

Research on Clinical Mental Health Counselling and Psychotherapy with Punjabi Sikhs: A Scoping Review

Dr. Robinder Bedi^{1*}, Debopriya Sen², Lauren Currie³

ABSTRACT

Punjabi Sikhs enter counseling/psychotherapy with some highly unique and impactful historical and present contextual circumstances unfamiliar to many practitioners that could be highly relevant for culturally-responsive treatment. This scoping review set out to mobilize existing research knowledge about counseling/psychotherapy with Punjabi Sikhs. Only 15 research studies were located. Analysis indicates that about 2/3 of the studies were conducted in India and the rest in Western countries. Men and women as clients were comparably investigated and there was only one study with children. The largest share of clients studied were hospital/medical patients with psychological issues, subsequent to medical conditions and stress/anxiety was the single most frequently investigated client presenting concern. Progressive muscle relaxation was the only theory/intervention investigated more than once across the studies. The vast majority of research was quantitative and focused on establishing the effectiveness of counseling/psychotherapy, although only three studies used full experimental designs. This small body of research provides promising evidence in support of the general effectiveness of counseling/psychotherapy for Punjabi Sikhs. The results of this review also identified serious knowledge gaps in need of research. This identification and summary of studies can serve as a resource list for practitioners, supervisors, instructors, researchers and students interested in increasing their knowledge about and competence in working with Punjabi Sikhs. It is hoped that this review will inspire more research on counseling/psychotherapy with Punjabi Sikhs.

Keywords: *Scoping Review, Counseling with Punjabi Sikhs, Psychotherapy with Punjabi Sikhs*

A Punjabi Sikh is someone who follows the Sikh religion (the fifth largest religion in the world with over 25 million Sikhs worldwide, Hart Research Associates, 2014) and whose family roots lie in the State of Punjab in northern India, where Sikhism originated and is still the majority religion (Office of the Registrar General and Census Commissioner, 2011). There are over 20 million Sikhs in India, comprising about 1.7% of India's population; however, nearly 60% of them live in one state (Punjab; Kramer, 2021).

¹Professor, Department of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, British Columbia, Canada, V6T 1Z4

²Graduate Student, Department of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, British Columbia, Canada, V6T 1Z4

³Graduate Student, Department of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, British Columbia, Canada, V6T 1Z4

*Corresponding Author

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The largest national populations of Sikhs outside of India reside in Canada, the U.S., and the United Kingdom (Pariona, 2018). Over 750,000 Sikhs reside in Canada (Statistics Canada, 2024) and about 500,000 reside in the United States (Hart Associates, 2015) and the United Kingdom (Office of National Statistics, 2023) each. Further, it appears that over 90% of Sikhs are Asian Indian (Sikh American Legal Defence and Education Fund, 2020), contributing to the racialization of the Sikh religion, whereas the conjured image of a Sikh is usually an individual with brown skin (Joshi, 2006).

The intersection between the Punjabi regional culture and the Sikh religion is so intertwined that even many Punjabi Sikhs themselves have difficulty differentiating what should be attributed to regional culture and what should be attributed to the Sikh religion (Sandhu, 2009). Therefore, almost all psychological research on Punjabi or Sikhs, intentionally or unintentionally, focuses on Punjabi Sikhs. So, although one can be Sikh but not Punjabi or vice versa, the correspondence is extremely high and so this paper will focus on the vast majority of Sikhs (who are Punjabi) and the vast majority of Punjabis (who are Sikh).

There has been extremely low awareness of the high rates of discrimination, hate crimes, and racial profiling against Punjabi Sikhs in Western countries due to the common misidentification of Sikhs as Muslims (Jhutti-Johal & Singh, 2020; Sian, 2017). These experiences of violence and prejudice have impacted Punjabi Sikhs' mental health with increases in the rates of depression, anxiety, and post-traumatic stress disorder (Ahluwalia & Zaman, 2010). Nevertheless, recent findings are suggesting that more and more Sikhs are accessing mental health services (Sikh American Legal Defence and Education Fund, 2020), especially those born in North America (for example, see Bedi & Domene, 2015).

For racially, ethnically, and religiously minoritized individuals, ethical counselling/psychotherapy requires provision of evidence-based interventions based upon multicultural and social justice competencies (Clauss-Ehlers et al., 2019; Ratts et al., 2015). Ample scholarly literature exists that provides general principles of cross-cultural and multicultural practice that can be applied, to some extent, to most cultural groups including Punjabi Sikhs. In addition, there is research that offers general guidance for counselling/psychotherapy with South Asians, Asian Indians in the United States (U.S.) and Indo-Canadians (e.g., Thakore et al., 2022) that could be arguably generalized to Punjabi Sikhs. However, Punjabi Sikhs, a particular religio-ethnic group, are overshadowed in these broader accounts because, for example, literature on counselling/psychotherapy with "Asian Indians" is most likely referring to the majority populations in India (for example, India is about 80% Hindu; Pew Research Centre, 2021).

