

RESEARCH ARTICLE

Cultural understanding of 'spiritual well-being' and 'psychological well-being' among Sinhalese Buddhists in Sri Lanka

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Abstract: The influence of culture in conceptualising 'well-being' has important implications for human health. Culture influences how individuals experience, conceptualise and reflect on the health behaviour. This study thus explores how Sinhalese Buddhists, who follow Sinhalese medicine in Sri Lanka, conceptualise spiritual and psychological well-being as experienced in their culture. In-depth interviews and focus group discussions with twenty-seven participants and empirical observations in four temples revealed that practices that lead to spiritual well-being are embedded in their everyday lives and are conceptualised as internal qualities that facilitate people to interact with the outside world with a proper mode of thought. Psychological well-being is perceived as an ability to achieve whatever that brings happiness to their life. This study thus indicates that although Sinhalese Buddhists in Sri Lanka are less likely to articulate the difference between psychological well-being and spiritual well-being, they are aware of the very existence of spiritual well-being and psychological well-being.

Keywords: Cultural understanding, lay experiences, psychological well-being, Sinhalese Buddhist community, Sinhalese medicine, spiritual well-being.

INTRODUCTION

In this qualitative transcendental phenomenological study, the researcher explores how the Sinhalese Buddhist community in Sri Lanka conceptualises 'spiritual well-being' (*adyathmika suvaya*) and 'psychological well-being' (*manasika suvaya*) as experienced in their culture. Although these terms are interchangeably used

occasionally (Rovers & Kocum, 2010), studies show that ethno-medical systems (traditional medical practices) are capable of capturing the difference between spiritual well-being and psychological well-being (Hiatt, 1986; Aldridge, 1991). Sinhalese medicine, one of the ethno-medical systems in Sri Lanka, recognises the differences between spiritual well-being and psychological well-being. However, lay experiences of health-behaviour among Sinhalese Buddhists show that even though laypersons are not able to comprehend the difference between spiritual well-being and psychological well-being, culturally they are accustomed to differentiate spiritual well-being from psychological well-being when they undertake the sick role and search for treatment (Higuchi, 2002; Udayanga, 2018). Exploring how Sinhalese Buddhists in Sri Lanka conceptualise spiritual well-being and psychological well-being, thus, is important to understand their unique nature of health-seeking behaviour.

Health or state of complete physical, mental and social well-being helps build a strong personality and facilitates systematic functioning of everyday life (WHO, 1948: p. 2). Health is considered to be a personal experiential state, where peoples' reflections about health and well-being are embedded (Brook, 2017; Udayanga, 2018). Among those three dimensions of health (mental, physical and social well-being), mental health has been given considerable attention over the past few

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years, because studies have demonstrated that physical and social aspects of health cannot have a systematic functioning without mental well-being (WHO, 2003; Ryff, 2014; Votruba *et al.*, 2014). Mental health is more than the mere lack of mental disorders, but “a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values in a society” (Galderisi *et al.*, 2015: p. 213).

Impact of psychological stability on the overall wellness of life has been studied widely by psychologists and medical anthropologists, though the importance of spiritual well-being has been less studied (Ellison, 1983; Rovers & Kocum, 2010; Khorami-Markani *et al.*, 2015). The biomedical perspective of health emphasises the importance of understanding how the body responds to biological dynamics and posits that mental and physical abnormalities are due to measurable deviations from healthy functioning (Strickland & Patrick, 2015). Some anthropologists, however, assert the importance of a holistic approach¹ to health that focuses on upstream factors or multi-dimensional reasons contributing to health and illness, that can capture culturally grounded specific patterns of health-seeking behaviour (Kleinman, 1988; Napier *et al.*, 2014; 2017). Health seeking behaviour is culturally grounded. Culture, in which religious beliefs are incorporated, can influence health-seeking behaviour (Abubakar *et al.*, 2013; Eley *et al.*, 2019). Therefore, lay understanding of spiritual well-being and mental well-being can be culturally determined.

Health-seeking behaviour is defined as a process of continuous activities undertaken by those who perceive to have an illness to find effective and appropriate treatment (Ihaji *et al.*, 2014). Furthermore, adopting the sick-role by an individual can be influenced by cultural determinants (Olenja, 2003; Winkelman, 2009). Health-seeking behaviour thus is a cultural process that can include community norms and values through which people seek to get away with an illness (Shaikh & Hatcher, 2005). Studies demonstrate that health-seeking behaviour is influenced by two interrelated factors: perceived severity of the disease and the degree to which the adopted health practices are believed to be effective in reducing the disease (Abubakar *et al.*, 2013; Latunji & Akinyemi, 2018). Therefore, a persons' perceptions of illness are important to determine which treatment methods are incorporated. Therefore, understanding how a cultural group perceives spiritual well-being and distinguishes it from psychological well-being allows to identifying their specific ways of treatment-seeking behaviour.

Spiritual well-being has not been considered much in the Western philosophy of medicine, but it has been

conceptualised and brought into academic discussions in the oriental philosophy of health (Ellison, 1983; Rovers & Kocum, 2010). Philosophical underpinnings of oriental medical systems often emphasise the importance of spiritual well-being on overall wellness of life (Alorani & Alradaydeh, 2018). Overall wellness of life is subjectively experienced, and hence lay reflections on healthy life can be different from person to person, though shared experiences among people in a particular culture help construct a common understanding about their overall quality of life (Napier *et al.*, 2014). Lay reflections and common understanding about health experiences enable people to fine-tune their life-styles (Davey & Zhao, 2018).

Spiritual well-being is defined as the core of social life and a driving force that can provide meaning, stability and purpose in life through relationships with what transcends the ‘individuality’ (Oleckno & Blacconiere, 1991; O’Brien *et al.*, 2019). ‘Spirituality’ is thus recognised as something achieved beyond the ‘individuality’. Therefore, stability and purpose of life are ensured through the sense of relatedness to nature, friends, god, family and entire moral-social order (Miller & Martin, 1988; Koenig, 2012). Whereas some strive to define spirituality in line with the theological perspective, studies demonstrate that several other dimensions of spirituality can exist: existential dimension and relational dimension (Miller & Martin, 1988; Oldnall, 1996; Stern & James, 2006). The existential dimension focuses on the capacity of realistic meaning-making in life, whereas the relational dimension emphasises how meaning, stability and purpose of life can be established and ensured through healthy social relationships. Moreover, sense of belongingness to an extraordinary power (god), close connection with nature including people, animals, nature and plants (both living and non-living things) are considered to be some elements of spiritual well-being (Unruh *et al.*, 2002). Although several definitions have been presented, Rovers & Kocum (2010) offered a hierarchical holistic perspective encompassing three domains of spirituality (Faith, Hope and Love) that can capture different aspects of spirituality. Culture, however, influences how laypersons perceive spiritual well-being, and hence giving a particular definition is difficult. Therefore, this study strives to understand how Sinhalese Buddhists conceptualise spiritual well-being and psychological well-being whilst recognising their differences.

Spiritual well-being is one of the essential elements of overall wellness of life, and there seem to be some initial discussions about it today because of the belief that uncertainty of modern life can be effectively

addressed by stabilising spiritual well-being and spirituality is considered to be a coping resource of recovery and healing (Eckersley, 2007). Spiritual well-being is rooted in three primary areas: interpersonal and intrapersonal relationships, personal values, and purpose in life (Ellison, 1983). Spiritual wellness of life can lead to happiness and a meaningful life with inner peace and harmony with the wider world.

