

Preface

SOME THIRTY YEARS AGO, Arthur Kleinman, along with his colleagues Byron and Mary-Jo Good, began a program of research built around the study of major psychiatric disorders from a meaning-centered, cross-cultural perspective. Their approach has been, in essence, to treat the nosology of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* as a cultural artifact—the culture-specific product of particular medical specialists in Western postindustrial society. Applying this heuristic, they have selected important *DSM* psychiatric categories for comparison with diagnostically and behaviorally similar conditions found in different parts of the globe. Their goal in doing this has not been to see if the *DSM* categories map onto each local manifestation, but to use the comparisons to clarify the underlying illness process. By examining each local manifestation in its epidemiological, social, and cultural (that is, meaning) context in relation to the *DSM* category, universal features of the condition become clarified, as do specific social and cultural features that contribute to producing the differences. In short, this method leads to a more sophisticated, less ethnocentric understanding of the general illness type. Applying this method, Kleinman and the Goods, and more recently their students, have provided anthropologists, psychologists, psychiatrists, and other interested scholars with enlightening and fruitful analyses of such major psychiatric conditions as depression (Kleinman and Good 1985), anxiety (Good and Kleinman 1985), pain (Good et al. 1994), schizophrenia (Jenkins and Barrett 2004), dementia (Leibing and Cohen 2006), and eating disorders (Becker 2007).

The present book, devoted to a cross-cultural, meaning-centered study of

panic disorder, follows in the same research tradition. As such, it makes a number of significant contributions. First, we are provided with a comprehensive cultural history of panic-like disorders in Western medicine from the nineteenth century to the present, with a particular focus on how disagreements between psychoanalysts and biologically oriented psychiatrists in the 1980s shaped and changed the concept of panic disorder.

Once it was established as a “real” entity in the third edition of the *DSM*, panic disorder generated a spate of biologically oriented research and pharmacological treatment agendas that have only somewhat recently been supplanted by the more psychologically oriented agenda favored by the editors of this book. This agenda involves examining panic disorder from a psychosocial perspective, in particular that of *catastrophic cognitions*. This perspective goes beyond the more biological orientation of the *DSM-IV* and helps us understand why certain sensations are particularly meaningful and threatening in certain societies and therefore become amplified into a localized syndrome of panic. Chapter 3, by Devon E. Hinton and Byron J. Good, specifically catalogs how people’s sensations might be shaped cognitively to provoke a full-blown panic attack. In this same vein, in Chapter 2, transcultural psychiatrist Laurence J. Kirmayer and Caminee Blake survey cultural, social, and psychological processes that generate panic attacks. The book thus redirects research attention to the cognitive processes and cultural contexts that play a key role in this disorder and lends considerable support for treatment strategies designed to alter the cognitions of panic sufferers.

In thinking about catastrophic cognitions as triggers of panic, the etymology of the word *panic* itself provides a fine example of the embeddedness of anxiety in a cognitive schema—specifically that of the ancient Greeks. Early uses of the term *panic* in English lead back to its origins in classical mythology. The word first appeared in the seventeenth century as an adjective, combined with the word *fear*: “panic [that is, Pan-ic] fear” or “panic terror,” fear inspired by the god or earth spirit Pan (Skeat 1893:418; see also OED Online 2007). Part man and part goat, Pan was the son of Hermes and the nymph Penelope, who, according to Homeric Hymn 19, “sprang up and left the child” out of disgust at his animalistic appearance. Once abandoned, Pan inhabited mountainsides and forests, particularly in Arcadia, a region looked down upon by Athenians and other “cultivated” Greeks as less civilized. A swift runner and agile rock-climber, Pan became the embodiment of the mysterious noises that frighten travelers in remote and lonely places outside village boundaries. Shepherds and hunters, the denizens of these areas, paid homage to the god and were thus protected by him. However, for settled villagers, rough, rustic areas provoked the fear associated with Pan’s name. In addition, as one of Dionysus’s retinue, Pan was constantly on the prowl sexually, most famously

after nymphs. Often unsuccessful in these pursuits because of the intervention of other nymphs or gods, Pan, like the satyrs, embodied uncontrolled, aggressive male sexuality. For ancient Greeks, then, panic was semantically associated with abandonment; uncivilized, remote mountains and forests; and unchecked male sexuality—surely a rich set of cognitions that might, under certain circumstances, precipitate a full-blown panic attack.¹

As a key contribution, this anthology definitively establishes, particularly through the historical and descriptive ethnographic chapters, that panic symptoms and syndromes are and have been widespread and disabling to people across societies in many parts of the world. By comparing panic disorder, as conceived in the *DSM-IV*, with local, panic-like illness categories from various societies (and from previous historical periods in the United States), the collection shows that the two are not equivalent, although they are clearly related typologically. Specifically, the comparisons provide crucial evidence that many *DSM* markers or criteria for panic disorder do not apply in other cultural settings (for example, the sensation of panic does not always come out of the blue, does not always crescendo in a matter of minutes, and does not always have as its primary focus the particular physical symptoms described in the *DSM*). These comparisons thus yield greater clarity about the core symptoms of panic disorder, as well as the expansion of the concept of panic disorder to encompass related conditions found around the globe. This enlarged perspective raises new questions for cross-cultural research and, more practically, allows clinicians to view what have heretofore been considered localized, culture-bound syndromes as part of a larger set of panic-related conditions that may respond to similar but culturally appropriate treatment modalities.

Finally, this collection demonstrates that panic syndromes are often linked to memories of trauma and violence, and that panic symptoms are a conspicuous part of the psychological experience of persons who have suffered war, dislocation, and other major social catastrophes. This observation calls into question the *DSM* dictum ruling out a comorbid diagnosis of panic disorder and posttraumatic stress disorder (PTSD), and suggests a reconsideration of the *DSM* classification of the anxiety disorders in addition to further study of the specific relationship between panic disorder and PTSD. In view of the many people worldwide who in recent times have experienced the traumata of war and dislocation, reexamination of the anxiety disorders seems particularly useful and warranted. In suggesting questions for this task, *Culture and Panic Disorder* is an invaluable resource. It is also a fitting tribute to the heuristic value of the model pioneered by Kleinman and the Goods so many years ago.

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March 2008

Notes

1. As with many Greek gods, the myths about Pan are numerous and sometimes contradictory. The themes I have focused on here deal specifically with panic and dominate the accounts in Campbell (1949:81–82) and Hamilton (1940:40), and on the Web sites <http://www.theoi.com/Georgikos/Pan.html> and <http://www.theoi.com/Cult/PanCult.html>.

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