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EM Backe; Edna Bosire; Andrew Kim; Emily Mendenhall

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ORIGINAL PAPER

"Thinking Too Much": A Systematic Review of the Idiom of Distress in Sub-Saharan Africa

Emma Louise Backe[1] · Edna N. Bosire[2] · Andrew Wooyoung Kim[2,3] · Emily Mendenhall[2,4]

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Abstract Idioms of distress have been employed in psychological anthropology and global mental health to solicit localized understandings of suffering. The idiom "thinking too much" is employed in cultural settings worldwide to express feelings of emotional and cognitive disquiet with psychological, physical, and social consequences on people's well-being and daily functioning. This systematic review investigates how, where, and among whom the idiom "thinking too much" within varied Sub-Saharan African contexts was investigated. We reviewed eight databases and identified 60 articles, chapters, and books discussing "thinking too much" across Sub-Saharan Africa. Across 18 Sub-Saharan African countries, literature on "thinking too much" focused on particular sub-populations, including clinical populations, including people living with HIV or non-communicable diseases, and women experiencing perinatal or postnatal depression; health workers and caregivers; and non-clinical populations, including refugees and conflict-affected communities, as well as community samples with and without depression. "Thinking too much" reflected a broad range of personal, familial, and professional concerns that lead someone to be consumed with "too many thoughts." This

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✉ Emma Louise Backe
embacke@gwmail.gwu.edu

[1] Department of Anthropology, The George Washington University, 2110 G St NW, Washington, DC 20037, USA

[2] SAMRC/Wits Developmental Pathways for Health Research Unit (DPHRU), School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

[3] Department of Anthropology, Northwestern University, Evanston, USA

[4] Edmund A Walsh School of Foreign Service, Georgetown University, Washington, DC, USA

research demonstrates that "thinking too much" is a useful idiom for understanding rumination and psychiatric distress while providing unique insights within cultural contexts that should not be overlooked when applied in clinical settings.

Keywords Idioms of distress · Thinking too much · Sub-Saharan Africa · Mental health

Introduction

Since the mid-1990s, scholarship on the idiom of distress "thinking too much" has demonstrated various emic ways in which people across the world communicate distress (Hinton et al. 2015; Hinton and Lewis-Fernández 2010; Kaiser et al. 2015a; Kohrt et al. 2014; Yarris 2014). This scholarship is nested within a history of anthropological inquiry into how culture and experience influence the words and emotions people use to communicate social and psychological suffering (Good 1997; Kirmayer and Young 1998; Kleinman and Good 1985). Many scholars working at the juncture of culture, medicine, and psychiatry apply the idiom of "thinking too much" to clinical frames, diagnoses, and interventions, and interest in this topic has grown exponentially in the past decade (Kohrt et al. 2014; Kaiser et al. 2015a, b). Recent scholarly reviews show that the majority of published case studies on the idiom come from Sub-Saharan Africa, and in the past 5 years there has been a burst of scholarship on "thinking too much" as a cultural idiom and clinical tool (Haroz et al. 2017; Mayston et al. 2020). Yet, no review has explicitly focused on how people use "thinking too much" in the region or questioned in depth how the idiom itself may be polysemous within or between cultures, states, or continents.

One of the earliest references to the idiom of "too much thinking" in Sub-Saharan Africa comes from Peltzer's (1989) research in Malawi on the spirit disorder of *vimbuza*, but Patel's research on the Shona idiom of *kufungisisa* (thinking too much)—and its incorporation into local screening methods by care providers in Harare, Zimbabwe—represents one of the first in-depth analyses of the idiom as both a cause and a symptom of mental illness and distress (Patel et al. 1995a, b, c; Patel and Mann 1997). The scholarship about *kufungisisa*, the idiom in Shona, exemplified this tension between understanding what the idiom means and what it can do for biomedicine. Related to the former, *kufungisisa* revealed that the idiom communicated how people express distress in relation to a supernatural cause or social stressor (Patel et al. 1995a, b). Related to the latter, studies suggested that "thinking too much" in Zimbabwe demonstrated significant overlap with depression and anxiety, thereby signaling that it could inform biomedical diagnoses (Patel et al. 2001). Anthropologists criticized this approach and argued that psychiatric utilization of cultural concepts often reify culture as a static measure (Summerfield 2008). Instead, culture and mental illness are fluid, interactive constructs shaped by history, politics, and society (Jenkins 2015; Kirmayer 2012). From this tension, we gain insight into how a globally relevant concept is situated in a cultural milieu, given meaning, and becomes useful for both clinical and anthropological practice.

The purchase of the idiom "thinking too much" in other regions of the world also indicates the saliency and variability of thoughts and suffering in Latin America, the Middle East, and Southeast Asia (Hatala and Waldram 2016; Hinton et al. 2015; Hinton and Earnest 2010; Kaiser et al. 2014; Sakti 2013; Soonthornchaiya and Dancy 2006; Sulaiman-Hill and Thompson 2012; White 2004; Yang et al. 2009; Yarris 2014). These examples diverge across geographic regions, demonstrate that people use different social, somatic, and ecological frames to explain "thinking too much," and illustrate the sometimes catastrophic consequences of thought patterns that overwhelm individuals and communities. In some cases, the symptoms can be fatal. As Hinton, Reis, and de Jong note, however, "almost no studies of TAL [thinking a lot] consider the social and cultural context in which TAL occurs," (2015: 385), committing an error of what they refer to as "decontextualization." The contextualization and entextualization (Ochs 1979) of "thinking too much" remains critical as comparative studies have emphasized the efflorescence of "thinking" idioms of distress and demonstrate the incredible purchase and utility of an ethnomedical approach in the domain of mental health. Cultural, ethnic, religious, and linguistic variations within countries—even between different villages and cities—demonstrate that how individuals speak about, conceptualize, and act upon the idea of "thinking too much" is both contingent and fluctuating, dependent on the circumstances and the mood.

In this article, we focus on the specific sociocultural dimensions and experiential contexts in which the idiom "thinking too much" is made meaningful for people in diverse Sub-Saharan contexts. In some ways, this review focuses on the very nature of idioms: the "localization" (Hinton et al. 2016) of "thinking too much," or the ways in which idioms communicate that someone is "thinking too much," differ across contexts and convey varied social, cultural, political, and somatic factors. We also demonstrate how local idioms of distress may convey different meanings even within the same culture, and how these idioms are interpreted to fit the global clinical concepts. As such, we argue that "thinking too much" varies across contexts as opposed to serving as a static, common expression; in many ways this parallels critiques of depression which suggest depression is not a universal construct for measuring psychiatric distress in the same way everywhere (Summerfield 2008). Instead, "thinking too much" must be localized whenever it is described, applied, and used as a psychometric, even when the idiom can be clinically useful (Kohrt et al., 2015). We contend that "thinking too much" depends on the context in which the idiom is used and should not be overlooked or clustered into one unilateral construct, although at the same time we avow that the construct can be significant in various settings for identifying people who carry psychological distress. In what follows, we have evaluated where, how, and why people use "thinking too much" to convey distress, the variation within these expressions, and what we can learn through what they share and how such idioms diverge.

