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Review

Who is the subject of trauma? An interdisciplinary scoping review of trauma and selfhood in the Arab region

Nadine Hosny [a,*], Osama Tanous [b], Patrick Marius Koga [c], Bruce T. Abbott [d], Suad Joseph [e]

[a] Institute of Psychology, University of Lausanne, Lausanne, Switzerland
[b] FXB Center for Health and Human Rights, Harvard University, Cambridge, MA, USA
[c] Department of Public Health Sciences, School of Medicine, University of California, Davis, CA, USA
[d] University Library, University of California, Davis, CA, USA
[e] Department of Anthropology, University of California, Davis, CA, USA

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ABSTRACT

Background: The Arab Region accounts for most of the world's refugees. Despite being dispersed across the globe, most of these refugees are internally displaced within the region. A growing body of research argues that Western biomedical frameworks for conceptualizing, diagnosing, and treating trauma may not be suitable for non-Western and trauma caused by political violence inflicted on entire populations over time. The cultural and socio/political contexts of trauma are increasingly recognized as key to understanding trauma-related distress. Arab trauma research has emerged in the past 30 years. Nevertheless, the results are not systematically consolidated.

Aim: This review aims to identify and map knowledge production in the Arab Region that is challenging Western notions of trauma experienced by Arab refugees in the region and attempts to explore the contours of a more culturally congruent conceptualization of trauma.

Method: Following the PRISMA extension for scoping reviews (PRISMA-ScR), we conducted a scoping review. Peer-reviewed, empirical literature from 1990 to 2023 was searched in eight English and three Arabic databases.

Results and implications: Out of 2654 articles only ten were included. Included publications explored two main areas: conceptualization of trauma in Arab samples and addressing the subject of traumatization. The articles highlighted the limitations of using the PTSD model to diagnose and treat Arab refugees' traumatic stress and the importance of contextual, structural, and cultural factors in distress conceptualization. The articles provide research, clinical, and policy implications addressing adoption of social justice frameworks, development of contextually relevant trauma models, clinical investigations and assessment of symptoms and idioms.

1. Introduction

The number of forcibly displaced individuals, globally, has increased significantly to reach more than 108.4 million people in 2023 (UNHCR, 2022). In 2020, 61% of the world's refugees originated from the Arab Region, most of them being displaced by on-going wars, occupation, persecution, sectarian and political violence (UNHCR, 2022). Originating primarily from Syria, Sudan, Palestine, Iraq, Libya, and Yemen, the majority of these refugees relocated in Lebanon, Jordan, Palestine, and Egypt. Lebanon, by itself, houses more refugees per capita and per square mile (1.5 million, not counting the unregistered refugees) relative to its own population of 4.5 million, than any other country in the world (UNHCR, 2022). Continuous stressors often result in reported high incidence and prevalence rates of mental health disorders, especially post-traumatic stress disorder (PTSD) (Abu Suhaiban et al., 2019; Bogic et al., 2015; Hameed et al., 2018; Morina et al., 2018; Slewa-Younan et al., 2015).

A large body of literature uses Western-based diagnostic frameworks (e.g., International Classification of Diseases: ICD-11 (World Health Organization, 2018), or the Diagnostic and Statistical Manual: DSM-5 (APA, 2013) and tools to assess for universal symptom expression of PTSD. A growing, yet confined, body of literature is questioning the appropriateness of such frameworks and tools to conceptualize the etiology, and the phenomenology of traumatic stress for Arab refugees or other non-Western contexts is still scarce and confined. (Afana, 2012; Wilde, 2020). The decontextualization of traumatic experiences from

* Corresponding author. Institute of Psychology, University of Lausanne, Geopolis, Quartier Mouline, 1015, Lausanne. Switzerland.
E-mail address: nadine.hosny@unil.ch (N. Hosny).

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cultural contexts results in limited and categorical understanding of traumatic distress across the world (Hinton and Good, 2015; Kleinman, 1987; Summerfield, 2001). The literature often includes a set of pre-determined assumptions defined by Western psychiatric nosology of a traumatic event as a single event or a string of single events that happens to a single individual, ignoring a wider understanding of how trauma is experienced in diverse communities and cultures (Bracken et al., 1995; Jobson, 2009). Given the fluid use of the term of culture, it is important to note that the term 'cultural' is deeply intertwined with many social factors (e.g., socioeconomic condition, gender, generation, political setting) that shape the experiences of psychological distress and its symptom expression and sequelae (Chentsova-Dutton and Maercker, 2019; Kirmayer and Gómez-Carrillo, 2019). Current conceptualization of trauma within the Arab world "focus solely on problems located within the individual and lack a developed conceptual vocabulary for relational, social, communal, and cultural problems. Yet, remembering and forgetting traumatic events depends on memory systems that carve trauma not only on the body and brain, but also on the social and political processes that aim to regulate public and private recollection" (Kienzler, 2008, p. 223). The limitations of established classification systems and standardized care models for trauma suggest researching alternative paradigms (El-Khoury et al., 2021). Although much anthropological groundwork has been done in the Arab Region, we are yet to incorporate it in our conceptual understanding and clinical investigation of trauma to move beyond or address the limitations of such classification systems.

Based on previous clinical studies (e.g., Afana, 2012; Drožđek et al., 2012; Kira et al., 2014, 2022), as well as anthropological literature examining the topics of trauma and resilience (e.g., Wick, 2023; Moghnieh, 2021), selfhood and gender (e.g., Joseph, 1994; 1999, 2005b), and refugeehood (e.g., Peteet, 2005), along with critical public health work (e.g., Giacaman et al., 2010, Giacaman, 2018) and more, we propose that in order to culturally situate the diagnosis and treatment of trauma, the following questions are critical: Who is the subject of trauma? What are the sociopolitical conditions that surround the trauma? What is the duration of trauma?

Who is the subject of trauma is a question that must be addressed before diagnosis and treatment of trauma. We use the term "subject of trauma" in this study to refer to person(s) who experienced violence or trauma. Western diagnostic and therapeutic practices presume that the subject of trauma is an "*individual*". Correcting for a previously wildly overdrawn bipolarity of a Western versus a non-Western selfhood, it is nevertheless agreed that the "individual," a concept fostered in Western cultural, economic, political, and legal history, is understood to be a bounded, autonomous self, appropriately separated from other selves, and motivated to a large degree by self-interest (SPIRO, 1993). The initial question for diagnosing and treating trauma is whether the concept of the "individual" aligns with the self-concept nurtured in other cultural contexts. Scholars have recognized the diversity in concepts of selfhood globally, including the Western societies. One such notion of the self, nurtured in Arab countries, is the connective or relational self (Joseph, 1993, 1994a, 1994b, 2005a). The connective or relational self has more porous boundaries, sees themselves embedded within the selves of significant others, and understands their rights and desires relationally (Joseph, 1994b; 2005a). The relational self is always contextualized within familial and community networks, generating political, civil, and economic repercussions (Joseph, 2005b, 2011). Moreover, distinguishing between the male and female Arab conceptualization of selves is also key to inform the operationalization of gender congruent data collection, diagnosis, and interventions for trauma (Joseph, 1999). The gendered self has a strong modulation role in emotional expression, and in emotional regulation in trauma emotions guiding adaptive behavior in a culturally congruent manner (De Leersnyder et al., 2015; Ventevogel and Faiz, 2018). Emotional behaviors that align with culturally gendered self-concepts are approved and, to speak in terms of neurophysiology, upregulated, while emotions contradicting the norms will be disapproved and downregulated (Mesquita and Albert, 2014).