In India, their ancestral homeland, Punjabi Sikhs are triple minoritized – they are not the majority ethnicity, religion or language group. When they relocate to western countries, they become a quadruple minoritized group (with the addition of visible minority status due to skin colour and ethnic dress; Do et al., 2019). Due to this tendency to categorize Punjabi Sikhs into broader groups, there should be questions about the extent to which these larger bodies of research can speak definitively to counselling/psychotherapy specifically with Punjabi Sikhs. This is troublesome because Punjabi Sikhs enter counselling or psychotherapy with some highly unique and impactful historical and present contextual circumstances unfamiliar to many practitioners that could be highly relevant for mental health treatment (for example, intergenerational trauma associated with the partition of India, high levels of prejudice in Western countries due to being mistaken as Muslim; see Ahluwalia & Zaman, 2010 for more

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examples). Therefore, a review specifically about counselling/psychotherapy with Punjabi Sikhs is called for.

Purpose of the Review and Research Questions

Evidence-based practice requires, amongst other things, responsiveness to client religion, race, and ethnic cultures based on research evidence about what works for that particular group (APA, 2016). Therefore, lack of extant research evidence or failure to consolidate and incorporate available research evidence impairs the ability to provide evidence-based psychological services to Sikh individuals. This scoping review set out to identify and mobilize (i.e., systematically map out) existing research knowledge about counselling/psychotherapy with Punjabi Sikhs. More specifically, the purpose of this scoping review was to determine the extent and characteristics of research that exists and summarize the conclusions of research. Doing so will serve as a resource list for practitioners, supervisors, instructors, researchers, policy-makers, and students interested in increasing their knowledge about and competence in working with Punjabi Sikhs and implicate knowledge gaps in need of research.

This reconnaissance set out to answer the following eight questions based on the overarching research question “What is the extent, nature, and conclusions of scholarly empirical research on clinical mental health counselling and psychotherapy with Punjabi Sikhs?”:

1. How many studies are there on counselling/psychotherapy with Punjabi Sikhs?
2. Where is research on counselling/psychotherapy with Punjabi Sikhs being conducted?
3. Who is publishing research on counselling/psychotherapy with Punjabi Sikhs?
4. What types of clients (age, gender, presenting concerns, etc.) have been investigated in research on counselling/psychotherapy with Punjabi Sikhs?
5. What types of therapeutic interventions or approaches have been investigated in research on counselling/psychotherapy with Punjabi Sikhs?
6. What research paradigms (qualitative, quantitative, mixed methods) and research designs have been used to investigate counselling/psychotherapy with Punjabi Sikhs?
7. How frequently have the three specific models for counselling/psychotherapy with Punjabi Sikhs (as identified by Currie & Bedi, 2019) been investigated in research?
8. What do the research findings say about counselling/psychotherapy with Punjabi Sikhs?