Culture in which lifeworld related experiences of people are embedded can influence peoples' reflections, so that cultural experiences are significant determinants of psychological well-being and spiritual well-being (Gesler & Kearns, 2002; Vaughn *et al.*, 2009). Even though, these conceptualisations seem to be overlapped, apparent analytical distinction has been developed within Sinhalese medical system in order to facilitate patients effectively, as shown in this research. The influence of their lifeworld on lay conceptualisations thus can be studied through a qualitative transcendental phenomenological approach. Young (1983), in addition, comprehends that traditional medical cultures are even important for providing primary health care services. Culture determines how health-experiences are valued and interpreted so that the way in which spiritual well-being and psychological well-being are understood by lay people is influenced by the culture (Eckersley, 2007; Hernandez & Gibb, 2020). Culture according to Geertz (1973: p. 89) is,

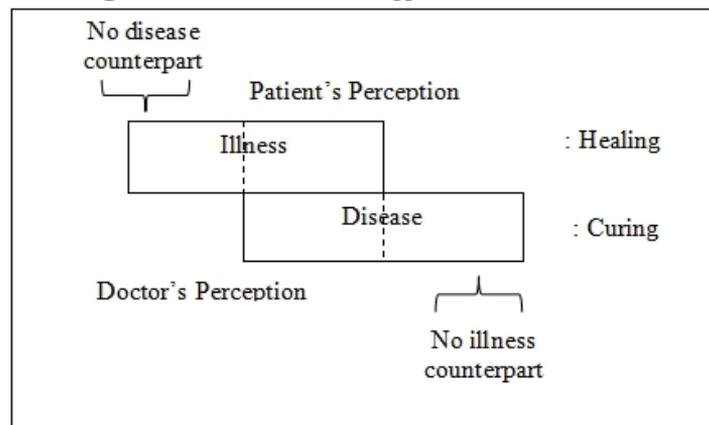
“a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life.”

The main function of culture is thus to impose meaning on the world and help understand it. Meanings embedded in culture, therefore, can affect how people conceptualise and understand spiritual well-being and psychological well-being. This inertial principle was integrated into disease-illness approach by Young (1982) as depicted in Figure 1.

Figure 1 illustrates that there is an illness counterpart or a segment of the patient's perception that is invisible to the doctor, whereas there is a disease counterpart that cannot be comprehended by patients. Because of these counterparts, doctors' aetiology can be different from patient's perceptions. This is why despite the reluctance of doctors in certain cases, patients strive to seek treatment from healing practices. Personal perceptions are considerably influenced by the culture through which people inculcated initial social values and moral principles (Geertz, 1973).

Winkelman ((2009: pp. 2–3) contends that because culture involves the learned patterns of shared group behaviour, this can provide a framework for understanding all human behaviours including health-seeking behaviour. Conceptualisation of health maladies and treatments thus can be affected by culture as described by Klienman (1980; 1988). Klienman (1980) proposes three major cultural functions of ethno-medicine: providing meaning and efficacy; creating cognitive categories for naming, classifying, ordering and explaining illness; and performing acts of healing.

Moreover, psychological well-being is one of the basic elements of Sinhalese medicine in Sri Lanka, even



Source: Adopted from Young (1982: p. 266)

Figure 1 : The disease-illness approach

though that has been widely comprehended as a part of spiritual well-being (Kapferer, 1979; Hettige, 1991; Obeyesekere, 1998) and some studies have shown that 'spirituality' as a basic element of psychological well-being due to the difficulty of distinguishing psychological well-being, from spiritual well-being by ordinary people (Udayanga, 2018; Hettige, 1991).

Among other ethno-medical systems (Unani, Homeopathy, Acupuncture and Naturopathy), Sinhalese medicine plays a significant role in Sri Lankan Buddhist community. It is a unique medical system in the country, started as early as the *Anuradhapura* period (Uragoda, 1987). Nevertheless, the importance of Sinhalese medicine had been debased after the European invasion in the country (Arseculeratne, 2005). Sinhala medicine, also known as *Deshiya Chikitsa*, is a complex medical system in Sri Lanka that consists of an authentic medical philosophy (Udayanga, 2018) and a number of treatment methods. Healing practice is one of those treatment methods in Sinhalese medicine. According to Weragoda (1980), four systems of traditional medicine have been adopted in Sri Lanka, one of which is the Sinhalese medicine or *Deshiya Chikitsa*. For a long period, Ayurveda has been practiced in Sri Lanka alongside the Sinhalese Medicine, even though they possess distinctive characteristics. Ayurveda was initially originated in India as a complete medical system, and disseminated in Sri Lanka during the *Anuradhapura* period (Weragoda, 1980; Uragoda, 1987). Over the history, however, Sinhalese medicine has been largely influenced by Ayurveda and *vice versa*. Sinhalese medicine consists of different subdomains such as *kadum-bidum*, *gedi wedakam*, *as wedakam*, *unmada roga chikitsa*, *gawa piliyam*, *bhawana*, *sarpa wedakama*, *devum pilissum*, *vata roga*, *bala roga* & *sthree roga*.

Because Sri Lanka is a multi-religious and multi-ethnic society, different medical systems exist in the country such as Sinhalese medicine, allopathy, Ayurveda, Siddha, Unani (Hettige, 1991), each of which has a unique origin and a unique philosophy even though there are some similarities among them as they have been culturally adjusted to Sri Lankan society (Broom *et al.*, 2010; Udayanga 2018). Sinhalese Buddhist community have folk health systems and practices with an alleged two thousand five hundred year history, though they also have access to western medicine, today (Hettige, 1991; Higuchi, 2002; Jones & Liyanage, 2018). Health care system of a country consists of three sectors: Popular sector, Folk sector and Professional sector (Winkelman, 2009). Sinhalese medicine occupies the folk sector, which has been significantly influenced by the Sri Lankan Buddhist culture (Liyanaratne, 1999). Therefore, when people conceptualise spiritual well-

being and psychological well-being, Buddhism and related cultural aspects can influence them, greatly.

Use of curative and preventive health services in Sri Lanka has been unique and culturally influenced (Jones & Liyanage, 2018; Udayanga, 2018). As a result, some distinctive differences in health behaviour among different cultural groups in the country can be identified. Explanations for those differences can include differences in educational achievements (Pieris, 1999), socialisation and indigenous approaches to health. Pieris (1999) has focused on understanding socio-cultural determinants affecting health-seeking behaviour in Sri Lanka, but how laypersons conceptualise basic elements of health was not recognised.

Alongside the prominent use of allopathy in Sri Lanka, some contend that traditional medicine is still practised including some healing practices such as exorcism (Caldwell *et al.*, 1989; Obeyesekere, 1998). Caldwell *et al.* (1989), in their study on Sri Lankan welfare-oriented health care system, recognised that exorcism like healing practices was a major cause of health expenditure in many families, even though now this situation has changed. However, some studies show that in a situation where modern medicine can attend to cure maladies of body and mind, people still believe in the benevolence of shamanic practices because those are embedded in everyday cultural experiences of them. Practising shamanism according to Winkelman (2010: p. 2) is not an outdated practice, but a most ancient spiritual and healing tradition that has remerged in different forms.

Obeyesekere (1969) provided a detailed anthropological account of ritualistic performance and healing practices by studying *Shanti Karma* (healing rituals), while demonstrating how people engage in symbolically informed ritual practices to establish their mental stability. Resonating with this idea Bartlett (1989) studied behavioural perspectives on healing rituals in Sri Lanka. The focus, however, was on either the theatrical performance of the possession or relationship of ritual to the social system, so that cultural understanding on psychological well-being or spiritual well-being was not adequately concerned.

Although some studies have been conducted on Sinhalese medicine and health beliefs (Hettige, 1991; Udayanga, 2018), even they did not particularly focus on spirituality and spiritual well-being. There has been no research on Sinhalese Buddhist beliefs on spiritual well-being except for some recent research on lay health beliefs (Udayanga, 2018) and some themes related to holistic nature of Sinhalese medicine (Kapferer, 1979; Hettige, 1991). Besides, some have attempted

to understand how cultural-religious coping can enhance mental health (de Zoysa & Wickrama, 2011), therein role of Buddhist religious activities have been recognised effective in reducing depressive symptoms that can jeopardise the mental well-being. More often, psychological well-being and spiritual well-being have been interchangeably used in previous studies, but lay reflections of health experiences show that there can be a culturally grounded difference between spiritual well-being and psychological well-being, yet not recognised.

Therefore, the following objectives are set for this study:

- To exploring how Sinhalese Buddhist community in Sri Lanka conceptualises spiritual well-being and distinguishes it from psychological well-being.
- To understanding cultural reasoning of psychological ill-being and how it leads to decline of spiritual well-being.