Methods

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Guidelines (Liberati et al. 2009). In the figure, we show the five databases we searched between April and June 2020 using the following search terms: (Idioms of distress OR thinking too much OR mental health OR mental illness OR mental distress OR psychological anthropology AND Africa OR sub-Saharan Africa OR sub Saharan Africa); inclusion criteria involved English-language and being peer-reviewed journal articles, book chapters, unpublished dissertations, or books. We conducted a more targeted secondary search in three new databases using a more limited set of search terms, including: (idioms of distress OR idiom of distress OR thinking too much AND Africa OR sub-Saharan Africa OR sub Saharan Africa). After removing duplicates, we screened titles and abstracts for the following eligibility criteria: (1) published in English; (2) conducted in Sub-Saharan Africa or with a community or population originally from the Sub-Saharan Africa region (even if they migrated to other parts of the world); (3) and mentioned "thinking too much" or excessive thoughts (e.g., too many thoughts, lots of thinking) as an idiom of distress within the

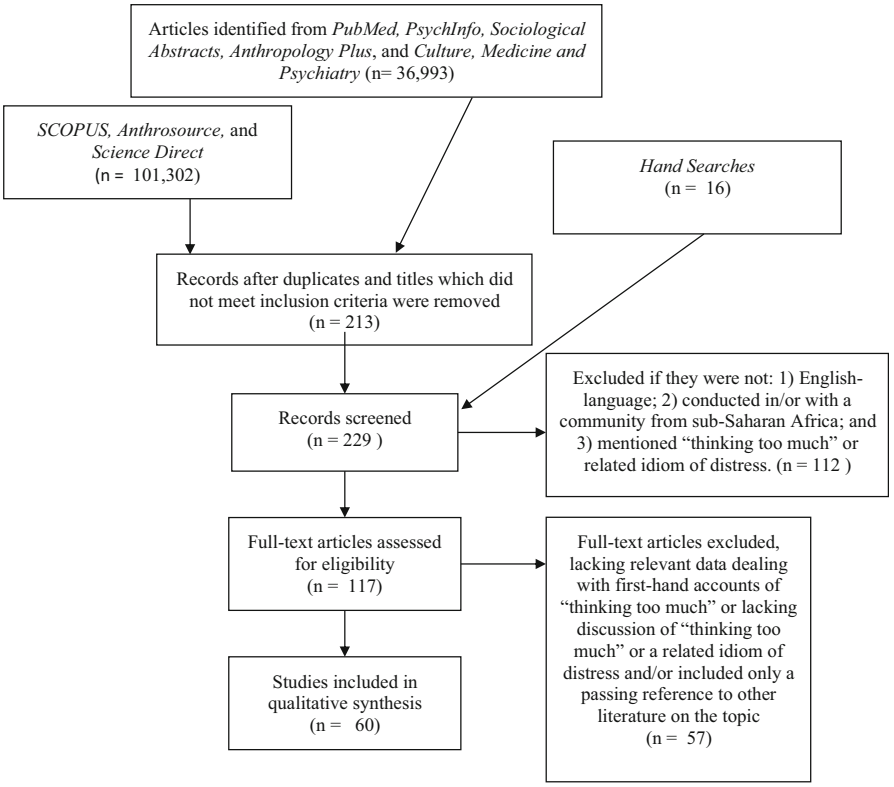


Fig. 1 Methodology (based on the PRISMA Checklist) (https://www.prisma-statement.org)

study population. No restrictions were placed on the year of publication or the age of population studied (Fig. 1).

We identified 117 sources that met the eligibility criteria. We carefully read the full texts of these publications to determine the extent to which "thinking too much," or a related idiom of distress was included in the discussion and analysis of primary research. In reviewing publications that met the eligibility criteria, bibliographies were also hand-checked to identify additional sources that referenced the idiom of "thinking too much" that were not captured in the initial strategic search—16 additional texts were identified through this hand-checking process. Fifty-seven articles were excluded because they lacked relevant data dealing with first-hand accounts of "thinking too much" or because their discussion of "thinking too much" or a related idiom of distress included only a passing reference to other literature on the topic. Four systematic reviews which referenced to "thinking too much" in a Sub-Saharan context were also included in the final results (Haroz et al. 2017; Kaiser et al. 2015a; Kohrt et al. 2014; Mayston et al. 2020).

We reviewed 60 articles in depth, comparing where the studies were conducted, who was the focus of the study, what language and words were used, and how the term "thinking too much," or a related variant, was communicated. We also focused on etiology and coping. For etiology, we focused on what caused people to "think too much" and how this is compared across contexts. For coping, we considered what people did to manage their rumination—within their social, familial, and individual worlds, and why. This discussion of rumination is also put into conversation with the applicability and uptake of psychiatric diagnostic categories like depression vis-à-vis local idioms, and how locals understand or complicate global mental health concepts like stress or trauma in relation to cultural expressions of thought.

Results

Sixty peer-reviewed articles, book chapters, books, and unpublished manuscripts in the academic literature were identified and included in the analysis of the systematic review. Table 1 shows that the people involved in these studies had varied background; people were categorized by those who already were diagnosed with some type of chronic or acute disorder within a clinical setting (n = 18), women seeking care for maternal healthcare (n = 8), those providing healthcare and caregiving for others (n = 10), and others working with non-clinical populations with depression (n = 4) and without (n = 6), as well as those working with refugees, migrants, and conflict afflicted populations residing in-country (n = 8) as well as those had resettled in Europe (n = 2). Table 2 shows that people involved in these studies were consulted from 18 countries, with Zimbabwe presenting with the most (n = 15), followed by Uganda (n = 8), South Africa (n = 7), Kenya (n = 5), and Ghana (n = 4). Two studies were conducted with people from Nigeria, Rwanda, the Somalian diaspora, and South Sudan. One study was represented from people originally from Eritrea, Ethiopia, the Democratic Republic of the Congo, Liberia, Malawi, Sierra Leone, Somalia, Tanzania, The Gambia, and Zambia. Most people