The sociopolitical conditions which surround trauma must be analyzed prior to diagnosis and treatment of trauma (Drožđek et al., 2012). The duration of trauma is also critical for diagnosis and treatment (Eagle and Kaminer, 2013). In many countries in the Global South, especially in the Arab Region, wars, violence, economic and political upheavals, dislocations, poverty, and oppression have produced prolonged and generational trauma. For the Palestinians, it has been 75 years since the Nakba, the term they use for 1948 when they lost their land. Lebanon has been in various stages of war and disruption for over 50 years. Iraq has been destroyed by the Western "War on Terror" since the First Gulf War in 1990/91 (Belasco, 2009). Yemen, Syria, Libya, Sudan have endured a decade of civil war. The list also includes the countries thrown into upheaval by receiving regional refugees, such as Jordan, Lebanon, and Egypt. Such sociopolitical conditions disrupt and traumatize whole communities. Furthermore, other studies from the region described structural challenges and sociopolitical situations as part of the trauma model, affecting the perceived duration of trauma (Hosny et al., 2023). What would be the nature and treatment of trauma when it is generational, on-going, in which the whole society is the subject of trauma? This is another critical question that must be addressed before any cogent treatment protocols are developed.

Assessment of posttraumatic psychopathology should include cumulative traumatic experiences and all the previously mentioned factors (Kira et al., 2014). For years researchers have been pointing out that the majority of existing studies investigate the prevalence and epidemiology of PTSD, while a limited body of studies look at the effects of contextual and cultural factors on conceptual frameworks of traumatic stress (Kinghorn, 2020). These arguments have been echoed generally in literature investigating cultural concepts of distress or idioms of distress (Kohrt et al., 2014; Rasmussen et al., 2011), as well as literature looking to validate measures capturing variations in symptom expression of PTSD in diverse cultural contexts (Hinton and Lewis-Fernández, 2010; Kirmayer and Gómez-Carrillo, 2019). Yet, we still need more investigations about explanatory frameworks and vernacular conceptualizations of trauma and traumatic stress are needed to expand such understandings. The aim of this scoping review is to critically examine the literature on Arab trauma and identify gaps in the knowledge production on how trauma is locally experienced and conceptualized, and whether the existing Western PTSD framework of trauma and the subject of trauma are appropriate for understanding and assessing trauma experienced by Arab refugees in the Arab Region.

1.1. Review question

Does the current literature on refugees in the Arab Region question the Western PTSD model of trauma and of the traumatized self?

2. Methods

2.1. Methodological framework

We conducted a scoping review of the literature exploring this poorly reviewed area. A scoping review is a type of filtered information describing the breadth of an existent knowledge base to inform future research, practice, and policies (Tricco et al., 2016). Our scoping review follows the enhanced Arksey and O'Malley (2007) approach. We used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), Extension for Scoping Review Guidelines, PRISMA-ScRChecklist and Guidelines (Tricco et al., 2018).

As per Arksey and O'Malley's guidelines, our scoping review aimed to 1) examine the extent, range, and nature of research activity; 2) determine the value of undertaking a full systematic review; and 3) identify research gaps in the existing literature. We used the enhanced Arksey and O'Malley five-step model proposed by Westphaln et al.

(2021), which includes integrating mixed-method assessment of the literature and by employing an interprofessional team-based approach throughout all stages of the review process.

2.2. Arksey and O'Malley framework

Stage 1: Identify the review question

We first conceptualized our research question based on a broad but rapid literature review in three successive "blast searches," which revealed that studies of Arab refugee trauma are carried out across a wide variety of disciplines and professions. This insight prompted us to choose a transdisciplinary, interprofessional, team-based approach.

Our five team members encompass diverse roles, expertise, skills, and professional contexts which included a cultural anthropologist (SJ), a medical doctor trained pediatrics and in public health (OT), a clinical psychologist (NH), a psychiatric epidemiologist (PMK), and a senior librarian (BA). For a more detailed team description please see Appendix A. The entire team trained in scoping and systematic reviews, and for six months had bi-weekly meetings conceptualizing our review question and navigating across different disciplines.

We defined refugees as Arab males and females aged 21 years or more, displaced within the Arab Region, regardless of their official immigration status.

Stage 2: Identify relevant literature

We searched the following databases: Scopus, MEDLINE, PubMed, PsycInfo, PTSDPubs, Web of science, Anthropology Plus, Global Health. For Arabic Literature the following databases were searched: Al-Manhal, Al Mandumah, Arab Citation Index. Searches were conducted for peer-reviewed studies published between 1990 and 2023 and written in English and/or Arabic.

The construction of the search strategy was led by a senior librarian at University of California Davis. Between December 2021 and May 2022, we performed three exploratory "blast searches" along with backward and forward citation reviews, to probe search terms and refine the research question and strategy. The following search terms were chosen (see Table 1).

Searches were conducted in 2022 and updated in September 2023. Screening was facilitated by Covidence software for reviews.

Stage 3: Select studies

Articles were assessed for eligibility based on the inclusion and exclusion criteria in Table 2. Two authors (NH, OT) independently screened each article by title and abstract. Discrepancies were resolved by two other researchers (SJ, PMK). All full texts were reviewed by the two authors (NH, OT). Disagreements were resolved by consulting an Arbiter (PMK). All four authors (NH, OT, PMK, SJ) reviewed and discussed all included studies. The exact search yield, and study selection process were reported using a PRISMA flow diagram (see Fig. 1). Of the 138 records only 10 studies met the full eligibility criteria.

Table 2
Inclusion and exclusion criteria.

