



An analytical study on the utility of Buddhist teachings and modern psychological methods in managing mental distress and suffering

D Dilhani Indrachapa

Department of Pali and Buddhist Studies, University of Ruhuna, Sri Lanka

Abstract

Mental distress and anguish have emerged as growing problems in modern society of the 21st-century digital age, with World Health Organization reports indicating that over 280 million people worldwide suffer from depression, while incidents related to mental stress, anxiety, and depression are progressively increasing among the Sri Lankan population. Amid rapid lifestyle patterns, technological advancement, and socio-economic pressures, problems of mental distress and anguish in Lankan society continue to rise persistently, and a lack of coordination between Buddhist philosophy and modern psychological approaches is also evident. The primary objective of this research is to analyze the connections and differences between the teachings of Buddhist philosophy and modern psychological approaches regarding mental distress and anguish in Lankan society. This study primarily utilized written sources for data collection and employed a comparative literature review methodology, analyzing primary sources such as the Tripitaka and Abhidhamma texts, and secondary sources including modern psychological texts, research articles, and publications. A lot of overlap can be identified between the Buddhist philosophical understanding of dukkha (suffering) and modern psychological science's understanding of stress and anxiety, giving both Buddhist philosophy and stress and anxiety in modern psychology practical recommendations for dealing with mental distress and suffering, and in relation to that there was compatibility between Buddhist mindfulness meditation (satipatthana), and modern psychology's Cognitive Behavioral Therapy (CBT). The take-home message is that mental health is more than the absence of disease; it is a state of complete mental, physical, and social well-being, which I think is important to consider.

Keywords: Mental distress, anguish, buddhist philosophy, modern psychology, lankan society

Introduction

According to the World Health Organization (2022, p. 12) [39], 280 million people around the world are depressed, with one-third of those living in low- and middle-income countries having mental health problems. Feeling sad or feeling stress is natural, but in some respects, it is also serious in that what we think and feel could have serious consequences with respect to our emotional state and our overall health. The more we know and understand and are aware of our feelings, the greater awareness we can build towards mental health. (Disanayaka, 2018, p. 34) In Sinhala, what is called mental distress is equivalent to the English term distress. The etymology of distress comes from the Latin term "distressus" (tight or tension), and in Old French it was used as "destresse" (Ratnayaka, R. 2012, pp. 78). The word "mental" is composed from the Sanskrit root "manas", and the word distress may as well be taken to mean 'lack of comfort' or 'discomfort'. In the Sinhala dictionary, interpretations of this concept are accounted for various synonymous aspects. In interpreting this notion of psychological relatedness, the author noted (Dharmasena, S, 2008, pp.124) mental stress, anguish, and mental pressure in use. For example, in Malalasekera's English-Sinhala Dictionary, distress is described by usage as mental distress, anguish, and emphasis. (Malalasekera G.P., 2007, pp. 994). For example, the notion of distress in the English-Sinhala Dictionary of Professor Sucharitha Gamlath was described with terms of fatigue, discomfort, anxiety, affliction, adversity, strain, burden, heaviness, severity, and weight (Gamlath, S, 2009, pp. 190). According to the World Health Organization's definition, mental distress is described as "an

individual's condition, occurring continuously or intermittently, characterized by emotionally distressing feelings, functional difficulties, or inability to successfully cope with existing challenges." (WHO, 2022, p. 12) According to these definitions, mental distress and suffering are emphasized as conditions that go beyond merely normal human experiences and create obstacles to social and functional life. (Jayasingha, 2019, p. 89) [13]

Research Problem

The fundamental problem of this research is: What are the challenges in integrating Buddhist teachings on the management of mental distress and suffering with modern psychological approaches, and how can these be implemented practically?

Research Objectives

The primary objective of this research is to study the teachings found in Buddhist philosophy and modern psychological approaches for managing mental distress and suffering. In addition, the following can be identified as secondary objectives:

- Analysis of traditional Buddhist understandings regarding mental distress and suffering in Sri Lankan society
- Study of the practical value of Buddhist psychological concepts for mental health challenges in modern society
- Presentation of recommendations regarding the feasibility of implementing these approaches within the Sri Lankan social context