MATERIALS AND METHOD

Research design

This study has employed a qualitative transcendental phenomenology because the purpose of this research was to understand how ordinary people make sense of spiritual well-being and psychological well-being as experienced in their daily lives. Members of society "make sense of what they observe and they produce talk and action in ways that enable definite sense to be made of what they are doing" (Francis & Hester, 2019: p. 24). Sense-making is closely related to actions and the methods employed by laypeople (Holroyd, 2001). How Sinhalese Buddhists make sense of 'spiritual well-being' can thus be understood holistically if lay reflections about the overall wellness of life and ethno-methods employed are carefully observed and understood. As opposed to hermeneutical tradition of phenomenology, transcendental approach developed by Moustakas, in line with Husserl's essential principles of phenomenology, focuses on what exactly participants expressed in order to generate an essence of the lived experiences related to health behaviour among Sinhalese Buddhists (Moustakas, 1994).

This study was conducted with a sample of twenty-seven (27 including four key informants) participants, purposefully recruited from four religious-sites (Temples: *Gatabaruwa Devalaya*, *Katharagama Devalaya*, *Seenigama Devalaya*, *Walle Devalaya*) of the southern province in Sri Lanka. These four temples offer culture-

specific healing services, in addition to their religious activities. Buddhist temples are coupled with a shrine to some deities, as a result of Hindu cultural diffusion during Indian invasions of the country (de Silva, 1981). Because Buddhist temples are considered to be sacred places that help people escape from their narrow view of the world, Sinhalese Buddhists expected to obtain profane expectations from *Sinhalese Hindu gods* such as *Kataragama Deviyo*, *Rajjurbanadara Deviyo* and *Vibheeshana Deviyo* (Gombrich & Obeyesekere, 1988). Profane expectations can be suffused with both moral and immoral principles so that black magic related healing rituals cannot be performed within a Buddhist temple. Therefore, Sinhalese Buddhists have constructed *devalayas* (shrines for deities) to perform both black and white magic-related healing rituals. These *devalayas* are different from *Hindu Kovils* (shrines for Hindu pantheon). The researcher, thus, has selected above-mentioned four religious sites (*devalayas*) located closely to Buddhist temples. Those four *devalayas* facilitate people to perform both white and black magic related healing rituals. People are likely to seek spiritual support from these four temples when they encounter an unexpected catastrophe in their daily lives. As one of the medical practices in Sinhalese medical system, healing service provided by temples contributes to the well-being of people as an alternative approach to allopathy (Hettige, 1991; Higuchi, 2002; Udayanga, 2018). Because culture-specific healing practices assist people to obtain 'spiritual well-being', those four religious locations were selected purposefully. In addition to in-depth interviews with twenty-seven participants, data were enriched with empirical observations.

Procedure

Communications with the chief-incumbents of those temples provided a general understanding of how Sinhalese Buddhists make sense of spiritual wellbeing, which was used to create the initial-background analytical description that consists of basic concepts and their relationships with spiritual well-being as reflected by Sinhalese Buddhists.

The sample of twenty-three (23) participants (in addition to four key informant interviews with chief-incumbents) was attributed to sampling a wide age range, and participant recruitment was terminated with data saturation. Participants from both rural and urban areas were included in the sample and were attributed to different levels of educational achievement. Table 1 shows the demographic data of participants.

As the prime concern of the research was to comprehend common sense understanding about

Table 1 : Demographic characteristics of participants

Index	Gender	Age	Level of Education	Marital Status	Employment	Sector
1	Male	28	Up to the Advanced Level	Unmarried	Hope to migrate	Rural
2	Male	39	Up to the Ordinary Level	Married	Driver	Rural
3	Female	45	Up to the Advanced Level	Married	Clerk	Rural
4	Male	57	Up to the Ordinary Level	Married	Cultivator	Urban
5	Male	34	Up to the Ordinary Level	Unmarried	Teacher	Rural
6	Female	27	Undergraduate	Married	Housewife	Urban
7	Female	26	Up to the Advanced Level	Married	Housewife	Rural
8	Male	55	Up to the Ordinary Level	Married	Cultivator	Rural
9	Male	71	Up to the Ordinary Level	Married	Retired teacher	Rural
10	Male	45	Postgraduate	Married	Administrative officer	Urban
11	Female	49	Up to the Ordinary Level	Married	Clerk	Rural
12	Female	29	Up to the Ordinary Level	Married	Clerk	Rural
13	Male	41	Up to the Advanced Level	Married	Teacher	Rural
14	Male	29	Up to the Advanced Level	Unmarried	Student	Rural
15	Male	25	Undergraduate	Unmarried	Student	Urban
16	Male	30	Undergraduate	Unmarried	Clerk	Rural
17	Female	33	Undergraduate	Married	Clerk	Urban
18	Female	25	Up to the Ordinary Level	Unmarried	Student	Rural
19	Male	19	Up to the Ordinary Level	Unmarried	Student	Urban
20	Female	57	Up to the Ordinary Level	Married	Retired	Rural
21	Female	58	Up to the Advanced Level	Married	Housewife	Urban
22	Female	69	Up to the Ordinary Level	Married	Housewife	Rural
23	Female	39	Up to the Ordinary Level	Married	Housewife	Rural
24	Male	40	Undergraduate	Unmarried	Buddhist monk	Rural
25	Male	56	Postgraduate	Unmarried	Buddhist monk	Urban
26	Male	60	Undergraduate	Unmarried	Buddhist monk	Rural
27	Male	45	Undergraduate	Unmarried	Healer	Rural

spiritual well-being and psychological well-being among Sinhalese Buddhists, the following principles were carefully taken into consideration, as suggested by Have (2011).

- (1) Close study of sense-making activities in situations where they are especially prominent.
- (2) Close observation of situated activities in their natural setting and discussing with ordinary people in order to understand ethno-methods involved in the routine performance of activities.
- (3) Close focus on the natural language that ordinary people use in the performance of activities.

Data for the current study were collected through in-depth interviews with recruited participants (23), empirical observations in selected four temples and four focus-group discussions (each consists of five informants recruited conveniently from those four religious sites). Interview flow was semi-structured and interviews were recorded once informed consent was obtained from the participants. Interviews were started with some open-ended questions such as: “Why do you come to this religious place?”, “Why do you specifically select this *devalaya* to perform rituals?”, “How did you recognise that your mental stability has been disrupted?” and further continued with some exploratory questions inline with the previous responses. The interview protocol was based on the principles presented by Jacob &

Furgerson (2012). Data collection was iterated following the 'concept-saturation' principle (Charmaz, 2006; Saunders *et al.*, 2018). Interviews included questions about their reflections of overall wellness, the ways in which spiritual well-being and psychological well-being are comprehended, the relationship between spiritual well-being and psychological well-being and causes of psychological ill-being. Interviews lasted about 60 to 70 minutes. Recorded interviews were fully transcribed.

Empirical observations were conducted in the above-mentioned four religious locations. The major concern of empirical observations was to understand how people symbolically represent their internal instability and expect blessings from the god. In addition, empirical observations were video-recorded after informed consent was obtained.

Analysis

Data were then interpreted using thematic analysis model as proposed by Schweitzer (1998) and Giorgi (1994; 1997), that consists of six stages.

1. *Holistic understanding of raw data*: During the first stage of analysis, raw data were understood holistically in order to get an overall profile of dispersed information about culture, spirituality and mental well-being. While bracketing pre-conceptions and judgments, the researcher read data thoroughly and repeatedly where necessary and obtained a holistic and overall insight about spiritual well-being, psychological well-being and healing rituals. Holistic understanding of dispersed raw data was therefore important in order to obtain an overall picture of cumulated experiences among community members.
2. *Forming a constituent profile*: Once a holistic understanding was obtained, the researcher summarised the raw data obtained from each informant, therein self-deniable, discrete segments of individual experiences were carefully recognised to identify central themes. Whilst going through the experiences of each individual, non-repetitive list of experience-based lay statements was established.
3. *Forming a thematic index*: Thematic index provides an overall picture of main themes that can be referred to each informant whereby extracting life-world related meanings embedded in everyday experiences as described by laypersons.
4. *Searching the thematic index and generate overall themes*: Once a thematic index was established,

the researcher searched for interpretative themes incorporating some of the principles proposed by Braun & Clarke (2006). While generating initial codes in accordance with the thematic index, main interpretative themes were identified and reviewed for final presentation.