Table 1 Characteristics of study populations

	N = 56	%	
Clinical populations			
Persons living with HIV/AIDS (PLHIV)	10	18	Andersen, et al. (2015), Abubakar et al. (2016), Ashaba et al. (2019), Betancourt et al. (2011), Chibanda et al. (2010, 2011), Kidia et al. (2015), Okello et al. (2012), Verhey et al. (2020) and Willis et al. (2018)
Persons living with chronic non-communicable diseases, such as diabetes, depression, or cancer	8	14	Abas and Broadhead (1997), Kim et al. (2019), Mendenhall et al. (2019a, b), Patel et al. (1997, 1995a, 2001) and Peltzer (1989)
Patients with perinatal or postnatal depression	8	14	Adeponle et al. (2017), Almedom et al. (2003), Davies et al. (2016), Kaayaa et al. (2010), Lasater et al. (2018), Sarkar et al. (2018), Scorza et al. (2015) and Tol et al. (2018)
Healthcare workers and caregivers	7	13	Abas et al. (1994, 2003), Muhwezi et al. (2008), Murray et al. (2017), Patel and Mann (1997) and Patel et al. (1995b, c)
Traditional health practitioners	3	5	Fox (2003), Mbwayao et al. (2013) and Sorsdahl et al. (2010)
Non-clinical samples			
General population with depression	4	7	Avotri and Walters (1999, 2001), Mushavi et al. (2020) and Pike and Williams (2006)
General population without depression	6	11	Avotri (1997), den Hertog et al. (2016), Fabian et al. (2018), Ice and Yogo (2005), Okello and Ekblad, (2006) and Tateyama et al. (2019)
Refugees, migrants, or conflict-affected populations	8	14	Adaku et al. (2016), Carruth et al. (2020), Mann (2010), Rasmussen et al. (2011), Teferra and Shibre (2012), Thulin et al. (2020), Ventevogel et al. (2013) and Zraly and Nyirazinyoye (2010)
Refugees relocated in Europe	2	4	Markova and Sandal (2016) and Toffle (2015)

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Table 2 African idioms of distress related to "thinking too much"

Setting	Idiom	Translation	References
Congolese refugees in Tanzania	*Kichwa na kinajaa na mawazo*	Thinking too much (literally "my head is full of thoughts")	Mann (2010)
Eritrea	*Hasab*	Thinking too much	Almedom et al. (2003)
Ethiopia	None specified	Thinking too much	Teferra and Shibre (2012)
Ghana	*Taamebubasugbor*	Thinking too much	Avotri and Walters (1999, 2001) and Avotri (1997)
Ghana	None specified	Thinking too much	Scorza et al. (2015)
Kenya (Luo)	*Jachir*	Thinking too much	Ice and Yogo (2005)
Kenya (Kiswahili)	*Kufikiria sana*	Thinking too much	Mendenhall et al. (2019a)
Kenya (Kiswahili)	*Kuchoka moyo*	Thinking too much/having a tired heart	Abubakar et al. (2016)
Kenya	None specified	Head hurts when thinks too much	Mbwayao et al. (2013) and Pike and Williams (2006)
Liberia	None specified	Thinking too much	Fabian et al. (2018)
Malawi	*Kaguniza Kwambiri*	Too much thinking	Peltzer (1989)
Nigeria	None specified	Thinking too much, thinking too much in my head	Adeponle et al. (2017) and Toffle (2015)
Rwanda	Associated with *guhangayika*	Thinking too much	Betancourt et al. (2011) and Zraly and Nyirazinyoye (2010)
Sierra Leone	*Tink tumos*	Thinking too much	Thulin et al. (2020)
Somalis in Ethiopia	*Fikir badan*	Thinking too much	Carruth et al. (2020)
Somali refugees in Norway	None specified	Thinking too much (illness of thinking)	Markova and Sandal (2016)
South Africa	*ucingakakhulu*	Thinking too much	Andersen et al. (2015), Davies et al. (2016), Kim et al. (2019), Mayston et al. (2020), Sorsdahl et al. (2010) and Mendenhall et al. (2019b)
South Africa (Khwe)	*|x'an n\a te* and *\eu-ca n|a te*	Thinking too much	den Hertog et al. (2016)
South Sudan	*Par keter*	Thinking too much	Ventevogel et al. (2013)
South Sudanese refugees in Uganda	None specified	Thinking too much	Aadaku et al. (2016)

Table 2 continued

Setting	Idiom	Translation	References
Tanzania	*Kuwa na mawazo mengi*	Thinking too much/having many thoughts	Kaaya et al. (2010)
The Gambia	*Mira kurango*	Thinking sickness	Fox (2003)
Uganda	*Alowooza nyo*	Thinking a lot	Muhwezi et al. (2008)
Uganda (Ateso)	*Aomom na epol*	Thinking too much	Tol et al. (2018)
Uganda	*Kugira ebiteekateeko byingi*	Having too many thoughts	Ashaba et al. (2019)
Uganda	*ka paro teki teki*	Overthinking	Murray, et al., 2017
Uganda	*kutekateka munonga*	Thinking too much	Mushavi et al. (2020)
Uganda	None specified	Thinking too much, having too many thoughts	Okello et al. (2012), Okello and Ekblad (2006) and Sarkar et al. (2018)
Zambia	None specified	Thinking too much	Tateyama et al. (2019)
Zimbabwe	*kufungisisa*	Thinking too much	Abas, et al. (2003), Abas, et al. (1994), Abas and Broadhead (1997), Chibanda et al. (2010, 2011), Kidia et al. (2015), Patel et al. (1995a, b, c, 1997), Patel and Mann (1997), Willis et al. (2018), and Verhey et al. (2020)

None specified is meant to indicate that the term "thinking too much" is employed within the study population, but there is no local idiom in the Indigenous language used to articulate "thinking too much"

Table 3 Languages used in studies to conduct qualitative research

Language	Setting/countries	References
Ateso	Uganda	Murray et al. (2017) and Tol et al. (2018)
Arabic	Chad, Sudan	Rasmussen et al. (2011)
Bemba	Zambia	Tateyama et al. (2019)
Ewe	Ghana	Avotri and Walters (1999, 2001) and Avotri (1997)
French	Burundi, DRC, South Sudan, Tanzania	Mann (2010) and Ventevogel et al. (2013)
isiXhosa	South Africa	Andersen et al. (2015), Davies et al. (2016), Kim et al. (2019) and Mendenhall et al. (2019b)
isiSotho/Sesotho	South Africa	Kim et al. (2019) and Mendenhall et al. (2019b)
isiZulu	South Africa	Kim et al. (2019), Mendenhall et al. (2019b) and Sorsdahl et al. (2010)
Jopadhola	Uganda	Murray et al. (2017)
Juba Arabic	Uganda	Adaku et al. (2016)
Kakwa	South Sudan	Ventevogel et al. (2013)
Khwe	South Africa	den Hertog et al. (2016)
Kinade	DRC	Ventevogel et al. (2013)
Kinyarwanda	Rwanda	Betancourt et al. (2011)
Kirundi	Burundi	Ventevogel et al. (2013)
Krio	Sierra Leone	Thulin et al. (2020)
Lozi	Zambia	Tateyama et al. (2019)
Luganda	Uganda	Muhwezi et al. (2008), Okello et al. (2012) and Okello and Ekblad (2006)
Luo/Dholuo	Kenya, South Sudan, Tanzania	Ice and Yogo (2005) and Ventevogel et al. (2013)
Lusoga	Uganda	Sarkar et al. (2018)
Mandinka	The Gambia	Fox (2003)
Nyanja	Zambia	Tateyama et al. (2019)
Oromiffa	Ethiopia	Teferra and Shibre (2012)
Runyankore	Uganda	Ashaba et al. (2019) and Mushavi et al. (2020)

