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Exploring Concepts of “Well-being” in Arabic and Best Practices for Translation in Programming for Mental Health and Psychosocial Support (MHPSS)

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The Think Series showcases the creative and scholarly work of the UVA Humanitarian Collaborative’s Summer Research Cohort. Each student explored a pressing issue in the humanitarian field and developed a final product that reflects their unique perspective, highlighting the diverse ways students are engaging with global challenges and imagining new solutions. The views expressed in these projects are those of the author(s) and do not necessarily reflect those of the Humanitarian Collaborative.

Abstract

The concept of “well-being” lends itself to varying interpretations in different regions of the world. In Arabic-speaking communities, specifically those impacted by ongoing regional conflict, proper translations for well-being are crucial in mental health and psychosocial support (MHPSS) programs aimed at helping those who have experienced trauma and displacement from their homes. This study draws on a literature review and seven semi-structured interviews to uncover best practices for translating the concept of “well-being” in MHPSS programming for Arabic-speaking refugee communities. The findings reveal patterns of the term *صحة النفسية* *saha nafsiyyah* as the most literal translation that would be widely understood by Arabic speakers, opposing the World Health Organization’s prior guidance of the term *رفاهية* *rafahiyyah* as the recommended translation. Due to stigma in these communities around mental health and mental illness, however, interviewees recommended that questions pertaining to “well-being” should be framed in a casual and simple manner. Translators should be aware of varying dialects when working with Arabic-speaking communities, and should also refrain from the use of the word *مجنون* *majnun*, or “crazy.” Additionally, practitioners advise that religious leaders should be trained in mental health programming, as they are the most trusted members of the community after one’s immediate family.

Background

Well-being as a Human Right

The global initiative to establish well-being, broadly conceived, as an unalienable human right is seen through its codification in numerous international commitments (Gaynor-Brook, 2023; Nampewo et al., 2022). The World Federation for Mental Health champions this effort alongside the United Nations through its establishment of a day dedicated to mental health awareness, celebrated annually on October 10th (Nature Mental Health, 2023). These documents and campaigns stress the importance of the topic while simultaneously reflecting the interconnected nature of mental health and well-being. The World Health Organization's inclusion of well-being in their definition of mental health further supports the overlap and lack of mutual exclusivity between these two terms (WHO, 2023; Gautam et al., 2024).

Diverse Understandings of Well-being

Interpretations of the term “well-being” are manifold. Traditionally, health has been understood as the absence of disease; however, the term “well-being” is increasingly used to conjure a broader notion of physical, mental, social, material, and civic health (Cahill & Gowing, 2024). This notion becomes even more complex as we look into communities internationally, wherein different political and economic settings contribute to various interpretations of well-being. The term is multidisciplinary, and formulas for success should be customized to geographic and cultural context (Plough, 2020). This nuance means global mental health practitioners face a difficult challenge when trying to uphold human rights frameworks and promote well-being for individuals everywhere.

The body of literature dedicated to understanding the concept divides it into two main categories: eudaimonic and hedonic well-being. The eudaimonic classification is predicated on virtues, contemplation, and positive functioning, wherein people act in line with values such as honesty and courage and engage in personally expressive activities that allow them to achieve their fullest potential (Joshanloo, 2013; Lee & Carey, 2013). Furthermore, regions engaged in Eastern, collectivist cultures tend to align with the eudaimonic classification, broadly tying well-being to these concepts of self-actualization (Edwards, 2022). A recent push in academia to include some of these “non-traditional” elements as indicators of well-being entail proposals such as connection with nature, or sentiments of balance and harmony (Lambert, 2020). Similarly, communities with collectivist cultures view well-being through a lens of spirituality (such as those following Hinduism or Islam) and intertwine their state of well-being with service to a higher power and living in accordance with a set of rules (Joshanloo, 2013 & 2017).

