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Review

Trauma-related cultural concepts of distress: A systematic review of qualitative literature from the middle east and North Africa, and Sub-Saharan Africa

Marion Bovey [a,b,*], Nadine Hosny [a], Felicia Dutray [b], Eva Heim [a]

[a] Institute of Psychology, University of Lausanne, Lausanne, Switzerland
[b] Psychotherapeutic Consultation for Migrants, Association Appartenances, Lausanne, Switzerland

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ABSTRACT

Culture shapes how individuals experience, understand, and express trauma-related distress. The study of cultural concepts of distress (CCDs) provides valuable insights into culturally specific symptoms, syndromes, and explanatory models that emerge in different contexts. Incorporating CCDs into research and clinical practice not only allows for a better understanding of individuals' experiences but is also a key element in better understanding how psychological processes are perceived within various cultural contexts. This systematic review aimed to compile qualitative research on trauma-related CCDs in the Middle East and North Africa (MENA) as well as Sub-Saharan Africa (SSA) to facilitate their use by researchers and practitioners working with these populations from these regions. Searches were conducted in sixteen databases using search terms for countries, methods, symptoms, and trauma exposure. Forty-one studies were included, identifying a total of eighty CCDs and fifty-two idioms of distress. Findings revealed multiple etiologies, going beyond trauma to include structural, psychosocial and spiritual factors. The severity of distress ranged from normal and transient to severe and profoundly stigmatizing, depending on the symptomatic manifestations, their consequences, and the nature of the traumatic experiences. Finally, the findings suggest that effective interventions must extend beyond individual-focused approaches to address broader social, structural and community-level factors.

1. Introduction

For decades now, researchers from multiple disciplines have advocated for considering local sociocultural contexts when assessing and treating psychological distress and mental disorders (Kleinman, 1977). The call for stepping outside the biomedical framework and incorporating local perspectives and/or expressions of distress into diagnostic processes stems from research showing that different sociocultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions in diverse ways (Lewis-Fernández & Kirmayer, 2019). This supports the need for a dialectic approach which balances *etic* (i.e., universal, outsider) research approaches with *emic* (i.e., culture-specific, insider) perspectives (Hahn et al., 2011; Pike, 1967) to ensure more culturally attuned and effective mental health care.

We define sociocultural groups as persons who share common values, beliefs, meanings, assumptions, practices, and social institutions, often shaped by factors such as ethnicity, national identity, religion, social class, profession. age, gender, sexual orientation, among others (Markus & Hamedani, 2019). These factors intersect and shape people's perception of the world, the norms they respond to, and the interpretative frameworks they use to evaluate other's behavior (Markus & Hamedani, 2019). Sociocultural contexts and groups are dynamic and highly adaptable, continuously evolving as a result of the ongoing interactions between cultures and the individuals who inhabit them (Markus & Hamedani, 2019).

Sociocultural groups share common assumptions about psychological functioning. Shared values, norms, practices, and historical contexts shape these assumptions (Shweder, 1990). In turn, these assumptions shape psychological processes such as how individuals perceive emotions, define the self, conceptualize the mind, and navigate interpersonal relationships, among others; influencing their lived experiences and expressions of distress (e.g., Campos & Kim, 2017; Chentsova-Dutton & Ryder, 2020; Kirmayer, 1989, 2007; Markus & Kitayama, 1991;

* Corresponding author. Institute of Psychology, University of Lausanne, Geopolis, Quartier Mouline, 1015 Lausanne, Switzerland.
E-mail address: marion.bovey@unil.ch (M. Bovey).

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Mesquita & Walker, 2003). Investigating these assumptions through emic research approaches offers deeper insights into local conceptualizations and unique experiences of psychosocial distress (Kirmayer et al., 2010).

1.1. Cultural concepts of distress (CCDs)

Researchers have used various terms to describe local conceptualizations of psychological distress and mental disorders (Cork et al., 2019) e.g., cultural/culture-bound syndromes (Paniagua, 2000), idioms of distress (Nichter, 1981, 2010), or cultural explanatory frameworks (Kleinman, 1988; Kleinman et al., 1978). In 2013, the Diagnostic and Statistical Manual, fifth edition (DSM-5) introduced the term "cultural concepts of distress" (CCDs), an umbrella term that captures most features of previously used terms (APA, 2013). CCDs encompass information about local definitions of psychosocial distress, the related idioms and symptoms, the presumed etiology or explanatory models, chosen treatment approaches, and perceived recovery pathways (APA, 2013). In the past years, a growing body of literature examined and reported on CCDs all over the globe. The differentiation between CCDs as the "umbrella term" and "idioms of distress" as a specific category of CCDs is sometimes unclear with both terms occasionally used interchangeably (Lewis-Fernández & Kirmayer, 2019). Efforts to systematically consolidate findings are also growing, with reviews covering CCDs in general (Kohrt et al., 2014) or specific phenomena such as, e.g., "Thinking too much" (Backe et al., 2021; Kaiser et al., 2015), "Tension" (Weaver & Karasz, 2022), or "Susto" (Martínez-Radl et al., 2023).

CCDs are not necessarily confined to psychopathology, but they rather include varying levels of distress, ranging from everyday worries and adaptive responses to stress, to severe psychopathology (Cork et al., 2019). Within a particular sociocultural group, CCDs can serve multiple purposes; they may appear as a term to express distress, offer an explanatory model for symptoms, or describe a distinct syndrome altogether (Kaiser et al., 2015). CCDs may also serve as a means to express social complaints and concerns (Nichter, 2010). Thus, understanding CCDs and their particular meanings can help us widening the lens through which we look at personal and psychosocial struggles and framing these struggles within larger contexts such as structural inequality (Desai & Chaturvedi, 2017; Lewis-Fernández & Kirmayer, 2019).

Just like sociocultural contexts, CCDs are dynamic and constantly changing, they evolve or change over time and do not represent place-specific "exotica" that wait to be discovered through research (Kaiser & Jo Weaver, 2019). In fact, our understanding of CCDs is in itself a dynamic process. CCDs are constructed categories that may change over time while our understanding evolves. This is particularly relevant in a globalized world, where global meets local in daily intersections. For example, and Mendenhall et al. (2019) found how globalized idioms such as depression or trauma can be localized and appropriated based on social and cultural realities. Some CCDs can be grounded in long-standing social institutions and values that might make them more stable, while other might be more fluid as they integrate social imagination, which changes based on social and market forces (Lewis-Fernández & Kirmayer, 2019). Hinton et al. (2016) have suggested the term "localization'' to describe the process by which global categories become locally adapted, "resulting in a constant process of CCD birth, convergence, and divergence" (Lewis-Fernández & Kirmayer, 2019, p. 794).

1.2. CCDs in research and clinical practice

CCDs are used in research and practice for multiple purposes. First, in order to enhance our understanding of the patient's experience, they help us organizing findings when we examine the sociocultural context, the subjective and collective interpretation of such experiences and their consequences, and the reciprocal interactions between the patients and their surroundings (Lewis-Fernández & Kirmayer, 2019). By taking into account CCDs, the inter- and intrapersonal stigma associated with mental disorders can be addressed and reduced (e.g., Kohrt & Hruschka, 2010). Second, there is the scientific process of characterizing distress and its associated processes: exploring CCDs allows us to identify the processes and pathways (e.g., linguistic or social) leading to specific distress symptoms and to bring them together in a culturally meaningful way (Lewis-Fernández & Kirmayer, 2019). Third, findings also show that addressing CCDs in the diagnostic process improves the accuracy and validity of assessments (Hinton & Lewis-Fernández, 2010; Hinton et al., 2019). And fourth, including discussions on CCDs in clinical encounters can help improving the communication between clinicians, patients, and caregivers, e.g., to identify treatment goals and expectations, to discuss and agree on desired outcomes, and ultimately to enhance treatment engagement (Hinton & Lewis-Fernández, 2010; Lewis-Fernández & Kirmayer, 2019).

1.3. CCDs and trauma

Current dominant trauma-focused approaches for diagnosis and treatment tend to neglect cultural, political, and socio-economic factors related to psychopathology (Bracken et al., 1995; Summerfield, 2013). Assuming that trauma symptoms are universally the same may result in category truncation, which is the risk of only capturing certain aspects of distress experiences while disregarding other important complaints that are not considered part of the "universal" symptoms of trauma-related distress (Hinton & Good, 2015; Panter-Brick, 2010; Summerfield, 2013). Human suffering often manifests in the shape of CCDs and is communicated through cultural idioms, which cannot be isolated from the broader context in which they emerge. Exploring CCDs is therefore key to comprehending the lived experience of individuals and communities (Hinton & Good, 2015; Hinton et al., 2019; Kleinman, 1988).

Difficulties faced when living in conflict settings and exposure to violence in general usually include the loss of identity and role fulfillment, loss of social structures and resources, such as the loss of loved ones, separation from family, loss of community and social networks, loss of culturally relevant coping mechanisms, and economic deprivation and suffering (Eggerman & Panter-Brick, 2010; Ford et al., 2015). Displaced populations may additionally face stigma and discrimination from host communities, structural barriers such as debilitating policies, and other adverse living conditions (Amer, 2023; Bhugra & Becker, 2005; Cohen, 2022). These challenges are often overlooked by current trauma models, which focus more narrowly on direct threats to one's life and physical integrity. Yet, daily structural challenges impact the meaning-making and interpersonal processes which shape trauma-related symptoms and distress in different sociocultural contexts (Kirmayer et al., 2010).

At the moment, existing reviews of qualitative literature on traumatic stress manifestations either adopt a neo-Kraepelinian, phenomenological, symptoms-oriented approach and focus on identifying symptoms and frequency globally (Michalopoulos et al., 2020), or focus on symptoms of ICD-11 posttraumatic stress disorder (PTSD) and complex PTSD (CPTDS) in a specific region (Bovey et al., 2024; Hosny et al., 2023). To our knowledge one review conducted in 2014, includes CCDs in emergency settings outside North America and Europe (Rasmussen et al., 2014). This review offers a summary of 116 CCDs, however it also adopts a neo-Kraepelinian approach, focusing solely on the symptoms component of CCDs. Another scoping review focused on different components of CCDs, and not just symptoms, in displaced populations in general (Cohen, 2022).

2. Aims

Our review aims to compile qualitative research on trauma-related CCDs, with their different components, in the Middle East and North Africa (MENA) and Sub-Saharan Africa (SSA). These regions are home to

multiple ethnicities and culturally diverse populations, each with their own conceptualization of mental distress and trauma. Both regions have endured various types of trauma exposure, such as armed conflicts, political instability, humanitarian and natural crises, poverty, and high rates of interpersonal violence, as well as historical trauma (protracted violence, civil wars, and colonialism). For example, in the MENA region, countries like Afghanistan, Iraq, Palestine, Syria, and Yemen have experienced ongoing conflicts for decades, leading to widespread displacement and adverse living conditions (Amnesty International, 2024; UNHCR, 2024). In SSA, countries such as South Sudan, Somalia, the Democratic Republic of the Congo (DRC), and Nigeria have also faced significant amounts of displacement due to conflict, violence, and other factors (Internal Displacement Monitoring Centre, 2024; UNHCR, 2024). Eight out of the top ten highest refugee-producing countries, including Afghanistan, Syria, Burundi, South Sudan, the Central African Republic, Western Sahara, Eritrea, and Somalia, are in the MENA or SSA regions (UNHCR, 2024). The difficulties faced by populations in the MENA and SSA regions are further exacerbated by structural violence, entrenched inequalities, inadequate resources, and limited access to mental health care, which they face in their home countries, or while displaced (Deaton & Tortora, 2015; Effatpanah et al., 2024; Roberts & Browne, 2011; Zizzamia et al., 2021).

Against this background, our study aims to systematically review qualitative literature and to extract trauma-related CCDs in the MENA and SSA regions. This review is the third installment following two previous publications by the same author group on the topics of PTSD and CPTSD in the MENA region (Hosny et al., 2023) and SSA (Bovey et al., 2024). Whereas the previous papers applied a relatively narrow and specific focus on symptoms of PTSD and CPTSD as defined in current diagnostic manuals, in the present review, we have collated CCDs identified in qualitative literature from both regions. By CCDs, we mean the variety of terms that were interchangeably used in the included literature such as idioms of distress, cultural syndromes, cultural explanatory models, among others.

3. Methods

A detailed report of the methodology employed in the two previous reviews can be found in Hosny et al. (2023) for the MENA region and Bovey et al. (2024) for the SSA region. One of these reviews included an overview of CCDs (Hosny et al., 2023). In the present paper, we provide a more extensive and detailed account of CCDs, based on additional searches which resulted in a higher number of included articles. Both previous reviews adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021).

3.1. Search strategy

To identify relevant literature, systematic searches were conducted across 16 databases for peer-reviewed articles in English, French and Arabic. English references were sought in PsycINFO, PsycARTICLES, Web of Science, PubMed, Scopus, Pilots, MEDLINE, AnthroSource, CINAHL, SocINDEX, Anthropology Plus. French references were searched in Pascal et Francis and SantéPsy, while Arabic ones were explored through Al Manhal, Dar Al Mandumah, and the Arab Citation Index. The search strategy consisted of keywords grouped into four main categories: 1) countries (i.e., MENA or SSA region); 2) methodology (i.e., qualitative methods); 3) symptoms and difficulties related to trauma; and 4) exposure to traumatic experiences. MeSH terms were employed when available. The specific keywords used can be found in the original papers (Bovey et al., 2024; Hosny et al., 2023). Searches were completed in October 2022 for the MENA region and in February 2023 for the SSA region, with additional hand searches conducted since then to include any overlooked or more recent articles.

Both systematic reviews used the SPIDER tool (i.e., Sample, Phenomenon of Interest, Design, Evaluation, and Research type) to define inclusion and exclusion criteria (Cooke et al., 2012). Included samples comprised adults who had experienced one or more traumatic experiences or key informants such as mental health professionals, caregivers, community members, religious leaders, and traditional healers who discussed the consequences of trauma exposure. Where trauma exposure was not directly mentioned but implied, as in the case of war contexts or refugee samples, all CCDs presented were extracted. When this was not the case, only syndromes or idioms described as being caused by violence and/or trauma were extracted. Only studies conducted on samples from the MENA or SSA regions were included, independently of study location. Studies conducted either in participants' country of origin, in their displacement setting (e.g., refugee camp or temporary/transit destination), or in their final resettlement country were included. Single-case studies and indirect exposure to violence were both in the exclusion criteria.

Screening and selection were facilitated by two software (i.e., Covidence for the MENA review and Cadima for the SSA review). For both systematic reviews, screening was carried out by MB and NH with the help of student assistants. Conflicts were resolved through consensus discussions and, in case consensus could not be reached, a senior researcher (EH) was involved in the final decision. A total of 10′891 references were identified for the MENA region, and 12′284 references were retrieved for the SSA region, both including duplicates. Ultimately, 41 articles were included in this paper: 10 from the MENA region and 31 from the SSA region. For detailed information on title/abstract screening and full-text review, please refer to Bovey et al. (2024) and Hosny et al. (2023).

3.2. Data extraction and synthesis

The synthesis method was guided by the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) framework (Tong et al., 2012). The aim was to provide a descriptive and comprehensive account of the trauma-related CCDs reported in the literature, with samples drawn from the MENA and SSA regions. To do so, we used a framework synthesis approach (Brunton et al., 2020). Based on previous work (Kohrt et al., 2014; Nichter, 2018), an initial coding frame was created using four different components of CCDs, i.e., perceived causes, idioms of distress, functional impairments, and preferred treatments or relief pathway. This framework was used by both coders (MB and NH) on a sample of ten articles to pilot it, and then iteratively reframed to achieve the best possible fit with the data. Articles were divided by region between authors; MB extracted 20 and NH extracted 21 articles. In a second stage, subcategories were added to better describe the categories and facilitate interpretation of the data. A second round of extraction was carried out using this new framework.

Due to the wide variation in the depth of analysis and the type of information provided in the primary studies, we conducted a two-level analysis. Studies were included in the CCD table if they provided information on two or more components of a CCD, such as the name of the syndrome, idioms/symptoms, perceived causes, consequences or functional impairments, or preferred treatment or relief pathway. When articles did not report these components and only referred to terms or idioms of distress, i.e., if they discussed the meaning of an idiom of distress or provided descriptions of specific terms; they were included in a different table summarizing these idioms (i.e., the terms used and their description). In an iterative process, regular triangulation meetings were organized to discuss the framework and its main categories, and to examine the need for new subcategories between both authors (MB and NH).

Where available, descriptive information was extracted for each article along the following categories: country of fieldwork, ethnic background of the sample, number of participants, gender, sample characteristics where relevant (e.g., profession), type of trauma exposure, purpose of the study, methodological design, and method of

analysis.