METHODOLOGY

Type of Review

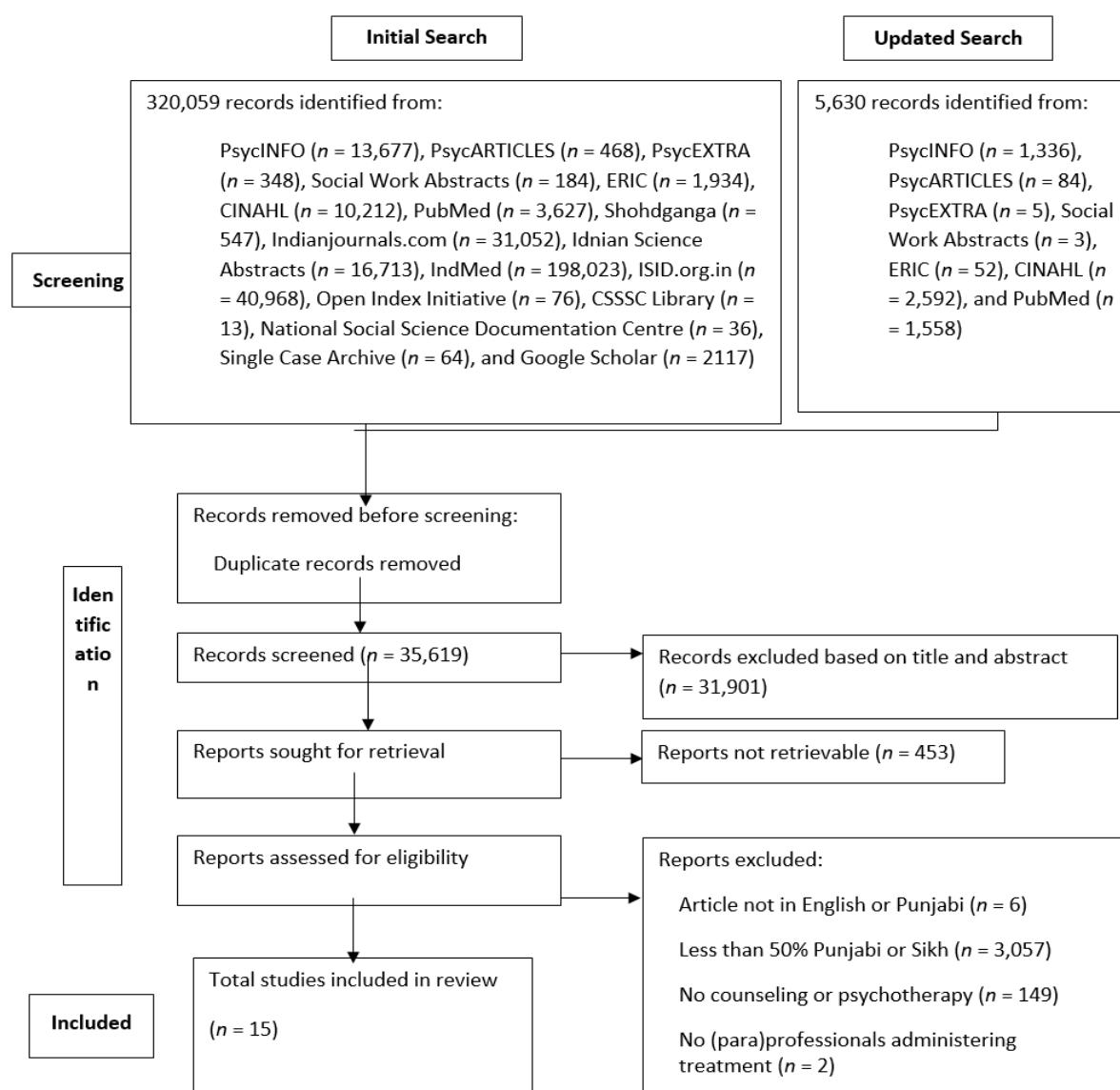
A scoping review is a rigorous, replicable, and comprehensive exploratory mapping and overview of prior scholarship regarding a specific topic. It is intended to highlight the amount and characteristics of extant knowledge and is considered the best type of review for this purpose (Peters et al., 2020). Needed directions for future research should become apparent through a scoping review. A scoping review is called for when there appears to be uncertainty about the nature and extent of research available in an area or it is known that there is so little research that reliable knowledge mobilization is important (Arksey & O'Malley, 2005, Peters et al., 2020), as is the case with research on counselling/psychotherapy with Punjabi Sikhs. A scoping review is not intended to synthesize findings (like a meta-analysis or qualitative meta-synthesis) or critically evaluate the methodological quality of research studies but rather to identify and summarize research studies individually and in the aggregate (Arksey & O'Malley, 2005, Peters et al., 2020).

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Protocols and Reporting Guidelines Followed

We adhered to the widely followed five required steps for scoping reviews as originally outlined in Arksey and O'Malley (2005) as well as the procedures for conducting Joanna Briggs Institute (JBI)-compliant scoping reviews (Peters et al., 2020). We also followed the Preferred Reporting Items for Systematic Reviews Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018). The American Psychological Association's Meta-Analysis Reporting Standards (MARS; Appelbaum et al., 2018) were also adhered to as relevant to scoping reviews. The objective, inclusion/exclusion criteria, and procedures for this scoping review were specified in advance and documented in a protocol developed through pilot-testing and available online at our institutional repository at <http://open.library.ubc.ca/cIRcle/collections/facultyresearchandpublications/52383/items/1.0447330>. Figure 1 represents a PRISMA flow chart depicting the progress through the different stages of the review.