Hedonic well-being, on the other hand, is more closely associated with pleasure, satisfaction, and happiness (Joshanloo, 2013; Keyes and Annas, 2009; Lee & Carey, 2013). As such, it tends to resonate with Western societies focused on individualism (Basurrah et al., 2022). For example, some think of well-being as their immediate “resource pool” and others measure well-being as a reflection of their social contentment (Edwards, 2022; Grey et al., 2018).

The multidimensional nature of well-being lends itself to a very context-dependent

definition that cannot be easily achieved with a singular term. These varying definitions among regions and cultures show the nuance and breadth of the term and point to a lack of universality. Different understandings of well-being globally are further exacerbated during translation. When mental health messaging developed in one context is conveyed in a different language, it may cause unintentional miscommunication and misunderstanding if improperly translated. These challenges are highlighted in translations used in humanitarian assistance, and specifically, mental health programs intended to help refugees and other vulnerable communities – many of whom are native speakers of Arabic.

Arabic-speaking Communities

In Arabic-speaking communities, specifically those impacted by ongoing regional conflict, proper translations for well-being are crucial in mental health and psychosocial support (MHPSS) programs aimed at helping those who have faced trauma and displacement from their homes.

The Middle East has faced ongoing conflict and forced displacement over the last century. Significant events including colonial intrusion, the Arab-Israeli Wars of 1948 and 1967, the Iraq War in 2003, the Arab Spring civil uprisings in 2011, and most recently, the Israel-Hamas War (2023-present) have all taken a toll on civilian populations in the region. In 2024, the United Nations High Commissioner for Refugees estimated that the most represented region of origin for forcibly displaced populations globally was the Middle East and North Africa, with nearly 28 million people from this region experiencing displacement (UNHCR, 2024). Three Arabic-speaking countries fell in the top ten facing heightened levels of forced displacement in 2024: Syria, Sudan, and Palestine. These statistics scratch the surface of the rate at which conflict interrupts the daily lives of Middle Eastern populations and point to the humanitarian need in these communities, especially for mental health-specific programs.

Continued conflict and large numbers of forcibly displaced families has triggered the attention of the international aid community and their investment in resources to support refugees in countries of asylum. While the need for food and shelter is self-evident, relatively less attention is given to the importance of mental health and psycho-social support programming that is critical to advancing well-being and reintegration efforts for refugees (Gearing et al., 2012; Searing et al., 2013). In the Middle East, the slow expansion of these efforts is often traced back to sociopolitical stigma surrounding the concept of mental illness in Arab communities. Research reveals the overwhelming negative portrayal and subsequent opinions of mental illness in Arab societies as shameful and cursed (Zolessi et al., 2018), likely causing hesitancy and minimal progress in program development for initiatives relating to mental health.

Translation in MHPSS

The slow development of domestic mental health research and programming in Arabic-speaking contexts means there is often a reliance on intervention methods designed in Western settings that must later be translated and adapted. In the arena of

MHPSS programming specifically, these models fail to translate adequately, both culturally and linguistically.

The Western hedonic perspective of well-being entails individualistic and pleasure-based sentiments that do not resonate as appropriately in Eastern collectivist cultures. Failure to recognize this crucial difference in interpretation may drive refugees away from mental-health related programming in Eastern contexts if its messaging feeds into a satisfaction/pleasure-based model that participants view as shameful rather than helpful (Basurrah et al., 2022; Alsamara & Forbes, 2025).

Beyond the cultural incompatibility of hedonic interpretations of well-being, the linguistic translation into Arabic is not straightforward. In Arabic, many terms are associated with the concept of well-being, wherein some relate to a specific element of well-being (such as physical health or financial stability) while others are consistent with a more general interpretation. One commonly used term for well-being is *صحة saha*, which many view as physical health rather than a state of mind (LinguaVoyage, 2025). While health components are important, using a term such as this means that a focus on mental well-being or emotional contentment may get lost in translation. Another frequent translation is *رفاه rafah*, which conveys well-being as a matter of prosperity and welfare. The World Health Organization recently released a piece in their bulletin analyzing the translation *رفاهية rafahiyyah* for well-being, with criticisms noting that *رفاهية rafahiyyah* insinuated well-being as a privilege and luxury only intended for some, rather than a fundamental human right intended for all (Alsamara & Forbes, 2025).