5. *Arriving at the extended description*: This is one of the main stages of the analysis process where grounded theoretical understandings provided by laypersons were incorporated with the data interpretation. Extended description construction inline with identified themes was then supported by empirical observations in this stage.
6. *Synthesis of extended descriptions*: the researcher then compared and contrasted each theme with the objective of this study and produced an overall and in-depth picture of lay experience of the phenomena being studied. The thematic map was presented in Table 2.

In order to ensure the trustworthiness in the present study, the researcher used Lincoln & Guba's evaluative criteria (Shenton, 2014). The *credibility* of the research was ensured through prolonged engagement with participants, data collection triangulation (empirical observations, in-depth interviews, and focus group discussions), reflective listening to them and reviewing and confirming the code texts by informants during the data collection stage. In order to ensure the *dependability*, the research process was audited with help from two experts of ethnography and social anthropology. In addition, the entire research process was documented so that readers can examine the research process. Then, to ensure the *confirmability* of the study, the resulting analysis with findings were submitted to two experts in medical anthropology and cultural anthropology along with all detailed observations and transcribed data, and they were consulted in view of research-findings. The *transferability* (only to case-to-case transferability) of this study was assured through not involving researcher's preoccupations during the data collection process as much as possible while presenting a sufficient number of original narratives (evidence) in the analysis (Lorelli *et al.*, 2017).

FINDINGS

Conceptualising 'spiritual well-being' in Sri Lankan Buddhist culture

Overall wellness is considered a precondition for a successful life. How 'overall wellness' is perceived by Sinhalese Buddhists is unique, however. Wellness of life consists of four sub domains, such as physical well-being,

Table 2: Summary of synthesis, extended themes and sub themes

Synthesis of extended description	Synthesis was attributed to three main extended themes: <ol style="list-style-type: none"> 1. How Sinhalese Buddhist community conceptualise 'spiritual well-being' and 'psychological well-being'. 2. How Sinhalese Buddhist community distinguish 'Spiritual well-being' from that of 'psychological well-being' 3. Cultural understanding on possible causes of psychological ill-being.
Extended themes	<ol style="list-style-type: none"> 1. Conceptualising 'spiritual well-being' (adyathmika suvaya) in Sinhalese Buddhist community in accordance with cultural dynamics. 2. 'Psychological well-being' as conceptualised in Sinhalese Buddhist culture. 3. Possible causes of 'psychological ill-being' as conceptualised inline with the cultural understanding.
Sub categories or thematic indexes	<p>Conceptualising 'spiritual well-being' (adyathmika Suvaya) in Sinhalese Buddhist community in accordance with cultural dynamics.</p> <ol style="list-style-type: none"> 1. Contextual understanding on the overall wellness of life 2. Relationship between spirituality and inner peace 3. Differences between spiritual well-being and psychological well-being 4. Centrality and importance of Soul (<i>atmaya</i>) 5. Cultural influence on everyday life and spirituality 6. Practice dimension of the spirituality 7. Spiritual well-being as a result 8. Knowledge of self and god 9. Belief in a better life 10. Accessible domains and inaccessible domains 11. The moral order, cultural influence and spirituality 12. Faith, religiosity and humanistic benefits <p>'Psychological well-being' as conceptualised in Sinhalese Buddhist culture.</p> <ol style="list-style-type: none"> 1. Happiness and mental stability 2. Autonomy, competency and freedom 3. Mental wellness as a complementary component 4. Spiritual wellness as a complementary component 5. Uncertainty of life 6. Mindfulness 7. Sovereignty of life 8. Personal growth, self-efficacy, healthy social relationships 9. Self-acceptance <p>Possible cause of 'psychological ill-being' as conceptualised inline with cultural understanding.</p> <ol style="list-style-type: none"> 1. Lifestyle related causes 2. Nature 3. Sociocultural stressors 4. Non-human related causes 5. Karma

psychological well-being, community well-being and spiritual well-being. Spiritual well-being can be defined as a subjective experience that provides a system of faith, beliefs, values, ethics, principles and morals. Although the overall wellness of life can consist of different sub domains, spiritual well-being has been perceived to be the centre of overall wellness among Sinhalese Buddhists in Sri Lanka (as depicted in Figure 2).

Overall wellness of life (in which good physical quality, psychological stability, social well-being and spiritual integrity of the mind are involved) is considered to be one of the contributing factors for a successful life. However, a set of internal resources (constituents of spiritual well-being), such as mindfulness (*sathi* or *sihiya*), loving-kindness (*maithriya*), faith (*bhakthiya*) that help people to continue a balanced healthy life, has been given significant attention because those internal resources affirm the wholeness of life in relation to community, environment and self. Therefore, the feeling of completeness in life has been realised in accordance with the relationship between the self and society. Achieving spiritual well-being is thus perceived as one of the main activities of everyday life of Sinhalese Buddhists. Content of 'spirituality' can include examples of loving-kindness (*maithriya*), empathy (*karunawa*), sympathy (*anukamapwa*), tolerance (*iwaseema/upekshawa*), sense of reality (*yatharthawadibawa*), compassion (*dayawa*), appreciative joy (*mudithawa*), equanimity (*upekshawa*) and tranquillity (*samadhiya/madahathbawa*).

For Sinhalese Buddhists, 'spiritual well-being' is the main contributing factor for inner peace which is experienced when they interact with the outside society, while 'psychological well-being' provides them with a proper code of conduct which helps manage their way of thinking. Mode of thought or the way in which people construct internal thoughts influences action-decisions undertaken in a sociocultural context, as a result, psychological well-being can be closely related to spiritual well-being.

“Experiencing appreciative joy (*mudithawa*: a feeling of happiness about the success of others) is one of the difficult tasks because we are usually individualistic and self-oriented. For example, there are situations where I would not be able to tranquil (*iwasanawa/madahathwa sithanawa*) my mind although I am mentally stable. Appreciative joy or happiness derived by appreciating others' success is a quality of a person who can celebrate the wholeness of life.” (A 45-year-old woman)

This woman supposedly strives to distinguish spiritual well-being from psychological well-being. She conceptualises that tranquillity (*upashamanaya/iwaseema*) and appreciative joy are characteristics of the spiritual well-being, while psychological well-being is characterised by the energy of the mind to perform everyday activities effectively. Although mental well-being and spiritual well-being are separately recognised,



Figure 2: Overall wellness of life according to Sinhalese Buddhist community

they are interconnected, influencing each other. Sense of self-sovereignty (*athma swadheenathawa*), confidence (*athma shakthiya*), strong social relationships (*hoda samaja sambandhatha*), actualised self (*athma abhimanaya*), having a meaning in life are some of the constituents that determine psychological well-being, whereas spiritual well-being is understood with internal resources of a person that facilitate to experience the wholeness of life. Sinhalese Buddhists understand that spiritual well-being is related to the soul (*athmaya*), compared to mental wellness that is related to the mind (*hitha/manasa*).

“Normally, I am not likely to get into troubles because I am capable of managing anger. When an angry thought comes, I just avoid it and try to look at malevolence of it, and hence I can consciously manage my emotions... In addition, I do not like to have relationships with those who are angry at times and bringing troubles. What I usually do is avoiding them as much as possible.” (A 29-year-old man)

The above quote clearly shows the difference between ‘spiritual well-being’ and ‘psychological well-being’. In the above case, he suffers from spiritual ill-being though he has a stable state of psychological well-being. As he is capable of anger-management, he has the self-confidence (*athma shakthiya*). This further confirms because he consciously gauges its malevolence. However, he suffers from lack of ‘spiritual well-being’ because of the inability to uphold ‘loving-kindness’ (*maithriya*) and ‘understanding others’ so that he strives to avoid positive communication with others; this can lead to extreme-individuality or selfishness, thereby neglecting needs and rights of others.

