
A Sikh Perspective on Life-Stress: Implications for Counselling

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ABSTRACT

This article presents the Sikh life-stress model as a culture-specific intervention. The article looks at the Sikh world-view, from which it delineates the Sikh perspective on life-stress. It further outlines a framework for incorporating the Sikh life-stress model into the Western counselling context, and concludes with a case vignette to demonstrate how the life-stress model can be integrated with conventional counselling approaches.

RÉSUMÉ

Cet article présente le modèle sikh du stress de la vie en tant qu'intervention propre à cette culture. On s'y penche sur la vision du monde sikh, à partir de laquelle est délimitée la perspective sikh sur le stress de la vie. En outre, l'article donne un aperçu d'un cadre pour incorporer le modèle sikh du stress de la vie au contexte du counselling occidental. Il conclut par un exemple montrant comment le modèle de stress de la vie peut être intégré aux approches habituelles de counselling.

The migration and settlement of the Sikhs in Vancouver has created a new milestone in their history in Canada. According to the 2001 Canadian census figures, Sikhs are now the largest non-Christian group in the greater Vancouver area (Statistics Canada, 2003). Although the population of the Sikhs in Vancouver has doubled in the last ten years, from 49,625 to 99,005, research on the Sikh diaspora is still in its infancy. For the most part, the Sikh diaspora has been studied under the umbrella of the larger East Indian, Indo-Canadian, or South Asian diaspora (e.g., Choudhry, 2001; Ghuman, 1994; Naidoo & Davis, 1988; Westwood, 1982). According to Nayar (2004), although the Sikh community shares certain common features with the broader South Asian community, it is also distinct based on its spiritual tradition, customs, cultural behavioural patterns, and stage of development upon arrival in the host country. Indeed, there is a need to acknowledge the South Asian diaspora as a mosaic of diverse religions, cultures, belief systems, and nationalities (Ibrahim, Ohnishi, & Sandhu, 1997). Moreover, by respecting the uniqueness of culture-specific belief systems, the traditional healing resources, practices, and helping styles of a particular culture can be utilized to develop culture-appropriate interventions (Arthur & Stewart, 2001; McCormick, 1996; Nwachuku & Ivey, 1991).

This need to develop culture-appropriate interventions derived from the client's world-view is consistent with the cross-cultural competencies position paper written by Sue et al. (1982), wherein they describe the culturally competent

counsellor as one who is able to: (a) be aware of his/her own assumptions, values, and biases; (b) understand the world-view of the culturally different client; and (c) develop appropriate intervention strategies and techniques. In addition, according to Sue, Arredondo, and McDavis (1992), competency in acquiring knowledge about culturally diverse world-views and interventions involves not only relying on cross-cultural literature, but also seeking consultation with traditional healers and religious or spiritual leaders. Moreover, according to Sue and Sue (1990), it is also imperative to be aware of the individual differences that exist in the cultural values and beliefs held by members of a specific cultural group. Assessment procedures should, therefore, encourage the client to guide the therapist regarding what constitutes his/her value system.

In this article, I take the position that the Sikh community's mental health needs can be attended to by incorporating traditional Sikh healing resources into the counselling context. The need to integrate traditional world-views into counselling is substantiated by Nathan's finding that 80% of the world's population consults traditional healers for assistance (as cited in Vontress & Epp, 2000); thus, Western therapists ought to regard their clients' cultural background as a means to help bridge the disparity between Western mental health service providers and ethnic communities (McCormick, 1998). Moreover, Laplantine contends that therapists should use each client's culture as the "healing instrument," wherein they utilize those practices and procedures that their client believes can facilitate healing (as cited in Vontress & Epp). Such an integrative approach can be useful with South Asian clients because they have shown a tendency to undergo a process of re-affirmation of their traditional world-view during the counselling process (Morjaria & Orford, 2002). One pilot study, based on a sample of 35 South Asian psychiatric patients diagnosed with depression, provided empirical support for integrating traditional healing resources with Western treatments as an effective therapeutic option (Sembhi & Dein, 1998).

In view of the above, the purpose of this article is to discuss the Sikh life-stress model and how it can be integrated into the counselling context. In the process, it sheds light on Sikhism, an Eastern tradition that is often overlooked in counselling psychology literature. The discussion involves an examination of both primary and secondary textual sources (English and Punjabi) to delineate the Sikh model of life-stress, and concludes with a case vignette to demonstrate how the life-stress model can be integrated into Western psychotherapy. To begin, a brief overview of the Sikh community will be presented.