Table 3 continued

Language	Setting/countries	References
Setswana	South Africa	Kim, et al. (2019) and Mendenhall et al. (2019b)
Shona	Zimbabwe	Abas and Broadhead (1997), Chibanda et al. (2010, 2011), Kidia et al. (2015), Patel et al. (1995a, b, c, 2001), Verhey et al. (2020) and Willis et al. (2018)
Siswati	South Africa	Sorsdahl et al. (2010)
Somali	Somalia	Markova and Sandal (2016)
Swahili/Kiswahili	Kenya, Tanzania	Abubakar et al. (2016), Kaaya et al. (2010) and Mendenhall et al. (2019a)
Tonga	Zambia	Tateyama et al. (2019)
Turkana	Kenya	Pike and Williams (2006)
Twi	Ghana	Scorza et al. 92015)
Xitsonga	South Africa	Kim et al. (2019)
Yoruba	Nigeria	Adeponle et al. (2017)

used the term "thinking too much" but some conveyed "my head is full of thoughts," "having a tired heart," "thinks too much," "head hurts when thinks too much," "having many thoughts," and "overthinking." Finally, Table 3 conveys that within countries different populations were involved in these studies, and that varied linguistic or ethnic communities may differ in the variants of the idiom "thinking too much" they employ.

Etiology

Connections Between the Heart and the Brain in Relation to Descriptions of Thinking Too Much

Localized descriptions of "thinking too much" often establish a relationship between an overburdened mind and a wearied heart. In Kenya, "thinking too much" is also described as "having a heavy heart" or a "tired heart" (Abubakar et al. 2016). In Zimbabwe "thinking too much" (*kufungisisa*) might lead to a painful heart or *moyo unorwadza* (Abas and Broadhead 1997; Chibanda et al. 2011; Kidia et al. 2015; Kohrt et al. 2014). Maternal distress in Mali might be described as *dusukasi*, or crying heart (Lasater et al. 2018). Finally, among Darfurian refugees, *huzon* (deep sadness) was also referred to as "pain in the heart" (Rasmussen et al. 2011), which was not too distant from *huzuni*, or a deep sadness and grief associated with the loss of a loved one in Nairobi (Mendenhall et al. 2019a). The close association between the mind and the heart was also demonstrated in studies among Liberians (Fabian et al. 2018) and the Khwe of South Africa (den Hertog et al. 2016). The solution to "thinking too much" (*aomom na epol*) in a Ugandan, post-conflict context might then involve, "removing thoughts from the head," "remov[ing] thoughts from heart," and "mak[ing] your heart settled" (Tol et al. 2018). "Thinking too much" therefore allows individuals not only to express experiences of emotional disquiet, but also to communicate an epistemology of the body, and the affective relationships between internal organs and psychological processes. These somatisized expressions of "thinking too much" have been previously described as an ethnophysiological process, or "the culturally-guided apperception of the mind/body rather than actual biological differences" (Hinton and Hinton 2002: 161). When "thinking too much" is interpreted through this cultural framework of perceiving the body, the idiom and its meanings uncover deeper and often times obscured local understandings of how one's biological processes operate, relate and react to adversity, and heal. Ethnophysiological understandings that emerge through narratives "thinking too much" may thus offer important information for health education, healing, embodiment, medical treatment, and disease prevention.

Causes of "thinking too much"

"Thinking too much" can reflect large structural, spiritual, and social phenomena. "Thinking too much" can also represent a discrete condition, or present as a

symptom associated with other forms of mental distress, like psychological stress, separately or at the same time. People across contexts explain that "thinking too much" can originate from a number of causes including the supernatural or spiritual (Abas et al. 1994; Markova and Sandal 2016; Okello and Ekblad 2006; Patel et al. 1995a, b, c; Peltzer 1989; Sarkar et al. 2018; Sorsdahl et al. 2010); in response to a traumatic event (Fox 2003; den Hertog et al. 2016); as a result of a serious illness like HIV (Andersen et al. 2015; Betancourt et al. 2011; Mendenhall et al. 2019b; Okello et al. 2012; Willis et al. 2018); social stressors like gender roles, domestic partnerships, or familial relationships; and/or economic and structural factors.

Spiritual attacks or possession are often mobilized in lieu of biological mechanisms for the ailment, locating the precipitating conditions behind "thinking too much" in the supernatural realm (Adeponle et al. 2017; Fabian et al. 2018; Kaiser et al. 2015a; Markova and Sandal 2016; Okello and Ekblad 2006; Sorsdahl et al. 2010). In Patel and colleagues' study of the phenomenology of *kufungisisa* in Zimbabwe, for instance, spiritual factors were the most frequently cited cause of mental illness, with the condition often attributed to ancestral spirits or bewitchment (Patel et al. 1995a, c). In the case of Somali refugees, "being a bad Muslim" could result in negative spiritual consequences for the practitioner in question (Markova and Sandal 2016), a faith-based failing that demanded a spiritual intervention.

"Thinking too much" could also occur due to a traumatizing event, including the death of a partner or loved one; abandonment by a spouse or partner; the illness of a person close to them; domestic violence; or having to flee one's country (Abas and Broadhead 1997; Adaku et al. 2016; Avotri and Walters 2001; Carruth et al. 2020; Chibanda et al. 2010; Fox 2003; Kaiser et al. 2015a, b; Muhwezi et al. 2008; Rasmussen et al. 2011; Scorza et al. 2015). A study of people living with HIV in Uganda identified *kufungisisa kwe njodzi* as a local idiom, which quite literally translates to "thinking too much due to traumatic experience" (Verhey et al. 2020). The authors indicate, however, that prior trauma also interacts with "ongoing circumstances such as poverty, unemployment, chronic illness, an inability to afford appropriate treatment, and being stigmatized" (Verhey et al. 2020: 164). This demonstrates, similar to work on cumulative trauma (Kimmell et al. 2020; Kirmayer et al. 2014), that acutely traumatic experience exists within broader socio-structural conditions, which might compound and result in "thinking too much."