“Soul (*athmaya*) is just like a container that consists of memories created using mind (*hitha/manasa*), body and social relationships. For instance, hatred toward others may create a bad memory in the soul, thereby depreciating spiritual well-being and that memory can be preserved until we attain *Nibbana* (Ending birth-death life cycle), that has the potential to re-influence mind, body and social relationships.” (A 30-year-old man)

Although complete health (a conflation of mental, physical and community wellness) has been given considerable attention in everyday lives, spiritual well-being is considered prominent for the overall quality of life. As bodily functions are believed to be administered by the mind, preserving mental wellness

has been embedded into their everyday practices of life. Consequently, different cultural practices of Sinhalese society advocates people to balance their mental wellness; for example, morning and evening homage to Lord Buddha or deities would help relieve negative feelings and distorted thoughts in mind.

Spiritual well-being or ‘*adyathmika suvaya*’ is an integral component of an individual, which is difficult to conceptualise as the sense of spiritual wellness is understood in line with the philosophy of non-ending life cycle or ‘*samsara darshanaya*’, there in life is not perceived as an existing state between birth and death, but an episode of a non-ending cycle of death and rebirth, that can be stopped only by the wisdom of life obtained through the great eightfold path², as believed by Buddhists.

Unlike the other three dimensions of health, spiritual well-being is thus considered to be a practice (*kriyathmaka kala yuthu deyak*) and also an achievement (*awasan prathipalayak*: result). Practices of spirituality can include loving-kindness, appreciative joy, kindness, trustworthiness (*wishwasaneeyathwaya*), compassion, equanimity. For example, appreciative joy is a practice rather than merely a structured characteristic, by which people are encouraged to appreciate the success of others and prevent from jealously (*irisiyawa*). Jealousy is an attribute of spiritual ill-being that can lead to conflicts and even destruction of self-reliance. On the other hand, appreciative joy is considered to be a wholesome deed (virtuous activity). Similarly, experiences of immoral actions such as jealousy and indignation (*kopaya*) can garner in the soul, thereby bringing about calamities in life. ‘Spiritual well-being’ is thus conceptualised as a set of capabilities that can include some meritorious activities.

According to Sinhalese Buddhists ‘self’ (*mama/sweeyathwaya*) consists of mind (*manasa/hitha*), body (*sirura*) and soul (*athmaya*), and this contrasts with the mind-body dichotomy or the Cartesian paradigm in the occidental tradition of understanding about ‘self’. Habitus or the way in which lifeworld is perceived and responded to an essential element of self and it is understood as an outcome of the constant process of mind and body interactions in a cultural context (Bourdieu, 1977). Oriental traditions, however, believe that both mind and body alongside socio-cultural context determine the disposition of a person. In addition, the soul has also been considered as an integral element of self. Spiritual well-being is thus experienced in relation to the state of wellness in the soul (*athmaye yahapathbawa*).

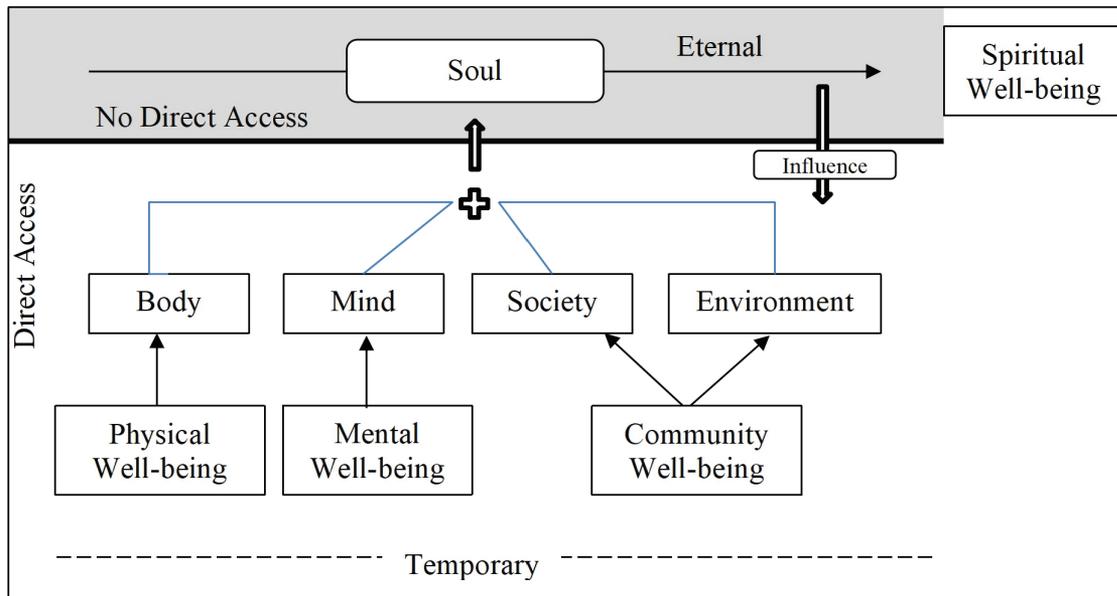


Figure 3: The relationship between spiritual well-being and other elements of health

“I will migrate to Korea next week for a job. Now, I am a little bit nervous. I am not exactly prepared for this, because I always think that if I move to another country I have to leave my family behind. I have decided to migrate because of the belief in a better future there, though my mother does not like me to move. My mind is not stable now, it is shaking – not stable, and I do not have any knowledge about the future. This is why I came to pay homage with my family members to the deity in this temple thereby expecting blessings so that I will be protected from unexpected catastrophes in future.” (A 28-year-old man)

As the above asserts, wellness of life is multifaceted, which consists of physical wellness, psychological wellness, spiritual wellness and community wellness. Careful analysis of the above narrative reveals that “Belief in a better future” captured the mental and physical wellness, whereas the sense of community wellness is grounded in the belief on “sadness of leaving the family”. Belief in a god or a supreme being who helps the person to celebrate the wholeness of life leads to spiritual well-being. Those four dimensions of health in which, ‘spiritual well-being’ has been given central place, thus ascertain overall wellness of life. Healing rituals are related to this.

Nonetheless, Sinhalese Buddhists believe that body and mind are within their control (*palana seemawa*)

so that they can be directly accessed, whereas soul (*athamaya*) cannot be accessed directly, as it has been conceptualised as an undefinable process beyond body and mind. Spiritual well-being is wellness related to the soul. ‘Soul’ is understood as a process, and an outcome of constant functioning of mind-body within a socio-cultural context, which in turn can influence how body and mind perform (Figure 3). Mind and body are contemporary realities and are influenced by the soul that contains unreadable-memories brought even from previous lives and continues to next lives in the cycle of death and rebirth. Spiritual wellness is thus identified as the core of a healthy life that can influence mental, physical and community well-being, either positively or negatively.

Spiritual well-being cannot be directly intervened. However, contents of spirituality can be reorganised when mind and body perform properly in a socio-cultural context. Therefore, the proper conduct would constitute an organised soul, whereas the wrong conduct would constitute a disorganised soul that endangers individuals’ code of conduct. Because spiritual well-being is the wellness related to the soul, it cannot be directly intervened. Since the soul is considered to be an outcome of mind-body and community interactions, spiritual well-being can be responded only by intervening mind, body and community functions.

“Soul (*athmaya*) is incomprehensible (*durawabodha*), though we can sense (*danenawa*)

it. Memories of everyday lives are contained in the soul. Therefore, spiritual well-being can be obtained only if we maintain our behaviour and way of thinking, properly.” (A 55-year-old man)

“Many recognise me as a friend and a kind person because I am a good listener than a speaker. Besides, I can understand others well. When I am with other people, I tend to talk less but listen more. I feel that I am trustworthy, therefore.” (A 27-year-old woman)

The ability to listen to others is a capability of psychological well-being, but the sense of trustworthiness is a characteristic of spiritual well-being since the sense of trustworthiness has the potential to make a virtuous-Karma as Sinhalese Buddhists believe.