THE SIKHS

The Sikh tradition emerged in Northern India during the late 15th century (Grewal, 1990). Its founder, Guru Nanak, was followed by nine consecutive human gurus. After the 10th guru, the Sikh scripture (*Guru Granth Sahib*; hereafter *GGS*; translated and annotated by Gopal Singh, 1993) was accorded

the status of Guru or divine teacher. The Sikh scripture is the central focus of ritual worship in the Sikh temple (*gurdwara*), and the scriptural hymns are the foundation for understanding the human condition.

For the most part, the Sikhs that migrated to Canada chiefly hail from agricultural villages of the Punjab in Northern India (Nayar, 2004). Their migration began in the early 1900s, when they found manual labour employment in raw resource industries in British Columbia. The largest influx of Sikh immigrants occurred during the 1970s after the Liberal government introduced an open door immigration policy. Presently, there are an estimated 135,310 Sikhs in British Columbia, and 278,415 in all of Canada (Statistics Canada, 2003). Settled in Canada for over a century, the Sikhs have persevered to become a prosperous community. At the same time, however, members of the Sikh community experience their share of socio-cultural issues (Nayar).

The pertinent issues experienced by the Sikh community can be understood through the in/out-group and family stress paradigm (Abouguendia & Noels, 2001; Nayar, 2004). In-group stress is the tension associated with interacting with one's own ethnic group, such as lack of fluency in the mother tongue, adopting host country values and beliefs, and loss of ethnic identity. Out-group stress is the tension associated with the interactions with the mainstream, such as racism, discrimination, and culture clash. Lastly, family stress is the tension associated with the conflict between the traditional culture and the Western culture, such as the collective versus the individualistic. For the most part, immigrant Sikh parents experience more intense out-group stress, whereas their children experience greater in-group and family stress. This difference is attributed to the fact that children of immigrant Sikh parents are more integrated into the mainstream via education (Ghuman, 1994). To assist Sikh clients to resolve these issues, the Sikh life-stress model can be utilized as a culture-specific intervention.

LIFE-STRESS MODEL

According to the Sikh world-view, the major source of suffering in life is the perception that the ego (*ahankar*) is one's authentic centre (GGS, 1993, p. 466). Unlike the psychoanalytical concept of the ego, wherein the ego is the organized conscious mediator between the person and reality, the Sikh concept of the ego is the experience of "I" and the sense of being different from others. While the ultimate Sikh religious goal is to experience unity with *Ek Onkar* (the one cosmological essence that unifies all diversity), the human tendency is toward ego-centredness. The ego's tendency to be different from others results in a struggle for existence and permanence (Kaur, 1985). This struggle for existence and permanence is regarded as the major source of stress and despair in life (Maskeen, 1993).

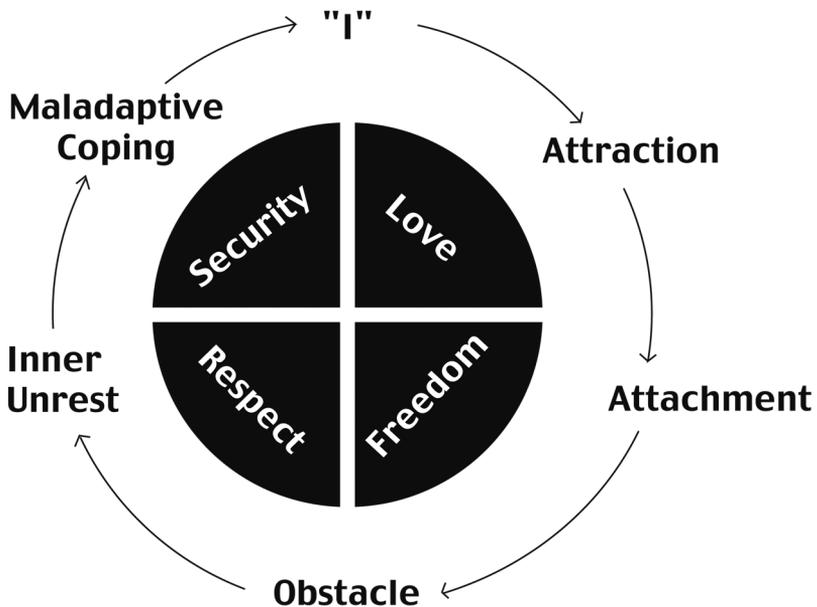
The path of the ego-oriented person (*manmukh*), as described by the Sikh scripture (GGS, 1993, pp. 14–93), forms the theoretical foundation for the Sikh life-stress model, better known as the "circle of suffering" (*dukhan ka chakr*).