For some, the traumatizing event is receiving a positive HIV diagnosis (Andersen et al. 2015; Betancourt et al. 2011; Mayston et al. 2020; Okello et al. 2012; Verhey et al. 2020; Willis et al. 2018). HIV remains a highly stigmatized illness in some parts of Sub-Saharan Africa, one which might be met with fears of isolation, abandonment, and rejection from one's family, friends, and community (Willis et al. 2018). People living with HIV might also become fearful of the impact of the virus on their health, their employment options, and their sense of the future (Kidia et al. 2015; Okello et al. 2012). Even the caregivers of those with HIV/AIDS are not immune from these mental health complications—caregivers might experience *ka paro teki teki* (overthinking) out of concern for the HIV-infected children they look after (Murray et al. 2017). The mental health of caregivers also signals the ways in which "thinking too much" is an interpersonal phenomenon, a process by which the caregiver's emotional equanimity is directly tied to the physical and psychological

health of a child or loved one. This demonstrates how "thinking too much" is not only an individual, emotional experience but also it can be a social one, whereby the person thinking may take on the suffering of others.

A number of social stressors can contribute to or amplify experiences of "thinking too much." Relationship issues with a friend, partner, or family member (Abas and Broadhead 1997; Chibanda et al. 2010; Kaiser et al. 2015a; Muhwezi et al. 2008; Scorza et al. 2015) can cause emotional disruption. These relationship issues might also relate to pregnancy complications (Davies et al. 2016; Lasater et al. 2018), economic and financial hardship (Abas and Broadhead 1997; Chibanda et al. 2010; den Hertog et al. 2016; Kaiser et al. 2015a, b), and/or the absence or dearth of basic necessities like food and water (Adaku et al. 2016; Carruth et al. 2020; Mann 2010). For instance, "If a man loses his job and he has a family to look after," a Bagandan woman (Uganda) remarked, "he is likely to experience this problem because of over thinking and he gets the illness of thoughts" (Okello and Ekblad 2006: 301). What is evident across the literature is that "thinking too much" is rarely attributed to a single causal factor, but is rather occasioned by multiple, overlapping conditions of hardship and personal loss.

Many women suffering from "thinking too much" connected their suffering to gendered power dynamics. In some cases, experiences of depression or anxiety originated from mistreatment from their partners or in-laws, including withholding or ignoring caregiving responsibilities; physical, verbal, or emotional abuse; and the absence or misuse of financial resources (Abas et al. 1994; Adeponle et al. 2017; Almedom et al. 2003; Sarkar et al. 2018; Tol et al. 2018). Women experiencing perinatal or postnatal depression might also associate psychosocial well-being with the stresses of childbirth, an unplanned pregnancy, or the inability to recover after a difficult birth (Almedom et al. 2003; Kaaya et al. 2010; Lasater et al. 2018; Sarkar et al. 2018; Scorza et al. 2015)—in one case this was referred to as the "maternity blues" (Tol et al. 2018). One study on perinatal depression among Nigerian women locates distress specifically in conflict over women's roles in society and in the family, frustration over the responsibilities allotted to women, and their desire to express a greater amount of agency in a traditional, patriarchal culture (Adeponle et al. 2017). Another account of women's health in Ghana indicated that women felt discomfited by their inabilities to conform to the role of "good woman, wife or mother" (Avotri and Walters 1999: 1125) in their communities. Differences, and inequities, in gender norms not only contribute to conditions of distress but also limit a woman's options for seeking care (Mushavi et al. 2020; Scorza et al. 2015). Given the feminization of poverty throughout the world, including much of Sub-Saharan Africa, and the disproportionate burden of caregiving that often falls to women and girls, the gendered dimensions of "thinking too much" can be understood as both structural and cultural.

Consequences of "thinking too much"

Studies indicate a broad range of symptoms associated with "thinking too much," ranging from the psychological, to the physical, to the social. Some of the

psychological consequences of constructs associated with "thinking too much" included loneliness, anger, fatigue, sadness, forgetfulness, apathy, loss of hope, burnout, grief, "hurting inside," loss of self-worth, social withdrawal, increased irritability, and, in some more severe cases, suicidal thoughts, hallucinations, and substance abuse (Ashaba et al. 2019; Davies et al. 2016; den Hertog et al. 2016; Kaiser et al. 2015a; Kidia et al. 2015; Mendenhall et al. 2019b; Muhwezi et al. 2008; Rasmussen et al. 2011; Scorza et al. 2015; Tol et al. 2018; Ventevogel et al. 2013; Willis et al. 2018). Individuals might also describe feelings of "not being oneself," indicating an awareness that their sense of identity has changed (Andersen et al. 2015: 61).

"Thinking too much" is also conceptualized closely with analyses of rumination, the idiom sometimes used interchangeably with the terminology of excessive rumination (Adeponle et al. 2017; Davies et al. 2016; Fabian et al. 2018; Kaiser et al. 2015a; Mayston et al. 2020; Mendenhall et al. 2019a; Okello et al. 2012; Scorza et al. 2015). In cases of significant trauma, "the person incessantly thinks about or cognizes content of a distressing nature that is associated with past events" (Fox 2003: 496)—by continuing to dwell upon the perturbing nature of the initial traumatic event, individuals might subsequently develop "thinking sickness" (Fox 2003), indicating that "too many thoughts" might slowly emerge over a long period of rumination. These intrusive and repetitive negative thoughts leave the individual in a kind of cognitive loop or impasse related to present conditions and past events, while impacting a sense of optimism or hope for the future (Haroz et al. 2017; Kaiser et al. 2015a; Kidia et al. 2015). Den Hertog and colleagues indicate the bodily toll of this obsessive thought pattern—the constant rumination of the brain or mind is thought to require a lot of energy. This causes a person to experience a weak feeling in the body and may cause damage to the brain or mind and consequently cause "madness" (2016: 395). Rumination, in these contexts, is not limited to mental obsession, but is also experienced symptomatically within the body (den Hertog et al. 2016; Mendenhall et al., 2019a).

Somatic symptoms of "thinking too much" can include body aches, pain, headaches, difficulty sleeping/insomnia, feeling tired, ulcers, and a lack of appetite (Adeponele et al. 2017; Avotri and Walters 1999, 2001; den Hertog et al. 2016; Fabian et al. 2018; Fox 2003; Kidia et al. 2015; Mayston et al. 2020; Mendenhall et al. 2019b; Okello et al. 2012; Tol et al. 2018; Ventevogel et al. 2013). One woman in central Ghana experiencing "thinking too much" around her pregnancy related, "'I don't sleep at night or in the day because the eyes cannot close while the mind is still thinking.' 'You sleep small [a little bit], and when those thoughts come into your mind you cannot sleep anymore'" (Scorza et al. 2015: 375). Depression related to "thinking too much" could also manifest in body crawling sensations, a high temperature, or changes in body heat (Adeponle et al. 2017). In a study of residents in Zambia, respondents even connected "thinking too much" with the development of other medical syndromes like hypertension (Tateyama et al. 2019), a finding echoed among patients with breast and prostate cancer in South Africa (Mendenhall et al. 2019b). Patients at a primary care hospital clinic in Nairobi, Kenya, used thinking too much to define and explain both emic (*huzuni*, or grief) and etic (depression or stress) idioms of distress (see Table 4), showing how integral