Inclusion	Exclusion
1. Arab refugees, including displaced and other vulnerable populations, civilians	1. Non-Arab refugees, or military personnel,
2. Adults 21 years of age and older	2. Children and youth under 21
3. Participants have been exposed to violence assessed for and/or diagnosed with trauma-related distress and/or PTSD	3. Lack of violence exposure
4. Studies including any of the gender, class, generation (age), and cultural concept of self (GCG-CCS) variables in trauma conceptualization; or looked at local idioms of distress	4. Study has focused exclusively on psychiatric/counseling/medical treatments/interventions; or on psychometric properties and cross-cultural validation PTSD assessment instruments without exploring local idioms
5. Empirical qualitative and or quantitative research articles, knowledge synthesis such systematic reviews, meta-analyses, etc.	5. Book chapters, editorials, commentaries; unfiltered information (case studies, case reports, cohort reports)
6. Peer-reviewed papers published during 1990–2023	6. Published before 1990
7. Published only in English and or Arabic languages;	7. Published in languages other than English or Arabic
8. Studies carried out in the 22 countries of the Arab Region; or reviews including studies carried out in the region	8. Studies carried out exclusively outside of the Arab Region

An additional 17 articles came close to being included. However, despite offering poignant findings, these articles have not explicitly used alternative frameworks aside from the standard Western construct of PTSD, nor have they attempted to look at idioms of trauma-related distress, and thus were excluded. Given that we believe that these articles provide an important base for transitional trauma scholarship in the region, We summarize the article topics and references in Appendix 6 in the supplementary materials.

2.2.1. Inter-rater reliability

Following the suggestion of (Tricco et al., 2016) we included an assessment of interrater reliability to verify the process validity of our review. Inter-rater reliability *(Cohen's kappa)* of the screening phase by title and abstract: k value: [0.86].

Stage 4: Extracting, mapping, and charting the data

First, we determined the variables of interest for data extraction through team discussions. Then we pooled preliminary results to produce an analytical framework for data charting. The following descriptive information was extracted from the 10 included articles using Microsoft Excel: 1) "Authors Information"; 2) "Sample Information" (Country of origin, Sample Size, Location, Gender, Class (Level of Education, Socioeconomic status/SES), Generation (Age Range), and Cultural Concept of Self; 3) "Research Design"; 4) "Study aim"; and 5)

Table 1
Search terms.

Search terms
Search concept 1: Arab countries Arab/Arab speaking/Algeria/Bahrain/Djibouti/Egypt/Iraq/Jordan/Kuwait/Lebanon/Libya/Morocco/Oman/Palestine/Qatar/Saudi Arabia/Somalia/Sudan/Syria/Tunisia/United Arab Emirates/Yemen
Search concept 2: Status or exposure Refugee/post-conflict/conflict affected/asylum seeker/internally displaced person violence/war
Search concept 3: Distress trauma/traumatic/post trauma/PTSD/psychological distress/psychological symptom/psychological dysfunction/emotional distress/psychiatric symptom/psychiatric condition//idiom of distress/cultural concept of distress/explanatory model for mental health and illness/explanatory model for trauma/assessment/evaluation/diagnosis
Search concepts 4: Cultural and psychosocial factors individual/communal/community/gender/sex/culture/trauma/generation/age/social class/socio economic status/social support/family support/resilient/resilience/protective/adaption

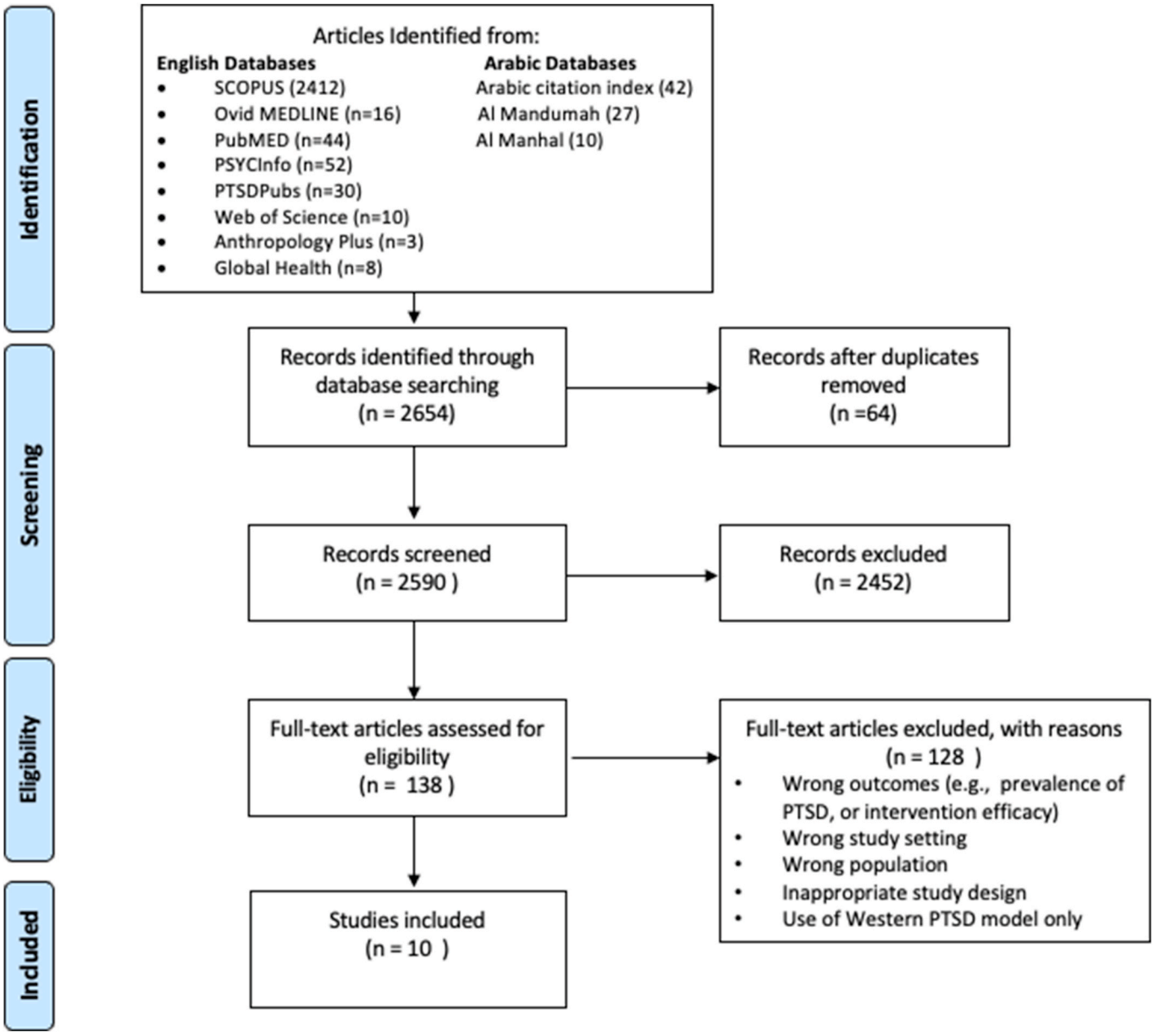

Fig. 1. Prisma chart.

"Focus Area." After further analytical discussion three more columns (6,7, and 8) were created and added to the extraction template (see Stage 5 section). Table 3 displays the charted data.