3.3. Quality assessment

The quality of included studies was assessed using the Consolidated Criteria for Reporting Qualitative Studies (COREQ) (Tong et al., 2007) and a scoring system was created (for details see Bovey et al., 2024; Hosny et al., 2023). Eight studies were not assessed using the COREQ because they were complete ethnographies. Two authors (MB, NH) assessed the quality of the included studies. No studies were excluded based on this score, but it allowed us to adopt a critical view of the studies ranking the lowest. A quality assessment table for the included studies is provided in appendix A.

4. Results

Our study included 41 articles published between the years of 1989 and 2022. Studies included samples from MENA (n = 10): Afghanistan (n = 2), Egypt (n = 1), Iran (n = 1), Iraq (n = 1), Palestine (n = 3), Syria (n = 1), Yemen (n = 1); East Africa and Horn of Africa (n = 18): Kenya (n = 1), Rwanda (n = 2), Somalia (n = 7), South Sudan (n = 5), Uganda (n = 3); Central Africa (n = 4): Burundi (n = 4), DRC (n = 1); West Africa (n = 5); Gambia (n = 1), Guinea Bissau(n = 1), Liberia (n = 1), Sierra Leone (n = 2); Southern Africa (n = 5): Mozambique (n = 2), Namibia (n = 1), South Africa (n = 1), Zimbabwe (n = 1). Only one article had a mixed samples from central and east African ethnicities (n = 1).

The categorization of countries and the consolidation of regions in this review are based on the African Union's repartition of countries into regions (African Union, n.d.). Refer to Table 1 for descriptive information of studies. Five studies had only female participants, one had only male participants, and 35 had mixed or unspecified samples. Fieldwork was conducted either in participants' country of origin, in their displacement setting (e.g., refugee camp), or in their final resettlement country.

Studies included samples who had been exposed to one or more of the following forms of violence: interpersonal violence, gender-based violence (GBV), sexual violence, childhood abuse, minority prosecution, war violence, genocide, political violence (e.g., witnessing violence, torture, bombings, prolonged systemic violence or oppression), natural disasters, and structural violence (e.g., chronic poverty, forced labor). Ten studies included multiple stakeholder perspectives, e.g., mental health professionals, lay community members, religious leaders, and patients. Three studies included perspectives from stakeholders such as MHPs, health professionals, and traditional healers only. The remaining studies incorporated patients, lay person(s), or community samples.

Detailed findings regarding CCD components described above and idioms are presented below per region. Within each section, detailed findings can be found in tables and will be accompanied by text summarizing key points of CCDs in the respective region.

4.1. MENA region

We included ten articles, from samples from Afghanistan, Egypt, Iran, Iraq, Palestine, Syria, and Yemen. Articles contained 16 CCDs and 24 idioms. In Afghanistan, two articles (Miller et al., 2006; Ventevogel & Faiz, 2018) presented four CCDs: two characterized by sadness (*jigar Khun, khapagan*), one by spirit possession (*peryan)*, and one by fear (*wahmi)*. Three idioms were used to describe different distress states, i.e., *fishar-e- payin* (low blood pressure), *fishar-bala*-an (high blood pressure), *and waswasi* (constant worry). Three Iraqi CCDs were related to sensations of choking, as well as constricted hearts and chests, as a sign of psychological tension (Shoeb et al., 2007).

The CCD *asabi* or *asabiyya*, characterized by nervousness and irritability, was described similarly in Afghan, Iraqi, and Palestinian samples (Afana et al., 2010, 2020; Miller et al., 2006; Shoeb et al., 2007). Both studies with Palestinian and Iraqi samples included the concept of psychological fatigue or exhaustion, as seen in idioms like *azamat nafsiah* (psychological crisis) and *nafseetak ta'abana* (psyche is tired). There were sixteen common idioms used to describe psychological distress in the Palestinian articles (Afana et al., 2010, 2020; Barber et al., 2016). Many Palestinian CCDs and idioms, such as *idehad nafsi* (psychological prosecution) or *mahana* (humiliation), contained protracted violence as a source of distress and were associated with psychological exhaustion.

Articles included five trauma-related Palestinian CCDs: *khaufa-scare, sudme/a-blow, musiba-calamity, fajiah-tragedy, and muhattama-broken* that vary in severity and meaning (Afana et al., 2010, 2020; Barber et al., 2016). One of these CCDs, *sudeme/a*, which is a response or crisis caused by exposure to shock or violence was also mentioned in a Syrian sample (Wells et al., 2018). Three studies (Afana et al., 2010, 2020; Barber et al., 2016) highlight that the resolution of distress is not attainable, as the underlying structural conditions (protracted violence exposure) maintaining distress are still present. They differentiated between coping mechanisms and relief pathways, and presented coping mechanisms, which are employed to enhance functioning or reduce distress. *Fija*[c] is a fright-related condition in Yemen. The term is derived from the Arabic word origin "fajiah", which means tragedy or calamity (Swagman, 1989). While the description and manifestations of the conditions differ, the term "fajiah" is also used in Afana et al. (2010) in trauma-related CCDs in Palestine.

Two studies were conducted in countries not engaged in active conflict at that time: Egypt and Iran. The first study, conducted in Egypt, featured one CCD (jinn/spirit attacks), two idioms describing physical sensations *alby beyrafraf* (pounding heart) and *entefakh fel batn* (bloated stomach), as well as three other idioms including *thinking too much*, *escaping reality* by excessively engaging in activities to avoid reality, and *wanting to burst out* or feeling that you will explode and having an intense desire to scream. Authors reported that these idioms typically emerged alongside other PTSD symptoms (Jalal et al., 2017). In Iran, the concept of *toroma* is derived and appropriated from the Western concept of "trauma." Yet, authors suggested that *toroma* cannot be easily equated with the concept of "trauma" on an individual or singular level, as in universalized Western conceptualization of trauma. Instead, the appropriation and normalization of this clinical term have created a new CCD, which is used to understand, interpret, and express emotions and memories of the collective experience of violence of the Iran-Iraq war and changes in Iranian society post-revolution (Behrouzan, 2018). Such collective experiences come to form what the author introduces as intergenerational and sociohistorical "ruptures". Rupture is a what happens when traumatic experiences are not isolated or sudden events, but are part of historical conditions, which cause the diffusion and fragmentation of subjective experiences of loss and distress such as *toroma* into collective processes of meaning-making and daily realities (Behrouzan, 2018). Refer to Table 2 for CCDs details and Table 3 for idioms.

4.2. East Africa and the Horn of Africa

Six studies reporting on different samples from East Africa were retrieved, three from Uganda (van Duijl et al., 2005; van Duijl et al., 2013, 2014, using the same data; Victor & Porter, 2017), two from Rwanda, one of which focuses specifically on Musanze (Bolton, 2001; Otake, 2018; Otake & Tamming, 2021, using the same data), and one from Kenya (Mendenhall et al., 2019). Thirteen CCDs have been described in these six studies (see Table 4). The distinction between idioms of distress and CCDs was sometimes blurred, e.g., in Rwanda, depending on the region, *agahinda* was described as a CCD, i.e., a syndrome with its own symptoms and explanatory models, or as an idiom of *ibikomere*, i.e., one symptom among others. While both CCDs were related to loss and trauma and were characterized by features resembling depression, local nosological systems were influenced by social and political aspects, namely one has developed in the post-genocide

Table 1
Descriptive information.

Study ID	Author	Cultural group	Study location	Type of violence exposure	Sample (*n*)	Purpose	Methods
1	Abramowitz (2010)	Liberian	Liberia	War violence, political violence	40 patients presenting the primary symptom of open mole (a specific idiom); Open mole sufferers; traditional healers; healthcare providers	To study how nongovernmental organizations (NGOs) integrate local categories of somatized distress into their operational diagnoses of trauma-related mental illness and transform social reality through interventions, using the idiom open mole	Participative observation, formal and informal interviews, analysis of medical records; ethnography (no specific methodology mentioned)
2	Afana et al. (2010)	Palestinian	Palestine, Gaza Strip	War violence (e.g., loss of beloved person, property, or material possessions, witnessed killing or heard of murder of someone close; bombardments or house demolition)	Eight adults (F = 3, M = 5)	To investigate the social representations of trauma and ways in which trauma is defined (i.e., meanings assigned to trauma) and acted on (i.e., reactions or responses)	Ethnographic interviews with key informants; thematic analysis (Green and Thorogood, 2004)
3	Afana et al. (2020)	Palestinian	Palestine, Gaza Strip	War violence (e.g., loss of beloved person, property, or material possessions, witnessed killing or heard of murder of someone close, bombardments or house demolition), displacement	34 persons (F = 16, M = 18)	To explore the multiplex networks involved in the main coping strategies of Palestinians in the Gaza Strip	Semi-structured focus group discussions; phenomenological analysis (Green and Thorogood, 2004)
4	Barber et al. (2016)	Palestinian	Palestine West Bank, East Jerusalem, and Gaza Strip	War violence, imprisonment, structural violence (e.g., economic difficulties), prolonged/protracted conflict/violence	68 adult civilians & IDPs (F = 33, M = 35)	To develop and validate a quantitative measure of a new construct of mental suffering in the occupied Palestinian territory: Feeling broken or destroyed	Group interviews; grounded theory (no specific methodology mentioned)
5	Behrouzan (2018)	Iranian	Iran, Tehran	War violence during childhood, displacement	Not specified	To examine the medicalization of the memories of the Iran–Iraq war	Ethnography
6	Bolton (2001)	Rwandan	Rwanda, Kanzenze, and Butamwa	Genocide	Free listing: 41 knowledgeable community members; interviews: 5 traditional healers and 2 local leaders; pile sorting: 40 community members	To explore how Rwandans perceive the mental health effects of the 1994 genocide, to investigate the local validity of Western mental illness concepts, and (if these concepts were found to be valid) to provide data to adapt existing mental health assessment instruments for local use	Free listing, interviews, pile sorting (no specific methodology mentioned)
7	Byrskog et al. (2014)	Somali	Sweden	War violence, interpersonal violence (e.g., whipping, beating, sexual harassment, rape, threats; IPV, including physical and sexual violence)	17 adult refugee women	To explore experiences and perceptions of war, violence, and reproductive health before migration among Somali-born women in Sweden	Semi-structured individual interviews; thematic analysis (Braun & Clarke, 2006)
8	Carroll (2004)	Somali	United States	War violence (e.g., witnessing killing; death of a close family member, relative, or friend due to violence, hunger, or untreated infectious illnesses while in a refugee camp)	17 adult refugees (F = 9, M = 8)	To study how mental illness is understood, expressed, and treated among Somali refugees and how these factors influence use of health services for mental problems	Semi-structured interviews; grounded theory techniques (Corbin and Strauss, 1990; Crabtree and Miller, 1999)
9	Claudius et al. (2022)	Namibian, Khoekhoegowab speakers (Damara and Nama)	Namibia, urban context (Windhoek, Karibib, Otavi, Grootfontein, Hoachanas, and Keetmanshoop)	Kidnapping attempts, imprisonment, apartheid policies, war experiences	15 persons	To explore a local idiom of distress among Khoekhoegowab speakers, to deeply understand people's lived experience, and third, to situate local perspectives in a more global context, with reference to the Western construct of PTSD	Semi-structured interviews; thematic analysis (Braun & Clarke, 2006; 2019)
10	Coker (2004)	South Sudanese	Egypt, Cairo	War violence, structural violence, political violence	No exact number provided; 61 semi-structured interviews with refugees presenting with illness; 16 in-depth interviews with lay refugee	To focus on the ways in which refugee trauma and dislocation are experienced and expressed	Ethnographic methods, semi-structured and in-depth interviews, and focus group

(*continued on next page*)

Table 1 (*continued*)

Study ID	Author	Cultural group	Study location	Type of violence exposure	Sample (*n*)	Purpose	Methods
					community members; question and answer session with 45 pregnant refugee women; interviews with health professionals and NGO staff; six focus group discussions with 6–8 participants	through descriptions, narratives, and metaphors of illness	discussions (no specific methodology mentioned)
11	de Jong & Reis (2010)	Bissau-Guinean, Balanta	Guinea Bissau	War violence, structural violence, political violence	16 women	To understand how Kiyang-yang were able to link traumatic stress and social suffering on both individual and group levels, and to describe those processes that helped to impede its development into a political movement and into a central religion, thus preserving it as an idiom of distress	Semi-structured and in-depth interviews, and participative observation; ethnography (no specific methodology mentioned)
12	Familiar et al. (2013)	Burundian	Burundi	Civil war, forced displacement, torture, kidnaping, structural violence	Free listing: 38 community members (F = 29, M = 9); interviews: 23 mental health services providers (M = 9, M = 14)	To collect the community's perceptions of mental distress to gain a broad, local knowledge of key concepts and associated behaviors that can inform future service delivery and policy formulation	Free listing in groups and semi-structured interviews (Bolton & Tang, 2002); analysis of frequencies and thematic analysis (no specific methodology mentioned)
13	Fox (2003)	Gambian, Mandinka	Gambia	Forced displacement, witnessing the murder of family members, torture, rape, diagnosis of incurable terminal illness	9 traditional practitioners (F = 1, M = 8)	To understand post-trauma sequelae across cultures by focusing on the Mandinka taxonomy, with the aim of eventually constructing culturally sensitive assessment instruments for West African refugees	Focus groups on case vignettes; comparative analysis of themes and categories (no specific methodology mentioned)
14	Gibson (2010)	South African	South Africa	War experiences as soldiers, been under fire, killed somebody, witnessed another's death	43 males, former conscripts (23 Afrikaans-speaking; 20 English-speaking)	To comprehend the ways in which formerly conscripted war veterans understand and give meaning to their experiences of doing and being subjected to combat violence during the 'Bush War'	In-depth interviews; phenomenological framework (Schutz and Luckman, 1973) and analytical themes (Russell Bernard, 2001)
15	Henry (2006)	Sierra Leonese, Mende	Guinea, Sierra Leone	Social and political violence, armed conflicts, forced displacement, child abduction, forced enrolment, ransacking of sacred areas	220 persons: Displaced persons, soldiers, rebels, militia fighters, camp managers, and aid workers	To document how discussions of haypatɛnsi allowed horrific subjective experiences to become mediated, enabling survivors to understand and express the pain of their situation and begin reestablishing order and control	Structured, semi-structured and informal interviews; participative observation; ethnography (no specific methodology mentioned)
16	Igreja et al. (2006)	Mozambican	Mozambique	Forced labor (gandira), war violence (e.g., combat situations, forced separation, losses), physical torture, imprisonment, sexual abuse, structural violence (e.g., lack of food and water, no shelter, lack of medical care)	60 adult women	To explore the scope and nature of women's suffering by (1) identifying the most overwhelming experiences of women during and after the war; (2) assessing the most prevalent posttraumatic stress symptoms; (3) studying various local manifestations of psychosocial distress and their expression in behavior, language, and meanings; and (4) determining the availability of local resources to deal with the predicaments of women	In-depth interviews and observation (no specific methodology mentioned)
17	Im et al. (2017)	Somali	Kenya, Nairobi	War violence, forced migration, GBV, structural factors (e.g., chronic poverty, discrimination, an uncertain future, insecurity, fear of detainment and deportation)	15 stakeholders (F = 7, M = 8) FGD with 16 Somali refugee community members (F = 8, M = 8)	To explore a range of cultural idioms of distress among Somali refugees in urban Kenya to help care providers improve mental health communication and better serve this	Semi-structured key informant interviews and a focus group interviews; template analysis method (King, 2004)

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Table 1 (*continued*)