Table 4 Case studies

Kenyan context (Mendenhall et al. 2019b)
In Kenya, the words "stress" and "depression" were used differently at the community level, when compared to clinical use. Stress was said to be less intense and was used to describe everyday suffering, e.g., lack of food, insecurity, children school fees, death of loved one, etc. If left unaddressed, "stress" was believed to progress to "depression"—which was a more intense experience of distress, and that became embodied, e.g., as "a sound in the heart" or a feeling of "very tired in the mind"
The Swahili idiom *kufikiria sana* was used to mean "thinking too much." Many people used the phrase to speak about financial worries, losing someone they loved, feeling unsafe in their homes or neighborhoods, reflecting on memories linked to past trauma, and other stressful life experiences
The Swahili word *huzuni* and *dhiki* provided emic perspectives of distress. *Dhiki* was associated with everyday stress (and not commonly used or understood); while *huzuni* was associated with a deeper or intense form of grief, often after losing a loved one. In this context, *dhiki* was closely graded as "stress" which was frequently used in everyday life challenges, while *huzuni* was closely graded as "depression"—which was largely used when someone experienced intense form of stress
Kufikiria sana was a term that transversed each idiom, and was a common symptom of *huzuni*, as well a blanket description for grief, stress, and depression. This finding demonstrates that people may use their own local words and ideas to explain or conceptualize the medical terms that clinicians use to define their mental health
South African context (den Hertog et al. 2016)
Among the Khwe of South Africa, the words ǀx'an nla te and ǂeu-ca nla te or Afrikaans "dink baie," were used to indicate "thinking a lot"—which referred to an intense form of thinking and was distinguished from "normal" thinking
The English concepts "stress" and the Afrikaans equivalent of "stres" were commonly used among the younger generation, to refer to an experiential state associated with or caused by "thinking a lot" and linked to current life problems. Yet, these words lacked a local Khwe word or meaning
The context in which the idiom of distress "thinking a lot" was used mattered. Findings from the Khwe in South Africa lacked local words of gradations, but instead, specific characteristics of "thinking a lot" were used to differentiate the contexts in which the words were used. For example, "thinking a lot" covered a broad range of psychological and emotional states, i.e., from brief moments (a few hours or days) of sadness or worrying, without severe consequences to a more chronic condition. e.g., sadness and hopelessness with severe consequences such as suicidal ideation. In other words, the idiom "thinking a lot" was delineated in terms of severity and in relation to other idioms of distress
Liberian context (Fabian et al. 2018)

Table 4 continued

Five distinct ethnic groups from Maryland County, Liberia participated in a series of semi-structured interviews, focus groups, free-listing exercises, and pile sorting activities to generate localized idioms that express different ways of communicating and experiencing mental distress. These local idioms were differentiated into two main cluster categories: idioms related to the mind and brain, and expressions related to the heart
"Thinking too much"—which was also expressed as "hard thinking," "plenty thinking," "mind is far off," "brain can't sit down," and "playing on the mind"—was typically used to describe mental distress. Yet respondents also connected "thinking too much" to other symptoms, such as the development of "pressure"—which for participants was synonymous with hypertension and/or high blood pressure—stress, "mental tension," and worry. "Thinking too much" was subsequently folded into other somatic concerns, and could be attributed to producing more severe mental health issues, if left untreated. So while the idiomatic clusters differentiated between the mind/brain and the heart, certain participant narratives around "thinking too much" included both the heart and the mind, indicating a fluidity in where and how individualized localized and embodied the condition
While the manifestations of "thinking too much" in Liberia demonstrated similarities to research conducted in other parts of the region (den Hertog et al. 2016; Patel et al. 1995a), and the invocation of pressure is consonant with similar explanatory models outside of Sub-Saharan Africa (Weaver and Kaiser 2015), the most salient idiom among respondents was "frustration." Frustration entailed numerous symptoms, both mentally and having "plenty trouble in the heart," encompassing "behavior change that goes beyond everyday feelings of sadness" (Fabian et al. 2018: 692). Indeed, one woman describing the phenomenon of frustration indicated that "Someone who is frustrated is different" (Fabian et al. 2018: 692). Having a "man heart" was also believed to confer additional resilience or resistance to frustration, whereas those with "weak hearts" were more likely to be impacted. The authors argue that this configuration of frustration "may be unique to the Liberian setting" (Fabian et al. 2018: 698)

"thinking too much" is to the ways in which people thought about and expressed social and psychological stress, and how it transversed local and clinical ways of thinking (Mendenhall et al. 2019a).

The psychological sequelae and physical symptoms associated with "thinking too much" can also trigger social consequences. For instance, insomnia or tiredness can interfere with one's ability to carry out domestic chores or livelihood tasks upon which their families depend (Avotri and Walters 2001; Muhwezi et al. 2008; Patel et al. 1995b). Since "thinking too much" is associated with absentmindedness, individuals might neglect to care for themselves or their children (Adeponle et al. 2017); forget to take their anti-retroviral medication (Kidia et al. 2015); or experience a deterioration of their relationships with their partners (Mayston et al. 2020; Okello et al. 2012; Okello and Ekblad 2006). The social withdrawal and loss of interest can redouble a person's sense of isolation associated with the condition (Betancourt et al. 2011), suggesting that social support might serve as a protective factor against mental distress under certain circumstances.

Coping Strategies

Individual and collective coping strategies for "thinking too much" varied depending on the purported causation of the condition and across contexts. Coping strategies described in various studies could generally be broken down into three categories: religious or spiritual practices; social and community support; and/or biomedical and psychological treatment.

While "thinking too much" could, in some cases, be linked to a supernatural or spiritual cause (Markova and Sandal 2016; Sorsdahl et al. 2010; Patel et al. 1995b), a religious community and spiritual support system was often central to individuals' ability to cope with the distress associated with the condition. Women in central Ghana suffering from perinatal depression—locally linked to "thinking too much"—remarked that members of their community prayed for them and were encouraged to "put faith in God" (Scorza et al. 2015: 377). For a group of Khwe living in South Africa—many of whom are active in local Christian church groups—praying to God and asking God for strength helps them to manage some of the negative repercussions of "thinking too much" (den Hertog et al. 2016). In another study on resilience strategies among South Africans living in Soweto, speaking to God and participating in church services provided a crucial way to manage stress and gain support from members of their local community, particularly religious leaders (Kim et al. 2019). For Somali refugees living in Norway, religious practices like reading the Quran, and seeking advice from a religious leader might be sought out prior to formal medical treatment for mental distress (Markova and Sandal 2016). This is largely linked to refugees' belief system and the explanatory model for the disease causation that can be traced back to the Islamic religion. Still others mention religious activities as therapeutic in their own right (Mayston et al. 2020; Murray et al. 2017; Okello and Ekblad 2006; Tol et al. 2018). For instance, a Ugandan patient diagnosed with HIV felt as though their positive status also reflected poorly on their religious devotion: "I would feel like I had disobeyed God" (Okello and Ekblad 2006: 40). To engage in assistance from

religious leaders therefore served the dual purpose of physical and spiritual rehabilitation.

