

# Cross-cultural Review on Panic Attack: Expression, Causing, and Treatments

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## Abstract:

Panic attack is a long existing and prevalent mental discomforting condition. Reviewing the present field of panic attack and panic disorder, researches and studies are mostly focusing on the Western-based cultures and Western population. Although the Western-based understanding and treatment of panic attack is systematical, it is not always comprehensive in a cross-cultural context. This article discusses the differences of panic attack (and other syndromes with similar symptoms that are believed to be related with panic attack) between Western-culture and several non-Western cultures incorporating manifestations, causation, and possible treatments. Studies about similar syndromes of panic attack in Southeast-Asia, China, Latino communities, and native American communities' cultural backgrounds are considered. The research has shown multiple findings, including the preference of showing somatic symptoms during the attack in some Asian cultures, and preferences of treatments influenced by different cultural backgrounds. This article also discusses the phenomenon that most theories and studies with general acknowledge of panic attack are based on Western societies and Western cultures, with the tendency of leaving behind related illnesses of non-Western cultures. In order to minimize the gap and bias, researchers are expected to broaden research scope. Psychological professionals are encouraged to accept and integrate various cultural wisdoms in clinical practice.

**Keywords:** Panic attack; panic disorder; trans-cultural view; Southeast-asian panic disorder.

## 1. Introduction

### 1.1 Background

According to DSM-5, a panic attack is a period of

strong feeling of fear and anxiety that comes abruptly and usually reaches a peak within a short time of minutes. Panic attack's common symptoms include palpitations, pounding heart, sweating and more.

The risk factors of panic attack is multi-factored. The

heritability of panic disorder is approximately 40%, higher risk exists on offspring whose parents have the history of other serious mental disorders. Other than genetic factors, adverse childhood experiences are also a risk factor for panic attacks [1].

Panic attacks are a highly prevalent psychological phenomenon associated with significant distress, and potential long-term effect for the individuals [2]. Clinical observations and more evidence are showing that cultural factors may significantly shape the experience of panic attacks.

## 1.2 The Present Study

While extensive studies and theoretical systems regarding aspects of prevalence, etiology, and possible treatments have been established based on Western populations, there exists a regional imbalance of research. Many existing cross-cultural studies of panic disorder or panic attack mainly involved Western countries and some Asian countries (for example, the famous former study of 11 countries [3]). This means that there relatively lacks researches on other areas including South America, Africa, Middle East and so on. The universal suitability of these Western-based models and diagnostic criteria in a global context are therefore unclear. There are problems remaining as, for example, diagnostic criteria such as the unpredictability and rapid development in the DSM are not completely applicable in different cultural backgrounds [4]. While the research topics of existing studies basically focused on symptoms, there is a need of explorations on how cultural factors trigger the attacks and how cultural factors affect the way people search for help or treatments. Overall, in spite of the importance of the possible cultural influence, there remains a lack of systematical research in trans-cultural aspects. Therefore, a more comprehensive outlook including more cultures considered is needed.

To better understand this concept, this research aims at over viewing the field of panic attack at a trans-cultural aspect. In spite there's no considerable number of researches, this research discusses the results of several classic and representative studies for a desirable outlook on this cross-cultural area.

## 2. Methodology

This paper is an overview of cross-cultural expressions of panic attack based on the researches and studies collected mainly using Google Scholar. Search terms include "Panic attacks", "Cultures", "Panic disorder", "Cross cultural context", "culture-bound syndrome". The retrieval time range is basically set from 2000 to 2023. This study prioritized English publicans for global researches and highly recognized and influenced literatures for cultural studies.

Foundational information about panic attack including the definition, expressions, etiology, and prevalence is obtained from Diagnostic and Statistical Manual of Mental Disorders: 5th edition. The source of the Cognitive Model of Panic Disorder is A cognitive approach to panic. Behaviour research and therapy by D.M.Clark.

