

Exploring Dimensions of Trauma-Linked Somatic Complaints in Refugees: A Qualitative Study in Canada

Przemyslaw. Wandzilak¹, Onur. Isci^{2*}, Paulo. Castro-Medina³

¹ Department of Psychology, Concordia University, Montreal, Canada

² School of Sociological and Anthropological Studies, University of Ottawa, Ottawa, ON, Canada

³ Senior Researcher, Centro Regional de Investigaciones Multidisciplinarias, Universidad Nacional Autónoma de México, Cuernavaca, Mexico

* Corresponding author email address: onurisci@gmail.com

Editor

Shokouh Navabinejad

Full Professor, Department of Psychology and Counseling,
KMAN Research Institute,
Richmond Hill, Ontario, Canada
sh.navabinejad@kmanresce.ca

Reviewers

Reviewer 1: Curry Bordelon

Department of Sociology/Anthropology, Simon Fraser University, Burnaby, BC, Canada. Email: curry.bordelon@sfu.ca

Reviewer 2: Rezki Hmeyada

Faculty of Letters and Human Sciences, Mohamed V University, Rabat, Morocco. Email: rezki.hmeyada@gmail.com

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “Understanding these manifestations is essential for informing healthcare practice, legal procedures, and social policy” would benefit from citing specific policy frameworks (e.g., Canadian refugee health policy) to strengthen the contextual relevance.

The narrative “I wake up in the night sweating from nightmares...” is vivid but could be strengthened by triangulating with existing literature (e.g., PTSD sleep disturbance). Suggest cross-referencing the Discussion section more explicitly here.

The claim “Sleep problems, including insomnia and nightmares, emerged as a nearly universal complaint” should be quantified. How many of the 17 participants reported this? A simple frequency (e.g., “15 of 17 participants”) would add credibility.

The authors state “Our findings also align with Newman’s earlier work...”. This is accurate, but the paragraph becomes heavily citation-driven. Suggest integrating more study-specific interpretations before moving to external confirmation.

When discussing alternative healing (“Some relied on herbal remedies, massage, and prayer”), the authors could connect these practices to integration challenges in Western medical systems (e.g., acceptance by physicians). This contextualization would enhance practical implications.

Authors revised and uploaded the document.

1.2. *Reviewer 2*

Reviewer:

The discussion of fragmented narratives (“Trauma-related memory disruption often produces fragmented narratives...”) is insightful, but it would help to connect this issue explicitly to clinical misdiagnosis of somatic complaints, bridging the clinical and legal domains more clearly.

The claim “Health systems across Europe and North America face mounting challenges in responding adequately to refugee health needs” is broad. Adding Canadian-specific evidence would better situate the current study’s context.

The transition sentence “Against this backdrop, the present study aims to explore...” is appropriate, but the rationale would be stronger if the authors highlighted the knowledge gap in Canadian refugee research, since most cited studies are European or Australian.

The sentence “Our findings confirm that refugee health cannot be separated from broader social and political dynamics” is important. However, the article would benefit from linking this point explicitly to Canadian political discourse or healthcare policy, since the study is located in Canada.

Authors revised and uploaded the document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.