This “circle of suffering” has been transmitted orally by Sikh holy men (*sant*) since the inception of the Sikh tradition. Sikh preachers (*giani*) discuss the “circle of suffering” in temple sermons as a means to educate Sikhs about the suffering that occurs as a condition of the human existence. While I conceptualized the Sikh life-stress model presented in this article after consulting various Sikh healers, preachers, and scholars, I further sharpened the model after utilizing it as an actual therapeutic intervention with Sikh clients in a supervised clinical setting.

The life-stress model (see Fig. 1) can best be described as an existential approach or philosophy premised on the assumption that human beings are motivated by the ego’s desire to fulfill four core human needs: security (*surakhia*), love (*prem*), respect (*izzat*), and freedom (*azaadi*) (GGS, 1993, pp. 75–77). In contrast to Maslow’s hierarchy of needs, wherein lower needs are to be satisfied before the fulfillment of higher needs (as cited in Hergenbahn, 1997), the four core needs in the life-stress model are interconnected and pursued simultaneously.

Security is the need to be, and to feel, safe in relation to the physiological, emotional, and material aspects of life. Love involves the need for intimacy with other human beings, including the ability to love and to be loved by others. Respect is the need to be treated with dignity as well as to be recognized for one’s self-worth. Freedom involves the need to be free from adversity and to have the liberty to pursue personal ambitions and aspirations. These four core needs can

Figure 1
Sikh Life-Stress Model



be pursued by either the individual ego or the collective ego (i.e., family, clan, religious sub-sect, or ethnic group). Although it is the cultural norm for many Sikhs, particularly the elderly, to fulfill the four human needs at the group level, the younger Canadian-born Sikhs are likely to pursue these needs at the personal level (Nayar, 2004).

The fulfillment of the four core needs is regarded as a natural process. To satisfy these needs, the ego, or the “I,” becomes attracted (*duniavee dhian*) to external sources, such as people (*lok*), objects (*duniavee vastu*), activities (*sargarmee*), and places (*jagha*) (GGS, 1993, pp. 75–77). As the attraction to these external sources strengthens, it turns into attachment (*moh*). While attachment has a role in forming bonds in the world, it also creates the desire (*trisna*) to possess those people, objects, activities, and places that are perceived as fulfilling the need to be secure, loved, respected, and free. Essentially, the ego’s attachment to outside sources for a sense of fulfillment is a major driving force in human behaviour. For instance, a woman may be attached to her partner and children in order to fulfill her need for love and emotional security. The attachment to her home may fulfill the need for material security. Lastly, her attachment to her career can fulfill the need to be financially secure, respected for her self-worth, and free to pursue her own ambitions.

There are many occasions in life when the ego is unable to successfully fulfill all of the four needs. Obstacles can block the ego from fulfilling any of the human needs; more often than not, the obstacles are dealt with habitually. It is the Sikh view that the ego-dominated personality does not deal with obstacles insightfully, but rather habitually (Maskeen, 1993). Such habituated responses are grounded in the Sikh belief that all thoughts, actions, and emotions create an impression on the hidden record or unconscious sphere (*chitr gupt*) (Sandhu, 2004). Human beings are regarded as conditioned, a process that is not limited to the present human life, but one that has occurred in previous lives. A human being is therefore conditioned by, or bound to, a plethora of thoughts, actions, and emotions that have accumulated throughout the cycle of transmigration. The accumulation of impressions on the unconscious sphere makes it difficult for the person, when faced by an obstacle, to think, feel, and behave in any manner other than the one to which he/she is conditioned.

Obstacles (*rukaavat*) can be either internal (*andar*) or external (*baahar*) to the person (Maskeen, 1993). For example, internal obstacles can consist of self-doubt, low self-worth, or low self-esteem; external obstacles can include the loss of employment, an illness, or the death of a loved one. Whether the obstacle is internal or external, it creates mental (*mansakh*), emotional (*bhavuk*), and/or physiological (*sareerakh*) unrest within the person (GGS, 1993, p. 932; S.S. Maskeen, personal communication, summer 1994). The Sikh world-view regarding mental health encompasses, like many other indigenous approaches to healing, a holistic framework, wherein the mind, affect, and body are interconnected. When an obstacle arises, all three domains are influenced. For instance, imagine a person who loses his or her employment due to organizational downsizing.