Study ID	Author	Cultural group	Study location	Type of violence exposure	Sample (*n*)	Purpose	Methods
						vulnerable population in a culturally responsive and sensitive manner	
18	Irankunda et al. (2017)	Burundian	Burundi	Political violence, war violence, structural violence	14 groups from 25 to 50 community members	To document the local vocabularies used by Burundians to describe mental health problems and their understandings about the causes	Informal group discussions; analysis of themes (no specific methodology mentioned)
19	Jalal et al. (2017)	Egyptian	Egypt, Cairo	NA	Local Egyptian psychiatrists with expertise in working with traumatized Egyptians	Adapting CBT for a traumatized Egyptian population with Islamic beliefs, giving examples from our adaptation of Culturally Adapted–CBT (CA-CBT); developing a culturally sensitive assessment measure of local somatic complaints and cultural syndromes	Not mentioned
20	Johnsdotter et al. (2011)	Somali	Sweden	Civil war, migration	23 adult immigrants (F = 17, M = 6)	To discuss how certain culturally specific notions of mental health and disease may affect mental health-seeking behavior among Somali immigrants	Semi-structured interviews and focus group discussions; anthropological approach; and naturalistic inquiry analysis (Lincoln and Guba, 1985)
21	Mendenhall et al. (2019)	Kenyan	Kenya, Nairobi	Structural violence (poverty, food insecurity), abuses, gang violence, loss of loved ones	100 public hospital patients (F = 50, M = 50)	To investigate which idioms of distress patients seeking clinical care at a public hospital in Nairobi, Kenya, use to express social and psychological suffering; to propose a preliminary model of ethnopsychology which incorporates local (traditional) and global (biomedical) idioms of distress terminology	Life-history narrative interviews; ethnography
22	Miller et al. (2006)	Afghan	Afghanistan, Kabul	Prolonged war violence (Soviets, U. S. Civil War), killings, torture, constant bombings, loss of family members, internal displacement, structural difficulties	324 adults (F = 162, M = 162); qualitative interviews with 40 community members (F = 20, M = 20)	To identify local indicators of distress and develop the 22-item Afghan Symptom Checklist (ASCL)	Mixed methods, interviews; semi-formal content analysis (no specific methodology mentioned); factor analysis and validation of measure
23	Mölsä et al. (2010)	Somali	Finland, Helsinki	Colonization and independence of Somalia, dictatorship, civil war violence, and exile/forced migration	27 adults (F = 20, M = 7)	To examine how the conceptions, expressions, and treatment of mental distress are changing among Somalis living in Finland	Focus group interviews (design explained, but no specific methodology mentioned)
24	Ng et al. (2022)	South Sudanese	South Sudan, Juba	War violence, displacement, and political, social, and economic insecurity	Women, free listing (*n* = 102); key informant interviews (*n* = 27); validity testing (*n* = 3137)	To develop and validate a measure that captures variation in common local idioms of distress and mental health problems experienced by women in South Sudan	Free listing exercise and in-depth key informant interviews; factor analysis and validation of measure
25	Otake (2018), Otake and Tamming (2021)	Rwandan	Rwanda, Musanze	Genocide	40 community members (F = 24, M = 16)	To contribute to understanding of suffering in these contexts and to improve support for local communities	In-depth interviews, focus-group discussions, and participative observations; grounded theory (Charmaz, 2006; 2014; Glaser and Strauss, 1967)
26	Rasmussen et al. (2011)	Darfuri, Sudanese	Chad	War violence (being beaten, being shot, being burned, limbs cut off, being bound, stabbed/cut, suffocated, or strangled, sexual violence, bombing, being chased, drowning, being kidnapped, and	Mixed sample of refugees: Imams, chiefs of blocks, aid and psychosocial workers, traditional healers, youth leaders, prominent women	To describe Darfuri idioms of distress, examine overlap in their measurement with PTSD and depression, and (3) examine the concurrent validity of these constructs vis à vis PTSD and depression	Quick ethnography (FGD, pile sorts) (Bolton & Tang, 2004), coding (Strauss and Corbin, 1990); surveys, statistical analysis of validity

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Table 1 (*continued*)

Study ID	Author	Cultural group	Study location	Type of violence exposure	Sample (*n*)	Purpose	Methods
				held captive), material loss of home and belongings, living in a refugee camp			
27	Shoeb et al. (2007)	Iraqi	United States, Michigan	War violence after American invasion or pre-invasion, violence of living under Saddam Hussein's oppressive and violent rule, religious persecution (including imprisonment, torture, and other violations), violence during flight, displacement	60 adult refugees (F = 30, M = 30)	To explore the experiences of an Iraqi refugee population to adapt the Harvard Trauma Questionnaire for use in Iraq	Mixed methods, ethnographic narrative interviews; grounded theory (Miles & Huberman, 1984; Rubin and Rubin, 2005)
28	Sideris (2003)	Mozambican refugees	South Africa, Nkomazi district	War violence (e.g., murder, rape, mutilation, sexual violence), destruction of social fabric, structural violence, forced migration	30 women (16–60 years old)	By drawing on the testimony of individual women, their accounts of atrocity, and their views and interpretations of the impact of war, this paper attempts to "stay" near the experiences of the women while analyzing these individual stories in the context of shared socio-historical experiences	Unstructured interviews and focus groups; thematic analysis (no specific methodology mentioned)
29	Stark (2006)	Sierra Leonese	Sierra Leone	Abduction, armed conflicts, repeated rape and sexual violence, abuse, killed somebody, witnessed the murder of family members	25 women	To examine and analyze in terms of physical, mental, spiritual, and social health and reintegration, the health impact of cleansing ceremonies on girls who were sexually violated during the war in Sierra Leone	Interviews, participative observation; analysis of themes (no specific methodology mentioned)
30	Swagman (1989)	Yemeni	Yemen	Any violence or traumatic incident not identified	Not specified (all presented cases were women)	To explore a fright-related culture-bound syndrome or explanatory model in highland Yemen	Analysis of multiple case studies; interviews with men and women from the community (no specific methodology mentioned)
31	van Duijl et al. (2005)	Ugandan	South-west Uganda	War violence (e.g., oppression, killing, massacre, torture, forced displacement, rape)	Focus group: 48 adults (10 medical students, 7 nurses, 10 counselors, 8 traditional healers, 6 religious leaders, 7 community members); interview: 11 traditional healers, religious leaders, civil leaders	To explore how the DSM-IV classification of dissociative disorders relates to the local experiences and presentations in south-west Uganda	Semi-structured focus group discussions, interviews; matrix method (Hardon et al., 1995); thematic coding (Flick, 1998)
32	van Duijl et al. (2013, 2014)	Ugandan	South-west Uganda (Mbarara, Bushenyi, and Ntungamo)	War violence, terror, rebel groups, structural factors (e.g., poverty, AIDS), crises	119 spirit-possessed patients (F = 65, M = 54)	To analyze the local dissociative symptoms of spirit-possessed patients in Uganda and to compare them with the experimental criteria for DTD in the DSM-IV and the proposed DSM-5 criteria; to explore the pathways to healing of patients who visit traditional healers by exploring their help-seeking behavior, the healing methods used by the healers, the explanatory models that endorsed the healing process, and the perceived subjective effectiveness of the healing process	Mixed methods; open-ended questions survey; conceptual ordering (Corbin and Strauss, 2008; Flick, 2009), content analysis
33	Ventevogel et al. (2013)	Burundian, South Sudanese (Jo-Luo and Kakwa), Congolese (Wanande)	Burundi (Kibuye), South Sudan (Kwajena Payam and Yei),	Civil war, political violence, ethnic violence, structural violence	Focus group: 251 community members (F = 123, M = 128); interviews: 26 traditional healers and health workers	To explore local concepts of mental disorders in four settings in Africa and generate data to assist HealthNet TPO (an international NGO involved in	Rapid ethnographic assessment with focus groups and semi-structured interviews; content

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Table 1 (*continued*)

Study ID	Author	Cultural group	Study location	Type of violence exposure	Sample (*n*)	Purpose	Methods
			Democratic Republic of Congo (Butembo)			healthcare development in post-conflict settings) to integrate mental health activities into existing public health programs	analysis (Strauss and Corbin, 1990; Hardon et al., 1995)
34	Ventevogel (2015)	Burundian	Burundi (Rumonge, Buta, Kinyovu, Rusaka, and Bujumbura Mairie)	Severe collective violence, civil war, forced displacement	Focus group: 104 community members (F = 46, M = 58); interviews: 8 traditional healers	To explore what conflict-affected people in Burundi think themselves about the effects of war on their own wellbeing, and to what extent they identify psychological problems as a priority	Focus group discussions and interviews (no specific methodology mentioned)
35	Ventevogel and Faiz (2018)	Afghan	Afghanistan (villages around Jalalabad)	War violence	Not specified	To explore how people in Afghanistan conceptualize mental health issues and idioms of distress	Rapid qualitative techniques like 'focus group discussions' and 'card sorting' (Bolton, 2001; Bolton & Tang, 2004)
36	Verhey et al. (2020)	Zimbabwean	Zimbabw, Mbare	Structural violence, HIV diagnosis	15 adults (5 lay health workers, 10 patients)	To ascertain what additional intervention aspects are needed to expand the Friendship Bench program to address trauma symptomatology as part of the scale; to define the local indigenous terms used in relation to PTSS/PTSD through qualitative interviews	In-depth semi-structured interviews; thematic analysis and grounded theory (Ruppel and Mey, 2015)
37	Victor and Porter (2017)	Ugandan, Acholi	Northern Uganda	War violence, abduction, forced marriage, forced enrolment	234 former LRA; 3 case studies (F = 2, M = 1)	To examine the social and spiritual labor of ex-LRA combatants who express distress through the idiom of "dirty things" (ajwani)	Ethnographic fieldwork: Interviews, observation, informal discussions, case studies; phenomenology (no specific methodology mentioned)
38	Wells et al. (2018)	Syrian	Jordan	War violence, displacement, threats to safety in host country (e.g., physical, or sexual abuse), structural violence (e.g., inadequate housing, exploitation, and financial strain)	29 psychosocial professionals working in psychosocial organizations supporting the Syrian refugee community	To develop the applicability of the ecological model to the perceived needs and wellbeing of Syrian refugees living in Jordan	Semi-structured interviews; grounded theory analysis (Charmaz, 2014; Strauss and Corbin, 1998)
39	White et al. (2020)	Sudanese refugees	Australia, Melbourne	War violence (e.g., torture, rape, genocide), displacement	12 adults (F = 5, M = 7)	To contrast Holocaust survivors and Sudanese refugees' understandings of trauma and their experiences of living after trauma to further explore which is not captured in the current PTSD criteria, in turn to contribute to appropriate interventions for refugees and others who have survived violence, displacement, and associated traumatic events	Semi-structured interviews; descriptive phenomenological analysis (Giorgi, 2009)
40	Zarowsky (1997)	Somali	Eastern Ethiopia	Displacement-related distress, war violence (e.g., drought, threat by soldiers of government, dispossession, injustice, poverty, and poor living conditions)	Adult refugees and returnees; no exact sample provided (anthropological fieldwork)	To present an overview of the "refugee experience" of Somali populations, focusing on interactions with relief and development, the story of community, and a discussion of Somali emotion words	Ethnography
41	Zarowsky (2004)	Somali	Ethiopia, refugee camps (Hurso, Dire Dawa, and the Aware)	War violence, displacement, confiscation of farmlands and displacement to refugee camps, repatriated without their land years later	Adult refugees and returnees; no exact sample provided (anthropological fieldwork)	To contribute to the understanding of emotion, suffering, and trauma in different cultural and sociopolitical contexts; to explore some of the narratives of dispossession and the rhetoric of emotion in Ethiopian Somali communities	Ethnography

Note. Find the reference list for the included articles' methods in Appendix B.

region while the other describes the aftermath of other conflicts. Still in Rwanda, in two articles published by Otake (2018) and Otake and Tamming (2021), four CCDs were placed on a continuum in terms of severity ranging from invisible emotional problems (*ibikomere*) to visible behavioral problems (*ihungabana* and *ihahamuka*), to eventually reaching illness of the head (*kurwara mu mutwe*) requiring specific interventions (e.g., traditional, religious, or medical). Social isolation and rumination exacerbated the condition: the more isolated people were, the more they tended to think about the past. In the Kenyan sample, a similar continuum was observed, ranging from stress (perceived as normal) to depression (considered as a serious mental disorder), with "thinking too much" being associated with a worsening of the condition (Mendenhall et al., 2019). In Uganda, spiritual pollution and/or possession was commonly reported in the aftermath of conflict. Remedies depended on the reasons and the type of spirit that had possessed the person, e.g., possession by *bachwezi* (semi-gods) or *omuzimu* (ancestral spirits) were related to neglect of rituals and responsibilities and was cured by *omufumu* (traditional healers), while witchcraft was usually cured by *barangi* healers, who used a combination of traditional and Christian approaches (van Duijl et al., 2014). Some participants also reported CCDs which resembled dissociative features, such as amnesia or depersonalization (van Duijl et al., 2005).

From the Horn of Africa, seven studies included Somali samples, presenting a total of 12 CCDs. Again, these studies placed CCDs on a continuum, starting from worry or sadness caused by daily life challenges (e.g., *buffis*, *wareer*, *niyedjab*); to more acute CCDs that followed exposure to violence or loss (e.g., *qaraqan*, *buqsanaan*, *marrora dilla'*); to more severe conditions, that may involve psychotic or dissociative features (e.g., *jinn*, *waali*, *zaar*). Participants noted that certain CCDs which can be considered mild at their beginning (e.g., *muruug* or *welwel*) can worsen or develop into more severe conditions (e.g., *waali*), if not well managed. Distress arising from CCDs due to living difficulties, displacement, or exposure to violence was considered less stigmatizing than others, as these were collective experiences. Shame and stigma were mostly associated with severe syndromes that included loss of control over actions or emotions, causing interpersonal or social consequences.

We also found five articles from samples in Darfur and South Sudan. Rasmussen et al. (2011) identified two trauma-related CCDs in Darfur: *hozn* (less severe) and *majnun* (more severe). These conditions resembled but were distinct from PTSD and depression. A total of twelve CCDs were identified in samples from South Sudan. Four articles featured idioms related to the heart, such as *bad heart* or *unclean hearts* (Coker, 2004), *waja gelba* (*pain in the heart* or *wound in the heart*) (Coker, 2004; Ng et al., 2022; Rasmussen et al., 2011), and *crying in the heart* (White et al., 2020). The heart has been described as a point where pain resided, frequently starting in another part of the body or in the psyche. It was viewed as a center of illness or pain (Coker, 2004). Another study found the idioms "cramped stomach" and "disturbed mind" (Ventevogel et al., 2013). Studies also reported that negative emotions like worry and anger can cause and exacerbate somatic complaints (Coker, 2004; Ng et al., 2022; White et al., 2020). Coker (2004) also described the concept of emotional and physical pain moving through the body, stopping at various points before heading forth elsewhere.

Participants in two articles have also introduced the concept that a person is never completely healthy or completely sick, but are rather in an ongoing state of health or ill-health that is influenced by various factors such as psychosocial, sociopolitical, and structural conditions (Coker, 2004; White et al., 2020). Two CCDs, caused by social tensions or embarrassment/shame (*bad heart* and *fadia*) (Coker, 2004; Ng et al., 2022), had interpersonal consequences and relief pathways. For details, see Table 4 for CCDs and Table 5 for idioms of distress.

4.3. Central Africa

Four studies included samples from Central Africa; three of them focused on Burundi only (Familiar et al., 2013; Irankunda et al., 2017; Ventevogel, 2015), and one focused on Burundi and the DRC (Ventevogel et al., 2013). Ten CCDs were reported in these studies, and several terms were often used to describe each of them (see Table 6). For example, to describe trauma-related distress in Burundi, people used the direct translation of the Western concept of trauma (*guhahamuka*), along with various expressions describing physical sensations (*ihahamuka*), emotional reactions (*gusimbuka*), or the loss of control experienced during the traumatic event (*gutabagara*). Differences in the severity of these syndromes were described, e.g., in Burundi, *ibonge* or *ihahamuka* could lead to *ibisazi*, which literally translates as "madness" and was perceived as the most severe condition (Ventevogel et al., 2013). The same pattern was reported in DRC, ranging from *amutwe alluhire* to *erisire*. Severity also influenced the recommended treatment, i.e., for the most severe cases, family and community interventions were not sufficient, and traditional, spiritual and/or medical treatments were required.

4.4. West Africa

We included five articles from West Africa: one with Mandinka in Gambia (Fox, 2003), one with Balanta from Guinea Bissau (de Jong & Reis, 2010), one from Liberia (Abramowitz, 2010), and two for Sierra Leone (Stark, 2006), one of which focuses specifically on Mende population (Henry, 2006). Eight CCDs were described in these five articles. In Gambia, trauma was seen as the cause of a whole family of conditions, with varying degrees of severity. The continuum ranged from an acute fear reaction (*masilango*), which, if strong enough, could affect the heart (*kidja farro*), to a disease of the mind (*mira kurango*), and finally to the brain (*perrio*), which was considered as a severe mental illness, similar to psychosis, which was no longer specific to trauma. In Guinea Bissau and Sierra Leone, trauma was perceived to negatively affect "the spirit", which was expressed through notions of possession and spirit pollution. In both settings, cultural beliefs related to traumatic events entailed gendered conceptions around women's bodies, either in relation to progeny or the loss of purity caused by sexual abuses, provoking the disruption of the social fabric. Social healing through collective ceremonies was seen as the only way to restore a sense of belonging for these women. Another interesting aspect was highlighted by Abramowitz (2010) and Henry (2006): the evolution of local nosological systems according to history and context, including Western influences. Indeed, in both contexts, the explanatory model has evolved. Traditionally in Liberia, open mole was characterized by a soft spot on the skull and was interpreted as a physiological problem. It was only with the arrival of Western influences that the interpretation of this CCD evolved, and it was last considered a mental illness. As a result, the multiple explanatory models have gradually blended together, losing their own coherence regarding causes and relief pathways. In the case of *haypatɛnsi* in Sierra Leone, the misinterpretation of the causes based on the biomedical model, led to an overmedicalization of the population. *Haypatɛnsi* literally translates to hypertension but has a culturally different meaning than the biomedical notion. It is associated with trauma-related reactions such as fear, manifested by an unresting heart; anger, described as excess heat in the heart; and thinking too much, provoking elevated blood pressure (Henry, 2006). Refer to Table 7 for CCDs details.