The resources about panic attack in non-Western cultures are primarily based on the work of David E. Hinton and Roberta Lewis-Fernández, which, while influential, represent only a limited scope of cultural contexts. Even so, these researchers' studies have shaped the basic understanding of cultural impact on panic attack and panic disorder.

Information about traditional Chinese medicine mainly comes from famous ancient books Jingui Yaolue by Zhang. Z. J's and Huangdi Neijing. Their systematical studies and descriptions provide vital information about cultural impact on panic attack in China.

## 3. Expression of Panic Attack

Similar symptoms to what are now referred to be panic episodes in Western psychiatry have long been observed in many non-Western civilizations, including Southeast Asian and Chinese traditions. Experiences of dread, anxiety, or physical discomfort that come on suddenly and with great intensity are frequently described in historical documents, medical texts, and cultural tales. The parallels between these events and the diagnostic criteria for panic attacks included in manuals like the DSM-5 imply a conceptual connection, even if they might not match exactly. They are especially pertinent to conversations about disorders connected to panic because of their abrupt onset, intense emotional discomfort, and correlation with physical symptoms like palpitations, lightheadedness, or dyspnea.

The significance of broadening psychological and psychiatric study outside Western paradigms is underscored by these culturally distinct experiences. For one circumstance, in Southeast Asia, the idea of khyal attacks is related with symptoms like dizziness, rapid breathing, and thoughts of disaster, which are linked to stopped bodily wind. In ancient Chinese medical books, abrupt heart palpitations and overpowering panic are described as symptoms of physical and spiritual disharmony. These situations show how cultural beliefs influence how severe anxiety attacks are understood and treated.

According to DSM-5, the criteria of panic attacks is psycho-symptoms dominated, including extreme fear, near-death feeling, pumping heart, and so on. Physical discomforts including palpitations, accelerated heart rate, sweating, and trembling are seen as associated symptoms but not main leading forces.

However, most studies of panic attack on non-Western cultures suggests more dominated physical symptoms and do not emphasize psycho-symptoms. For instance, ‘Khyâl’ (means ‘wind’) attack in Southeast-Asia emphasizes the feeling of dizziness, stroking, pain in neck, and intense pain in stomach.

Not much clear psycho-symptoms are mentioned in the studies of Khyâl attack, it rather emphasizes multi-sensory physical symptoms such as dizziness, tinnitus, blurred vision, feeling of body floating, and especially, the feeling of fearing a strong wind coming (especially coming up from lower position). Nevertheless, there are psycho-symptoms such as fear of death or faintness which match the symptoms of panic attack, but it still emphasizes the factor of wind to be the reason of death and faintness according to patients and local residents who had experience relevant symptoms[5].

Early Chinese traditional literature also recorded several mental discomforts that appear to be related to panic attack. Despite being recorded long time ago, these historical accounts provide valuable insights for culturally-specific manifestations of panic attack. For example, there is a kind of condition called 奔豚 (Bentun) recorded in the ancient book of *Jingui Yaolüe* (The Essential Prescriptions of the Golden Coffer), whose literal meaning is ‘little pig running’. It describes a physical feeling of gas-like thing rushing up from the lower abdomen to the chest and throat, accompanied with chest tightness, abdominal, near-death feeling, and extreme fear [6].

One similarity between the expression of Bentun and Khyâl attack is they both emphasizes somatic symptoms instead of psycho-symptoms. This phenomenon suggests a clear cultural influence on psychology crisis.

#### 4. Causation of Panic Attack

Panic attacks and related conditions in varied cultures have shown distinct etiological explanations.

Traditional Chinese Medicine has a systematical explanation for the physical symptoms when panicking. It believes that emotions and body are closely related, connected by a vital life force called ‘Qi’. The functioning of Qi are characterized by directional movements that include ascending, descending, exiting and entering.