Literature Review

The understanding of mental distress and suffering in Buddhist philosophy is based on deep psychological analysis, and this approach can be recognized as a complete methodology developed thousands of years before Western psychology. As stated in the Mahāparinibbāna Sutta, the essential principle "sabbe saṅkhārā aniccā" (all conditioned things are impermanent) clarifies the reality of mental suffering brought on by life's instability. (D.N. 2, 2004, p. 156). Understanding this impermanent nature is essential for comprehending the fundamental causes of mental suffering. Furthermore, as mentioned in the Abhidhamma Piṭaka, a deep analysis has been presented regarding the functioning of the mind and the arising of mental suffering, according to which the functioning of wholesome and unwholesome mental states has a direct impact on mental health. (Abhi.P., 2002, pp. 145-178)

Similarly, the threefold classification of the First Noble Truth of Suffering (dukkha sacca) in the Four Noble Truths takes on special significance for understanding mental problems in modern society. Dukkha-dukkha refers to natural forms of suffering such as birth, aging, illness, death, etc., and it is clear that this has a connection with positive and negative life events mentioned in modern psychology. (S.N. 5, 2003, p. 421) Vipariṇāma-dukkha explains the suffering brought on by the loss or alteration of cherished objects, and this seems to me to include considerations like grief therapy in current methods of treatment. (A.N. 3, 2001, p. 134) Meanwhile, saṅkhāra-dukkha refers to suffering caused by the temporary nature of formations, similarly to current methods of emotional release. (Abhi.P., 2002, p. 89) Furthermore, in discussing mental suffering in modern psychology, according to the cognitive therapy methodology developed by Beck (2011) ^[7], mental suffering is mainly caused by distorted thinking patterns (cognitive distortions), and it has been shown that mental health can be improved by changing these thinking patterns. The three major erroneous cognitive distortions Beck identifies: catastrophic (catastrophic thinking), all-or-nothing thinking, and overgeneralization, have great similarities with the wrong view (micchā-diṭṭhi) from a Buddhist perspective. (Beck, A.T., 2011, pp 67-89) ^[7]. Moreover, the triangular model (cognitive triangle) of thought, feeling, and behaviors within the methodology in cognitive therapy is also very similar to the relationship of karmic and mind-mental factor relationships in a Buddhist point of view, as this study continues to evidence.

In the same way, the Mindfulness-Based Cognitive Therapy (MBCT) methodology developed by Segal, Williams, and Teasdale (2002) as a combination of cognitive therapy and mindfulness meditation for the explicit purpose of preventing the recurrence of depression was also based upon a Buddhist understanding of mindfulness, modified for a clinical context. (Segal, Z.V., Williams, J.M.G., & Teasdale, J.D., 2002, pp 78-95) ^[29]. The MBCT programs also assist patients with developing a non-judgmental relation to their thoughts and feelings, and these approaches have deep connections to offerings on self-identity (sakkāya-diṭṭhi) and the impermanent nature of phenomena that are evident throughout Buddhist vipassana meditation.

Looking at the scenario of mental health and social-cultural factors in Sri Lanka, it is important to review the latest sectoral developments. According to the 2023 report of the Sri Lanka Medical Association, mental health problems are

faced by 20% of the population in Sri Lanka with anxiety (25%), depression (35%), and stress, a form of anxiety (40%) as common or major problems. The figures obtained in Sri Lankan statistics equivocate with Global average statistics as well. Examination of surveys has revealed that these problems, particularly anxiety, depression and stress, take special forms as a result of Sri Lanka's particular cultural and socio-economic features. (Sri Lanka Medical Association, 2023, pp. 78-95) Particularly, mental health problems in Sri Lanka have increased by 35% after the COVID-19 pandemic situation, and research has further shown that socio-economic instability, job loss, and economic collapse can be considered as the main causes.

According to the results of the study "Urban Lifestyle Patterns and Mental Stress" conducted by Sirisena (2021) in the Colombo area, the speed of urban lifestyle patterns (60%), technological addiction (45%), and the decline of social relationships (55%) have been identified as major stress-causing factors. (Sirisena, P., 2021, pp. 123-145) The most important finding of this study is that the decline of traditional Sri Lankan family systems and village cooperation has increased the difficulty individuals face in seeking relief when confronting mental problems. This has had a considerable impact, especially on the youth population, who are at special risk due to a lack of knowledge about traditional methods and a lack of proper understanding of modern treatment methods.

Through these studies, a complex and deep investigation has been provided regarding the feasibility of implementing integrated modern psychological treatment methodologies with Buddhist meditation practices in Sri Lanka's mental health treatment field, their success, and the challenges they face.