Because allopathy and related Western ideologies about health and well-being have been suffused in Sinhalese community, some are less likely to go along with practices of the traditional way of preserving complete health and well-being. Some, however, still conceptualise their life-style and health in line with spirituality-centred world order, and this considerably depends upon faith – a mental schema that binds internal thoughts of mind together around an accepted belief system.

As noted above, healthy life of a person involves distinct but interrelated four components, i.e. body, mind, soul and community (that includes society and environment). Although the mind, body and society can be directly intervened, the soul cannot be directly intervened. Lay experiences show that ‘soul’ is an integral part of self and it contains every detail about interactions of body, mind, society and environment; ‘Karma’ is thus initiated by soul, and that it in turn can influence individuals’ health.

“Everyone can heal. For this, you must not wait for anyone else, no one else can heal you. You can heal yourself. Although we distinguish ourselves from others by race, birthplace or gender, after the energy of the universe has processed we all become one. You are part of the universe. Life is beautiful. Life is good. Life is a present for us. If you find happiness, you find a way of life. There is no way to happiness. Happiness is the way.” (A 60-year-old man)

“Belief in spirit teaches us to drop into the inner workings of our nature and to slow down to relax. So we witness moment to moment consciously (*sihiyen*), through which we become more established in our body, the full experience

of being human in this body.” (A 26-year-old woman)

When people are unable to administer body, mind, society and environment by means of accessible and existing methods in a catastrophic situation, causes of it can be linked to a bad-karma, which is believed be administered by the soul. Soul can contain details of past lives and past events of life so that it is beyond the control of the person, but it can affect this life. Moreover, soul is conceptualised as a process supported by continuous interactions of mind, body, society and environment, that implies soul can only be intervened interacting with body, mind, society and environment. Consequently, some religious practices are incorporated with everyday lives of people to access soul and to organise it through adjusting mind, body, society and environment so that they can celebrate the wholeness of life. Figure 3 illustrates how spiritual well-being is related to other elements (mental well-being, physical well-being and community well-being) of health. In addition, it depicts that mind, body, society and environment are temporary in nature whereas the soul is eternal. Though self, in which mind, body and community are integrated, is destroyed by the death, a natural process, soul is not destroyed but it continues to the next life so that it can instigate results of previously performed activities by the person (*karma*).

Because spiritual well-being is understood as a dynamic outcome of interactions of mind and body within a given community situation, stabilising wellness of mind, body and community can facilitate to obtain spiritual well-being, which plays a crucial role in determining good and quality health of human beings. Sinhalese people conceptualise ‘health’ as a process that brings ‘happiness of life’ so that ‘healthy practices’ are embedded in their everyday lives.

Although Buddhist philosophy asserts the importance of spiritual well-being one that brings about the wellness of life through *vipassana* (mindfulness meditation), Buddhist cultural practices in which Sinhalese beliefs are embedded give priority to faith (belief system) that can help obtain humanistic benefits rather than supra-mundane benefits.

“Four noble truths specify that ‘suffering’ or catastrophic events encountered are normal, in the sense as a human being, I have to face some difficult situations in this life caused by unwholesome deeds (*pawkam*) performed in the previous life. I believe that ‘suffering’ is a normal fact, but I need psychological support to cope with different catastrophic situations. What I want in this life is happiness for my family and myself.

I believe that 'Devol Deviyo' (a local Buddhist deity) can support me in this regard." (A 45-year-old man)

For example 'suffering' (*duka*) is understood as an eternal truth according to the Buddhist philosophy, but people are reluctant to accept it, and look for possibilities to overcome suffering. This can be facilitated by Sinhalese culture-related Buddhist practices.

The belief that there is a relationship between the energy of the universe and the self is one essential conceptualisation of 'spiritual well-being' in Sinhalese Buddhist culture. Faith of God or the faith of universal energy makes the connection between self and the energy of the universe.

"If we receive more and more, that means, of course, we have to give more and more. That is the universal order. I am a teacher, so that I have to teach students well, otherwise I will be affected somehow when the energy of the universe influence me. For instance, sometimes my children would not be able to learn well. The universal energy governs our behaviour even without our knowledge. We are subjects of the universal order." (A 40-year-old man)

Beliefs about relationships between the self and the universal energy influence the people's behaviour. Since people realise their existence as part of the large universe, they are likely to develop spirituality qualities. For example, the person mentioned in the above quote clearly shows characteristics of 'spiritual well-being' as he carefully understood his responsibility toward society that however does not compromise his personal needs. Universal thinking thus is considered as one of the main attributes of 'spiritual well-being' among Sinhalese Buddhists. Therefore, belief in the connection between self and universal energy can regulate the behaviour of people, as individuals tend to think about the success of everyone rather than the success of an individual.

"Psychological well-being" as conceptualised in Sinhalese Buddhist culture

Although lay people are less likely to understand differences between 'psychological well-being' and 'spiritual well-being', distinct determinants of 'spiritual well-being' can be observed in narratives of their everyday lives. Because practices that enhance 'spiritual well-being' are embedded in their daily lives, Sinhalese Buddhist community does not have a clear-cut definition of 'spirituality'. This theme thus shows how psychological

well-being is distinguishably conceptualised in contrast to 'spiritual well-being'.

Obtaining happiness in life can be defined in line with what Bandura (1998) terms as "gaining self-efficacy"; an individual's belief in their ability to achieve whatever brings happiness to life. Narratives of personal experiences among people emphasise that achieving self-satisfaction (*athma thrupthiya*) and securing it would contribute to spiritual well-being in the long run.

"When I lost my job, confidence to uphold responsibilities as a mother and a teacher had gone. Now, I just feel that some other unexpected catastrophe would hit me. I have no peace in my mind to do anything. It feels devastating. If I had been blessed by the lord *Rajjaurubandara* (a local deity), I would perhaps live a normal life. Then I do not have to worry about my son." (A 57-year-old woman)

This implies the importance of autonomy (*swadeenathwaya*) and competence (*hakiyawa*) of life that contributes to psychological well-being. Ability to make decisions develops sovereignty of life and that is related to the competence that can facilitate people to organise their everyday lives. Therefore, sovereignty of life and competence are considered to be elements of psychological well-being.

Sinhalese Buddhist identification of "psychological well-being", that paves the way for spiritual wellness, includes relatively unique determinants such as decision-making ability (*thirana ganeeme hakiyawa*), healthy relationships in their community, ability to uphold personal and public responsibilities (*wagakeem sahadathabawa*), a positive sense of bonding to a superpower that creates a feeling of security from unexpected fears and uncertainties, progress of life, properly planned objectives and goals in life.

Ability to make decisions is one of the essential qualities of freedom that facilitates people to think and behave independently. The right to make decisions on what brings benefits depends upon the psychological well-being. Independent decision-making ability, however, might be jeopardised on account of physical inability or psychological distress, in the sense psychological well-being can be distorted if the ability to make decisions (autonomy) is threatened.

"For about eight years, I have been looking for a doctor who is able to cure my daughter but I could not find one. Some doctors say that my daughter is a very rare case and she was diagnosed with a disorder that harms the body and mind

simultaneously. However, no proper treatment has been given so far. I would not be able to attend to family matters and I do not have a job too. Since I have to look after my child, my wife just works as a daily paid labourer. Nevertheless, we barely manage to survive. Because biomedicine is not applicable to my child, I believe that this could be a result of a bad-Karma performed in the past life.” (A 57-year-old man)

Above, a father narrates his instability of life, which links to psychological ill-being that threatened the autonomy of life, means that he could not make his own decisions about life events. In addition, the level of dependency has been increased, because the external support in the above situation is essential. As a result of the high level of dependency, he could not uphold responsibilities as he did in the past so that healthy relationships with community members have been decreased. Consequently, self-efficacy can be affected negatively.

Furthermore, the uncertainty of life diverts the person from ‘mindfulness’ (*sihiya/sathi*) which further sets the person apart from positive self-regard and self-efficacy, consequently previously planned goals of life will be switched to unexpected directions so that self-efficacy can be distorted while leading to psychological ill-being.