Emotions are not merely psychological in TCM, they are seen as significant causes of interruption for Qi. For example, anger causes Qi to rise excessively, leading to headaches and dizziness; joy slows down or dissipates Qi, leading people to a state of calmness; worry knots and binds Qi, poor digestion or chest-tightness would be caused; fear causes Qi to descend chaotically, leading people to incontinence. When a person lacks Qi or having

Qi interrupted for a certain portion of the body, the specific part of the body will not have enough energy for the person to stay in a peaceful state of mind, thus inducing mental feelings. It is believed that when the flow of Qi is suddenly and violently disrupted, abrupt fear and panic may occur [7].

‘Ataque de Nervios’ (Attack of Nerves) is a syndrome takes place specifically in the Latino communities. The symptoms of this syndrome are highly identical with panic attack, including trembling, short breath, screaming and crying.

However, the cause of this syndrome is seen as unacceptable sorrow and anger. Its etiology is not regarded as an internal neurochemical problem, but a violent reaction to external factors [8].

Though researches differentiated between the ‘Ataque de Nervios’ and panic attack, it gives us insights on how different cultures construct and deal with similar extreme painful experiences.

#### 5. Treatments Panic Attack

According to DSM-5, the most effective and prevalent treatment includes Cognitive Behavioral Therapy and medication. Professionals help patients to recognize and destroy their catastrophic thinking and break the fear of specific feelings of panic attack through interoceptive exposure. Through CBT treatments and the help of medication, patients can eventually obtain a calm and clear mind to re-recognize their situations and reconstruct their cognition.

In Traditional Chinese Medicine, the main methods to address abrupt panic and fear include herbal medicine, acupuncture, Qigong dance, and diet therapy (adjusting people’s eating by neutralizing cold and hot properties) [9]. Traditional Chinese people believe that through these ways, energy in people’s body will be balanced and emotions will eventually come to rest. Though there’s not sufficient scientific evidence to prove the accuracy of TCM treatments, it has developed theoretical model that’s relatively comprehensive.

Many other cultures had also developed own suitable ways of treating panic though not with systematical models. In many non-Western cultures, treatment for psychological syndromes includes family and social intervention. Since panicking and being frightened is thought to be a result of losing connect with ancestors, communities and society in Native American cultures, people believe in reconnecting, restoring harmony, and purifying. General treatments aim at re-connect of community and the rebuilt of personal identity through community-based treatment, for example, through ritualization, communityiza-

tion and ceremonies.

J.P.Gone proposed that the native residents should have the right to decide on treatments that suit their needs, considering their cultural belief and community background[10]. As family, community, and society play an important role in some cultures, strengthening these special social bonds can be a vital part of treating and healing.

Though different cultures believe in different ways of treatments, they all derive from the root of each culture and history. However, treatments should be integrated in an international background. Possible solutions include taking the initiative to ask patients about their understanding of their symptoms. Professionals should not conclude or judge too fast, instead, understanding and learning about patient's family or cultural background should be done. This can help doctors distinguish whether it is a typical panic disorder or a cultural-related syndrome. Overall, CBT's scientific function should not be abandoned, but explanation models of each culture should play a bigger role in treatments. When cultural explanations become bridges, patients could accept the treatments more easily and leads to a more efficient functioning[11].

## 6. Conclusion

A sudden and severe discomfort, like panic attacks, can take many different forms, depending on personal experiences, societal conventions, and cultural beliefs. A variety of reasons, including biological predispositions, environmental pressures, and culturally specific expectations or stigmas, can cause these manifestations. Therefore, it is important to adjust treatment methods with consideration for cultural context rather than assuming that they are always beneficial. The most thorough and rigorous theoretical frameworks for treating anxiety and panic disorders were mostly created in Western nations, but this does not mean that they are universally applicable. Given that the definition, manifestation, and coping strategies of panic-related illnesses can vary widely across cultural contexts, research must continue to examine the distinctive features of these diseases.

Since panic attacks cause serious social and functional problems in addition to psychological distress, research in this area should strive to be more inclusive, integrative, and thorough. Mental health practitioners should work consistently to comprehend cultural differences, integrate culturally relevant treatment approaches, and advance

fair access to care. Psychology can contribute more to preserving mental health and raising people's quality of life globally by embracing cultural variety and widening viewpoints in both study and practice.

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