4.5. Southern Africa

Five studies focusing on countries in the Southern African region were retrieved: two for Mozambique (Sideris, 2003), one of which focusing specifically on Gorongoza (Igreja et al., 2006), one on Khoekhoegowab speakers in Namibia (Claudius et al., 2022), one for South Africa (Gibson, 2010), and one for Zimbabwe (Verhey et al., 2020). Seven different CCDs were described in detail. In Mozambique, people's identity was described as directly linked to their social belonging and sense of purpose, and when deprived of these (e.g., as a consequence of

trauma), people reported having suffered an injury to their spirit which was expressed through physical difficulties (Sideris, 2003). Possession was also reported being a possible consequence of war, requiring collective health strategies because of its impact that goes beyond the individual (Igreja et al., 2006). A similar idea was described in Namibia, where the personality was portrayed as the embodiment of the relationships with others, ancestors, and spirits. In both contexts (Mozambique and Namibia), there seemed to be no rigid separation between the individual and the social, the mind and the body, the visible and the spiritual. Paradoxically, the community was sometimes described as supportive and sometimes as stigmatizing and judgmental, contributing to the individual's distress and withdrawal. The role of gender was also addressed in two articles (Gibson, 2010; Sideris, 2003), highlighting the differential impact of social role loss on men and women, as well as gendered norms for coping with and expressing distress. In Zimbabwe, the weight of structural conditions, e.g., unemployment, poverty, HIV diagnosis and associated stigma, was highlighted as a possible cause of trauma. Refer to Table 8 for CCDs details and Table 9 for idioms.

5. Discussion

This systematic review examined qualitative research describing trauma-related cultural concepts of distress (CCDs) in multiple regions of the Global South, i.e., Middle East and North Africa (MENA), and Sub-Saharan Africa (SSA). Forty-one studies were identified, covering twenty-two different countries. Eighty CCDs and fifty-two idioms of distress were retrieved. It is crucial to note that although we categorized countries by region, each region and country encompasses a broad variety of diverse cultural groups, religions, and ethnicities. Moreover, there are major differences between countries and regions when it comes to research into mental health. Consequently, our findings shed light on certain groups while potentially neglecting others. Furthermore, the depth of information regarding CCDs varied significantly across studies, ranging from mere idioms of distress to comprehensive explanations of the syndrome's underlying mechanisms, including perceived etiology, idioms/symptoms, consequences, preferred treatments, and course of illness.

In the following sections, we discuss four key aspects that emerged from our analysis, which help to better understand trauma-related CCDs and the challenges surrounding them in the MENA and SSA regions. First, we will explore how local understanding and definition of the self, influence the way in which distress is understood and expressed. In these contexts, the self is not reduced to the individual and often encompasses multiple dimensions (e.g., social or spiritual), each of which may be affected by trauma and require specific care. Second, we will examine how this local understanding of psychological functioning challenge the biomedical model of trauma and transcend the body-mind separation. Third, we will discuss how local nosological systems tend to integrate and adapt Western illness concepts into their illness models, and the implications of this. Finally, we will address the dimensional approach to mental health in these regions.

5.1. Considering local conceptualization of the self to understand trauma-related distress

Sociocultural contexts play a crucial role in shaping how individuals construe and conceptualize their sense of self (Markus & Kitayama, 1991, 2010). They provide the cultural frameworks and norms that guide people in understanding who they are, what they value, and how they relate to others. In turn, individuals' understanding of themselves profoundly influences how they perceive the world (Markus & Hamedani, 2019), including the systems of meaning attached to distress, i.e., how distress is interpreted and expressed (e.g., Kohrt & Harper, 2008).

In all the regions included in this review, literature shows a predominance of communal values, where the self is experienced in connection to others (Hosny et al., 2024; Joseph, 1994; Kpanake, 2018; Markus et al., 1997; Pelham et al., 2022; San Martin et al., 2018). This is reflected in our findings, where the self is described as "not contained within the boundaries of the physical body, but extends to the social world and its important relationships" (Coker, 2004, p.26). This resonates with the concept of dividual personhood (Strathern, 1988) and the sociocentric self (Kirmayer, 2007; Shweder & Bourne, 1982). Coming from two different disciplines (anthropology and psychology respectively), both concepts emphasize the interconnectedness of individuals with their sociocultural contexts where the self is not an isolated entity but is embedded within and constituted by social exchanges, relationships, and cultural practices. Other testimonies in this review, e.g., in Afghanistan, Guinea Bissau, Mozambique, Somalia, and Uganda, referred to a more cosmocentric self as defined by Kirmayer (2007), highlighting the ways in which the self can also be constituted in relation to ancestors and spirits. Indeed, participants in studies included in our review described how trauma affected their spirit, requiring specific rituals to cleanse or expel the possessor agent, mobilizing the whole community (e.g., Carroll, 2004; de Jong & Reis, 2010; Igreja et al., 2006; Sideris, 2003; van Duijl et al., 2014; Ventevogel & Faiz, 2018). Furthermore, in the retrieved articles, the self seemed to be composed of multiple components, echoing the literature on the self in Africa and Arab cultures (Hosny et al., 2024; Kpanake, 2018; Markus et al., 1997; San Martin et al., 2018). Therefore, it is important to move beyond the dichotomy of the independent and interdependent self, as it has been repeatedly recommended in literature (e.g, Kitayama & Salvador, 2024; Vignoles et al., 2016), in order to capture the complexity of the cultural concept of the person in a given context and its implications for CCDs.

Several CCDs in this review highlight the profound influence of the social world on their development and manifestation. The concept of the interpersonal loop proposed by Chentsova-Dutton and Ryder (2019) provides a framework for understanding how the loss of social connections (or the mere threat of it) causes or exacerbates symptoms. For instance, in Rwanda, participants described a vicious cycle, where remembering the past led to social isolation, which then worsened mental health problems through thinking too much and increased withdrawal (Otake, 2018; Otake & Tamming, 2021). Similar mechanisms were described in other world regions, e.g., Haiti and Cambodia, as described in Kaiser and colleague's review (2015).

Among Syrian refugees in Jordan, cultural norms have a central role in the development of trauma-related distress in the context of migration (Wells et al., 2018). *Sudme,* a form of distress emerging from trauma and the accumulated stressors related to migration, is seen to cause a loss of dignity or "karama" due to the inability to fulfil one's social role (as a man or a woman), leading to associated shame and further exacerbating the distress (Wells et al., 2018). In their article about Somalian perspective on mental health, Johnsdotter et al. (2011) also emphasized how shame is considered a risk factor for mental illness, whereas social networks is seen as a protector factor. Individual distress, therefore, encompasses not only personal psychological and emotional challenges but also broader social dynamics, as it is both shaped by and has an impact on the structure and functioning of communal organizations.

As it has also been suggested in various contexts outside of MENA and SSA regions, e.g., Haiti (Keys et al., 2012), Nepal (Kohrt & Hruschka, 2010), or Latin America (Weller & Triana, 2015), the part of the self that is affected (e.g., social or spiritual) influences not only the expression and experience of distress, but also treatment-seeking pathways. Participants described not only the rejection they faced from their family and community (e.g., Claudius et al., 2022; Stark, 2006; Victor & Porter, 2017) but also the existence of collective treatments that made it possible to rebuild the broken link between the suffering individual and its group (e.g., de Jong & Reis, 2010; Stark, 2006; Ventevogel, 2015). Rejection was often associated with the violation of cultural norms caused by the traumatic experience (e.g., rape). For example, in Sierra Leone, such events were believed to bring bad luck to the family and wider community, leading to the blame of the traumatized person and

Table 2
Retrieved CCDs in the MENA region.

Countries or cultural groups	Study	Syndromes	Symptoms	Etiology	Consequences	Relief pathway
Afghan	Miller et al. (2006)	Jigar khun (also spelled *jegar khonee*), literally means "bleeding liver"	A state of grief, may include crying a lot, hopelessness, social and emotional withdrawal	**Psychosocial:** Interpersonal loss like of a family member, reaction to any deeply disappointing or painful experience **Structural:** Connected to chronic stress		
Afghan	Ventevogel and Faiz (2018)	*Khapgan,* literally means sadness or sorrow	'Deep sadness,' includes frustration and thinking about the bad in life, worries a lot, isolates themself, does not eat properly and cannot sleep well; somatic features are 'constriction of the chest,' jegar khonee/jigar khun ('bleeding liver'), 'heaviness,' and stomach problems		**Mental health & interpersonal:** Self-recrimination/blame, punishment, and hostility	
Afghan	Ventevogel and Faiz (2018)	*Peryan or peri*, 'being possessed by spirits'; similar to *jinn attacks*	Pseudo seizures, could be accompanied by a different somatic complaint or illnesses	**Psychosocial:** Spirits are attracted to chaos and disorderly behavior, more common in women and children **Supernatural:** Being possessed by spirits **Trauma/violence:** Related to family violence	**Social & occupational:** Women who are possessed often have difficulties fulfilling the women's role in the household, which is usually unacceptable	
Afghan	Ventevogel and Faiz (2018)	*Wahmi*	Unreasonable fear, easily being frightened, frightening dreams, fear is not based on real events but is "inside" the mind of the person and it hurts them a lot; may include hallucination like symptoms such as imagining things that are not there in reality (e.g., seeing images or hearing strange sounds, like those of birds or dogs)	**Trauma/violence & psychosocial:** "Bad events that happened," such as death of family members, or more precisely, by the sadness caused by these events		
Egyptian	Jalal et al. (2017)	Jinn attack	Sleep paralysis, often accompanied by horrifying hallucinations of ghost-like figures	**Supernatural:** Possession attack by jinn—a dangerous supernatural creature	**Mental health:** Great psychological distress and fear of impending death	
Iranian	Behrouzan (2018)	*Toromā*, Persian term derived from the word 'trauma,' yet hardly translatable to the individual, singular, and universal concept of 'trauma'	PTSD-like symptoms, such as fear, easily startled, and nightmares	**Trauma/violence, structural & psychosocial:** Violence of the Iran-Iraq war, but also changes in Iranian society post-revolution, collective experiences, and intergenerational and sociohistorical ruptures	**Interpersonal & social:** Normalized or used to understand, interpret, and articulate emotions and memories of the collective experience of this generation; to create collective social bonds **Mental health:** Diagnosis is used to legitimize medical care and social relief and reduce the stigma of mental illness	
Iraqi	Shoeb et al. (2007)	*Dayeg*	Rumination, poor concentration, lack of initiative, boredom, sleep problems, tiredness, and somatic complaints (e.g., headache, backache, muscle aches, heart palpitations, breathlessness, dizziness, choking sensation, lump in throat, butterflies in stomach, numbness, and/or poor appetite)	**Psychosocial:** Feelings of insecurity due to disrupted relationships and/or interpersonal conflict **Structural:** Problems of daily living, difficulties of uprootedness, refugeehood, uncertainty about one's future		

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Table 2 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms	Etiology	Consequences	Relief pathway
Iraqi	Shoeb et al. (2007)	*Nafsak deeyega* or *makhnouk*	Tension, feelings of constriction in the chest and a choking sensation; the chest is felt as tightly "filled" with unpleasant feelings to accommodate the inspiration of air, unable to take a deep breath, sometimes used to express panic symptoms such as the person can feel short of breath and sighs repeatedly	**Psychosocial:** Feelings of insecurity due to disrupted relationships; uncertainty about one's worth, position, and future; interpersonal conflict **Structural & trauma/violence:** Caused by tension of daily hardships (poverty, political repression, etc.); difficulties of uprootedness		
Iraqi	Shoeb et al. (2007)	*Galbak maqboud*, literally means "heart constricted"	The heart (*qalb*) is treated as the subject of emotional experience and a cultural symbol of the "true essence" of the person; sensation of the heart being squeezed, often connected with feelings of sadness, dysphoria, or anxiety	**Psychosocial:** Family illness, death **Structural:** Problems of daily living, insecurity about the future, uprootedness **Supernatural:** Sorcery		
Palestinian	Afana et al. (2010)	*Fajiah*, literally means "tragedy"	Confusion, shouting, crying loudly; the individual may lose consciousness or run into the street "like a mad person"; silence, tears, and a temporary inability to speak	**Trauma/violence & psychosocial:** Severe interpersonal loss (e.g., of a loved one), or material loss (e.g., loss of land or house)	**Physical:** Many people develop heart problems or diabetes	**Course:** More severe than "sadma"; long-term **Religious/spiritual & family/community:** Coping mechanisms and resilience narratives are based on communal and religious values and support, however they are not considered relief pathways
Palestinian	Afana et al. (2010, 2020)	*Khoufa/khaufa*	Fear syndrome, associated with various physical symptoms like *fever, sweating, increased heart beats*, knee joint pain, headache, fever, decreased appetite, and general fatigue	**Trauma/violence**: Any shocking event when a person is unexpectedly exposed to something frightening		**Course:** Short-term and acceptable and common state
Palestinian	Barber et al. (2016)	*Muḥaṭṭama* (*nafseetak, maʾnaūiyyatak*), literally means psyche/spirit or morale is broken or destroyed	State of mental suffering, includes emotional or psychological exhaustion; being psychologically "shaken up"; worsened functioning	**Structural:** Educational, unemployment, economic and political oppression; caused by *a pile up of difficult living conditions, but triggered by a certain negative event* **Physical:** Illnesses can induce this state **Psychosocial:** Imprisonment of a family member **Trauma/violence**	**General:** Deterioration in occupational, social functioning **Mental health:** Development of other mental disorders; despair, lack of ambition and aspirations for future	**Family/community & religious/spiritual:** Coping mechanisms and resilience narratives are based on communal and religious values and support, however they are not considered relief pathways **Social/political:** Solution is considered to be the removal of underlying conditions for protracted violence exposure
Palestinian	Afana et al. (2010)	*Musiba*, literally means "calamity"	Sadness, unhappiness, persistent and continuous psychological pain, and crying, somatization: Pain often triggered by a stimulus that reminds the person of the previous event	**Trauma/violence & psychosocial:** Severe loss, interpersonal loss (e.g., of a loved one) or material loss (e.g. loss of land or house) **Religious:** Considered as a test from God	**Mental health:** Leaves permanent and durable psychological scars **Psychosocial & physical:** Not specified	**Family/community:** Social support is very important for adjustment and coping **Religious:** Using religious concepts such as faith ("*iman*") and acceptance ("*takabul*") **Medical or psychological:** Interventions are sometimes needed
Yemeni	Swagman (1989)	Fija,[c] derived from the word *fajiaa*, meaning calamity and tragedy	General imbalance in the body, which results in the following symptoms: Anxiety-like symptoms, weakness, shortness of	**Trauma/violence:** Any event that induces fright of sudden startle; there is variability in elapsed time between reported fright and		**Traditional:** Needs a counter-shock or illness for resolution; soul needs to be "shocked back into position," usually carried

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Table 2 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms	Etiology	Consequences	Relief pathway
			breath, dizziness, fitful sleep, chronic cough, fever, abdominal, chest and back pain, liver pain, and sexual dysfunction	symptom onset; attributed to fright or startle, however some say the mechanism is known; fright causes displacement of soul: "ruhi falta"		out by close ones (e.g., inflicting a burn with a hot iron)
Afghan; Iraqi; Palestinian	Afana et al. (2010, 2020); Shoeb et al. (2007); Miller et al. (2006)	*Asabiah/asabi*	Derived from the word asab, or nerves; nervousness, anxious feelings, or jitteriness, includes being nervous, emotional, short-tempered, volatile, anxious, angry, enraged, aggressive, or using displaced anger on others, and having poor impulse control	**Structural & psychosocial:** Being overwhelmed by major life stressors like poverty, domestic violence		
Palestinian; Syrian	Afana et al. (2010, 2020); Wells et al. (2018)	*Sadma/sudme*, translated as "blow," shock, or trauma	Symptoms can range from mild to severe; emotional impact of the crisis; intense distress after experiencing a traumatic event; facial expressions of surprise or fear; the person appears distracted or confused, at times feels hopelessness, a sense of overwhelming pressure; somatic symptoms may include brief convulsions that immediately resolve, cries, or faints and falls to the floor, headache, tremors, sweating, redness in the eyes, and chest pain	**Psychosocial & structural:** Can also be attributed to the whole refugee experience; loss or demolitions of houses; loss of loved ones **Trauma/violence:** Sudme may be translated into English as trauma or "shock"	**Physical:** May cause problems like diabetes or hypertension **Interpersonal:** Impacts family functioning **Mental health:** Lay usage is not linked to psychological pathology; rather, it is a normal reaction to an extreme situation	**Course:** May disappear in a short time; does not necessarily need medical intervention

its rejection by the group (Stark, 2006). At the same time, this rejection encouraged the girls to seek help and participate in a cleansing ritual to regain their place in the community. Symbolically, this ritual ended with the return of the girls to their community which was celebrated with music, dancing and a communal feast. Such traditional rituals thus played multiple roles. On one hand, they allowed the purification of the spirit (Ventevogel et al., 2013) or to chase away malevolent forces such as spirits or possessor agents (e.g., Igreja et al., 2006; Victor & Porter, 2017) which contributed to the individual's well-being, on the other hand, they help to rebuild a sense of affiliation by restoring the role and place of the individual within the community.

