labels of ill-health can be an effective inroad to assess social, economic, and personal distress within a community. For example, Guarnaccia finds that *ataque de nervios* in Puerto Rico is associated with groups that experience relative social disadvantage, family conflict, and poor perceived health (Guarnaccia, Canino, Rubio-Stipec, & Bravo, 1993). *Dhat* in India is associated with women in destructive domestic situations (Ullrich, 1998). In Korea, *hwa-byung* occurs among less educated women in "inescapable positions" of domestic violence (Lin, 1983; Lin et al., 1992). Rubel identifies a relationship between *susto* and social role stress (Rubel, O'Nell, & Collado, 1984). Among mainland Chinese and Chinese-Americans, work problems, psychosocial stress, and less perceived social support increase the risk of neurasthenia (Kleinman, 1982; Zheng et al., 1997). Meanwhile, *kônenki* in Japan and other local forms of menopause reflect socially vulnerable groups (Hewner, 2001; Lock & Kaufert, 2001). Local labels of illness can thus be employed to identify risk groups.

Studies of local labels of ill-health have also identified groups negatively impacted by socio-cultural change. For example, *susto* among mestizos in Bolivia was associated with power changes following the 1952 *Movimiento Nacional Revolucionario* (Crankshaw, 1980). Collier et al. (2000) connect *chawaj* in Mexican Mayan populations to instability resulting from socio-political changes in Chiapas, Mexico. Janes (1999) finds that *rlung*, an illness traditionally connoting imbalance, is used now by Tibetans to express distress from conflicted positions between Tibetan and Chinese interests. Academic demands for male African students increases susceptibility to brain fag (Peltzer, Cherian, & Cherian, 1998; Prince, 1985). Following these studies, this study uses *yadargaa* as a window onto effects of a transforming society.

Cultural epidemiology

The choice of methods has plagued the study of illnesses that do not directly overlap with Western biomedical categories. Small sample sizes, matched control studies, and clinical settings preclude the extrapolation of findings to the general community. Without community epidemiology, we cannot assess the pervasiveness of the construct or who is most at risk. This is especially limiting if one wants to incorporate non-Western constructs in a public health intervention. Standard epidemiology, however, is not ideal for these studies. In standard epidemiology, there is an