Foreword

ANY CONSIDERATION of the origins and functions of the emotions of anxiety and fear would presuppose that these must be universal phenomena. Since the time of Darwin we have assumed that evolution should favor members of a species who are anxious and fearful, and recent research has established that these two emotions are at least partially distinct, with different functions (Suárez et al. in press). Many theorists, such as Howard Liddell (1949), make the case that anxiety represents the ability of individuals to plan for the future and be vigilant for possible upcoming threats or challenges. Fear, on the other hand, is the more dramatic emotion, scientifically observed by Darwin as a “flight-fight” response to immediate and imminent threat or danger. Of course predispositions to experience anxiety and fear and the resulting action tendencies should be normally distributed across the population, meaning that certain numbers of individuals will present with excesses of these traits or, at the very least, lower thresholds for their expressions.

It has also become clear in the past thirty years that the fundamental and protective emotion of fear occurring at inappropriate times (when there is nothing to be afraid of) is a substantial problem in psychopathology. This inappropriate expression of fear has come to be called *panic* (or a *panic attack*) (Barlow 2002). Thus, it has been assumed that the experiences of anxiety and fear and their occasional excesses or inappropriate expressions such as panic exist in nearly all cultures and subcultures.

In fact, the excitement of a new, more objective study of anxiety and panic that began in the early 1980s is nicely described in this volume because one of the editors,

Byron Good, as well as the author of this foreword were both present at a National Institute of Mental Health–sponsored meeting on anxiety and the anxiety disorders in September 1983 (Tuma and Maser 1985). At that wide-ranging conference it was noted with some prescience that the 1980s would come to be the decade of anxiety from a clinical research perspective after a similar focus on depression in the 1970s and on schizophrenia in the 1960s. It was also at that conference that investigators explored the notion that the phenomenon of panic was far more ubiquitous in its occurrence than was assumed in the relatively narrow context of panic disorder. Indeed, it was noted that panic attacks were found across the full range of psychopathology. Panic then became a phenomenon that was given its own definition in *DSM-IV* and placed prior to descriptions of the anxiety disorders of which panic attacks were one of the building blocks.

At that conference it was also largely decided that the term *spontaneous*, used to modify panic attacks (and implying a purely biological origin of these attacks), was unscientific because it suggested (at one level of analysis) that no trigger or cause could be identified. This term was replaced by the modifiers *uncued* and *unexpected*, indicating that these attributions and perceptions were in the mind of the patient and did not imply the lack of existence of a clear trigger for panic attacks, which might often be outside of awareness (such as a subtle change in somatic homeostasis). Thus, unexpected and uncued panic attacks simply meant that the patient was not aware of the variety of triggers that might be operating, and that effective therapy would involve identifying these triggers and giving the patients coping mechanisms for dealing with them.

However, nowhere across the wide range of psychopathology is it more clear than in anxiety, fear, and panic that these experiences are expressed in culturally specific idioms, allowing for countless potential triggers, both cognitive and somatic. Furthermore, a given culturally specific idiom will affect the course of anxiety and fear, how it is interpreted by the individual, and the way it is presented to clinicians or healers. Accepted methods for clinicians to resolve these issues are also affected by culturally specific understandings.

Thus, if one takes a broad view, the prevalence of most anxiety disorders seems relatively consistent around the world, and this is particularly true for panic disorder (Horwath and Weissman 1997), although this assessment needs further empirical investigation. However, the source of fear and the specific attributions these individuals make are clearly culture specific, with substantial implications for classification, course, and treatment.

In this remarkable book, two of the world's leading scholars studying culturally specific idioms of psychopathology articulate a number of remarkable insights into

the nature of fear and panic. On one level, the book presents the most scholarly and compelling account yet to appear of both cross-cultural and historical perspectives on panic disorder. This account alone is a broadening experience for several reasons. First, the phenomenon of panic is a relatively discrete event, unlike, for example, the very heterogeneous and wide-ranging set of symptoms and behaviors that constitute schizophrenia. Consequently, cultural variations seem more readily apparent and can be studied with a fair degree of certainty, revealing that the basic human phenomena of fear, panic, and the flight-fight response constitute the fundamental experience, regardless of the culture in which one is working. Second, because we have “officially” recognized panic attacks in our nomenclature only since the publication of *DSM-III* in 1980, integrating a historical perspective with a contemporary cross-cultural perspective provides a particularly enlightened context in which to look at various expressions of the phenomenon of panic. These two reasons alone are sufficient to make this volume invaluable.

This brings us to the third and perhaps most important accomplishment of this remarkable volume. In this book we find a well-articulated alternative methodological strategy for studying the phenomenon of panic, in addition to more traditional psychopathological and neurobiological approaches. To quote the editors, “this approach thus provides one model for making psychological and cultural processes central to investigations of culture and panic disorder, rather than focusing more narrowly on cultural variability in symptom criteria and diagnostic entities.” Indeed, in articulating this model of panic disorder, the editors and their contributors are able to highlight the “wide range of cognitive and psychological processes that can trigger experiences of panic as well as anxiety about the likelihood and danger of future episodes” (Chapter 1). It seems clear from reading this volume that any study of panic attacks and panic disorder is incomplete without this informed perspective.

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