The first major gap in this literature review is the research gap that exists between traditional Buddhist understandings of mental distress and suffering in Sri Lankan society and modern practical applications. The research mentioned here has noted that the threefold classification of the First Noble Truth of Suffering in the Four Noble Truths takes special significance for understanding mental problems in modern society. However, sufficient research has not been conducted on the practical applications and accessible methodologies of deep research treatment methods of traditional Buddhist understandings. Accordingly, gaps exist regarding the systematic application of this traditional knowledge to modern mental health problems within the Sri Lankan social context.

Research has shown that the meditation practices of body contemplation (kāyānupassanā), feeling contemplation (vedanānupassanā), mind contemplation (cittānupassanā), and mental object contemplation (dhammānupassanā) from the Satipaṭṭhāna Sutta show deep connections with modern psychological concepts. However, practical studies on methodologies for applying these traditional meditation practices to mental health challenges in modern society within the Sri Lankan social context remain inadequate. Studies in rural areas of Gampaha district have shown a tendency toward traditional solutions (temple counseling, indigenous medical practices, and village cooperation). However, quantitative research has not been conducted on the practical value of these traditional methodologies' treatment approaches.

The second major gap relates to the research deficiencies needed to present recommendations regarding the feasibility

of Buddhist psychological approaches within the Sri Lankan social context. A major problem of the studies mentioned in the literature review is the lack of in-depth studies on the feasibility of specific treatment methodologies for different demographics and socio-economic status in Sri Lankan society. The study conducted by Sirisena (2021) has shown differences in approaches to mental health problems between urban and rural areas. However, the deep socio-cultural analysis needed to develop treatment methods regarding these differences remains inadequate. Similarly, comprehensive studies have not been conducted on the administrative, economic, and human resource arrangements needed for institutional-level implementation when integrating Buddhist meditation practices and modern treatment methods. This research has attempted to complete the research gaps mentioned above.

Discussion

In analyzing the term "mental distress" as it is used today, it is important to examine its linguistic roots and the socio-cultural context. As a term of language, "mental distress," as a Sinhala term, is very recent, as a Sinhala translation for the Western psychological term "mental distress." The Sinhala term "mental" is the Sinhala word also derived from the Sanskrit etymon of the word "manas," and the word "distress" represents the meaning of "absence of comfort" or "discomfort." (Dharmasena, G.L. 2008, p. 78)

In the context of the traditional Sinhala society, this (term) was referred to by Sinhala terms such as "mano dukkha" (mental suffering), "chitta kleshah" (mental affliction), "mental oppression," etc. This is primarily related to the Buddhist philosophical concept of "dukkha" (suffering) (Anguttara Nikaya, 2015, pp. 34-36) [2]. In modern society, these traditional terms have combined with the usage of Western psychological terms and are referred to in various forms.

The manifestations of mental distress in modern society have become different and more complex compared to traditional society, as outlined below:

- **Technological Stress:** Presence of social media and continuous connectivity.
- **Information Overload:** Mental stress caused by too much information (Rajakari, S., 2021, p. 45).
- **Professional Stress:** Stress caused by competition of contemporary office cultures, working long hours, job insecurity, and issues surrounding work/life balance (Abesinghe, S., 2018, p. 112).
- **Urban Life Stress:** Stress includes rapid lifestyle patterns, overcrowding, environmental pollution, and social isolation (Samarasinghe, R., 2020, p. 67)
- **Economic Pressure:** Stress brought on by rising cost of living, excessive debt load, income uncertainty, and socioeconomic disparity (Central Bank of Sri Lanka, 2020, p. 78) [8].

The term "grief" (santapaya) comes from the Sanskrit term "santapa," which signals "intense heat" or "an internal burning fire" (Siriwardhana, H., 2015, p. 45). In traditional Sinhala society, grief used to denote pain or deep sorrow felt after a death; however, more broadly it is used in modern society in a broader range.

Within the Sri Lankan Buddhist framework, the 'traditional' way of understanding grief is specifically tied to the five types of suffering: "sorrow, lamentation, pain, grief, and despair" (soka, parideva, dukkha, domanassa, upayasa). In his teachings, Buddha expressed that "sokaparidevadukkhadomanassupayasa pi dukkhayukta" means "sorrow, lamentation, pain, mental distress, and mental confusion are also filled with suffering" (Anguttara Nikaya, 2015, p. 256) [2].