Mindfulness (*sishiya/sathi*) is another quality which determines self-efficacy as Sinhalese Buddhists perceive. It is the clarity in thoughts, which facilitate individuals to perform any activity with confidence because the expected results can be guaranteed due to the conscious attention on the actions performed. Mindfulness is one of the essential qualities of psychological well-being and is responsible for the proper functioning of other determinants. Mindfulness ensures that thoughts in mind are arranged properly. Negative narratives can be formed due to the absence of mindfulness that in turn results in self-efficacy distortion. The absence of mindfulness can discord the arrangement of thoughts in mind, which then leads to psychological ill-being. For example, a woman aged thirty-three years describes:

“I could not focus on anything after that incident (a catastrophic event in life). There was no clarity in the thoughts. No clear path was visible.”

Sinhalese Buddhists perceive spiritual well-being as the driving force of happy life, and sovereignty of life can be obtained establishing self-efficacy which consists of autonomy (*swadheenathwaya*), competence (*hakiyawa*), healthy relationships, self-acceptance

(*athma sammanaya*), personal growth and purpose in life.

Since Sinhalese culture is shaped by Buddhism and Ayurveda, happiness is perceived as a result of proper maintenance of both body and mind within a well-organised community. Although both body and mind were given considerable attention in understanding the nature of happiness in life as reflected by people, it is the ‘soul’ which carries peoples’ experiences throughout the life that further extends to the afterlife, so that a well-organised mind, self-efficacy, physical wellness and community wellness can be considered as essential structures of happiness in life.

“The body is just a vessel in which the mind lies. When a person passes away, the mind continues to pass the present experiences to the next life. Therefore, keeping the mind happy is the ultimate purpose of life.” (A 56-year-old man)

Preserving all psychological, physical and community well-being can influence the spiritual well-being. Sinhalese culture, therefore, believes that proper arrangement of thoughts in mind through healing, medical treatment for physical well-being and healthy social relationships would contribute to a well-organised soul, thereby achieving spiritual well-being. Therefore, ensuring spiritual well-being can be influenced by how psychological well-being is ensured.

Causes of psychological ill-being: contextual understandings

The overall wellness of life is determined in accordance with the extent to which spiritual, mental, physical and community well-being are ensured but spiritual well-being is regarded prominent. Constituents of overall wellness (such as mental, physical, spiritual and community well-being) are interrelated so that one can influence the other, even though the impact of spirituality on other elements are believed to be significant and influential. As noted above, spiritual well-being is determined by how mind, body and community interact within the life-world of people so that psychological status can be closely related to the state of spiritual well-being. Causes of psychological ill-being thus can affect the state of spirituality.

Since Sinhalese medicine in Sri Lanka depends on the holistic philosophy of life, it believes that different and multidimensional reasons would cause psychological ill-being; therefore, one cause cannot be particularly singled out. Five interdependent factors thus have been identified that depreciate psychological well-being.

- (1) Lifestyle stressors
- (2) Nature related causes
- (3) Socio-cultural causes
- (4) Non-human causes
- (5) Karma

Except for life-style stressors, other four causes of psychological ill-being are beyond personal control, but lifestyle stressors can be administered. Psychological instability caused by lifestyle stressors can be addressed by changing the lifestyle. Other four stressors of psychological ill-being are believed to be beyond the control of person. Therefore, when those stressors are not possible to be responded with existential-solutions, people are highly likely to believe that another party (maybe a god or a spiritual power) would intervene and respond to those causes. This belief is phenomenal, as it can alter the thoughts in mind whilst affecting the state of spiritual well-being.

“I used to drink liquor much and that badly hurt my marriage life. Though I have stopped it recently, still I feel uneasiness with my marriage life. I consulted a counsellor though results were not as expected. I then consulted a local healer and he said that my wife and I were cursed using black magic which can only be removed by the god of justice (*Rajjuru Bandara Deviyo*: A local deity).” (A 34-year-old man)

This negative narrative had been developed once he observed that his marriage life was not successful even after he changed his lifestyle. This was further crystallised due to healer's intervention (in that healer further redirects the narrative into a negative direction). In addition, previous experiences and the belief system in society affected the person to form negative narratives about his marriage life, that resulted in uneasiness and worry. Nonetheless, he strongly believes that causes of uneasiness (*dushkaratha*) about marriage are beyond his control and it can only be administered by the god. Consequently, his code of conduct was guided by the fully formed negative narrative about the marriage-life episode and that in turn resulted in self-efficacy distortion. This can even lead to decline of spiritual well-being.

Illness narratives imply that the belief in karmic impact is another influential cause of mental illness. Influence of bad-karma is inevitable unless responded by another wholesome deed (good-karma). Thoughts in mind can be disorganised because of the strong belief in karma (previously performed bad actions), which in turn reduces self-confidence.

“We now experience what we did in the past. We feel happy because of the wholesome deeds we did in the past. Wrongdoings will definitely bring sadness and sorrow in the present life in different ways. Uncertain events which bring sadness, therefore, cannot be alleviated addressing apparent nature or person related causes only, as it requires another remedy which response to the karmic order.” (A 41-year-old man)

Constructed narratives of everyday life experiences influence psychological well-being. Therefore, culture-specific narratives of health experiences can shape what people perceive as ill-being or well-being. Experiential narratives or socially constructed beliefs about diseases are related to every cause of that disease. Therefore, psychological ill-being can be considered as a result of a complex societal process, in which cultural experiences are involved.

A man (71-year-old) who lost his crop worth around one hundred thousand rupees because someone set fire to it, now would not be able to make the ends meet. He thus started forming a negatively conditioned narrative about that catastrophic event in life, blaming the society:

“Others are jealous so that they cannot see my success. As a bystander says, one enemy fired my crops. Rumours are going around the village that [...*person's name*...] is responsible for the damage. However, I do not have clear evidence to prove that he is guilty, so I came here to pay homage to the God of Justice (*Rajjurubandara Deviyo*).”

Culture is a powerful source that influences forming negative narratives. Since he does not have clear evidence, though blurred information compelled him to believe that he had been treated unjustly by the society, he was compelled to pay homage to the god of justice (*Rajjurubandara Deviyo*: a local deity) which helped him reorganise distorted thoughts in mind. Further, he describes:

“I understood that after a number of attempts (he refers to placing a complaint at police), I could not catch the person who damaged my crops. So that I appealed the god of justice to punish him.”

This implies that causes beyond the person's control can only be addressed by appealing to supreme power. This shows the place of the person in the universe and how it is connected to faith.

Nonetheless, the content of beliefs about psychological ill-being and well-being is culture-specific, in the sense culture forms the way in which it is perceived so that culture itself provides a delineation as to how a particular disease has begun and responded. For example, a twenty-nine (29) year old woman describes:

“I had consulted a number of gynaecologists for about three years though I did not receive any result. I think this happened to me only because I might have done a *bad karma* in the past life, which prevents me from pregnancy”.

The cause of the worry was recognised as a bad-karma (performed in the past life) and apparent biological causes were unattended. This worry prevents the person from spiritual well-being. Worry and mental ill-being caused by negative narratives of that women thus could be effectively addressed by implanting positive thoughts in the mind. Since all these beliefs are entrenched in her experiential narratives, a culture-specific system that can reaffirm the self-efficacy by reorganising experiential narratives is essential.

Although four elements of health are interrelated, the relationship between spiritual well-being and psychological well-being are strongly connected. Therefore, a change in one element can influence the other. Causes of psychological ill-being thus can be indirectly lead to spiritual ill-being as analysed above.

DISCUSSION AND CONCLUSION

Sinhalese Buddhists have an authentic medical system and local-primary-health practices with an alleged two thousand five hundred year history, although they even have access to other medical systems such as Ayurveda, Unani and Allopathy (Hettige, 1991; Jones & Liyanage, 2018). Sinhalese medical system depends on the holistic philosophy of life, means all aspects of health are given considerable attention in contrast to Western medicine that mainly focuses on biomedical aspect of health. Because the Sinhalese medical system has been evolved for at least two millennia while revising its philosophical underpinnings by integrating ordinary peoples' experiences, needs of Sinhalese Buddhist community are responded effectively.