The nuance in translation seen above animates this study. Global mental health workers trying to promote well-being in Arabic-speaking contexts face a complicated array of potential translations, each imbued with their own meanings and implications for refugee communities. To work through this complexity, I collected data directly from Arabic-speaking MHPSS professionals working in global mental health, using their testimonies to ground conceptions of well-being in practical MHPSS settings and to hear their guidance on overcoming these translation issues.

Methodology

This study draws on a literature review and seven semi-structured interviews conducted with individuals possessing a range of professional and informal Arabic experience. Their exposure to and use of the Arabic language varied among positions of professional translators, psychologists, language teachers, and MHPSS program facilitators. Interviewees had experience in multiple Arabic dialects and hailed from various Middle Eastern/North African countries, including Syria, Palestine, and Tunisia.

Interviewees were asked a series of questions that fell into three main areas: linguistic translations for “well-being” in Arabic, guidance on how to approach translating

“well-being” in spoken and written contexts, and discrepancies on how “well-being” is conceptualized between Arabic speakers and other demographics. All interviews were 30 minutes over video call and conducted in either one-on-one or group settings. Discussions were subsequently transcribed and analyzed. Further questions were clarified over email.

As a member of the Syrian diaspora but a primarily English speaker with limited exposure to MHPSS programming in vulnerable communities, my knowledge level may have influenced the responses provided by the professionals.

Findings

1. There is a lack of consensus on a *best* translation for well-being, however there is a pattern emerging of *صحة النفسية saha nafsiyyah* as the most *literal/neutral* translation to be widely understood by Arabic speakers. One interviewee expressed beliefs that it was so literal in its translation, that it would need further explanation when used. Another contributed by saying *صحة النفسية saha nafsiyyah* would be effective in conveying the term “psychosocial feelings”, but *راحة النفسية raha nafsiyyah* would better serve to convey something closer to “comfort of the mind.” There was unanimity, however, on sentiments of *رفاه rafah* and *رفاهية rafahiyyah* attaching a sense of luxury and prosperity to well-being in Arabic and recommendations against the use of this translation. This finding supports the recent piece in the WHO Bulletin denouncing the use of *رفاهية rafahiyyah* as the foundational translation of well-being (Alsamara & Forbes, 2025).
 - a. “*Saha nafsiyyah* is the most appropriate. It is everything under mental health.” - Interviewee 1
 - b. “I would say the closest, literal translation to well-being is *saha nafsiyyah* if you want to use that in written [contexts]. But it's very formal, it's not usually spoken. It's written or heard in formal settings.” - Interviewee 3
2. Arabic-speaking MHPSS professionals confirm there is a stigma around mental health in Middle Eastern communities, and individuals from these communities are less likely to be open about their emotions compared to English-speakers, although some specify it varies by gender and age. For displaced populations, interviewees expressed it might be difficult for them to build trust and share their feelings with a stranger (even if it is a trained MHPSS facilitator) as they typically depend on familial connections or religious circles in times of mental duress.
 - a. “There's also this lack of trust that you need to take into consideration. People don't share their feelings easily. It's different from one community to

another, it's different from one age to another, and it's very different from one gender to another.” - Interviewee 4