Figure 1 PRISMA Flow Chart



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Inclusion/Exclusion Criteria

This review sought primary empirical research studies on mental health counselling or psychotherapy with Punjabi Sikhs. No distinction was made between mental health counselling and psychotherapy – they were treated as synonymous. For a study to be included, it had to meet five criteria: (1) be written in English or Punjabi (based on the language proficiency of the research team); (2) be empirical research on a sample operationally defined as (a) involving more than one participant (i.e., case studies and single-participant research was excluded), (b) reporting some form of formal data collection; and (c) including description of the data analysis method(s) used; (3) including at least 50% Punjabi Sikh participants (to better ensure generalizability of the results to Sikhs in particular) or have a subgroup analysis for this group; (4) investigate some topic directly about psychotherapy or counselling; and (5) have the counselling or psychotherapy delivered by trained professionals or those in professional training programs. Counseling/psychotherapy process, outcome and expectations/preferences studies were welcome. There were no restrictions on time period or geography.

Information Sources

Relevant online electronic databases were identified based on the authors' experience and consultation with library specialists. The following primarily Western online databases were utilized: PsycINFO, PsycArticles, PsycEXTRA, PubMed, ERIC, Social Work Abstracts, and CINHALL. The following Indian databases were utilized: Shodganga, Indianjournals.com, Indian Science Abstracts, IndMed, Institute for Studies in Industrial Development (ISID), Open Index Initiative, CSSC Library, and the National Social Science Documentation Centre. In addition, Google Scholar and the Single Case Archive (Meganck et al., 2022) were also searched.

Search Strategy

Literature searches were performed up to April 7, 2023. With the exception of the Single Case Archive, the search terms that were used to identify articles in each database for individuals of Punjabi Sikh descent were: Sikh, Punjab, Panjab, Asian Indian, East Indian, Indo-Canadian, South Asian, Khalsa, and India. Each search also included terms related to counselling/psychotherapy including: Psychotherapy, Therapy, Counseling, Counselling, and Psychological Treatment. For all databases, except Google Scholar, which returned combined search results in the millions and is known for returning many irrelevant hits, all search results were reviewed. For Google Scholar, combinations of the above terms resulted in 588 systematic literature searches and the first 100 results sorted by relevance were reviewed for each Google Scholar search, following the recommendations of Vaska et al. (2019). Single Case Archive, which has very limited search capabilities based on a small set of descriptors, was searched based on ethnicity (Asian). An e-mail was sent to the Society for Psychotherapy Research and the Indian Psychologists listservs to request members to submit references for studies on counselling/psychotherapy with Punjabi for inclusion in the review. The reference lists of articles that met the inclusion criteria were also reviewed. An attempt was made to contact authors of articles that potentially met inclusion criteria that were not locatable through traditional channels (university library, interlibrary loan, online).

Screening and Eligibility

Bibliographic records/articles were screened by two research assistants independently who went through a two-month long training and supervised practice followed by calibration. Article screening began after reviewers achieved at least a 90% agreement rate. If the

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reviewers did not agree on whether an article should be included or excluded or on the reason for exclusion, a third research assistant reviewed the article and cast the deciding vote after collaborative discussion. Reviewers began by reviewing the articles title and abstract and if they could not determine whether the article met inclusion criteria, they would review the full-text.

Data Extraction and Analysis

A structured coding protocol was used to guide extraction of the desired information for the scoping review. Information about the following seven variables is the primary focus of this report: (a) country in which the study was conducted, (b) researcher names, (c) participant characteristics and their presenting concern(s), (d) types of intervention and theoretical approach used (e) research paradigm, (f) research design, and (g), study purpose and research conclusions[1]. This was done by two research assistants who independently documented the information in a Microsoft Excel spreadsheet and then compared answers. In case of disagreement, discussion was used to develop consensus. If unsuccessful, a third reviewer was consulted for the deciding vote. The three authors then collaboratively verified the extracted information for the articles that met the inclusion criteria. The analysis was descriptive and presented using counts/percentages and descriptive statistics, and represents the state of the research and knowledge about counselling/psychotherapy with Punjabi Sikhs. The data and materials for this study are available at <http://www.open.library.ubc.ca/cIRcle/collections/facultyresearchandpublications/52383/items/1.0447330>

RESULTS

Figure 1 provides an overview of the search and study selection process. Over 320,000 records were identified and reviewed resulting in 15 that met inclusion criteria. Table 1 reports on the traits of the included studies.