Manifestations of Mental Distress and Grief

The ways that mental distress and grief manifest differ according to specific cultural factors and personal experiences; however, some commonalities can be identified:

1. Emotional Expressions

Mental distress may be reflected through emotions of fear, anxiety, helplessness, anger, and sadness (Senavirathna, 2019, p. 56). The manner of emotional expression may vary based on cultural factors, and it has been found that adults in Sinhala culture tend to be more reserved when expressing sad feelings.

2. Cognitive Changes

An individual who experiences psychological distress may find it difficult to escape ongoing and negative thought content, ruminate, and have difficulty making decisions. Within Buddhism, worrying and "mental deliberation" are considered symptoms of mental suffering as well as a cause of mental suffering (Samyutta Nikaya, Satipatthana Samyutta, pp. 67-69).

3. Physical Symptoms

Mental distress may manifest as physical symptoms such as persistent headaches, back and abdominal pain, sleep irregularities, changes in appetite, and decreased energy. Ayurvedic texts have connected these physical symptoms with "vata dosha."

4. Behavioral Changes

Individuals with mental distress show behavioral changes such as reducing social connections, neglecting work duties, and excessive alcohol consumption. In Sinhala society, there is a tendency to view such behaviors as socially deviant conduct.

5. Spiritual Challenges

In moments of deep mental distress, individuals may feel robbed of life purpose, meaning, and justice or experience a spiritual crisis. Buddhist literature has stated that situations like these may be "pivotal junctures in personal development" (Dhammapala, 2012, p. 56) [11].

Research has shown that chronic mental distress can lower immunity, increase risk factors for heart disease, and create other health complications (Medical Journal, 2016, Vol. 145). Mental distress has also been correlated to psychological disorders, with an emphasis on anxiety, depression, and post-traumatic stress disorder (PTSD) (American Psychiatric Association, 2018, Vol. 78).

Impact on Daily Life

Mental distress and grief affect various aspects of personal daily life:

1. Work Life

Mental distress affects the quality of work in ways such as lack of performance, misallocation of resources, reduced productivity, and decreased level of satisfaction with their role. The causes of mental distress in a workplace can be a high volume of work, the nature of the job, and unsatisfactory working relationships with colleagues and other professionals.

2. Interpersonal relationships

The impact of mental distress upon interpersonal relationships cannot be understated. Those experiencing mental distress may demonstrate sexual aversion, an inability to communicate, and unpredictable displays of emotion. According to research, marital dissatisfaction is a major contributor to the extent of mental distress that is experienced, and the cyclical nature of mental distress can impact functioning at work or in other relationships.

3. Economic consequences

Mental distress can really put individuals into an economic slam dunk with medical costs, lower income, and poor financial decision-making. Sri Lankan mental health statistics indicate that mental distress is an incredibly large economic burden on the total gross domestic product (Central Bank of Sri Lanka, 2020, p. 78) [8].

4. Activities and Recreation

Individuals with mental distress show reduced exercise and decreased interest in recreational activities. These reductions can further increase mental distress, creating another harmful cycle.

5. Food and Sleep Patterns

Changes in sleep patterns can often be observed with mental distress, with patterns of excessive sleep, insufficient sleep, or irregular sleep occurring. Similarly, changes in eating patterns, overeating, or loss of appetite can cause health problems. According to Ayurveda, both food patterns and sleep patterns are considered part of daily routine, and maintaining mental balance is important (Susil, 2016, p. 45). According to modern psychological research, experiences of mental distress and grief are common, but if proper support and treatment are not received, they can become serious mental health problems (American Psychological Association, 2019, Vol. 67). However, with the development of understanding about mental distress and grief, mental health services in Sri Lanka also appear to be improving (Wijerathna, 2020, p. 123).

Integrative Approach Between Buddhist Philosophy and Modern Psychology Buddhist Psychological Approach

The Truth of Suffering: The Buddhist "truth of suffering" provides deep understanding for comprehending mental distress and grief in modern society. The threefold classification of suffering:

- **Dukkha-dukkha:** Natural suffering such as birth, illness, aging, death.
- **Viparinamadukkha:** Suffering arising from change and loss.
- **Sankharadukkha:** Suffering arising from conditioned existence (Central Bank of Sri Lanka, 2021, p. 234) [9]

Analysis of Unwholesome Roots: The basic unwholesome factors of greed (excessive craving), hatred (anger/enmity), and delusion (ignorance/confusion) become fundamental causes of mental problems in modern society (Samyutta Nikaya, 2016, p. 67-69) [4].