With the loss of employment, he or she may have a devalued sense of self-worth, feelings of hopelessness, or somatic symptoms.

To subdue these unpleasant thoughts, feelings, and physiological responses, the person is susceptible to indulging (*kaam*) in maladaptive behaviour (*GGS*, 1993, p. 304), such as taking alcohol and narcotics, engaging in gratuitous sex, or other forms of sensory manipulation. Such a maladaptive coping response to alleviate the discomfort caused by inner unrest, however, provides only temporary solace, with the ego inevitably continuing its pursuit for security, love, respect, and freedom (S.S. Maskeen, personal communication, summer 1994). Thus, the person remains caught in the continuous cycle of life-stress, wherein the inner unrest caused by the obstacle and the subsequent coping responses become habituated in the person's psyche.

SIKH LIFE-STRESS MODEL: IMPLICATIONS FOR COUNSELLING

Although the Sikh spiritual tradition posits that life-stress can be alleviated by destroying the ego (*GGS*, 1993, p. 466), it recognizes nonetheless that this ideal is not easily achieved by those living in the material world (*GGS*, p. 241). Having said that, it is the Sikh belief that *surti* (conscious awareness) can free the ego from self-defeating impressions that have accumulated both in the present life and during the cycle of transmigration (Sandhu, 2004; Singh, 1982). Thus, one can be a conscious being without experiencing liberation (*mukti*).

The life-stress model can be utilized to educate a distressed person about the underlying cause of stress and despair, and to provide healthy coping strategies. Talking about problems and issues is encouraged in the Sikh spiritual tradition (*GGS*, 1993, p. 94). However, because of the deep-seated cultural norm of "saving face," many Sikhs are reluctant to open up and talk about their personal problems (Nayar, 2004). Instead, Sikhs have the tendency to discuss their problems in a collective and impersonal philosophical context. It is the general Sikh belief that by discussing the human condition with others, one is able to normalize suffering, receive support while living amid suffering, and gain knowledge on how to alleviate suffering (Sandhu, 2004). Knowledge (*gian*) about the nature of stress can help one understand how he or she is stuck (*fasia*) in the endless cycle of life-stress. Such knowledge can empower (*saram*) one to constructively change his or her life situation by contemplating (*dbianouna*) on how one's needs can be fulfilled more meaningfully—that is, how one can relate to people, objects, activities, and places in a meaningful manner.

This concept of living meaningfully to fulfill core human needs can serve as a culturally appropriate entry point into the Sikh client's inner world. Moreover, the Sikh life-stress model can be employed as a useful tool to help link a holistic view of mental health with Western therapeutic interventions. To integrate the Sikh life-stress model into the counselling context, the following steps can be used: (a) empathy, (b) life-stress activity, (c) intervention, and (d) post life-stress activity.

Empathy

When empathizing with a client of a South Asian background, such as a Sikh, it is important for the therapist to pay special attention to non-verbal content and the client's level of acculturation (Ibrahim et al., 1997): "People from South Asia and their descendants respond primarily to non-verbal communication. It is accepted that a person's words may contradict their non-verbal messages. Therefore, non-verbal messages are given more credibility" (p. 47). Examples of non-verbal content are: tilting the head side to side connotes agreement, lack of eye contact connotes respect, and frequent use of hand gestures while talking is the norm. In regard to acculturation, the client's identity status (e.g., Punjabi Sikh, Canadian Sikh, Sikh Canadian) depends on many variables, such as place of birth, duration of stay in host country, education, stage of life, gender, and religious commitment. It is imperative "not to pigeonhole the client based on textbook knowledge, familiarity with a few South Asians, and superficial encounters with cultural information" (Ibrahim et al., p. 47). Above all, it is important for the therapist to allow the client to provide information about the client's ethnic subculture, religion, values, worldview, and relationship with the larger society (Sue & Sue, 1990).

Life-Stress Activity

Once the therapist has gained an empathetic understanding of the client's situation, the life-stress model can be introduced as an activity. This involves the therapist visually illustrating and explaining the life-stress model on a flipchart or a sheet of paper. A general example can also be provided while explaining the model, such as "the demands of work can be an obstacle in fulfilling the need to be loved from the family. Without love, many people may feel empty inside and seek solace at work or through comfort foods."