Many articles also mentioned the importance of social support for coping that included several interpersonal, emotional, and material dimensions (Almedom et al. 2003; den Hertog et al. 2016; Kaiser et al. 2015a; Kidia et al. 2015; Markova and Sandal 2016; Mayston et al. 2020; Sarkar et al. 2018; Scorza et al. 2015; Tol et al. 2018). The social isolation and withdrawal often associated with "thinking too much" can be partially ameliorated by having friends or family members who are willing to listen to their struggles (Kim et al. 2019), which in one case was referred to as a way to "calm their disturbed heart" (Tol et al. 2018: 8). Women in particular, for whom stress might manifest from the absence of support from their partners or family members (Adeponle et al. 2017; Sarkar et al. 2018), expressed the desire for greater access to financial resources (Mushavi et al., 2020; Scorza et al. 2015; Tol et al. 2018), which would address some of the material causes triggering their distress. Having a supportive family, friend group, partner, or religious community was critical to many accounts of coping with the negative outcomes of "thinking too much."

Frequently, seeking out formal treatment through biomedicine (such as psychiatric medication) or psychological care came *after* individuals had exhausted other options through informal kin, interpersonal, or religious support networks (Okello and Ekblad 2006). Biomedical treatment might be sought in conjunction with alternative medical interventions practiced by traditional healers or shamans, and subsequently depend upon the etiological frameworks used to explain the origins of the distress (Sarkar et al., 2015). Individuals were also more likely to seek out medical treatment if "thinking too much" manifested in somatic symptoms that severely disrupted their ability to keep a job, or take care of their families, let alone themselves (Mutiso et al. 2018; Tol et al. 2018). As Kaiser et al. (2015a) note, however, "formal treatments or medications for 'thinking too much' have rarely been studied" (178).

Despite calls for "thinking too much" to inform psychiatric care (Kohrt et al. 2014), how to do it is tricky and requires local-level thinking and application (see Weaver and Kaiser 2015). The sparse literature on biomedical and psychiatric treatment protocols around "thinking too much" could be attributed to local etiological frameworks around the idiom, explanatory models that predispose individuals and communities to seek support, and therapeutic options through other hierarchies of resort. Mental health conditions like depression, anxiety, and post-traumatic stress disorder have various epistemological meanings and degrees of saliency, in the Sub-Saharan Africa region and globally, which impact interpretive frameworks and health-seeking practices cross-culturally (Kirmayer and Young 1998). But clinics rarely identify and address patients using idioms of distress and instead prefer diagnostic categories like depression and others that can be easily linked to pharmaceutical interventions.

It is important to recognize how some studies were conducted with clinical populations and others were not (see Table 1), as those convenience samples of patients already under treatment at hospitals and health clinics may influence how people think about and convey distress through the idiom "thinking too much."

Seventeen percent of articles dealt with persons living with HIV—since HIV is often co-morbid with mental illnesses like depression (Abas et al. 2014), HIV counselors are more acutely attuned to the psychological state of their patients, particularly as it impacts anti-retroviral adherence. One study among people living with HIV in Uganda reported positive outcomes as a result of taking anti-depressants, providing anecdotal evidence that the medication allowed them to reduce "thinking too much," and, in some cases, stop "thinking too much" altogether (Okello et al. 2012). Another study in Zimbabwe among people living with HIV adapted problem-solving therapy for the local context as part of their health delivery model around "thinking too much" (Chibanda et al. 2011). The treatment model, known as the "Friendship Bench," was not only acceptable to the community, but also appeared effective in reducing psychological morbidity among participants (Chibanda et al. 2011). These studies embed "thinking too much" clinically with psychiatric diagnoses and demonstrate how the idiom itself can become entangled with biomedical frames and used to explain as well as inform how clinicians think about and treat social and psychological suffering in psychiatric care.

Discussion

"Thinking too much" exemplifies how an idiom may become reified as a global construct while at the same time may embody varied experiences, somatic expressions, and social origins. This analysis conveys the complexities through which people make meaning out of lived experience—often rooted in the mind, heart, and brain—through axioms that translate to "thinking too much." While this idiom is certainly polysemous, thinking plays a powerful role in how people perceive, process, and experience social and psychological suffering in many cultures.

The cultural case studies provided in Table 4 show how idioms of distress, even within same community, vary in relation to the context or social spaces in which the expression are used. Although "thinking too much," or similar idioms of excessive thinking, may share a set of general characteristics which allow for cultural coherence, there are remarkable differences in gradation, from mildly severe to more intense rumination. In this light, grouping the idioms of distress together even regionally obscures the local nuances that give an idiom meaning within a particular setting—as "thinking too much" may transverse and embody other frequent idioms employed. Understanding the different ways in which local idioms of distress are matched to fit with the global concepts, and how global contexts are localized in how people speak, think, and feel is an important phenomena that may enable clinicians to offer socially and culturally informed recommendations and care.

Of the articles that discuss hierarchies of resort and treatment around "thinking too much," most consider cultural coping strategies (Kaiser et al. 2015a), or the ways individuals and communities manage negative symptoms through social support and formal or informal counseling. Yet "thinking too much" is often triggered by external structural factors related to poverty, gendered domestic roles,

food scarcity, and political instability. These factors point to the more intractable social–ecological issues, which extend beyond the purview of medication or talk therapy, but also promote distress. One of the symptoms often associated with "thinking too much" involves the loss of hope, particularly with regard to imagining a future in which the structural conditions contributing to mental distress get better. As an ailment that involves prolonged rumination on the past, as well as the difficulties of the present, "thinking too much" might be considered a temporal condition, one in which an individual's ability to move through present conditions of hardship becomes immobilized.

Under these circumstances, an emerging body of ethnographic literature on constructions of hope and resilience can be put in conversation with the temporalities of despair and recovery associated with "thinking too much." In Mark Nichter's initial conceptualization of idioms of distress, he drew upon the work of Raymond Williams, remarking how, "we always live with ideologies of the past, the present and those emerging on the horizon of a possible future" (Nichter 2010: 404). In Mann's analysis of Congolese refugee children in Tanzania suffering from "thinking too much," Mann considers the ways in which, "they try to escape the sometimes crushing power of the present" by "imagin[ing] a future in which their lives will be better, in which they can be the people they want to be […] the idea of another, better life provides them with a sense of hope and a source of strength in the present" (2010: 262). The importance of imagination around the psychological torment associated with what drives someone to think too much is echoed in Hunleth's (2019) work among children in Zambia, many of whom have adopted caregiving roles for family members impacted by HIV and TB. In some ways, this type of imagining "what ifs" (Hunleth 2019: 160) aligns with *what is*—as many women describe a form of radical acceptance of their sickness by taking into account the "social, economic, and cultural factors that foster strength, hope, and joy amidst difficult times" (Kim et al. 2019: 4).