Stage 5: Collating, summarizing, and reporting the data

Following the Levac et al. (2010) recommendations. We used thematic analysis to identify patterns within our data set; coding for analytical themes that related results to the research question and summarizing research, policy, and practice implications for future research. The team held regular interdisciplinary triangulation meetings, i.e. authors from different disciplines held weekly meetings to discuss possible meanings, and interpretations, generating new insights from data. The objective of these meeting was to create a coherent framework for interdisciplinary evaluation, to explore the convergence of perspectives from researchers in various fields, to analyze data, to avoid monodisciplinary bias and limitations (Haeussler and Sauermann, 2020)and to broaden the conceptualization and interpretation of the constructed themes (Patton, 1999; Tiainen and Koivunen, 2006). We constructed three themes:

a) Findings used alternative trauma model or challenge Western PTSD model.
b) Findings address who is the subject of trauma.
c) Research, practice, or policy recommendations made.

Findings are included in Table 3. Each theme included three operationalized codes or indicators (for a total of nine). Data in each of the columns were extracted by three authors independently (NH, OT, PMK) and compared to ensure rigor and consistency. Table 4 of codes or indicators is provided in the Supplementary Material.

3. Results

3.1. General description

We identified 10 eligible studies from the literature review of which 7 were qualitative, 2 was mixed methods, and 1 was a systematic review.

Table 3
Charting of the findings- Included articles.

No.	COLUMN 1 *Author information*	COLUMN 2 *Sample information*	COLUMN 3 *Research design*	COLUMN 4 *Study aims*	COLUMN 5 *Focus*	COLUMN 6 *Findings explicitly challenge Western models of trauma*	COLUMN 7 *Findings explicitly address who is the subject of traumatization*	COLUMN 8 Research, practice, or policy recommendations are made for an Arab framing of trauma
1	Afana et al. (2010)	C: Palestine S: 8 L: Gaza G:3 M/5 F C: University graduates; medical doctors religious and political leaders G: 25-55 CCS terms used: Community level distress	Qualitative exploratory, ethnographic interviews with key informants	To investigate the social representations of trauma and how it's defined	Idioms of distress, war, trauma	Palestinian idioms of trauma: *sadma* (blow), *faji'ah* (tragedy), *musiba* (calamity), *nakba* (catastrophe) are not diagnostic entities requiring treatment but a vocabulary through which distress is expressed and social support mobilized. These distress reactions to occupation and political violence are part of an adaptive response to an extraordinary predicament and should not be overmedicalized.	Palestinian idioms of distress do not represent discrete 'trauma syndromes'; they are familiar ways of speaking about political violence that invoke specific networks of meaning. They serve to communicate within the community the dimensions of social suffering through a language that references collective experience and that conveys assumptions about the expected bounds of behavior, the likely course of distress, and outcome of clinical or social interventions.	**Practice & Policy:** knowledge of Palestinian social representations and modes of coping with traumatic experiences - such as *sadma faji'ah*, *musiba*, and *nakba* - is essential for the design and delivery of interventions; providing vocabulary through which distress is expressed and thus influence the course and outcome of other clinical syndromes or disorders and interact with psychobiological and social processes to give rise to specific forms of pathology; and hence should be used by clinicians and policy makers for effective services.
2	Afana et al. (2020)	C: Palestine (48) S: 34 L: Gaza G: 18 M/16 F C: lower middle-income families teachers, homemakers, civil servants G:18–40 years old CCS: terms used: Collectivism, shared experience	Qualitative study. Focus group discussion. Semi structured open-ended questions	To understand individual and collective coping mechanism with political violence	Refugees, coping mechanisms, individual to collective	Common idioms used in the place of PTSD: *Sadma, faji'ah, musiba, balwa and nakba*. Freezing of feelings (*tabaluḍ fe el masha'r*).	Identified five main coping strategies used in the Gaza Strip to deal with traumatic experiences: (a) giving cultural and religious meaning to painful experiences; (b) moving from individualism to collectivism; (c) normalization and habituation; (d) belonging, acceptance, expectation, and readiness; and (e) social support and expression of distress ('maintaining an intact sense of purpose' and 'coping with war')	**Practice:** the unique social experience repetitive trauma and protracted collective violence in the Gaza Strip requires mental health professionals to know the cultural registers of traumatic experiences and coping styles that reinforce resilience and social cohesion. Practitioners need to incorporate such cultural and sociopolitical knowledge to their understanding of the Western model to create relevant interventions.
3	Atallah (2017)	C: Palestine S: 30 L: West Bank G: not mentioned. C: refugees in refugee camps. G: 18–90 years old. 3 generations CCS: terms used: Collective	Semi structured group and individual interviews	To explore resilience processes in Palestinian refugees under occupation	Refugees, trans generation resilience. Military occupation.	The Palestinian Refugee Family Trees of Resilience (PRFTR) explains resilience in three interrelated themes: (a) *Muqawama*/resistance to military siege and occupation; (b) *Awda*/ return to cultural roots despite historical and ongoing settler colonialism; and (c)	The Arabic word for extended family, *el-hamula*, is conceptualized as a relational collective made up of members of a social system of kinship bonds that may include nuclear family members and both extended and fictive kin.	**Practice:** clinicians should work alongside refugees to prioritize Palestinian values and resources in making policy recommendations. **Policy:** changes that can transform traumatizing conditions of inequity and colonialism are imperative to promote

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Table 3 (*continued*)