When the condition is less severe, it often does not require the intervention of traditional healers and is instead taken care of directly by the family and/or community. Several types of social support were described, ranging from spending time with the person and listening to them, praying together, to compensating for the loss experienced by helping with material needs, and discouraging the person from using substances such as alcohol or cannabis. Only a few articles mentioned direct emotional support, such as encouraging the person to talk and listening to them (e.g., Claudius et al., 2022; van Duijl et al., 2005; Ventevogel et al., 2013). For the rest, sharing time and activities to avoid loneliness was the largest part of the social support expected and provided. This kind of "implicit social support" was already found in other parts of the world (Taylor et al., 2007). By contrast, individual strategies to feel better were rarely described.

Finally, in some contexts, such as Palestine, Somalia, South Sudan and Sierra Leone, the removal of underlying conditions for protracted violence exposure was described as the only long-term solution to individual and social healing (e.g., Im et al., 2017; Mölsä et al., 2010). Any other strategy was perceived to be helpful to lessen pain but not definitive. Healing or complete resolution of CCDs was considered not feasible as the range of the trauma was beyond the individual. The self was not bound to the individual wellbeing only and hence any attempt to heal needed to include structural and communal solutions (Afana et al., 2010, 2020). So, in the studied regions, even if the consequences of trauma are intrinsically experienced by the individual, the expression of the pain, its consequences and the way it is dealt with go beyond the individual alone and become part of the social world (Behrouzan, 2018; Joseph, 2005).

5.2. *Challenging the biomedical model of trauma*

Going back to the prevalent conceptualization of the self and, more generally, the local understanding of psychological processes in the MENA and SSA regions, it is essential to question the notion of body-mind separation. The cultural contextualization of psychophysiological processes challenges the Western model of the body-mind dualism (Kirmayer & Gómez-Carrillo, 2019). For instance, in Mozambique, physical pain experienced by refugees, such as stomachaches, headaches, or pain in the heart, is understood as an embodied response to post-conflict social dysfunctions including their underlying emotional and identity-related effects (Sideris, 2003). This perspective suggests that pathology is caused by a complex interplay between psychological and social issues on the one hand and the body on the other hand, and can thus not be solely attributed to physical or mental causes (Kirmayer et al., 1998). In these cultural contexts, the self is not confined to the body but extends into the social realm, meaning that physical pain also embraces social pain. A compelling illustration of this is the concept of *traveling pain* described by South Sudanese refugees in Egypt, where pain

Table 3
Retrieved idioms of distress in the MENA region.

Countries or cultural groups	Study	Idiom	Meaning
Afghan	Miller et al. (2006)	*Fishar-e-payin*	"Low blood pressure," not an actual somatic manifestation but an internal state of low energy and motivation
Afghan	Miller et al. (2006)	*Fishar-bala-an*	"High blood pressure," not an actual somatic manifestation but an internal state of emotional pressure and agitation
Afghan	Ventevogel and Faiz (2018)	*Waswasi*	Constant worry including about daily and insignificant issues, thinking a lot, social isolation and repetitive actions; somatic symptoms such as "chest tightness" and headache
Egyptian	Jalal et al. (2017)	*Alby beyrafraf*	Dangerously pounding heart
Egyptian	Jalal et al. (2017)	*"Escaping reality"*	Excessive watching of television, among other purposes, to escape reality
Egyptian	Jalal et al. (2017)	*Entefakh fel batn*	"Dangerously bloated stomach," which indicates the fear of colon problems
Egyptian	Jalal et al. (2017)	*"Wanting to burst"*	Intense desire to "burst out" or scream, an impulse that is usually suppressed because it is socially unacceptable
Egyptian	Jalal et al. (2017)	*"Thinking too much"*	Rumination, may focus on content of rumination after trauma was focused on religious and/or blasphemous thoughts, such as "being abandoned by God" and "divine retribution"
Iraqi	Shoeb et al. (2007)	*Nafseetak ta'abana*	Literally means "psyche is tired," or a person's soul is tired from stressors, may include symptoms in body, behavior, affect, or conduct; symptoms cover a wide range of undifferentiated anxiety and depressive symptoms
Palestinians	Afana et al. (2010, 2020)	*Arak nafsi/ araq*	Irritability or inability to or interruptions of sleep, used when a person thinks of their unknown and insecure future, accompanied by physical symptoms such as headache and low appetite
Palestinians	Afana et al. (2010, 2020)	*Azamat nafsiah*	Psychological crisis because of continuous, surrounding stressors
Palestinians; Syrian	Afana et al. (2010, 2020); Wells et al. (2018)	*Daget nafsi (daght)*	Psychological pressure, includes uncomfortable feelings or negative feelings; sometimes described as the effect of accumulation of day-to-day stressors; they feel overwhelmed by them, and they hinder daily activities; helplessness
Palestinians	Afana et al. (2020)	*Inhiar assabi*	Nervous breakdown
Palestinians	Afana et al. (2020)	*Hawas*	To be baffled, startled, foolish
Palestinians	Afana et al. (2020)	*Hazeen*	Sad
Palestinians	Afana et al. (2010, 2020)	*Kalak/ qalaq*	Worried, being anxious or apprehensive, a state of fear of the future and of the unknown, absent- minded
Palestinians	Afana et al. (2020)	*Mahbul*	Stupid, idiotic, fool
Palestinians	Afana et al. (2020)	*Majnoon*	Mad, crazy
Palestinians	Afana et al. (2020)	*Tabalud fe el masha'r*	Freezing of feelings, numbness
Palestinians	Afana et al. (2020)	*Tafran*	I feel disgusted, to burst, a surge
Palestinians	Afana et al. (2020)	*Tayah*	Astray (low confidence and self-esteem)
Palestinians	Afana et al. (2020)	*Rasi fadi*	My head is empty
Palestinians	Afana et al. (2020)	*Mahana*	Hardship, suffering, tribulation
Palestinians	Afana et al. (2020)	*Idehad nafsi*	Psychological persecution

is perceived as moving through different parts of the body, reflecting the relentless social changes and hardships these populations endure. This pain, described as transient and ever-present, mirrors the continuous and pervasive nature of their challenging living conditions (Coker, 2004).

A more holistic approach allows for acknowledging concepts of distress, especially idioms of distress as metaphors based on physical sensations used to express emotional and social pain (Kirmayer et al., 1998; Lewis-Fernández & Kirmayer, 2019). Several articles in this review reported idioms related to the heart such as pain or wound in the heart (Claudius et al., 2022; Henry, 2006; Mendenhall et al., 2019; Ng et al., 2022; Rasmussen et al., 2011; Coker, 2004; White et al., 2020), constricted heart (Shoeb et al., 2007), heart shakes (Fox, 2003), or a spoiled heart and heart cramps (Henry, 2006). These manifestations are often misdiagnosed as purely physical heart conditions, overlooking the underlying emotional and social turmoil (Keys et al., 2012; Kirmayer et al., 1998).

For example, in Sierra Leone, terms like heart cramps, a spoiled heart and heart pain describe symptoms of *haypatɛnsi*, which can be literally translated to hypertension but carries a culturally distinct meaning than the biomedical notion (Henry, 2006). These idioms related to the heart were used to express emotional reactions to the trauma of war. However, Western medical staff adhered to their biomedical model of hypertension, focusing on physical symptoms and prescribing medication, thereby neglecting the social components of violence and displacement. The fact that *haypatɛnsi* represented an embodied expression of collective suffering was completely ignored, and no medical treatment seemed to be able to put an end to this epidemic. Yan et al. (2024) argue that such biologization of mental illness not only reduces culturally complex expressions of distress to individual physiological dysfunctions but also serves as a mechanism of *therapeutic governance*. From this perspective, health interventions become tools for managing populations, where suffering is depoliticized and reframed as a personal health issue rather than a symptom of structural violence.

A similar example occurred in Afghanistan, where idioms such as high (*fishar-e-bala)* or low blood pressure (*fishar-e-payin*) were used to describe internal emotional states with no relation to actual blood pressure changes (Miller et al., 2006). In this context, people sought traditional or medical treatments like benzodiazepines to calm their agitation rather than to regulate blood pressure. As Kleinman (1987) emphasized, "a greater concordance between explanatory systems of healer and patient" (p.141) leads to improved health outcomes. Kirmayer et al. (1998) also note that somatic symptoms can be interpreted in various ways, with multiple, and not mutually exclusive, levels of meaning that can coexist. They are formed based on the specific context, the individual's perspective, and their particular needs and agendas.

Table 4
Retrieved CCDs in east Africa and the Horn of Africa.

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
Kenyan	Mendenhall et al. (2019)	*Depression*	Low energy, negative emotions (worry, confusion, loss, feeling out of place), low self-esteem, isolation, withdrawal, going mad, seldom talk, bothered mind, very tired in the mind, empty mind, a wound in the heart, heart problems, elevated blood pressure, no appetite	**Structural conditions & psychosocial:** Increase intensity of stress **Trauma/violence:** Problems associated with traumatic and psychiatric events (madness, anxiety)		**Course:** Severe form of stress, can develop to madness **Medical or psychological:** Clinical intervention
Kenyan	Mendenhall et al. (2019)	*Stress*	Thinking too much, having bad thoughts, being annoyed, scared, angry, confused, body pains (e.g., headaches, stomachaches)	**Psychosocial:** Relationship problems **Structural conditions:** Lacking financial security or peace, job difficulties **Trauma/violence:** Physical abuse	**Physical:** Detrimental to the body	**Course:** Normal process, can develop into mental disorder (*depression*) if too intense
Rwandan	Bolton (2001)	*Agahinda*, literally means grief or deep sadness	Lack of self-care, shattered, sadness, suicidality, easily overcome, not pleased by anything, loss of mind, meaningless, talkative or the opposite, drunkenness, difficulty interacting with others, isolation	**Trauma/violence:** Genocide	**Occupational:** Incapacity to work	**Family/community:** Friends **Medical or psychological:** NGO staff **Spiritual/religious:** God **Traditional:** Local leaders and traditional healers
Rwandan	Bolton (2001)	*Guhahamuka*, literally means mental trauma	Deep sadness, excessive crying, feeling hopeless, despair, worthlessness, feeling that your life is not worthwhile, feeling like committing suicide, feeling like you are dead and it would be better if you were, envying the dead, absent mind, lack of concentration, loss of intelligence, losing your mind, feeling like you have a cloud inside, confusion, conflicting thoughts, instability of the mind, acting without thinking, acting crazy, anger, quarrelsome, noisy, rebellious, being violent, easily startled, not sleeping, nightmares, flashbacks, feeling disconnected from others, isolation, lack of trust, failure to eat, failure to talk, weakness, sick, epilepsy	**Trauma/violence:** Genocide		**Family/community:** Friends **Medical or psychological:** NGO staff **Spiritual/religious:** God **Traditional:** Local leaders and traditional healers
Rwandan (Musanze)	Otake (2018), Otake and Tamming (2021)	*Ibikomere, igikomere,* literally mean wounded feelings	Sadness (*kubabara*), deep sorrow (*intimba*), depression (*agahinda*), hopelessness and despair (*kwiheba*), helplessness, grief, remembering the past, anxiety and worry (*guhangayika*), fear (*ubwoba*), anger, mistrust (*kwishishya*), social isolation, feeling alone (*wenyine*)	**Trauma/violence:** The loss of family and relatives through massacres		**Course:** May develop into a more severe form (*Ihungabana*) if social isolation and memories of the past become too strong **Family/community:** Visiting and talking to the person who is suffering (*gusura na kuganira*), sharing things and moments (*gusangira*), social party (*umusabane*) as an occasion to share problems and solve them together, helping each other (*gufashanya*), community work (umuganda), reconciliation (*kwiyunga*), mediator (*umuvugizi*)

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Table 4 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
						Spiritual/religious: Praying together (*gusenga*)
Rwandan (Musanze)	Otake (2018), Otake and Tamming (2021)	*Ihahamuka*, literally means breathlessness, with frequent fear; also translated as trauma	Social withdrawal (*kwigunga*), thinking too much about losses, mutism (*kujunjama*)	**Trauma/violence:** The loss of family and relatives through massacres		**Course:** May develop into a more severe form (*kurwara mu mutwe*) if social isolation provokes thinking too much about the past **Medical or psychological:** First aid for trauma and psychiatric drugs
Rwandan (Musanze)	Otake (2018), Otake and Tamming (2021)	*Ihungabana*, literally means mental disturbances	Social withdrawal (*kwigunga*), thinking too much about losses, crying continuously, violent behavior, inappropriate responses in conversation	**Trauma/violence:** The loss of family and relatives through massacres		**Course:** May develop into a more severe form (*ihahamuka*) if social isolation provokes thinking too much about the past **Family/community/spiritual/religious**
Rwandan (Musanze)	Otake (2018), Otake and Tamming (2021)	*Kurwara mu mutwe*, literally means illness of the head	Social withdrawal (*kwigunga*), thinking too much about the past, mutism (*kujunjama*), running and agitation (*kwiruka*), auditory and visual hallucinations (e.g., seeing dead people) (*kurotaguzwa*), nightmares (*kurota nabi*), extreme tension and nervousness, suffering experienced in a different space and time	**Supernatural:** Spirit possession, unknown entities taking the person far away to a place associated with the land of the dead **Trauma/violence:** The loss of family and relatives through massacres		**Course:** More severe form, uncontrollable intrusion from past memories and social withdrawal **Medical or psychological:** Health center, pharmaceutical treatments, hospitals, medical tests **Spiritual/religious/traditional:** Traditional healer, herbal medicine, counseling, family consultation
Somalian	Zarowsky (1997, 2004)	*Argegah*	Sudden shock and subsequent physical and behavioral reactions, includes vomiting and temporary inability to act (freeze); nightmares	**Trauma/violence:** Sudden shock; *ranges from waking from a nightmare to the horror experienced at seeing the murder of one's relatives*		
Somalian	Byrskog et al. (2014); Johnsdotter et al. (2011); Im et al. (2017); Mölsä et al. (2010)	*Bufis*	Anxiety-like symptoms, obsession with certain desires (e.g., leaving the country), to unsettledness or being tense, or paranoia, to more severe cases involving paranoia	**Structural:** Lack of resources and opportunities for education, work, and a decent life, all of which was directly and collectively affected by the Somali war and displacement **Substance use:** Excessive chewing of khat **Trauma/violence:** The civil war and devastating clan conflicts tearing apart former social networks	**Interpersonal & social:** Significantly impedes and disrupts daily life and social functioning, however regarded as neither normal or abnormal for being very common in the community **Mental health:** Considered dangerous for younger people because can "damage their heads"	**Social/political:** Only relief pathway is for a person to leave the situation in Somalia, resettle in a high-income country with employment and education opportunities
Somalian	Im et al. (2017)	*Buqsanaan*	An acute form of anxiety and panic attacks; "loud noise" inside a head or "jammed mind"; interpersonal symptoms such as isolation, change in behavior; can include other physical symptoms	**Psychosocial:** Relational or interpersonal problems **Structural:** Cumulative stressors; sudden and severe stressors or crises, such as financial crisis, or concerns related to relocation	**Mental health:** Intervention needed at times, as person might kill or harm themselves	**Family/community:** Increased socializing **Medical or psychological:** Formal counseling, mindfulness exercises **Social/political:** Curable by the removal of the source of problems, job opportunities **Traditional:** Traditional healing methods
Somalian	Carroll (2004); Johnsdotter et al. (2011); Im et al. (2017); Mölsä et al. (2010)	*Jinn* or *ginni* or *jinni* (other words like *saar, wadodo,* or *mingis* have been used)	A sudden observed change in behavior or personality, variety of symptoms (e.g., hearing voices, intense fear, bad dreams, disorientation, poor hygiene, sleep	**Religious:** Negative spiritual or religious practices, such as disobeying religious rituals or parents **Psychosocial:** Problems in	**Religious:** Negative spiritual or religious practices, such as disobeying religious rituals or not fulfilling them	**Religious/spiritual:** Quran readings or religious ceremonies