The idioms of resilience employed around distress are important not only for individuals suffering from conditions like "thinking too much," but also for the caregivers responsible for tending to children, family members with HIV, or sick relatives. Muhwezi et al. (2008) indicate that caregivers often take on informal counseling roles, a kind of emotional labor that can result in manifestations of "thinking too much" among caregivers themselves (Abubakar et al. 2016; Muhwezi et al. 2008; Murray et al. 2017). Caregivers attending to the needs of family members with depression or children living with HIV might also be struggling with poverty and the inability to generate alternative forms of income alongside caregiving duties (Muhwezi et al. 2008). We must consider the transitive qualities of "thinking too much," the ways that conditions of mental distress also impact caregivers' own psychological well-being.

Scholarship on "thinking too much" emerges from the desire to better integrate local idioms of distress into clinical practice and treatment in public health settings (Abas et al. 2003; Abas and Broadhead 1997; Abubakar et al. 2016; Ashaba et al. 2019; Chibanda et al. 2011; Davies et al. 2016; Fabian et al. 2018; Ice and Yogo 2005; Okello and Ekblad 2006; Patel et al. 1997, 1995a, b, c; Pike and Williams 2006). In these studies, "thinking too much" is studied in reference to other, more

formalized psychological conditions like depression and trauma, particularly to gain a better understanding of the extent to which local expressions of "thinking too much" might signal symptoms and experiences similar to those laid out in formalized criteria such as the DSM or the ICD. Across these more clinically focused studies, "thinking too much" represented both a symptom of, or a precursor to, psychological conditions like depression, as well as a signifier of mental distress in and of itself. For instance, in a study of perinatal depression among women in Cape Town, Davies and colleagues (2016) found that "thinking too much" was used both as an idiom for depression (which does not have an isiXhosa linguistic equivalent) and as a *cause* for depression, indicating the "cyclical connection between the descriptions, symptoms, and causes of depression" (3030). Another study on postnatal depression with HIV-positive mothers took *kufungisisa* "to mean both a cause and a symptom of illness and is strongly related to biomedical constructs of nonpsychotic mental illness, but it is not specifically related to either depression or anxiety" (Chibanda et al. 2010: 2075). In these cases, "thinking too much" might signal or precipitate the beginning of more severe psychological issues. Moreover, this evidence suggests that people are attempting to make sense of both emic ("thinking too much") and etic ("depression") definitions of psychological suffering within the clinical context as people attempt to make sense of global ideas through local constructs (see Browner and Sargent 2011).

Among a study with primary care providers in Harare, Zimbabwe, on the other hand, health workers used the terms depression, stress, and *kufungisisa* interchangeably (Abas et al. 2003). In a Kenyan context, where "thinking too much" (*kufikiria sana*) was associated with the pathology of depression, however, interlocutors did *not* believe that depression caused a person to think too much—instead, "kufikiria sana" was used to describe the symptomatology and intensity through which people began to feel depressed (Mendenhall et al. 2019a: 634). Given the impulse to avoid pathologizing the symptoms associated with "thinking too much"; the dangers of simplifying a complex experience of distress into psychiatric disorder categories; and the mixed results regarding local associations between "thinking too much" and what might be perceived as psychiatric imports from the West (Patel 2014), many of the authors caution against conflating "thinking too much" with psychiatric disorder categories (Adaku et al. 2016; Abramowitz 2010; Kaiser et al. 2015a; Mendenhall et al. 2016, 2019b; Tol et al. 2018; Weaver and Kaiser 2015).

Limitations and Gaps

There are several limitations to our study. The systematic search did not include non-English publications, which might have yielded more qualitative studies on the idiom of distress. As a search dedicated to collecting and documenting the multiple variations and iterations of the term "thinking too much," there might have been articles or publications related to excessive thoughts and mental distress that, due to the idiosyncrasies of the local idiom itself, were not captured by the search terms used for the systematic review. This also relates to other idioms of distress in the Sub-Saharan context which were not included in the review, but may prove relevant

in contextualizing the relationship between "thinking too much," and other expressions like "Open Mole" (Abramowitz 2010), *iinerves* or having nerves (MacGregor 2018), or brain fag (Ebigbo et al. 2014). Moreover, more consideration of a wider constellation of distressing conditions which communicate individual and social ruptures in people's lives may provide a more robust understanding of why and how people are "thinking too much." Relatedly, research beyond the sub-populations mentioned who might be more evident sufferers of "thinking too much" may shift how people within communities may use the idiom differently. As the review conducted by Mayston and colleagues (2020) indicates, many of the study samples are dominated by women. While a few studies focus on the experience of youth and adolescents, most of these specifically worked with HIV positive patients, a sub-population with known mental health vulnerabilities. Diverse age groups—including youth and elderly populations—may complicate the narrative of what drives someone to think too much, as age may affect why and how people ruminated. Similarly, few studies focus on non-conforming partnerships and gender identities; scholarship beyond a heterosexual paradigm deserves greater consideration, particularly in countries where queer relationships are criminalized, or where individuals may experience additional violence and barriers to care because of their gender presentation or sexual orientation.

Conclusion

Understanding why and how people use certain idioms to communicate distress is central to psychological anthropology as well as transcultural psychiatry. This involves complicating common idioms that emerge from place to place, and demonstrating how idioms like "thinking too much"—albeit conveyed in different languages and contexts—maintain both shared and localized or divergent meanings. The idiom "thinking too much" evokes a wide variety of symptoms—psychic, somatic, and social ills which can lead to internalization and isolation. Anthropologists and clinicians have found the idiom "good to think with" (Abramowitz 2010: 365), particularly in its association with more personalized, phenomenological understandings of mental health conditions beyond diagnostic criteria and standardized screening tools. The multitude of reasons why an individual might be consumed by their own thoughts similarly reminds us of the complexities of care, the ways that a person's and community's understandings of health are often contingent upon forms of support not explicitly medical. As an "expression of distress in local worlds" (Nichter 2010: 405), the idiom trains researchers, caregivers, family members, and health care providers to listen differently. As a communicative strategy, therefore, the idiom of distress "thinking too much" encourages empathetic attention to how we think, and the tools we use to think with, particularly in ongoing research to better alleviate the pain of those whose thoughts have become too much for them to bear.

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