No.	COLUMN 1 *Author information*	COLUMN 2 *Sample information*	COLUMN 3 *Research design*	COLUMN 4 *Study aims*	COLUMN 5 *Focus*	COLUMN 6 *Findings explicitly challenge Western models of trauma*	COLUMN 7 *Findings explicitly address who is the subject of traumatization*	COLUMN 8 Research, practice, or policy recommendations are made for an Arab framing of trauma
		community bonds				*Sumoud*/perseverance through daily adversities and trauma accumulation.	Neither trauma nor resilience are individual, personal, they are always communal.	family wellness. **Research:** should provide residents and NGOs opportunities to coauthor reports and share ownership of research; to reveal detrimental public policies based on perspectives of oppressed groups themselves.
4	Barber et al. (2016b)	C: Palestine S: 1778 L: Palestine G: 884 M/894 F C: not mentioned G: 30–40 years old CCS: terms used: Not mentioned	Mixed method exploratory	To develop a questionnaire for mental suffering	Occupation, mental suffering, locally grounded measures	Feeling broken (محطمة *muḥaṭṭima*), or destroyed (مدمرة *mudammira*), are Gaza locally grounded measures which can be reliably measured and distinguished from conventional measures of mental health.	*Muḥaṭṭima* and *mudammira* are incased in the protective shell of social, not individual, suffering, and thus are transmuted into communal resistance.	**Research & Practice:** *muḥaṭṭima* and *mudammira* – measured on the novel *Feeling Broken and Destroyed Scale* - should be identified and included in assessments of the full impact of protracted political conflict on functioning. Future research should proceed in continuing the validation of similar findings demonstrating relevance to other populations and specifying the unique nature of the construct in similar settings.
5	Hamadeh et al. (2023)	C: Egypt, Iraq, Jordan, Kuwait, Lebanon, Palestine, Saudi Arabia, Syria, Qatar, United Arab Emirates, and Yemen S: Mixed samples L: Mixed G: Mixed C: Mixed professions G: Mixed age groups 22-60 CCS terms: الوطن watan/ motherland; family, extended family, community	Systematic review and qualitative meta-synthesis of 27 selected studies	To explore qualitative literature on the experiences of individuals from Arab countries in the Middle East of going through and coping with war and political conflict	General experiences of war and conflict, hardship, coping and resilience and positive growth	Homeland represented an integral part of identity which they felt compelled to protect regardless of trauma and risks. Sharing traumatic experiences with family and community universalized the experiences and gave them a bigger meaning helping individuals in coping with protracted conflict. War survivors highlighted the importance of community support in dealing with war. Acts of resistance helped individuals cope with trauma experienced from war or political violence.	War and conflict are not individual traumas but rather collective suffering experiences.	**Research:** future studies on trauma interventions for Arabs should focus on contextually specific aspects of coping and resilience. **Practice:** as Arab patients may assign to trauma meanings different from the Western norms, mental health providers need to reconsider semantics to restore trust. Where possible, positive meaning-making strategies should be used with traumatized Arab patients.
6	Hammad and Tribe (2020)	C: Palestine S: 7 L: Gaza G: (4 M, 3 F) C: professional university graduates G: 24-39 CCS: terms used: Not mentioned	Qualitative, semi structured interviews.	To study the effect of structural violence and economic oppression on civilian well-being in conflict area	War, human, insecurity, humiliation, idioms of distress.	Trauma idioms of *muhattam* or *mudammar*, feeling broken or destroyed in Arabic, convey suffering in terms of broken spirit, morale, or hopes for the future.	Rather than focusing on individuals this study's liberation psychology framework looks at structural inequalities and contextual factors of social injustice	**Practice & Policy:** decolonize mental health responses in disaster and conflict settings, and to adopt a mental health model embedded in a human rights social justice framework that locates the causes of distress in the context of

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Table 3 (*continued*)

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							and communal trauma.	human rights violations and social injustice and meets the mental health needs of Palestinians by addressing the root causes of their distress. Promoting mental health starts with promoting human rights.
7	Khullar et al. (2019)	C: Kuwait S: 5 L: Kuwait G: 2 M/3 F C: 3/5 university graduates G: 38-70 CCS: terms used: Community	Qualitative study; in depth semi structured open-ended interviews	To explore how survivors of political violence make sense of their experiences	Military occupation, war, resilience	A sense of unity and solidarity ("not me but us") with other Kuwaitis was tied to their day-to-day survival and trauma resilience.	Social capital enhanced empowerment among the participants. A communal, not individual, mastery among Kuwaitis enhanced their resilience to occupation trauma.	**Practice:** clinicians should not only listen to the effects-based discourses consistent with traditional clinical practice, but actively search for a second discourse about how patients responded to, resisted and coped with trauma
8	MacOnick et al. (2020)	C: Syria S: 2 focus groups, 16 interviews with refugees and 18 with treatment staff L: Jordan G: 8 M/8 F C: not stated G: in their 60's CCS terms used: collective experience, community.	Qualitative study; focus groups and semi structured interviews	To examine the interaction between physical and mental health of refugees with NCD in the context of social suffering	Social suffering, war, refugees, mental and physical health interaction	Participants could not separate the social and political context responsible for their trauma, poverty and powerlessness, from their physical health; trauma conceptualized as social suffering and help-seeking is a social, communal rather than an individual action.	Findings are presented in the context of the individual. No inclusion of contextual or wider factors.	**Practice:** decentralize aspects of care to the community level; address, where possible, some of the social and politically induced daily stressors, experienced by Syrian refugees and vulnerable Jordanians in Jordan. **Policy**: adopt a social justice approach
9	Rasmussen et al. (2011)	C: Darfuri, Sudan S: 848 L: Eastern Chad/ Darfur border G: 296 M/552 F C: not stated G: average age 33.8 CCS: terms used: None (Individual)	Brief ethnographic study; structured interviews; mixed methods	To create and test create a culturally appropriate measure of distress	War trauma, loss, and functional impairment	2 idioms of distress '*Hozun*' and '*Majnun*" introduced, and symptoms cross listed against "Western" PTSD and depression symptoms. While there was a symptom overlap, the differences were significant.	Findings are presented in the context of the individual. No inclusion of contextual or wider factors.	**Practice**: use congruent measurement and assessment tools in context of service delivery and evaluation; measures that are not locally validated should not be used to evaluate programs. However, it also highlights the dangers of not using any assessment tools at all for aid programs and argues that using Western ones are better than using none.
10	Veronese et al. (2020)	C: Palestine S: 80 L: Palestine G: 43 F/37 M C: healthcare workers G: 32–65 years old CCS: terms used: Collectivist society; community	Qualitative study; interviews	To explore sense of coherence among mental health workers	Coherence, mental health worker, culture, coping, political violence	Islamic faith concepts of *Sumud* and *Taslim* attribute meaning to historical and transgenerational trauma, as well as to their ongoing traumatic conditions, thus acting as their ultimate source of health and wellbeing. PTSD holds not much meaning.	Rather than focusing on individuals this study's liberation psychology framework looks at structural inequalities and contextual factors of social injustice and communal trauma.	**Practice:** Basic training and ongoing professional development of mental health care providers must be designed to develop cultural competence by exploring and reinforcing the context-specific and cultural factors e.g. Palestinian social and collective suffering to be able to serve in a reality characterized

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Table 3 (*continued*)

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								by ongoing and chronic trauma and intractable instability.

Note: *Sample Information include*: Country of origin: Sample size (N), Location, Gender: M & F, Class (education; or occupation, SES), Generation (age range), Cultural Conception of the Self (CCS), (terms used to describe the subject of trauma.

Individual studies included populations originating from Darfur (n = 1), Kuwait (n = 1), Syria (n = 1), Palestine (n = 6). The included systematic review summarized findings of relevant studies from Egypt, Iraq, Jordan, Kuwait, Lebanon, Palestine, Saudi Arabia, Syria, Qatar, United Arab Emirates, and Yemen. All studies included mixed gender samples. Included studies had varied research aims including to explore coping mechanisms, resilience, sense of coherence (n = 4); to create and test a culturally appropriate measure of distress or social suffering (n = 2); to investigate effects of political and structural violence on physical and mental wellbeing (n = 2); and understand social representations, definitions, sense-making processes of traumatic exposure (n = 2). We present three main thematic categories that emerged from these studies: 1) conceptualization of trauma; 2) subject of traumatization; 3) future research, practice, or policy recommendations. For detailed descriptive information of each study, see Table 3.