3. Given the finding above, the interviewees offered the following guidance on translating well-being verbally in the context of MHPSS programming:
 - a. Asking about well-being should be done so in a casual manner, starting with simple questions such as “how are you?” and framing conversations as social sessions rather than therapy. Questions should not be leading or biased to make the participant associate well-being with one facet of their life in particular; rather, the information they volunteer without specific prompting will be the most candid and reflective of their true condition and happiness.
 - i. “We say: ‘Let's talk about how you are feeling now. Are you happy? Are you sad? So what is the meaning of ‘happy’? Why are you saying that you are happy? What exactly are you feeling?’” - Interviewee 5
 - ii. “You should always ask them: ‘Can you tell me more about this?’ If they tell you ‘I'm okay,’ ask ‘can you describe it more? How did you feel, for example, today?’ Because they will always give you something general.” - Interviewee 4
 - iii. “When you say that this session is only for socializing...a socialized session to sit together and gossip... they can understand and wrap their heads around that.” - Interviewee 2
 - b. Special attention should be given to varying dialects spoken by those within the community. It is unlikely that one general translation will be applicable for and understood by all.
 - i. “You work with Syrians, you work Palestinians, you work with Sudanese and with Lebanese. And sometimes each one has a different meaning or the dialect is quite different. That's also one of the challenges.” - Interviewee 4
 - c. Questions pertaining to well-being should not contain translations for words such as mental craziness (مجنون *majnun*) or therapy (علاج *eilaj*), as those are often stigmatized in Middle Eastern society.
 - i. “Saying ‘mental’ might be taken as crazy – *majnun*. After that, people really take a different direction and a different outlook on the issue.” - Interviewee 1

- ii. “So first of all, it shouldn't be therapy, because when you say that, it automatically takes their brain to craziness.” - Interviewee 2

- d. Training religious leaders (both Christian and Muslim) in Arabic-speaking settings to be well-versed in mental health programming could be useful, as these figures are often the next most trusted among community members behind family connections.
 - i. “Instead of trying to shift what therapy means to the home population, I think an easier step would be to train religious leaders in mental health.” - Interviewee 3

- e. Translation should also be analyzed in the latter half of the process (Arabic answers back to English). If the interpreter is not culturally fluent, many of the sayings and answers from the Arabic-speaking participants will likely be misinterpreted.
 - i. “It's very important to have people from the same communities speaking with them and analyzing the data because even if you have all the answers ready, when you translate it back to English it might give you different information that you think. So you need someone to actually grasp the meaning. It's not just English to Arabic, it's also Arabic to English.” - Interviewee 4

Discussion

The body of work related to studies of mental health and well-being in Arabic-speaking communities is steadily growing. From this study, we see a pattern emerging in the importance of attention paid to both written and oral translation. Treating translation as a multifaceted endeavour will allow facilitators and designers of mental health programs to more effectively convey messages that resonate appropriately with their intended audience. Both cross-cultural language variation and intra-language dialectal variation should be considered and addressed as dimensions of mental health accessibility.

Additionally, this study reveals that the concept of well-being itself does not stand solely as a psychological phenomenon with a universal definition. Assuming communities interpret all aspects of well-being in the same manner will lead to misunderstanding and other unintended consequences. Rather, it should be viewed as a fluid idea with more contextual and relational foundations. As a result of these varying definitions, we see that other terms associated with mental health and mental illness may be stigmatized in

certain societies. Understanding how communities view these terms and knowing when to avoid taboo concepts will be important to prevent misconstrual or negative perceptions of programs meant to assist vulnerable communities in their pursuit of greater mental health and well-being.

Lastly, understanding that emotional disclosure may be more difficult for Arabic speakers and identifying why will likely help implementers of mental health programs to overcome constraints caused by unwillingness to share. Designers of MHPSS programs should consider the effectiveness of existing pathways used for disclosure and re-evaluate potential avenues that could facilitate more trust between participants and facilitators. Further research can be conducted to explore these avenues, such as training religious leaders in MHPSS programming strategies.

Conclusion

As the demand for mental health and well-being-targeted programs in refugee communities continues to grow, so does the importance of translations used in these contexts. Specifically, improper translations for sensitive terms in Arabic will only exacerbate harm among these vulnerable populations. Heeding the recommendations of professionals with relevant language skills is the first step in establishing greater well-being among Arabic-speaking refugee populations.

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