Mindfulness Meditation: attaining mental stability through four foundations of mindfulness: mindfulness of body, feelings, mind, and mental contents (Dhammajiva Thero, 2018, p. 43) [10].

Modern psychological method

- **Cognitive Behavioral Therapy:** Distorted thought patterns are identified and changed through the therapy.
- **Mindfulness-based Interventions:** Modern treatment modalities are associated with Buddhist meditation practices.
- **Interpersonal Therapy:** Improving mental health through enhancing social relationships (Thompson, A.G. & Watson, B.B., 2018, Vol. 234)

Daily Life Impact: A Sociological Analysis

Mental distress and grief in modern society affect every aspect of life:

- **Education Sector:** Mental tensions in studies, exam frustrations, performance stresses+
- **Profession Sector:** Mental distress at work. Not enough work-life balance, establishing a professional reputation and a lapse in duties.
- **Personal Relationships:** Marital difficulties, separation from family, less friendships, social isolation
- **Physical Health:** Ingrained mental stress could lead to heart disease, diabetes, weakened immunity, and sleep dysfunctions
- **Financial Effects:** costs of healthcare, less efficiency of work, and economic uncertainty (Wiimalasena, K., 2018, p. 201)

Ways of Coping and Treating

Individual

Traditional: Meditation, moral behavior, charitable behavior, merit-making, and every other spiritual process.

Modern: Keeping physically active, a balanced diet, psychosocial support, recreation, and Mental health counseling. (American Psychological Association, 2018, Vol. 123).

Family and Community Level

Family Education: Awareness - mental health, strengthening family systems, for better intergenerational relationships.

Community Support: Peer counseling for mental health, mental health programs at community centers, and mental health support groups (Saranapala, M., 2019, p. 145) [28].

Institutional Level

Schools: Student support services and programs for stress management, with an alignment focus on balance (Ministry of Education, 2022, p. 89) ^[17, 21, 23].

Workplaces: Employee wellness programs, creating a healthy workplace, and consideration for balance with employee work-life (Ministry of Labor and Social Services, 2021, p. 234) ^[20, 22].

National Level

Developing Policies: National mental health strategy or policy, access to mental health services, and providing opportunities to coordinate and share learning among mental health practitioners.

Improving Social Knowledge: Reducing social stigma of mental health, accurate information about mental health through social media, and public educational programs (Wijerathna, G., 2020, p. 123).

Review and Conclusion

The conclusion of this inquiry is that our current understanding of mental distress and suffering originates from the dynamic interplay of the Buddhist conceptualization of mental health and modern psychological knowledge. These approaches both, in and of themselves, are effective and complementary means to address the mental health issues of today. Furthermore, the profound psychological insights of Buddhism may provide effective responses to the mental health issues of today. Specifically, the understanding of impermanence, suffering, and non-self (the "Anicca, Dukkha, Anatta" (Three Characteristics)) in Buddhism provides a true basis of mental stability. Similarly, the practices of Samatha and Vipassana meditation are remarkably comparable to today's self-help and therapeutic practices; although Buddhist meditation is not merely a stress reduction technique but a lifestyle and a path to spiritual development. Modern psychology has ultimately provided a science of mental health, a systematic means of approach, and evidence-based treatment. Cognitive Behavioral Therapy (CBT), dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT) are treatment approaches that draw on Buddhist ideas and utilize systematic approaches in an approach that can be tailored to an individual's experience and are measurable.

Moreover, a connection between traditional knowledge and modern science is needed to effectively intervene in mental health issues in contemporary society for "culturally sensitive" mental health services and social acceptance.

The future directions of this research can be outlined as follows:

- **Educational Sector Reforms:** Beginning mental health education from the primary school level, teaching life skills and stress management techniques.
- **Mental Health Programs:** Developing community-based mental health services from villages to urban centers; providing basic mental health services through community health workers who are trained based on known models.

- **Digital Mental Health Services:** Development of apps for smartphones, virtual reality therapy, and one-on-one counseling via AI-assisted platforms.
- **Workplace Mental Wellbeing:** Organisation-wide employee wellness; flexible working; mental health-friendly workplaces.
- **Policy and Legal Reform:** Mental health legislation; strengthening the division of mental health within the Government's health ministry; increased state funding for mental health services.