3.2. Conceptualization and contextualization of trauma

None of the included studies aimed to investigate PTSD using standardized Western-based tools solely. Instead, 4 studies looked at culturally relevant idioms of trauma-related distress. In those studies, "context" included both culture and socio-ecological or structural aspects (e.g., economic, political, gender-related aspects of living) (Afana et al., 2010; Barber et al., 2016; Hammad and Tribe, 2020; Rasmussen et al., 2011). The question explored was: How did participants from the Arab Region make meaning of and express trauma-related distress?

Several articles included idioms of distress, culturally relevant terms that describe manifestations of distress in relation to personal and cultural meanings (Desai and Chaturvedi, 2017). Such idioms are aligned with local concepts of social, mental, and physical functioning (Kaiser and Jo Weaver, 2019). Two studies included the terms feeling broken (محطمة *muḥaṭṭima*), or destroyed (مدمرة *mudammira*) (Barber et al., 2016b; Hammad and Tribe, 2020). Feeling broken or destroyed convey suffering in terms of broken spirit, morale, or hopes for the future. These cultural idioms were used in response not just to traumatic exposure, but also in response to protracted violence and oppression and were validated. Two studies, Afana et al. (2010, 2020), reported Palestinian cultural idioms of trauma – blow (*sadma* صدمة), tragedy (*faji'ah* فاجعة), calamity (*musiba* مصيبة), catastrophe (*nakba* نكبة) – were at times diagnostic entities requiring treatment but at other times vocabulary through which distress is expressed and social support mobilized. Their consequences may self-resolve or become normalized as a part of the collective experience of violence. Rasmussen et al. (2011) presented two idioms of distress, *Hozun* حزن (deep sadness) and *Majnun* مجنون (madness) in a Darfuri sample. The two idioms included multiple symptoms. When symptoms were cross listed against "Western" PTSD and depression symptoms, there was an overlap, but there were also significant differences.

MacOnick et al. (2020) explored connections between structural violence, psychological distress, trauma exposure, and non-communicable chronic diseases. They reported that participants could not separate the social and political context responsible for their trauma, poverty, and powerlessness, from their physical health. Trauma was depicted as integral to social suffering.

Studies looking at variations within the concepts of psychopathology and resilience in samples exposed to traumatic events, documented interrelated themes integrating sociocultural, historical, structural, political, and, at times, religious aspects (Hamadeh et al., 2023). Atallah (2017) presented idioms of resilience such as: (a) *Muqawama* مقاومة/resistance to military siege and occupation; (b) *awda* عودة/return to cultural roots despite historical and ongoing settler colonialism; and (c) *sumud* صمود/perseverance through daily adversities and trauma accumulation. All these concepts are vital to the process of understanding, normalizing/pathologizing, and expressing/resolving distress. Veronese et al. (2020)'s study with health professionals presented religious idioms of resilience, e.g., perseverance *sumud* صمود and surrender to God's will *taslim* تسليم that attribute meaning to ongoing traumatic and violence exposure and past historical and transgenerational trauma.

Such meaning-making processes contextualize trauma in a wider context and ascribes meaning to suffering. A few studies concluded that in this context, categories of distress e.g., PTSD, do not suffice in accounting for or conceptualizing distress and suffering (Afana et al., 2010, 2020; Barber et al., 2016; Veronese et al., 2020). Associated symptoms are viewed as part of the overall state of being. They also noted that these distress reactions to occupation, political violence, and associated humiliation are perceived as adaptive to an abnormal situation and should not be over medicalized (Afana et al., 2010, 2020; Barber et al., 2016b; Hammad and Tribe, 2020). It is important to note that in seven of these articles traumatic exposure was not conceptualized as a single event that posed a threat to self, but rather as an ongoing part of a distressing setting.

3.3. Subject of trauma

In this theme the literature posed the question: Who is the subject(s) of trauma? Studies portrayed trauma not as a punctual event but rather as having a radius and affecting a range of people. Six of the articles use the terms "collective" or "communal" to describe the subject(s) of the distress and its effects. MacOnick et al. (2020) report that Syrian refugees in the study highlighted how violence exposure, social stress and suffering caused by the war affected them as a community altogether and how physical and mental health were linked to the shared experience of the community. Sources for suffering were not centered about worrying for oneself only but also concerns about family members remaining in Syria, witnessing violence inflicted on other community members, and separation from family.

Khullar et al. (2019) studied Kuwaitis affected by the Iraqi invasion and occupation, emphasizing that trauma and resistance were seen as collective experiences. In his work (2010; 2020) Afana discusses notions of individualism versus collectivism. Gazans reported their experience of traumatic events, distress reactions, and resilience as socially shared rather than "individual." Authors argue that this shared experience and communal identity gives the feeling of not being targeted alone.

Atallah (2017) used a decolonial approach to study socially shared and transgenerational trauma and coping mechanisms. His main unit of analysis was the family and not the "individual." He identified collective and family modes of experiencing and resisting the trauma. Kinship and

collective bonds were seen as components of a powerful protective culture of care. In that, sense single incidents of violence exposure were as a personal manifestation of a collective experience. Other studies including lay samples and health professionals highlighted that violence affected the entire population, which shaped both distress and hope as communal processes; highlighting the role of community cohesion, and religion in distress expression and resolution (Hammad and Tribe, 2020; Hamadeh et al., 2023; Veronese et al., 2020).

3.4. Recommendations

Research recommendations included further investigations into the concept of social suffering and hope and resilience both at the "individual" and community levels (MacOnick et al. (2020), as well as further efforts to validate idioms or cultural syndromes (Barber et al. (2016). Authors highlight the importance of demonstrating the relevance to other populations in similar settings. According to Atallah (2017), future research should also build community capacity with critical praxis to reveal detrimental public policies from perspectives of affected groups. He suggested that locals and NGOs co-author reports and share research ownership in future research.

In terms of practice, assessing, training, and practicing with relevant idioms has also been stressed, as practitioners and policymakers can use these idioms to understand psychological and social processes that cause pathology and provide culturally relevant services (Barber et al., 2016b; Rasmussen et al., 2011). Another practice recommendation is that mental health professionals' basic training and ongoing professional development should promote cultural competence. Cultural competence involves exploring and reinforcing cultural and context-specific psychopathology and resilience factors using pre-existing coping mechanisms (Hamadeh et al., 2023). Community experiences' social, economic, political, and cultural realities should inform intervention and explanatory models (Afana et al., 2020; Khullar et al., 2019; MacOnick et al., 2020).

In terms of evaluating aid and general services, studies advocate for the use of congruent or locally validated measurement and assessment tools to enhance service delivery and assessment (Barber et al., 2016b; Rasmussen et al., 2011).