Today, Sinhalese medicine is not restricted only to Sinhalese people, but other ethnic and religious communities too obtain benefits of it. For example, foreigners are attracted to Sinhalese medicine owing to its unique qualities. As lay experiences and reflections are taken into consideration during the evolution of Sinhalese medicine, ordinary-health practices and beliefs

are integrated into everyday lives through which people strive to reach a sustained life. Because cornerstones of Sinhalese medical system have been developed and interpreted in line with Buddhism grounded in Sinhalese society, a strong relationship seems to have developed between culture and medical practice. Healing is one such culture-oriented health care service in Sinhalese medical system, that is closely connected to spiritual well-being.

Since persons' self-identity is determined by experiences obtained through active engagement in social actions, how people conceptualise 'health' can also influence how they construct their self-identity, which in turn facilitates them to understand their disposition in society. Narratives or life-stories regarding their self-identity thus include descriptions and understandings of health, in that how Sinhalese Buddhists conceptualise spiritual well-being and distinguish it from psychological well-being was explored in the present study.

Although spiritual well-being of life has been indirectly discussed and presented in both early writings of Sinhalese medicine and folklore (Obeyesekere, 1969; Hettige, 1991; Udayanga, 2018), recently no research has focused particularly on 'spirituality' component of health and spiritual well-being, except for some studies on different aspects and uniqueness of Sinhalese medicine. Today, the international community has an interest in spiritual well-being, because studies have shown the inevitability of spiritual well-being of sustained life so that western born people temporarily migrate to eastern countries such as Sri Lanka, Indonesia, India, Vietnam, for spiritual treatments. Understanding how those communities conceptualise spiritual well-being thus has contemporary relevance.

Conceptualisation of 'spirituality' and 'spiritual well-being' can be different from one society to another as lay understanding is influenced by culture. For example, in Sinhalese Buddhist community, spiritual well-being is understood as the wellness of soul that is an outcome of functional interactions of mind and body. Besides, spiritual well-being is closely related to psychological, physical and social well-being too. In this research, therefore, the researcher explored how laypeople conceptualise psychological well-being and understand causes of psychological ill-being that lead to decline of spiritual well-being. The current study fills a gap in the literature by exploring how Sinhalese Buddhists conceptualise spiritual well-being as a major concern of Sinhalese medical practice.

Although overall wellness is considered as an essential element of sustained life, spiritual well-being is placed at the core and encapsulated by other elements of health. This means that even though there is a relationship among these elements, 'spirituality' cannot be directly intervened. Unlike biological stability and mental wellness, spiritual wellness can only be observed when one interacts with society. Spiritual well-being strengthens the sense of certainty and happiness of life. Furthermore, Sinhalese Buddhists believe that without spiritual well-being, functions of other elements of health can be jeopardised. Spirituality helps feel congruence among perceived self and actual self, that in turn contributes to maintain the overall quality of life. Spiritual well-being as conceptualised in Sinhalese Buddhist culture includes some capabilities so that spiritual well-being is experienced in line with wholesome practices (virtuous activities).

The analysis revealed that, even though there is a common understanding of spirituality and spiritual well-being, Sinhalese Buddhists are less likely to distinguish it from the psychological well-being. Although people are unable to articulate the difference between spiritual well-being and psychological well-being, approaches to both spiritual well-being and psychological well-being have been recognised in line with cultural experiences. The very existence of health care pluralism is a result of this distinction in lay perceptions.

The 'self' consists of body, mind and soul, and 'spiritual well-being' is linked to the 'soul' (*athmaya*). The soul can contain memories of behavioural experiences of the present and the past lives. 'Soul' is thus directly unreachable. However, it could be intervened through mind and body, means that contents of the soul can be organised through the systematic function of mind-body in the lifeworld. Community well-being is conceptualised in relation to the lifeworld. Community well-being was not given considerable attention in this study, so that future research can focus on the relationship between community well-being and spirituality.

Practices that lead to psychological well-being, thereby stabilising spiritual well-being, are integrated into everyday lives of Sinhalese Buddhists, but now they have been changed due to the prevalence of Western values and negligence of indigenous knowledge on health. Moreover, when symptoms of declined spiritual well-being appear, culture-specific religious healing approaches are recommended to regain spiritual well-being, though this theme was not a matter of concerns in this research; future studies can concern on how religious-cultural approaches are effective in acquiring spiritual well-being.

The way Sinhalese Buddhist community conceptualised spiritual well-being contrasts with the original Buddhist teachings. Original Buddhist teachings reject the notion of 'eternal soul' even though Sinhalese Buddhists consider 'soul' as eternal that can even contain experiences of the past life. Buddhism asserts that catastrophic situations in life are unavoidable, as life is inherently uncertain, in fact, it is the reality but people are reluctant to accept it. Consequently, Buddhist teachings have been re-interpreted according to cultural needs in Sinhalese society. When spiritual well-being is conceptualised, therefore, culture-related Buddhist norms and principles are taken into consideration.

Since the psychological ill-being can lead to declined spiritual well-being, five causes of psychological ill-being were identified, such as lifestyle stressors, environmental and socio-cultural causes, non-human related causes and bad-karma in the past lives. Since philosophical underpinnings of Sinhalese medicine go beyond the biomedical model and materialism, the influence of karma and non-human related causes (influence of evil-spirits) are also considered responsible for psychological ill-being that can lead to spiritual ill-being. Some of these causes and their relationship with spirituality were previously studied (Udayanga, 2018; Kleinman & Good, 1985; Obeyesekere, 1998), but this study explained how those causes are directly influencing psychological well-being while depreciating spirituality.

For this research, a transcendental phenomenological approach was employed because of its ability to understand grounded meanings of lay narratives and experiences in everyday practices from their perspectives, without heavy dependence on researcher's interpretations. This approach enabled finding out how spiritual well-being connects with cultural experiences. The narrative method was also applicable to this study, but it lacked in understanding and interpreting observational experiences. However, when interviews were conducted, the researcher has utilised principles developed in narrative method. Geertz (1973) symbolic anthropology provided an insight into this research, particularly to interpret human understanding embedded in symbolic interactions. Nevertheless, it lacks in understanding the disposition of people in society, for that the researcher referred to the theory of 'habitus' developed by Bourdieu (Bourdieu, 1977) and Kleinman's arguments. Since the prime concern was to understand how Sinhalese Buddhists conceptualise spiritual well-being, those theoretical approaches shed light on understanding everyday activities concerning experience related to spiritual well-being

Overall, Sinhalese Buddhists in Sri Lanka are less likely to articulate the difference between psychological well-being and spiritual well-being, but they are aware of the very existence of spiritual well-being and psychological well-being. Experiences of everyday life embedded in the culture facilitate them to differentiate spiritual well-being from psychological well-being, even though those terms can be overlapped. However, when Sinhalese Buddhists undertake the sick-role, distinct approaches are sought inline with the analytical distinction of perception on spiritual well-being and psychological well-being.

Moreover, health experiences immersed with culture show that spirituality cannot access and make changes directly by lay people, but psychological well-being can be ensured through some profane approaches. On the one hand, practices that lead to spiritual well-being are embedded in their everyday lives and it is conceptualised as an internal quality that facilitates people to interact with the outside world with a proper mode-of-thought. Psychological well-being, on the other hand, is understood as an ability to achieve whatever brings happiness to their life. This study thus indicates that ensuring happiness in the lifeworld would contribute to spiritual well-being in the long run.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author.

ACKNOWLEDGEMENT

I deeply appreciate the generosity and hospitality of all those who shared their stories with me.

END NOTES

- (1) Holistic philosophy of life asserts that health or a state of complete well-being is determined by multidimensional determinants such as biology, culture, environment, society, self-assessment etc.
- (2) Eightfold path: This is a Buddhist teaching that includes eight principles such as right view, right resolve, right speech, right conduct, right livelihood, right effort, right mindfulness and right consciousness.

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