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Table 4 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
			problems); other emotional and social symptoms (e.g., isolation, change in behaviors, bizarre behaviors, anger outbursts, being violent or aggressive towards others); somatic (e.g., fainting, paralysis, body pains)	relationships **Supernatural:** Possession by an evil spirit—an external, spiritually related act perpetrated against the afflicted person, a curse	**Social:** Severe and stigmatizing state	
Somalian	Zarowsky (1997, 2004)	*Marrora dilla'*	Anguish, rage, perceived powerlessness, and uncontrolled behavior ranging from weeping to violence	**Structural & psychosocial:** Sudden overwhelming loss of something or someone precious		**Course:** Might lead to madness or *waali*
Somalian	Carroll (2004); Johnsdotter et al. (2011); Im et al. (2017); Zarowsky (1997, 2004)	*Murug*	Sadness, ranging from "everyday" sadness to symptoms like severe depression; symptoms include feeling low, rumination, worry, emotional numbness, crying, lack of interest in social activity; poor sleep, other somatic symptoms (e.g., loss of appetite, headache, trembling, fever or feeling hot, and hair loss)	**Psychosocial:** Sadness over something that is out of your control, such as the death of a family member or injustice **Structural:** Postmigration stressors; loss of means of living **Trauma/violence:** Pre-, peri-, and post-flight trauma	**Physical:** Medical problems if untreated, like high blood pressure **Religious/spiritual:** Neglect of religious duties	**Course:** Intervention needed to prevent from developing more severe mental health problems, such as *qaracan* or *waali*; long-term, can recur for years **Family/community:** Social support **Religious/spiritual:** Religious coping, such as prayer and Quran recital
Somalian	Mölsä et al. (2010); Zarowsky (1997, 2004)	*Niyadja; niyedjab*	Sad, demoralized, hopeless, dejected, literally "will-broken" or having a "broken mind and heart"; disappointment	**Psychosocial:** Loss of family members, abusive family relationships, polygamy, love disappointment **Structural:** Loss of land, of livelihood, sudden impoverishment	**Mental health/social:** Considered dangerous because hopelessness means that the individual cannot have the strength to carry on, which is threatening to the survival of the entire community	**Course:** No particular pathway mentioned, but mentioned that solution needs to be long-term and related to the cause of distress
Somalian	Im et al. (2017)	*Qaracan*	Similar symptoms to PTSD; symptoms related to panic attack; may include other somatic, emotional, cognitive, and interpersonal symptoms	**Psychosocial:** Loss of a loved person **Trauma/violence & structural:** Caused by shock or traumatic event, war, community violence but *exacerbated "because people are not in their own country"*	**Mental health:** Self-neglect, developing extremist thoughts **Religious/spiritual:** Neglect of religious duties **Social:** Lower social functioning	
Somalian	Zarowsky (1997, 2004)	*Wareer*	Worry, over-thinking, anxiety, dizziness, confusion, worry to the point of distraction (much stronger than ordinary)	**Physical:** Febrile illness, delirium **Structural:** Life difficulties		**Individual**: Trying to forget, laughter, singing, chewing qat, to distract the mind or not think about problems deliberately
Somalian	Im et al. (2017); Mölsä et al. (2010)	Welwel	Constant worries, anxious cognitions and behaviors, feeling uneasy, being suspicious of others, fearing others, and crying; somatic symptoms include back pain, chest pain, headache or dizziness, stomachache, sweating, shaking, muscle pain and tension, fatigue, and feeling sick in unknown part or the entire body	**Structural:** Cumulative displacement stressors (e.g., daily stressors, such as physical health problems, distressing events, and unfulfilled desires or responsibilities)		**Course:** Believed to be chronic, intervention needed to prevent an individual from developing more more severe form of mental disorders, such as *waali* **Religious/Spiritual**: emotional coping methods such as Qur'an recitation, prayer, and personal reflection **Social/political**: Can be cured by solving the problematic issue causing distress
Somalian	Carroll (2004); Johnsdotter et al. (2011); Im et al. (2017); Mölsä et al. (2010); Zarowsky (1997, 2004)	*Waali*	Includes more severe symptoms, like "talking nonsense" or mumbling unintelligibly, not talking at all, isolating self or "behaving outrageously," like wandering through the streets aimlessly or	**Mental health:** Exacerbation of less severe symptoms or disorders that were untreated such as severe anxiety, *jinn, murug, qaracan* **Physical:** Genetic factors or neurological disorders;	**Social:** Severe and stigmatizing state, a person is described as "crazy," "mentally unfit," "nervous," and "mad" or "being far away from God or religion"	**Course:** May be curable at initial stage through serious interventions; otherwise, may not be curable **Medical or psychological:** Institutionalization, medication **Religious/spiritual:** Quran readings

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Table 4 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
			without clothes on, taking off one's clothes in public, dressing inappropriately; violent beating or screaming at others unpredictably	developmental disorders **Structural:** Postmigration stressors **Trauma/violence:** War, abuse, pre-, peri-, and post-flight trauma		**Traditional:** Herbal medicines, healing rituals involving beating the person or having them chained at home
Somalian	Johnsdotter et al. (2011); Mölsä et al. (2010); Zarowsky (1997)	*Zaar (saar)* or *wadodo*	Severe depressive symptoms; intense somatic symptoms; similar to jinn symptoms	**Supernatural:** *A form of spirit possession*		**Religious/spiritual:** Quran readings **Traditional:** Sometimes as a tradition ritual called "*Zar*," involving singing, dancing, trance, and speaking in tongues
Sudanese (Darfur)	Rasmussen et al. (2011)	*Hozn*, sometimes called *wajara galip*, literally means deep sadness or *"pain in the heart"*	Feeling hopeless about the future; irritability or outbursts of anger; feeling melancholy; feeling bad about surviving; thinking too much; crying uncontrollably; deep sadness; flashbacks; recurrent/intrusive thoughts; recurrent nightmares; being tormented (by demons); forgetfulness; headaches; difficulty falling asleep; physiological reactivity at cues; palpitations	**Psychosocial:** Social and material loss (which they were largely unable to restore) **Trauma/violence**		
Sudanese (Darfur)	Rasmussen et al. (2011)	*Majnun*, literally means madness	Arguing with family, getting into frequent arguments, doing things others consider foolish, talking in ways others cannot understand, physical aggression, feeling distant from others, talking when one is alone, experiencing a "hot heart," walking around too much, feeling worthless, diminished pleasure, difficulty concentrating, inability to recall parts of event, thinking of ending one's life, feeling emotionally numb	**Spiritual problem** **Trauma/violence**		**Course:** Severe condition
South Sudanese	Coker (2004)	"Bad heart" or "unclean hearts"	Not attending to the needs of family members; tensions, breakages, fragmentation in unity between group members or families	**Psychosocial:** Discord which causes tensions within the refugee community which literally dirtied the heart and made it "unclean"	**Mental health/physical:** Worsened pains and health conditions **Interpersonal:** Worsened social fragmentation and loneliness	**Family/community:** Fixing social relations; becoming all "one heart"
South Sudanese	White et al. (2020)	"Crying in the heart"	Sadness, feel intense pain in the heart, but no tears come out, not able to cry	**Trauma/violence & psychosocial:** Effects of the past violence and thinking about the past interpersonal losses and violence	**Physical:** If it persists, and one continues to think about the cause of pain, it can lead to a heart attack	
South Sudanese	Ng et al. (2022)	*Fadia*	Feel ashamed, shy, fear to expose oneself in society, fear to talk openly, and even fear to see somebody's eyes, feeling guilty, feel that others are talking about you, feel discouraged, hide from others	**Psychosocial or societal:** When someone does something that is not approved by society	**Interpersonal:** Cannot lead or be in a leadership position; cannot mingle with others or talk to anyone in their community	
South Sudanese	Ng et al. (2022)	*Kafu*	Think about the bad things that happened in the past; fear, or to feel traumatized following exposure to violence; get startled easily, not feeling free, fear to talk to others or	**Trauma/violence:** "Bad things that happened in the past"	**Mental health:** Can cause instability of the mind that can lead to craziness	

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Table 4 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
			move around, to carry something over your head, feel that "bad things in the past make you act crazy"			
South Sudanese (Kakwa)	Ventevogel et al. (2013)	*Mamali*, literally means disturbed mind	Aggressivity, social isolation, strange behaviors like talking alone or in an unintelligible manner, eating inedible things, walking naked, bad hygiene, self-neglect	**Physical:** Brain damage, typhoid fever, born this way **Psychosocial:** Thinking too much (*yeyeesi*), too many problems, family disputes **Substance use:** Cannabis, alcohol **Supernatural:** Being bewitched, attack by spirits from water or forest (*a'bionga* or *dulako*)		**Religious:** Praying to calm down a patient **Traditional:** Visit a traditional soothsayer (*buni*) to find out the cause and perform rituals to chase away the spiritual forces
South Sudanese (Jo-Luo)	Ventevogel et al. (2013)	*Moul*	Saying things that make no sense, aggressiveness, bizarre behavior such as walking around naked, eating feces, collecting rubbish	**Physical:** Malaria, meningitis **Psychosocial:** Thinking too much **Structural conditions:** Loss of properties **Supernatural:** Spirit of dead people (*cien*), malevolent spirits (*djok, arop*), violating a taboo, being cursed **Trauma/violence:** Loss of loved ones due to war		**Medical or psychological:** Health center visit in case of malaria **Traditional:** Visit a traditional healer (*ruedbedho*) to chase spirits away, or a herbalist (*Ngadeyeadh*)
South Sudanese (Kakwa)	Ventevogel et al. (2013)	*Ngengere*, specific type of *mamali*, an acute condition	Aggressive behavior such as fighting, throwing stones and shouting, disturbed speech, emotional instability, running away into the bush	**Substance use:** Drugs, alcohol **Supernatural:** Being bewitched		**Traditional:** Visit a traditional healer to get herbs to calm a person down
South Sudanese (Jo-Luo)	Ventevogel et al. (2013)	*Nger yec*, literally means cramped stomach	Sadness, little appetite, inactivity, suicidal thoughts, worries, difficulty sleeping (i.e., only a few hours), feeling weak and tired, hopeless, forgetful, social isolation, diarrhea, can cause collapse		**Occupational:** Cannot work	**Family/community:** Relatives or elders in the community should talk to the person and give advice to overcome the sadness, compensate the losses the person suffered, invite the person to come to the house
South Sudanese	Coker (2004)	"Traveling pains"	Pain "traveling" through their bodies; somatic symptoms: Stomachaches or digestive complaints, chest pain, cough, general body pain, or muscle aches, "heart complaints" and complaints of "burning sensations" at various points in the body, unspecified itching; *lafa rasi* (a sort of dizziness or tendency to fall down), painful legs, malaria, insomnia/poor sleep, stiff body, toothaches, and blisters or ulcers anywhere on the body; emotion and cognitive symptoms include thinking too much," worry and anger seen as both a symptom and a cause of somatic complaints	**Psychosocial:** Family breakdown or separation; loneliness and lack of social support, social pain or disruptions that cause illness; other emotional stress (e.g., worry and anger) were seen as leading to physical pains **Structural:** Constant chaos; hard living conditions in Cairo; deprivations, and overload (sensory, physical, food-related); physical constriction or restriction, being "unable to move" **Trauma/violence:** Factors ranging from torture to the death of relatives to movement, flight, and restlessness, the refugee history		**Course:** Ongoing process of health or ill-health that worsens and abates in response to surrounding factors of chaos and emotional and social disruptions **Social/political:** The pain does not end because there is no end in sight for these refugees; complete resolution not possible, yet amelioration through enhanced living conditions, and through using collective bonds to resist external disruptions **Traditional:** Not being confined; ability to practice cultural and ethnic traditions and rituals
South Sudanese	Coker (2004); Ng et al. (2022)	*Waja gelba* or "pain in the heart"; "wound in the heart"	Pain moves from areas in the body to rest in the heart; heart not settled, crying, sorrow; "bad feelings" in	**Structural & psychosocial:** Social and emotional pain, to loss of	**Physical:** If previous illness or somatic symptoms exist, they	**Social/political:** Removing the structural difficulties of refugeehood and displacement that cause the pain

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Table 4 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
			which a person does not want to interact with others or talk with them and are always unhappy and annoyed by others; they do not joke; somatic symptoms such as weight loss and appetite problems, feel weak	identity and culture; or by interpersonal conflict	become worse, or other physical illnesses may develop	
South Sudanese (Jo-Luo)	Ventevogel et al. (2013)	*Wehie arenjo*, literally means destroyed mind or *wehie arir*, literally means disturbed mind	Sadness, suicidal thoughts, easily angered, aggressivity, strange behaviors such as talking or laughing alone	**Structural conditions:** Loss of property **Supernatural:** Sorcery, witchcraft **Trauma/violence:** Loss of children		**Course:** Less severe than *moul*, temporary condition, can return to normal **Family/community:** Try to replace the things or persons they have lost; relatives or elders in the community should talk to the person, prevent them from drinking alcohol and smoking cannabis **Medical or psychological:** Health center visit in case of malaria or to obtain medicine to calm patient down **Religious/spiritual:** Pray in church together with the patient **Traditional:** Visit a traditional healer (*ruedbedho*) to understand the cause
South Sudanese (Kakwa)	Ventevogel et al. (2013)	*Yeyeesi*, literally means many thoughts	Mind always busy with thoughts, absent mindedness, irritability, sadness, crying, suicidal thoughts, social isolation, difficulty sleeping, lack of appetite, frequent headaches, self-neglect, and poor hygiene	**Psychosocial:** Family disputes **Structural conditions:** Loss of property; poverty **Trauma/violence:** Loss of a beloved person		**Family/community:** Talk with the person and give them advice, not to leave the patient alone, involve them in activities, in particular with those that can give them income **Religious:** Religious leader can talk with the person and give them advice; elders from church can visit the person and pray together
Ugandan (Acholi)	Victor and Porter (2017)	*Ajwani*, literally means dirty things, spiritual pollution Different spirits: *Ajiji, ayweya, cen,* demons, devil, *jok, kirr, kwaro, tipu dano,* Satan	Disorientation, wandering aimlessly, talking in a different voice, lost sense of the body, running frantically, removing clothes, madness, debilitating daytime visions and nightmares, gross misfortune, and even death	**Psychosocial & spiritual/religious:** The breaking of taboos or contraventions in normative behavior, transgression of a moral order **Trauma/violence:** Perpetrating or witnessing a violent or otherwise bad death, being forced to kill, participating in a murder	**Interpersonal:** Social contagion, the disrupted well-being of entire families	**Spiritual/religious:** Prayers, exorcism **Traditional:** Traditional healers (*ajwaka*) carry out sacrifices, dance, sing songs to chase spirit away
Ugandan	van Duijl et al. (2005, 2013)	*Okukangarana*, literally means being shocked by a terrible situation, not being able to respond positively; in this state they do not remember, also translated as dissociative amnesia	Memory loss to protect the self	**Physical:** Dementia, epilepsy **Substance use:** Alcohol **Trauma/violence:** Extreme fear due to traumatic experiences		
Ugandan	van Duijl et al. (2005, 2013, 2014)	*Okutembwa*, literally means spirit-possession Different spirits: *Amahembe, bachwezi, emandwa, emizumu, kahumpuri, munonga, ndahura, nyabingi, nyabirezi,* and *omuzingu*	[a] 1) Common physical symptoms (e.g., fever, headaches, body pains, vomiting, a swollen stomach, ulcers) 2) Dissociative and sensory-motor symptoms like fainting, seeing through fog, not being able to move	**Physical:** Physical problems **Psychosocial:** Mental illness, underlying psychosocial stresses such as emotional needs, bad experiences, polygamous situations, neglected		**Medical or psychological:** Hospitals, health centers, self-prescribed medicine **Spiritual/religious:** Religious healers (*barangi*), Christian prayers and songs, reading the bible to chase the devil away

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Table 4 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
			or speak (*okusharara*), seizures 3) Passive-influence experiences of spirit possession, such as feeling held or influenced by powers from outside (*eibugane*); strange dreams, talking to oneself, hearing imperative voices, or attacks of shaking movements, speaking in another language (*okugamba endimi*) or making animal sounds (*okwehindura*), fugue or moving around (*okukyekyera*) 4) Active state of spirit possession, in which the spirit presents itself through the patient, characterized by changes in consciousness, amnesia (*okukangarana*), shaking movements (*okugwa*), and talking in a voice attributed to spirits (*okurogwa*)	responsibilities, land conflicts **Spiritual/religious:** Ritual neglect, becoming a healer **Supernatural:** Witchcraft and sorcery **Trauma/violence:** Death of a dear one, traumatic experiences		**Traditional:** Traditional healers (*omufumu*), herbal medicine
Ugandan	van Duijl et al. (2005)	[b] Depersonalization	Not connected to or detached from the body, the mind is away, loss of concentration, stupor, feeling of coldness and/or heat, paralysis, cannot eat, cannot talk, feels unhappy	**Physical:** No blood in specific parts of the body (*okusharara*) **Religious/spiritual:** Praying for a long time and entering an altered state of consciousness **Structural factors:** Tiresome work, being hungry, not being able to bear responsibilities, loss of property **Substance use:** Marijuana (*bangi*) **Supernatural:** Attributed to the spirits (*omuzingu*) **Trauma/violence:** Psychological pain related to losing a close person (*okushasha*); shock, fear, loss of a dear one		**Family/community:** Emotional support and counseling
Ugandan	van Duijl et al. (2005)	[c] Dissociative fugue	The person does not recognize themself, or they feel like they are someone else; long-distance travel; inability to recognize others or to remember one's name	**Physical:** Mental illness, malaria, dementia **Psychosocial:** Stress at home **Substance use:** Alcohol **Supernatural:** Spirit possession (*emizumu, emandwa*) due to angry ancestral spirits and neglected rituals, being influenced by unidentified force (*eibugane*)		**Traditional:** Against spirit possession, traditional healers beat drums, give medicine, and perform rituals

[a] We decided to keep the different steps described in the original article (van Duijl et al., 2014).
[b] No local term was given.
[c] No local term was given.