Policy recommendations included a social justice framework that addresses inequity and oppression to promote wellness in traumatized communities (Atallah, 2017; Veronese et al., 2020). Research cautions against medicalizing and depoliticizing distress in protracted violence, calling for international aid policies to incorporate a human rights social justice framework to address distress causes and meet mental health needs(2020, p. 1805).

4. Discussion

4.1. Overview

This scoping review aims to map critical knowledge production about Arab refugee trauma in the Arab Region. Our findings indicate that a limited number of studies (n = 10), deviated from using Western PTSD constructs for diagnosis and treatment, highlighting that such models do not depict the reality of trauma experienced by in region where long-standing and ongoing political violence affects entire populations. Seventeen additional studies have made an effort to explore the contextual understanding of traumatic stress, suggesting a growing body of knowledge seeking alternative frameworks.

4.2. What is trauma?

The key finding in trauma conceptualization was that included studies have examined ongoing traumatic events as structural processes that impact entire communities. Political violence results in death, disability, destruction, displacement, refugee status, financial hardships, and impoverishment, causing existential and material trauma that affects multiple generations and entire communities. This form of trauma differs from the trauma experienced by, for instance, individuals in high income countries who experience a life-threatening event(s) and then return to a safe environment. In included studies, traumatic events and underlying structural conditions were regarded as forms of social and political injustice that were seen as dehumanizing and humiliating. Structural conditions have been shown to be as critical as war in the experience of trauma (Almedom and Summerfield, 2004; Miller and Rasmussen, 2010). At many times, these conditions cannot not be separated from war-violence in trauma explanatory models (Orford, 2008; Yamout and Chaaya, 2010; Wells et al., 2018); particularly in refugees displaced within Arab countries where structural factors continue to be a present threat to wellbeing.

Trauma context and process of meaning-making is integral in understanding narratives of pathology and interventions (Chentsova--Dutton and Maercker, 2019; Kirmayer et al., 2010). Cultural meaning-making can affect processes of normalization of distress due to the prolonged or recurrent exposure to trauma (Hosny et al., 2023; Hamadeh et al., 2023). In the context of Palestine, some studies showcase view traumatic events as transformative, but not defining. Defining in this sense means not regarded as a sole major turning point in their lives, but rather one of many points of transformation in their lives. This shapes both cultural coping mechanisms and also forms of social expression of distress (Atallah, 2017).

New trauma models need to better conceptualize trauma-related distress in contexts of protracted violence without diminishing the burden of this distress merely because it does not conform to Western diagnostic standards. In their work in Afghanistan, Ventvogel and Faiz make a crucial statement that we believe applies to Arab refugees or other populations living in prolonged contexts of violence: "Do not underestimate the suffering of the Afghans, and do not overestimate their psychopathology" (2018, p. 208). It is important to note that expressed distress, while regarded as normal or appropriate in response to an abnormal situation(s), does not lessen its intensity, strain, and burden on mental and physical health (Afana et al., 2020; Ventevogel and Faiz, 2018).

4.3. Who is the subject of trauma?

Authors tried to reconceptualize the subject of trauma from the "individual" to the larger family and community (Afana et al., 2010, 2020; Atallah, 2017; Barber et al., 2016; Veronese et al., 2020). The boundaries between the "individual," the family, and the community were reported to not be as firm or rigid as in Western culture. The concept of the "self," in these studies of the Arab Region, was seen as different than the bounded, separative, contractual self, often the subject of Western PTSD models.

While the reviewed literature does not develop a local concept of the self in these studies, their work is congruent with what Joseph calls the "relational" self or the "connective" self (Joseph, 1993, 1994a, 1999, 2003). In her work on Lebanon, Joseph observed relationality as a key driver of sociality and mature adulthood. Relational selves, she contended, experience themselves intimately connected with significant others, including family, friends, and significant members of their communities. The socialization and social investment are less committed to firm/rigid boundaries and more to connection. The sense of desires, needs, and rights (Joseph, 1994b) of connective selves are linked with those of others. Such connectivity is governed by elements such as gender and age, which shape the sense of self. Connectivity and idioms of kinship build economic, political, and religious relationships on the moralities of kinship rights and obligations (Joseph, 2005b, 2008, 2011), shaping how persons in the region experience their relationship with the wider public, civil society (Joseph, 2002), and the state (Joseph, 2000a, 2000b). She argues strongly against the idea of a "collective" self that evokes Orientalist notions of the "East" as a site incapable

of modernity. The "relational self "or the "connective self" are just as modern as the "individualist self", both nested in the complex political economies of global markets and societies. The relational self is a nexus of networks, intensely experienced. Each person is a nexus of networks, but a different nexus.

Building on Joseph's conceptualization of the relational/connective self, in the Arab Region trauma, suffering, resilience, and healing are inseparable from the nesting of selves in networks of kin and community. Given the nesting of the self in kin and community and given that violence in these countries has been perpetrated upon and experienced by communities as a whole, trauma is less likely to be experienced "individually," but socially, intergenerationally, and historically (Afana et al., 2010, 2020; Atallah, 2017; Veronese et al., 2020). Trauma coping is consequently based on multiplex networks based on relations with diverse functions, gender differences, values and meanings shaping coping in these societies. Hence, the incorporation of well-researched coping and cultural resiliency models (e.g., *sumud)* is needed in clinical settings (Hammad and Tribe, 2021; Meari, 2015; Moghnieh, 2021). Overall, this reconceptualization of the subject of trauma reframes diagnostic and therapeutic tools. It also raises questions regarding attempts to provide "individualized" medical and psychological therapy and directs treatment towards psychosocial family and community-oriented interventions and trauma models.

4.4. Moving forward: Future directions

4.4.1. Addressing the root: Social justice frameworks

In intricate Arab political settings, humanitarian mental health professionals often overlook social justice analyses while addressing human suffering. Giacaman et al. (2011) show that in simplifying Palestinian refugee families' complex experiences of political violence as 'trauma,' and its subsequent effects as "mental illness" leads to a simplification of the underlying systems of meaning, and to the delegitimization of the suffering. International aid institutions should pivot from short-term emergency humanitarian relief to long-term development in collaboration with robust international advocacy for human rights and the restoration of historical, political, and moral justice (Atallah, 2017; Giacaman et al., 2018). Decolonizing mental health intervention should rely on personal and communal recovery through policy change, prevention, intervention, rehabilitation, and social action to empower marginalized, and conflict-affected groups not just "individualistic" treatment/diagnosis model (de Jong et al., 2015; Diab et al., 2022). In its current form, the Western PTSD paradigm cannot appropriately identify and treat refugee trauma in varied cultural contexts if it continues to perceive disorder primarily within the person rather than the broader sociopolitical context (Giacaman, 2018; Afana, 2012). Mental health intervention programs should entail both psychotherapeutic interventions as well as social justice and social rehabilitation frameworks.