Mental distress and suffering in the contemporary world cannot be seen simply as individual predicaments; they are extremely complicated socio-psychological problems at the social level. Therefore, they require action at the individual, family, community, institutional and national levels. We can approach the challenge of global mental health and continue to preserve our cultural identity, by making peace with the old knowledge of community and the new knowledge of science. What I have described may be argued as the first step in building a healthy and psychologically strong society for generations to come. To conclude, it is vitally important to know that mental health is not just the absence of sickness; rather, it is "a state of complete mental, physical and social well-being."

References

1. Abhidhamma Pitaka. Buddha Jayanthi Tripitaka Series Reprint. Buddhist Cultural Center, 2002.
2. Anguttara Nikaya. Buddha Jayanthi Tripitaka Series Reprint. Buddhist Cultural Center, 2015.
3. Digha Nikaya. Buddha Jayanthi Tripitaka Series Reprint. Buddhist Cultural Center, 2004.
4. Samyutta Nikaya. Buddha Jayanthi Tripitaka Series Reprint. Buddhist Cultural Center, 2016.
5. Abesingha S. Mental distress in workplace environments. Gunasena Publishers, 2018.
6. Bandara P. Digital suffering and modern society. Tech Publishers, 2022.
7. Beck JS. Cognitive behavior therapy: Basics and beyond (2nd ed.). Guilford Press, 2011.
8. Central Bank of Sri Lanka. Economic and social statistics – 2020. Central Bank of Sri Lanka, 2020.
9. Central Bank of Sri Lanka. Annual report – 2021. Central Bank of Sri Lanka, 2021.
10. Dhammajiva Thero. Buddhism and mental health. Buddha Bhavana Center, 2018.
11. Dhammapala Thero. Mental suffering and the path to Nirvana. Buddhist Educational Foundation, 2012.
12. Gunaratna B. Buddhist psychology and suffering. Sarasavi Publications, 2017.
13. Jayasingha K. An analysis of mental health problems in Sri Lanka. Vijitha Yapa Publications, 2019.
14. Klerman GL, Weissman MM. Interpersonal psychotherapy for depression. Basic Books, 2018.
15. Lazarus RS, Folkman S. Stress, appraisal, and coping. Springer Publishing Company, 1984.
16. Malalasekara GP. English-Sinhala dictionary (6th edition). Gunasena & Company, 2007.
17. Ministry of Education. Mental health services in educational institutions of Sri Lanka. Educational Publications, 2022.

18. Ministry of Education. School mental health programs in Sri Lanka. Educational Publications, 2023.
19. Ministry of Health. Sri Lanka national mental health policy. Ministry of Health, 2020.
20. Ministry of Health. Community mental health programs. Ministry of Health, 2021.
21. Ministry of Labor. Employee health programs. Ministry of Labor, 2022.
22. Ministry of Labor and Social Services. Office mental health guidelines. Government Printing Department, 2021.
23. Ministry of Technology. Digital health Sri Lanka. Technology Publications, 2022.
24. Narada Thero. The three characteristics and modern psychology. Dharma Vijaya Publications, 2019.
25. Perera A. Social mobility and identity crisis. Social Science Publications, 2021.
26. Ranasingha P. Mental stress in the educational sector. Educational Institutions, 2021.
27. Samarasingha R. Mental resilience in urban life. Sarasavi Publishers, 2020.
28. Saranapala M. Suffering and personal adaptation. S. Godage & Brothers, 2019.
29. Segal ZV, Williams JMG, Teasdale JD. Mindfulness-based cognitive therapy for depression. A new approach to preventing relapse. Guilford Press, 2002.
30. Selye H. The stress of life Rev. ed. McGraw-Hill, 1976.
31. Senaviratna J. Emotional expressions of mental distress. Sarasavi Publishers, 2019.
32. Silva J. Digital divide and mental health. Technology Publications, 2021.
33. Siriwardana H. Spiritual concepts in the Sinhala language. Gunasena Publishers, 2015.
34. Sri Lanka Medical Association. Medical ethics and mental health in Sri Lanka. Sri Lanka Medical Association, 2023.
35. Vjijitadhamma Thero. The truth of suffering in Buddhism. Buddhist Cultural Center, 2015.
36. Vjijeratna G. Mental health services in Sri Lanka. Sarasavi Publishers, 2020.
37. Vimalasena K. Economic impact of mental health. Lanka Publishers, 2018.
38. Vimalasuriya H. Emotional expressions in Sinhala culture. University of Kelaniya Publications, 2015.
39. World Health Organization. World mental health report Transforming mental health for all. World Health Organization, 2022.