Table 5
Retrieved idioms of distress in east Africa and the Horn of Africa.

Countries or cultural groups	Study	Idiom	Meaning
Kenyan	Mendenhall et al. (2019)	*Dhiki*	Struggling, some kind of stress and problems, like loneliness
Kenyan	Mendenhall et al. (2019)	*Huzuni*	Sorrowful, especially when someone dies, mourning, bereavement
Kenyan	Mendenhall et al. (2019)	*Kuwaza sana* or *kufikiria sana*, literally means thinking too much	Thinking too much about socially distressing experiences, such as financial worries, loss of a loved one, feeling unsafe in one's neighborhood, or past traumatic experience; increased level of ruminations, interchangeable with stress
Rwandan (Musanze)	Bolton (2001)	*Akababaro* (sadness)	Extremely quiet, not pleased by anything, feeling weak, "dying" with sadness
Somalian	Im et al. (2017); Johnsdotter et al. (2011); Mölsä et al. (2010)	*Dhimir* or *udurada dhimirka*	Over-arching, formal term that designates mental illness in general
Somalian	Im et al. (2017)	*Tacsi, cabijab*	Grief and sorrow
Somalian	Mölsä et al. (2010)	*Nervooso*	Nervousness, meaning feelings of irritability, impatience, resentment or tiredness, or having little energy, sometimes also loss of interest or pleasure
South Sudanese	Ng et al. (2022)	*Abau/hasud*	Isolate yourself from others; feel abandoned; lonely: Unwanted, useless, helpless, or that nobody can help you
South Sudanese	Coker (2004); Ng et al. (2022)	*Nafsiyat; nefsiyat*	Psychological illness or feeling stressed out, worried, having sleepless nights, feeling unsettled,
South Sudanese	Ng et al. (2022)	*Takian*	Feeling rude towards others; have misunderstandings; have a quick temper, quarrel with others: Not listening to others or showing them respect
South Sudanese	Ng et al. (2022)	"Thinking too much"	Rumination; one does not sleep because of constantly thinking about a problem

Because PTSD and other Western diagnostic categories may not carry over across different cultural settings, it is essential to study CCDs closely as unique entities, treating them on their own terms rather than forcing them into existing diagnostic categories (Deahl & Andreassen, 2024; Kohrt et al., 2014). Therefore, in the MENA and SSA regions, but also globally, it is crucial to ensure a shared understanding of the underlying meanings of idioms and, more broadly, of concepts of distress before proposing any treatment.

5.3. Use and appropriation of Western terms

Ensuring a shared understanding of meanings is crucial as Western terms and concepts of mental disorders are increasingly integrated into different cultural contexts and adapted to fit specific local nosological systems. This process, however, is not neutral – it reflects underlying power dynamics that privilege Western biomedical frameworks over local knowledge systems, shaped by historical legacies of colonialism and global inequalities (e.g., Antić, 2022; Deahl & Andreassen, 2024; Eromosele, 2021). While the use of identical terms might suggest a universal understanding of these syndromes across cultures, cultural and historical influences inevitably reshape these terms over time. Local communities reinterpret and adapt these concepts in ways that align with their unique sociocultural contexts, echoing Hinton's concept of localization (2010). For instance, the English terms of stress and depression were introduced into everyday Kenyan language through global mental health initiatives and the influence of Western nosological systems. Although they have been widely adopted, their meaning differ from Western definitions (Mendenhall et al., 2019). In Kenya, stress was seen as a normal process associated with various social and interpersonal issues, such as instability or lack of security, family difficulties, resulting in physical manifestations that affect the heart, mind, and body. When stress becomes overwhelming and life's problems take up more space in the mind in the form of rumination, it can lead to depression, which is then recognized as a mental disorder. Nevertheless, the manifestations of depression in Kenya do not align neatly with Western diagnostic criteria. Depression was mostly linked to the mind and described as empty mind, losing mind, stagnant mind or troubled mind, provoked by thinking too much, eventually leading to madness. Negative emotions or low self-esteem were sometimes mentioned but were not central to the description of the CCD. Such examples highlight a divergence in how mental conditions such as depression are understood and experienced across cultures, despite the use of similar terms (Lewis-Fernández & Kirmayer, 2019).

A similar example can be seen in Rwanda with the concept of trauma (Bolton, 2001; Otake, 2018; Otake & Tamming, 2021). After the 1994 genocide, local terms translating the Western concept of trauma emerged in the Kinyarwanda vocabulary, i.e., *guhahamuka* or *ihahamuka*, depending on the region. These terms emerged following the arrival of Western organizations that came to assist citizens, but it is important to remember that the concept of trauma and its effects were not new to Rwandan culture. Traditional Kinyarwanda vocabulary already included terms such as *agahinda* and *ibikomere*, which described deep sadness, social isolation, and grief following significant loss and violent events. Interestingly, these traditional terms emphasize social loss and collective grief over individual symptoms, reflecting a culturally specific understanding of trauma. With the introduction of the Western concept, it is as if two distinct syndromes have emerged side by side: one that deals with the mental health effects of genocide, focusing on individual symptoms, and another that applies to all the other traumatic experiences, focusing on collective social distress. Another example is Behrouzan's work (2018) in Iran, where she presented the idiom of *toroma* derived from the Western word trauma. *Toroma* was considered a shared experience between generations, a historical reconstruction of psychological distress related to collective losses. Behrouzan argues that in this case pathology is used as a cultural resource to demand justice for social and historical transgressions. Identifying with PTSD symptoms or symptoms of *toroma*, became a means to interpret and legitimize emotions, memories, and distress that might remain otherwise indescribable. Moreover, identifying with this local conceptualization of trauma offered a pathway to social relief and reduced the associated mental health stigma (Yan et al., 2024).

As Western concepts are introduced into diverse sociocultural contexts, it becomes increasingly important to adopt a bottom-up approach to foster a more equitable and inclusive global discourse on mental health. This approach involves actively engaging with local communities to understand their unique perspectives, languages and experiences of mental health and trauma.

5.4. Adopting a dimensional approach to mental disorders

The dimensional approach to mental disorders emphasizes understanding mental health along a continuum, ranging from non-pathological distress to severe mental disorders (Patel et al., 2018). Unlike the categorical model, which classifies mental health conditions into discrete categories, the dimensional approach views mental health as a spectrum, where individuals may shift between levels of severity based on personal, sociocultural, and contextual factors. Interestingly, this notion of a continuum also resonates with traditional nosological

Table 6
Retrieved CCDs in central Africa.

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
Burundian	Ventevogel et al. (2015)	*Abanyawarumogi* or *ibiyayuramutwe*	Alcohol or drug consumption, not able to walk, not eating, loss of body strength	**Structural conditions:** Poverty, loss of social control	**Interpersonal:** Fight, steal, rape	
Burundian	Familiar et al. (2013); Irankunda et al. (2017); Ventevogel et al. (2013), Ventevogel (2015)	*Akabonge* or *ibonge* or *agahinda* or *kinemura or akarunga*, literally mean sorrow, melancholy, deep sadness	Either always talking and dwelling on what they have lost, or they are very withdrawn and hardly speak, always feeling sad, not allowing anything to cheer them up, no interest in anything; worry, cry too much, complain too much, full of regret and sorrow about mistakes made and how everything was lost; sometimes harm themselves, suicidal thoughts, having a deranged mind and talking to oneself, forgetful, social isolation, sleep problems, little appetite, pain in chest and head	**Psychosocial:** Worrying about bad health, problems, family conflicts **Structural conditions:** Loss of property or livelihood **Trauma/violence:** Death of loved ones, witnessed atrocities during the war, rape, car accidents	**Interpersonal:** Inability to care for children anymore, inability to get married; family separation, isolation **Occupational:** Inability to work properly, lack of money, loss of assets, inability to do daily activities **Social:** Neglect of social obligations, not helpful to other people, lack of care for social appearances, not able to play a useful role in the community, lack of social functioning, stigma **Substances use:** Alcohol	**Family/community:** Try to comfort the person; encourage them to talk, replace the loss, listen to the person, find an occupation for the person
Burundian	Irankunda et al. (2017); Ventevogel et al. (2013), Ventevogel (2015)	*Ibisiza* or *ibizigo*, *gusara* or *ibiheko*, *ibirozi* or *ibitega* (madness), or *abagwaye mu mutwe* (people who suffer in their mind), or *ingwara zo mu mutwe* ("in-head" diseases)	Aggression and lack of respect for others, a mad or bewildered look in the eyes, bizarre behavior (e.g., going naked, collecting useless things, destroying things, neglecting personal hygiene, running for no reason, wandering in the streets without any reason); some talk all the time, while others hardly speak at all; talking non-sense, no beliefs in the future anymore, no happiness or hope; hallucinations	**Physical:** Malaria, fall on head, changes in the blood, heredity **Psychosocial:** Ibonge, problems in the family, overwork at school in addition to war experiences **Religious/spiritual:** Angry ancestor spirits (no respect of the rites), bad spirits, demons **Structural conditions:** Having lost belongings **Substance use:** Drugs, alcohol **Supernatural:** Sorcery, winds, magic poison **Trauma/violence:** War violence, loss of loved ones		**Medical or psychological:** Provincial hospitals **Religious/ spiritual:** Praying and rituals in church **Traditional:** Traditional healers
Burundian	Familiar et al. (2013); Irankunda et al. (2017); Ventevogel et al. (2013), Ventevogel (2015)	*Ihahamuka* (without lungs) or *guhahamuka* (traumatism) or *gusimbuka* (reaction of emotional fear when one remembers a terrible event) or *gutabagara* (loss of control when a person is hurt)	Fearful, afraid to go to some places, easily startled, on alert without real danger, easily distracted, agitated, bad sleep, suddenly wake up, bad dreams, no appetite, only talk about the war, cannot forget, difficulty to think and concentrate, often silent/seldom talk, hide what happened; alone and separate from family	**Trauma/violence:** Seeing/experiencing frightening things, war, rape, a car accident, loss of loved ones, torture	**Interpersonal:** Family separation **Psychosocial:** Financial problems	**Family/community:** Family and friends should help the person to do the things they are afraid of, including occupation and social activities **Traditional:** Traditional healers, advice, and therapeutic remedies
Burundian	Irankunda et al. (2017); Ventevogel et al. (2013), Ventevogel (2015)	*Kuyinga* (to be "drunken" by sadness and thoughts)	More severe form of *ibonge*. "Quiet fool" characterized by disorganized behaviors but no aggression; silent, isolation, no interest to be with others, higher risk of suicidality	**Multiple causes:** Deaths of loved ones		

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Table 6 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
Burundian	Familiar et al. (2013)	*Kwamana ubwoba burenge*	Having the sensation of being followed, staying at home for security, no peace, prefer not to talk, many thoughts, alone, aggressive, antisocial behavior such as shouting and swearing, trouble sleeping, breathing rapidly		**Occupational:** Inability to work **Social:** Stigma, not going out	
Burundian	Familiar et al. (2013)	*Ucutiyemera*	Loss of confidence, feeling of no value, thinking too much, being a different person, without energy, hopeless, remaining alone, lack of appetite, fear of work, fear of being criticized		**Interpersonal:** No marriage **Occupational:** No work **Substances use:** Alcohol	
Burundian	Ventevogel et al. (2015)	*Umubabaro udasanzwe* or *ikigandaro*	Mourning, endless grief	**Religious/spiritual:** Disturbances in the process of mourning (e.g., no body), ancestors spirits causing misfortune		
Congolese (DRC)	Ventevogel et al. (2013)	*Amutwe alluhire* (tired head)	Sad, often cries without reason, irritable or nervous, easily angered, confused, forgetful, feel neglected by family and friends, socially withdraw	**Psychosocial:** Family problems **Structural conditions:** Poverty, worrying about problems **Trauma/violence:** Death of loved ones, rape		**Family & community:** Provide money, goods or work; visit the person, pray with the person, ensure the person is not alone, involve the person in communal work in the village
Congolese (DRC)	Ventevogel et al. (2013)	*Erisire* (madness) and *erisire ry'emumu* (silent madness)	Verbally and physically aggressive, weird behaviors (e.g., taking their clothes off, walking naked, eating inedible things, walking aimlessly or sitting in dirty places, stealing), talking to oneself, laughing or crying during inappropriate moments, no insight, inappropriately exalted mood, too much activity; silent form of *erisire*: Social isolation, not speaking, absence of movement and profound sadness	**Physical:** Cerebral malaria, epilepsy **Psychosocial:** Being rejected in love **Substance use:** Drugs, alcohol **Supernatural:** Bad spirits, sorcery, bad spell **Trauma/violence:** Death of loved ones		**Medical or psychological:** Healthcare facilities for malaria, physical causes, or mental illness, medication **Religious/ spiritual:** Healers (*mukumu*) who work with spirits, in case of possession one should construct a *vuhima* (small house for the ancestors); Christian pastor who prays with the patient **Traditional:** Healers (*muskai*) who work with herbal medicine

systems found across diverse cultures, as reflected in the retrieved articles (e.g., Afana et al., 2010; Mendenhall et al., 2019; Otake, 2018). Continuums were described between CCDs with some being considered as less severe than others, but also in terms of spectrum, i.e., a CCD manifestation could vary in severity. Some local nosological systems, e.g. in Somalia, integrated both approaches, describing variance in severity within a CCD as well as between CCDs. The described continuums ranged from mild distress to a condition often labelled as madness, in which the person is unable to function and strongly stigmatized. Interestingly, severity was conceptualized in different ways. In Rwanda, for example, the same condition, *ibikomere*, varied from a mild form to a more severe form depending on the accompanying behavioral manifestations. Severity was thus equated with visibility – the invisible emotional problems were seen as less serious than the visible ones that had a direct impact on social functioning, e.g., social maladjustment, impaired communication, and deviant behaviors (Otake & Tamming, 2021). In other contexts such as Gambia, Palestine or Somalia, the severity of distress was associated to the severity of the stressor – mild distress was associated with everyday life difficulties and repeated burdens, whereas traumatic experiences such as loss or violence, depending on their intensity, proximity and locus of control, caused greater distress, culminating in mental disorders (e.g., Afana et al., 2010; Fox, 2003; Im et al., 2017). Thus, low severity CCDs were initially seen as a form of normal distress in response to certain types of events, before eventually becoming a disorder if the distress was prolonged or unaddressed. The Nepali model of trauma described by Kohrt and Hruschka (2010) shows similarities in describing a continuum based on events, as well as the controllability of the symptoms, however no concept such as karma or susceptibility to suffer from trauma was described in the retrieved papers targeting MENA and SSA regions.

In another example, Coker (2004) points out that for the South Sudanese, there is an ongoing process of health and ill health. A person is always placed on this continuum; never completely healthy or unhealthy, and the oscillations between both sides depend on external and existential factors such as war exposure, torture, death of loved ones, migration, and poor living conditions. Instead of "an isolated variable

Table 7
Retrieved CCDs in West Africa.