4.4.2. Congruent trauma models

Despite the hegemony of "post-traumatic stress" model, we are not the first to highlight the incongruity of conceptualizing traumatic distress or psychopathology as "post"; by "post" we mean the assumptions that these symptoms arise following a single incident or exposure to violence for a specific period of time (Straker, 2013; Eagle and Kaminer, 2013). The Arab Region's reality involves prolonged and ongoing exposure to violence, significantly affecting clinical and nonclinical reactions, symptomatology, outcomes, and avenues for relief (Afana, 2012; Kira, 2010; Straker, 1990).

While we understand that the use of the PTSD model as the "standard" form of framing trauma-related distress maybe driven by a public-health perspective of to identify and access persons or communities in need and design feasible interventions, the reality is that serious ramifications of using or relying solely on this model in non-Western refugees, can include: person-level increased stigmatization, deterioration of social support networks, increased distress, and on the more macro-level loss or misdirection of aid resources (Hinton and Lewis-Fernández, 2010; Kinghorn, 2020; Meari, 2015).

In addition to literature's suggestions to incorporate social suffering and elements of socioeconomic, cultural, and political conditions into trauma models, we contend that the Arab region needs an alternative trauma model that incorporates specific variables, including gender, cultural self-concept, age, socioeconomic standing, and the cultural significance of trauma. This model should be proposed, validated, and implemented in clinical and humanitarian aid settings.

4.4.3. Symptoms, idioms, & evaluation

The presence and precedence of cultural idioms of distress, does not necessarily invalidate the clinical relevance of some transcultural features of certain disorders e.g., trauma-related disorders. The goal is to address the applicability of PTSD as a concept and to highlight that pathology cannot be understood without context. The fact that certain features (e.g., nightmares, arousal, irritability, emotional detachment, or avoidance) are present in populations exposed to violence, does not mean that these symptoms share the same meaning or causes as they do in Western contexts. In prolonged contexts of violence characterized by unrest and structural upheavals, these may be responses to contextual stressors or may be normalized (Afana, 2012; Miller et al., 2009; Miller and Rasmussen, 2010; Ventevogel and Faiz, 2018).

Findings from ethnographic and clinical work in Afghanistan, show that certain features of PTSD were confirmed (Miller et al., 2009; Ventevogel and Faiz, 2018; Ventevogel et al., 2013). However, after adapting an assessment tool to include local idioms of distress, they realized that trauma exposure did not necessarily predict or correlate with diagnoses of PTSD, depression, or anxiety (Miller et al., 2009). Their research also indicated that structural stressors, e.g., poverty, had a more salient impact on functioning and distress levels, questioning the clinical utility of PTSD in such contexts. However, they found there was certain consistencies between trauma exposure, idioms of distress, features of depression, and particular features of PTSD (Alemi et al., 2017; Miller et al., 2009). Similar work is needed within the Arab Region to be able to understand the clinical utility of diagnoses, assessment tools and interventions (Zeinoun, et al., 2020).

Similarly, assessment and evaluation efforts need to encompass local idioms of distress. It is not sufficient to merely 'validate' measurement and assessment tools. Instead, they should be conceptually framed around local constructs (e.g., self-concept) as well as relevant idioms of distress and developed or adapted accordingly Heim and Kohrt, 2019). Naturally, more effective, and congruent interventions would ensue. According to Kohrt and Hruschka, "what has been missing in many of these debates for or against the use of the PTSD label is the connection between the psychiatric category and the local experience of distress. Without research on local idioms and frames of trauma understanding, it is impossible to assess the effects of importing or rejecting the PTSD label on well-being, treatment seeking, and stigma." (2010, 3). By investigating these symptoms and idioms within their sociopolitical and cultural context, and conceptualizing them accordingly, researchers could steer away from either over or under medicalizing traumatic stress. This work also remains to be done sufficiently on the Arab Region.

4.4.4. Interdisciplinary research

Finally, wide-scale interdisciplinary research is imperative for advancing conceptual and clinical efforts in the Arab region (Yudkin et al., 2022). Together critical public health, transcultural psychiatry, clinical psychology, and anthropology within the region can provide valuable perspectives to enhance clinical communication, conceptualize clinical models, adapt diagnostic tools, and design therapeutic interventions to serve not only the community but also individual persons within it by framing and relieving distress in culturally accepted ways (Kaiser and Kohrt, 2019). Through collaborating to address pivotal questions concerning culture, structural context, and clinical

implications and bring these insights to the realms of application (Kienzler, 2008; Yudkin et al., 2022).

4.5. Limitations

Our scoping review faced several limitations. The Arab Region exists on the margin of academia and knowledge production in the field of mental health (Reddy and Amer, 2023). Most Arab scholars are trained in Western countries, publish in Western countries, and rarely challenge Western frameworks (Kassis et al., 2022). This explains the paucity of articles included in our review and why no articles in Arabic language were included.

Another limitation of our study is that the entire body of knowledge on Arab refugee's trauma exists within an industry of academia, NGOs, and humanitarian actors that operate in the region. That industry works under the logic of measuring high prevalence of PTSD and asking for funding for mental health services to treat PTSD. The questioning of this logic and of the utility of such diagnosis and treatment is rare. Another constraint of our study is that we excluded Arab refugees outside of the Arab Region to avoid the confounding variables of post resettlement acculturation and post-displacement traumas that from exposure to different languages and cultures, especially in the Global North. This reduced the number of included studies, particularly those that include distress idioms from Somali samples in diaspora. Despite these limitations, this scoping review offers new mapping of the critical knowledge production about trauma as experienced by Arab refugees.

5. Conclusions

We identified a small number of studies addressing two main questions: How is Arab trauma conceptualized? And Who is the subject of trauma? We conclude that there is a scarcity of research literature asking these questions. This limited amount of literature confirms that current assessment, intervention, and evaluation of care in Arab settings are deeply rooted in the use of the PTSD model developed in the Western psychiatric contexts. Yet, literature suggests that Arab trauma is not simply that of a Western notion of self – the "individual." The implications of such findings mean that investigations of prevalence of trauma-related disorders and attempts to measure suffering need adjustment to capture local notions of trauma and selfhood. A wider social justice frame needs to be adopted to contextualize trauma and its pathological and nonpathological sequalae. More interdisciplinary, multimethod investigations of trauma-related distress is warranted in the Arab Region to further future efforts to contextualize etiologies and categories of psychopathology.

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CRediT authorship contribution statement

Nadine Hosny: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing. **Osama Tanous:** Conceptualization, Formal analysis, Investigation, Methodology, Writing – original draft. **Patrick Marius Koga:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Supervision, Validation, Writing – review & editing. **Bruce T. Abbott:** Data curation, Methodology. **Suad Joseph:** Conceptualization, Funding acquisition, Investigation, Supervision, Validation, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ssmmh.2024.100321.

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