In regard to the client's participation, the first task involves the client sharing with the therapist his or her view of security, love, respect, and freedom. The client is then requested to identify those people, objects, activities, and places that serve to fulfill these human needs. Once these external sources are identified, the client is asked to identify the obstacle(s) blocking the fulfillment of these needs. Next, the client explores the cognitive, emotional, and physiological responses to the obstacle. Finally, the client explores the maladaptive coping methods that he or she may consciously or habitually select to sedate the cognitive, emotional, or physiological discomfort.

It is important to note that, when discussing the various components of the life-stress model, the therapist should remain empathetic to the client, rather than following the model dogmatically. For instance, when discussing subsequent cognitive, emotional, or physiological responses to the obstacle, many clients often exhibit a considerable amount of difficulty in the process, due to either resisting or being unable to express the tension caused by the obstacle. To counteract such difficulty, the therapist can empathize with the client's feelings;

if necessary, the life-stress activity can be postponed and an appropriate intervention utilized.

Intervention

An intervention can be used to complement the life-stress activity during or after the activity. As indicated above, an intervention can be employed if the client feels confused or overwhelmed by a particular aspect of the activity. For instance, a client may feel overwhelmed by pent-up emotions, fear of facing an obstacle, or sadness that a significant other is not fulfilling the need to be loved. On the other hand, if the client successfully completes the activity, the client and therapist can further explore the particular issues that need to be addressed. For instance, a client may wish to stop the practice of smoking when feeling stressed, to change negative self-talk, or to confront an employer for being treated unfairly. By identifying the characteristics of the client's issue, an appropriate intervention can be utilized.

According to Ibrahim et al. (1997), multidimensional interventions—cognitive, behavioural, affective, ecological, spiritual—can benefit clients from a South Asian background because their world-views encapsulate a holistic approach to understanding the person. Moreover, Sandhu and Malik (2001) recommend the use of practical solutions and concrete advice for immigrant Asian Indians because they generally have not had prior experiences with therapy, nor have they heard of such therapeutic practices in their native homeland, especially in rural villages. On the other hand, Nayar (2004) observed that the children of immigrant Sikh parents are more familiar with professional helpers due to their Western schooling and greater interaction with the mainstream.

Post Life-Stress Activity

After the intervention has been implemented and processed, the client is invited to once again participate in the life-stress activity. After working through the activity, the client compares the initial and post life-stress activity to discern the changes that have occurred and the actions that were taken to bring about constructive change in the client's life. To demonstrate the application of the Sikh life-stress model in the Western counselling context, a case vignette is provided below.

CASE VIGNETTE

Chhabeela (a pseudonym) is a 20-year-old Punjabi Sikh female. She was born and raised in Canada, and is a student in a post-secondary education program. Chhabeela lives with her parents and older brother. Her parents have been living in Canada for 25 years and are professionally employed. Chhabeela's parents have a traditional orientation toward childrearing, wherein their daughter is forbidden to partake in off-campus social activities with friends and is prohibited from interacting with males. According to Chhabeela, she is also expected to play the role of the "dutiful" daughter at family, cultural, and religious functions.

Due to Chhabeela's lack of independence, she has been feeling depressed and unable to focus on her studies and, as a consequence, her grades have dropped. She consulted an educational advisor to improve her marks. After listening to Chhabeela's story, the advisor recommended that she seek help from a professional counsellor. She was reluctant at first but, with some encouragement, agreed and was referred to a counselling training centre. A standard assessment was conducted during the intake interview, and she was assigned to the author's (hereafter counsellor) caseload.

Chhabeela began the first session by talking about her inability to focus on her studies. When the counsellor probed into the possible factors contributing to her lack of focus, she paused before giving vent to feelings of frustration about the double standards her parents have regarding herself and her brother. Chhabeela disclosed that it was unfair that her brother is indulged with privilege, while she is overprotected. The counsellor validated her feelings of frustration, and empathized about how difficult it must be for her to feel the pressures of a traditional home, especially when her heart yearned to be accepted for who she is as an individual, and one who sometimes wants to have fun. Chhabeela agreed, and commented: "Yeah, I want to be happy as me. You need a balance in life—school, work, family, and fun. Without fun, everything else becomes depressing." The counsellor further probed Chhabeela about her cultural/religious background, and whether it too has to be balanced in her life. She replied: "I don't want to be totally traditional like my parents, I want a balance between East and West." Noticing Chhabeela wore a Sikh bracelet and prayer beads on her right wrist, the counsellor inquired if spiritual values were important to her. Chhabeela replied: "I respect my Gurus, but I do not like the stuff my parents push on me." The counsellor concluded the first session by empathizing with Chhabeela's situation, and invited her to attend another session. Chhabeela, in a more relaxed body posture, agreed.