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
Gambian (Mandinka)	Fox (2003)	*Kidja Farro*, literally means heart shakes	Fear of bad future events, persecutory ideation, exaggerated startle response, hypervigilance, sleep disturbance, avoiding public places, social isolation, sitting and staring, rapid heart rate, trembling, body heat	**Religious/spiritual:** Satan, lack of faith **Supernatural:** Ginnos, spells inflicted by marabous, witches, and sorcerers **Trauma/violence:** Being tortured or raped, incurable illness, direct trauma		
Gambian (Mandinka)	Fox (2003)	*Masilango*, literally means extreme fear	Afraid to be alone, persecutory ideation, exaggerated startle response, vigilance, flashbacks, nightmares, avoiding groups, sitting and staring, appetite disturbance	**Religious/spiritual:** Satan, lack of faith **Supernatural:** Ginnos, spells inflicted by marabous, witches, and sorcerers **Trauma/violence:** Witnessing the murder of family members, indirect trauma		
Gambian (Mandinka)	Fox (2003)	*Mira Kurango*, literally means thinking sickness	Apathy, sadness, suicidal ideation, helplessness, hopelessness, preoccupation with the past, compulsions, social isolation, poor social pragmatics, sleep disturbance, appetite disturbance, psychomotor retardation	**Religious/spiritual:** Satan, lack of faith **Supernatural:** Ginnos, spells inflicted by marabous, witches, and sorcerers **Trauma/violence:** Witnessing the murder of family members, being tortured or raped, incurable illness		
Gambian (Mandinka)	Fox (2003)	*Perrio*, literally means brain out of place	Restlessness, irritability, easily angered, distressing thoughts and images, avoiding reminders of bad events (places, conversations), dissociation (doing things of which one is not aware), easily forgetful, attention and concentration difficulties	**Religious/spiritual:** Satan, lack of faith **Supernatural:** *Ginnos*, spells inflicted by marabous, witches, and sorcerers **Trauma/violence:** witnessing the murder of family members, being tortured or raped, incurable illness	**Social:** Social disruption	
Bissau-Guinean (Balanta)	de Jong and Reis (2010)	*Kiyang-yang*, literally means the shadow	Dissociative trance manifested by strange sensation in the head and body, pain all over the body, respiratory difficulties, buzzing sound in the ear, heart palpitations; heavy and/or trembling body, rapid thoughts, crazy behaviors such as taking one's clothes off, running around and losing direction, head and body shaking, weird dreams, possession, being forced to do things by *Nhaala* (God), hearing the voice of God in one's head, God entering one's body, visions, body turns hot, amnesia during the period of running, glossolalia, convulsive movement of the head, body and limbs, animal sounds, becoming clairvoyant and clairolfactive	**Psychosocial:** Stigmatization from the community because of the loss of children and failure to meet cultural expectations related to progeny **Supernatural:** Witchcraft, sorcery **Trauma/violence:** War events, the loss of children or inability to have them	**Religious/spiritual:** Becoming a healer	**Traditional:** Roots, potions, medicine
Liberian	Abramowitz (2010)	*Open mole*, literally means hole in the head	Severe headache, neck pain, back pain, fast heartbeat, general heat and body pain, poor vision, trembling, numb legs, feeling like there's a worm inside the head, fatigue, weakness, troubled sleep, nightmares, loss of appetite, worry, crying, confusion, wanting life to end, loss of interest in usual activities, forgetfulness, social withdrawal, hearing voices and sounds, seeing shadows, fear of death	**Physical:** Getting caught in the rain or sitting in the sun for too long **Psychosocial:** Committing a wrongdoing (violence, theft, sorcery) **Structural factors:** Chronic adversity and stress **Supernatural:** Dangerous spiritual forces, witchcraft, dangerous nightmares, victim's affliction (wrong done to them); some believe it is contagious through objects **Trauma/violence:** Sudden fright or shock		**Family/community:** Visit friends and family to ask for advice and support **Individual:** Alcohol and marijuana **Medical or psychological:** Self-medication (i.e., valium, sleeping pills, ayurvedic medicine) **Religious/spiritual:** Church, prayers **Traditional:** Traditional healers' paste of herbs and leaves applied on the head, then tightly bandaged, once a day to once every 3 days, for 2 weeks or a month; no particular

(*continued on next page*)

Table 7 (*continued*)

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
						herbs, sedatives, or Chinese medicines **Individual:** Rest, take time, settle down, not letting things upset you, not worry too much **Medical or psychological:** Medicine for hypertension (Inderal) **Social/political:** Peace
Sierra Leonese (Mende)	Henry (2006)	*Haypatɛnsi*, literally means hypertension	Heart conditions ("spoiled," cramps, pain, burning), almost an audible sound in the chest (similar to gunfire), palpitations, excess of heat in the heart, restless heart, worrying too much, sadness, uneasiness, too much feeling, fear, sleep difficulties, hot blood, hot belly, increased blood pressure, blackouts, losing vision	**Psychosocial:** Worries and overthinking, loss of status, hopelessness about the future **Structural factors:** Inability to support self and family, worries about food, shelter, and security **Trauma/violence:** Losses endured during the war		
Sierra Leonese	Stark (2006)	*Noro*, literally means spiritual contamination; also translated as bad luck	Discouragement, feeling bad, unhappy, bored, feeling inferior, inhuman, unfit, feeling guilty, feeling isolated from the community, unable to be part of the community, abusing people, threatening people, doing drugs, no appetite	**Trauma/violence:** Armed conflicts, rape, abduction, having committed atrocities while abducted by the rebels	**Educational:** Inability to go to school **Interpersonal:** Inability to form relationships and find love; misfortune to the family **Occupational:** Inability to farm, to have a business, to earn an income **Social:** Discrimination by the community and family; inability to function within society	**Traditional:** Traditional healers (*ndigbas* and *karimoko/moriman*); cleansing process through symbolic gesture and spiritual transformation (communication with the ancestor spirits, bush herbs, washing rituals, new clothes), acknowledged by a large celebration

entering and temporarily inhabiting the body" (p. 22), ongoing life narratives present physical and psychological pain or illness as a crucial component. This pain's historization and contextualization explain how a person comprehends their symptoms and situates themselves within this continuum. Giacaman's work (2018) in Palestine similarly advocates for a dimensional approach to understanding distress. She presented a similar "ease-disease continuum", in which she argues that in protracted contexts of violence, cutoff scores are not representative of local etiologies. Instead, people move along the continuum of ease and disease, based on factors like the severity and chronicity of the violence, as well as the cultural and sociopolitical resources they have access to, such as cultural stability, social support, and financial well-being.

In contrast to the categorical approach to mental health prevailing in the West, the local dimensional approach offers a different perspective on treatments, focusing on generalized rather than specific approaches. The recommended treatments are based on two key aspects intrinsically linked: the cause of distress and its severity. When the distress is related to protracted violence, e.g., in Afghanistan, Iraq, Palestine, Somalia, South Sudan, Syria or Yemen, coping strategies based on community and religion exist but are often considered ineffective unless the violence stops. When the condition is believed to be related to spirits, spiritual or traditional methods are necessary. For mild to moderate distress, the relief pathway typically combines two or more form of support, such as community, family, religious and traditional rituals or practices. Finally, medical and/or psychological treatments are considered to be helpful only in cases of severe distress, which is often perceived to be equivalent to a mental disorder.

6. Limitations

This review has limitations that need to be acknowledged and discussed for a balanced understanding of its scope and conclusions. First, there is a considerable variation in the depth among the original articles we examined. Some studies provide an extensive, detailed description of the CCDs and their various components, while others provide only superficial insights, e.g., list of idioms or symptoms. This variability may have influenced our analysis and the conclusions we drew from it. The heterogeneity of the articles presented also concerned trauma exposure, whereas in some contexts CCDs were directly described as caused by specific traumas, in others trauma exposure was implied and indirectly related to various CCDs. Thus, some CCDs were not only trauma-related but also caused by a wider range of difficulties, including structural, spiritual and social ones broadening the definition of what constitutes trauma.

Additionally, the diverse historical, political, economic, environmental, religious, cultural, and linguistic contexts in which the studies included in our review were conducted inherently challenge efforts to synthesize findings without oversimplifying their complex nature. In seeking to create a framework to extract common elements across these varied sociocultural contexts, we necessarily engage in a degree of reductionism, as it is impossible to fully capture the nuanced interplay of factors unique to each setting.

Finally, our limited proficiency in some local languages, with the exception of Arabic (NH is fluent), may have led to a poorer understanding of some CCDs and idioms. Having people from different cultures and speaking different languages in the research team is a real asset when it comes to understanding the cultural and lexical meanings of the terms used to describe trauma-related distress. This may as well have led to a potentially incomplete identification of all relevant papers due to the restriction of searches to English, French and Arabic peer-reviewed literature, therewith possibly missing relevant studies in other languages. Furthermore, our decision to focus exclusively on published peer-reviewed articles inadvertently narrowed our scope. We may have overlooked critical insights contained in WHO desk reports, other forms of grey literature, and ethnographic work published in books. These sources often contain valuable qualitative data and context-specific information that can provide a more comprehensive and complementary understanding of the subject matter. Including such diverse sources could have enriched our review, offering a broader perspective and deeper insights into the issues at hand.

7. Conclusion

Traumatic exposure is a global phenomenon, yet trauma interpretation, distress manifestations, and resolution may vary considerably from one sociocultural context to the other. It is now widely

Table 8
Retrieved CCDs in Southern Africa.

Countries or cultural groups	Study	Syndromes	Symptoms/idioms	Etiology	Consequences	Relief pathway
Mozambican (Gorongoza)	Igreja et al. (2006)	*Gamba, magamba*, literally mean possession by war spirits	Psychosomatic symptoms such as stomach and rib pain, strange pains in the whole body, headaches, poor appetite, sleep disorders, nightmares loaded with persecution and sexual violence, irregular menstrual cycles, decreased interest in coitus, general body weakness, and outbursts of anger	**Supernatural:** Spirit possession (*Gamba*) by young men who died innocently during the war **Trauma/violence:** Abduction, forced labor, unspeakable rape, torture, captivity, constant threat to life, family separation, humiliation, forced marriage (*Gandira*)	**Interpersonal:** The suffering is distributed to the whole family; unstable relationships with husbands	**Traditional & family/community:** A Gamba healer induces the patient into a state of possession in which the spirit re-enacts the past wrongs; then the healer with the family acknowledges the past wrongs and the spirit asks for reparation as a trade-off for leaving the body and assists the healer; the family must repair the spirit's claims before it leaves the body, which paves the way for recovery
Mozambican	Sideris (2003)	*Ixinzuthi*, literally means the shadow of a person	Loss of social belonging (i.e., identity which results in a loss of sense of purpose and dignity), feeling lost, alone, disconnected, "not the way we used to be before war"; loss of respect, self-worth	**Psychosocial:** War through the deprivation of daily practices, kinship arrangements, social rules, and obligations	**Interpersonal:** Inability to provide for family	
Mozambican	Sideris (2003)	*Somatic distress*	Thinking a lot, sore body, stomach pain, headaches, feeling as a crippled person or not feeling like a person at all	**Trauma/violence:** War, physical violence, rape		
Mozambican	Sideris (2003)	*Vavisa imoya*, literally means injury to the spirit	Preoccupation with individual violation and social destruction, grief, physical deterioration, loss of vitality, loss of efficacy to sustain life, loss of a sense of continuity of self, feeling lost; suicidal ideation, sore heart, "spiritually dead"	**Psychosocial:** Family discord, community fragmentation, moral disorder, severance from the land, fractured social connections **Spiritual/religious:** Not burying the dead, their spirit (*imoya*) is not resting, and it makes the ancestors angry **Trauma/violence:** War, murder, death of relatives		
Namibian (Khoekhoegowab speaker)	Claudius et al. (2022)	*Tsûsa !Nae!khais xa hâ!nâ/mâ! nâ/=/gâ!nâhe hâ*, literally means a terrible event has entered a person and remains standing inside	Intrusive memories, flashbacks, continually thinking or talking about the experience, fear and hypervigilance, social isolation and withdrawal, loss of interest, crying indicating grief and mourning, heart pain, anger, no longer a valuable person	**Psychosocial:** Separation, divorce, family estrangement, growing up with caretaker, difficult childhood experiences **Structural conditions:** Unemployment **Trauma/violence:** Violent, tragic, or life-threatening events such as violent losses (suicide, homicide, accident), kidnapping, imprisonment	**Mental health:** Decline into madness, loss of autonomy (hygiene, food) **Occupational:** Affecting work **Physical:** Affecting reactions to time, risk of heart attack, chronic illness like epilepsy	**Individual:** Active process, being aware of inner strength and accept the experience; distraction and avoidance **Family/community:** Social, instrumental, and emotional support **Medical or psychological:** Brief intervention for acute distress **Religious/spiritual:** Forgiving the self and others, individual and/or collective prayers
South African	Gibson (2010)	Being or *going bossies*, literally means to be wild, outside of humanity, animalistic; or *bosbefok* ("bushfucked") or *bosbedonnerd*	Feeling changed, easily angry, violent, out of control, experiencing dark feelings, numbness (emotionally, socially, or spiritually frozen); reminiscences, distressing memories, overcome with fear, thought-avoidance, emotionally withdrawn from others	**Trauma/violence:** Active combat duty (recipient and agent of violence)	**Mental health:** Unable to function for some time	
Zimbabwean	Verhey et al. (2020)	*Kufungisisa kwe njodzi*, literally means excessive thinking due to trauma	Depressed mood, tearfulness, suicidal thoughts, denial, addiction, substance abuse, avoidance, intrusions, hypervigilance (tense and agitated), anxiety, negative cognitive changes, sleep problems	**Structural conditions:** Unemployment, poverty, HIV diagnosis, inability to afford treatment, being stigmatized due to trauma and HIV **Trauma/violence:** *Njodzi*, or loss of family members, abuse, chronic illness, deprivation, struggle to survive		**Family/community & medical or psychological:** Friendship bench intervention (*ambuya utano*): Grandmother health provider who uses tools such as opening up the mind, uplifting, psychoeducation, and normalization

Table 9
Retrieved idioms of distress in Southern Africa.

Countries or cultural groups	Study	Idiom	Meaning
Namibian	Claudius et al. (2022)	*Xū-i xa hâ !nâhe hâ*	A thing/something occupies you on the inside (mentally); it possesses or overwhelms you (mentally)
Namibian	Claudius et al. (2022)	*||aixa ra*	They become aggressive
Namibian	Claudius et al. (2022)	*!khau kai ra*	It can make someone lose their mind
Namibian	Claudius et al. (2022)	*|garu*	Talking about things that others would view as unreal, or constantly talking about a particular terrible experience or episode from such an experience (nonstop) even long after the event has occurred
Namibian	Claudius et al. (2022)	*Flou*	To become epileptic
Namibian	Claudius et al. (2022)	*Aanvaar ||oa*	Unable to accept
Namibian	Claudius et al. (2022)	*Tsâ |khā ra*	It likely affects one's feelings
Namibian	Claudius et al. (2022)	*Skok*	To get shocked
Namibian	Claudius et al. (2022)	*!aorosa*	Frightening
Namibian	Claudius et al. (2022)	*|gūse hâ*	To stay close to (be by the side of) the person
Namibian	Claudius et al. (2022)	*Nē xū-i |kha ≠khība kuru tama*	(They) do not make peace with this thing
Namibian	Claudius et al. (2022)	*|guri keep-basen hâ*	The person has kept this to themselves
Namibian	Claudius et al. (2022)	*Valuable se mûsen tama*	The person does not see themselves valuable anymore
Namibian	Claudius et al. (2022)	*Give up sī ra*	They give up (later)
Namibian	Claudius et al. (2022)	*Verlekersen ra*	Some people are amusing themselves with this (unfortunate) situation
Namibian	Claudius et al. (2022)	*Tsû ra*	They sympathize with the person in their unfortunate situation
Namibian	Claudius et al. (2022)	*Kaise ≠gaob !nâ tsû hâ/≠Gaoba tsû hâ*	Pain in the heart

acknowledged that the improvement of mental health care outcomes in trauma care settings is contingent upon the consideration of local understanding of trauma-related distress and treatments. Yet still, existing information about distress in diverse sociocultural settings is rarely consolidated to be used in clinical settings. While the urge and call for cultural competence is becoming increasingly acknowledged in the Global South and North, clinicians often find themselves short of key information to understand their patients' distress. In this review, we aimed to consolidate this information for research, but more importantly, for clinical and humanitarian settings.

Our review indexes and summarizes trauma-related CCDs in MENA and SSA regions. Trauma-related CCD literature suggests the importance of considering key areas for research and clinical settings, such as deconstructing local understanding of psychological processes to better grasp features of the CCD (i.e., explanatory models, distress symptoms, resolution pathways), adopting a dimensional approach to understanding mental health distress, and, at times, challenging the biomedical model. As we write this, we acknowledge that some of the information provided may already be outdated and the mentioned CCDs are evolving. Thus, it is crucial to continuously analyze the interaction between globalization and local cultural frameworks to stay updated on how nomothetic distress idioms such as trauma or depression can be appropriated and fused with cultural concepts to form new categories.

CRediT authorship contribution statement

Marion Bovey: Writing – review & editing, Writing – original draft, Visualization, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Nadine Hosny:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Felicia Dutray:** Writing – review & editing, Validation. **Eva Heim:** Writing – review & editing, Validation, Supervision, Conceptualization.

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

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