In the second session, the counsellor introduced the life-stress activity. The counsellor explained: "There is a lot going on in your life right now, and it can be overwhelming at times. To make sense of things, we can do this activity called the life-stress model. It is based on the teachings of the Sikh spiritual tradition." Chhabeela replied: "Cool. I was hesitant about coming to counselling at first. You know, I am proud to be Sikh, and I do not want anyone trying to change me." The life-stress model validated Chhabeela's cultural and religious identity, and increased her willingness to engage in the counselling sessions.

After the counsellor explained the activity, Chhabeela was instructed to apply the model to her own life situation. She identified her attachment to people (friends, cousins, and ideal boyfriend), places (theatres, clubs, and restaurants), and activities (dancing, hanging out, and swimming). Chhabeela explained that these people, places, and activities can make her feel emotionally secure, loved, respected, and free. The obstacle to fulfilling these core needs, according to Chhabeela, was her parents, whom she described as "prison wardens" watching her every move. Chhabeela explained: "My parents do not let me be free to be

myself, they do not respect me as an individual, and I do not feel emotionally secure or loved by them.” As a result of her overprotective parents, Chhabeela disclosed that she has a pessimistic outlook on life, and is often overwhelmed by negative emotions. To cope with this inner unrest, Chhabeela admitted to skipping classes and secretly drinking alcohol behind her parents’ back.

Although Chhabeela was able to quickly grasp the theory underlying the life-stress model, she still exhibited a considerable amount of difficulty in identifying her emotions. In the third session, the counsellor utilized an art activity to assist Chhabeela get in touch with her emotions. The counsellor instructed her to use colours, shapes, and patterns to express her feelings. This provided an outlet for Chhabeela’s emotions, which were drawn in gloomy colours, sloppy teardrop-like shapes, and rough zigzag patterns.

In the fourth session, the counsellor utilized an affective approach, the Emotions Checklist (Hackney & Cormier, 2001), to help Chhabeela label the feelings drawn during the art activity. She strongly identified with the emotions of abandonment, hurtfulness, loneliness, sadness, anger, and resentment. When probed about the origins of these emotions, Chhabeela, for the first time, exhibited the actual anger she had toward her parents. This was a turning point for Chhabeela; rather than internalizing the anger, it was being brought to the fore. The counsellor thereafter used the Gestalt empty chair technique to help Chhabeela deal with the interpersonal conflict she had with her parents. [The use of role-playing is a culturally appropriate intervention because it is similar to a Punjabi women’s folk dance (*giddha*) during which women sing about personal conflicts experienced in the family while acting out the contents of the song through dance (Nayar, 2004).]

During the post life-stress activity, Chhabeela commented: “I feel more comfortable talking to my parents as an adult, rather than as a child. I am not hiding in fear in my shell. I come out and tell them how I feel. They do not like it, but at least they are listening to me.” Through her verbal communication, mood, and actions, Chhabeela displayed a more positive attitude toward her self and life situation.

CONCLUSION

The latest census data continues to indicate that ethnic diversity is increasing in Canada (Statistics Canada, 2003). This calls for a more flexible approach to counselling, wherein traditional belief systems ought to be respected as valid healing perspectives. This is particularly critical in the case of the Sikh community in Canada, since the majority of Sikhs that migrated to Canada are from agricultural villages of the Punjab where Western-style talk therapies are a foreign concept. Furthermore, there is a need to utilize traditional healing resources based on Sikh spiritual teachings because many Sikhs regard their scripture as the living embodiment of the Sikh Guru. To assist Western mental health service providers to better serve the distinctive needs of the Sikh community, this article presented

the Sikh life-stress model as a culture-specific intervention based on scriptural teachings. Moreover, the life-stress model can serve as a viable link between a holistic view of mental health and conventional counselling approaches. The life-stress model has proven to be a useful tool during preliminary clinical trials; however, it still requires further empirical research to determine its clinical utility.

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