Table 1 Characteristics of Studies

Citation (Source)	Study Country	Punjabi/Sikh Participant Description	Target Issue/ Presenting Concern	Treatment/ Intervention	Sample Size	Research Paradigm	Study Design
Bhullar et al., 2017 (article)	India	Female youth (12-19) enrolled in schools in Punjab	Child sexual abuse	General Group Counseling: One Session	509	Quantit.	Pre-Experimental: Single Group Pre/Post
Chavan et al., 2003 (article)	India	Age 15+ in Punjab 96% male Camp: 69% Sikh Hospital: 59% Sikh	Substance Dependence	Camp: detox, pharmacotherapy, interactive psychoeducational groups, family groups, recreation therapy, religious music);	155	Quantit.	Quasi-Experimental Comparative: Two Group Pre/Post

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Citation (Source)	Study Country	Punjabi/Sikh Participant Description	Target Issue/ Presenting Concern	Treatment/ Intervention	Sample Size	Research Paradigm	Study Design
				Hospital inpatient: detox, pharmacotherapy, individual and group counselling), pharmacological, psychoeducation, recreational and religious activities, and individual counselling			
Chawla et al., 2020 (article)	India	Chest clinic patients serving area in Punjab where population is mostly Sikh Age 15+ 98% male	Smoking	Individual counselling tailored to stage of change as per the Transtheoretical model (largely behavioural and cognitive-behavioural)	207	Quantit.	Quasi-Experimental: Two group post-test only comparative
Gill-Badesha, 2004 (thesis)	Canada	Adult Sikhs (80% women) who emigrated from Punjab and are currently receiving counselling .	Various	General counselling	5	Qualit.	Critical Incident Technique (Interview)
Kaur et al., 2016a (article)	India	Patients of a hospital in Punjab who are age 16+. 67% male	Stress after amputation	Progressive Muscle Relaxation, twice per day for two weeks	60	Quantit.	Experimental: Two group Pre/post comparative
Kaur et al., 2016b (article)	India	Patients of a hospital in Punjabi	Pain and fatigue after chemotherapy	General individual counselling (four sessions in four weeks)	20	Quantit.	Experimental: Pre/Post with treatment-

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Citation (Source)	Study Country	Punjabi/Sikh Participant Description	Target Issue/ Presenting Concern	Treatment/ Intervention	Sample Size	Research Paradigm	Study Design
			treatment for cancer				as-usual control group
Kaur, 2017 (article)	India	Children 6-12 years old hospitalized in Punjab 57% male 60% Sikh	Anxiety	Play Therapy	30	Quantit.	Pre-experimental: One group pre/post
Madikiza, 1984 (thesis)	Canada	Punjabi-speaking youth and adult Sikhs who emigrated to Canada from India between 1968-1978. 54% female	Various	School counselling, general counselling	323	Quantit.	Cross-sectional survey: comparative
Pathak et al., 2013 (article)	India	Adult patients at a hospital in Punjab. 53% female Treatment group: 54% Punjabi Control group: 44% Punjabi	Anxiety and depression subsequent to receiving radiation therapy for cancer	General Individual Counseling: four sessions in four weeks	100	Quantit. (control trial)	Quasi-Experimental: Pre/Post with treatment-as-usual control group
Reetu et al., 2018 (article)	India	40 adults patients with hypertension residing in Punjab 60% Sikh 80% female	Anxiety in patients with hypertension	Progressive Muscle Relaxation: once per day for 10 days	40	Quantit.	Pre-Experimental: One-group pretest-post
Sandhu & Kaur, 2016 (article)	India	Youth in Punjab 58% female	Childhood history of abuse	Therapy guided by technical eclecticism: 5-7 sessions of group therapy for parents,	80	Quantit.	Pre-Experimental: Single group Pre/Post

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Citation (Source)	Study Country	Punjabi/Sikh Participant Description	Target Issue/ Presenting Concern	Treatment/ Intervention	Sample Size	Research Paradigm	Study Design
				12-18 sessions of trauma-focused cognitive-behavioural therapy, group therapy			
Virdee, 2014 (dissertation)	England	Asian Indian fathers who participated in family therapy ≥ 50% Sikh	Various	Family therapy	4	Qualit.	Interpretive Phenomenological Analysis
Weinstein et al., 2006 (article)	Canada	South Asian mothers of young children at high risk of cavities 100% Punjabi Speaking	Early childhood caries	Motivational interviewing counselling (1 session in-person + 6 telephone sessions) within one year	240	Quantit.	Experimental: Post-test only Comparative with treatment as usual control group
Westwood, 1982 (article)	Canada	168 Punjabi-speaking youth and adult East Indians	Various	General counselling	323	Quantit.	Comparative Cross-sectional survey
Wig et al., 1971 (article)	India	Students who visited a university counselling centre in Punjab 16-26 years old 84% male	Various	General individual counselling	68	Quantit.	Descriptive File Review

Table 2 provides the purpose of each study and key conclusions.

Table 2 Study Purpose and Conclusions

Citation	Main Purpose(s)	Main Therapy-Related Conclusion(s)
Bhullar et al. (2017)	“To study the effect of counselling on the reporting of sexual abuse in female school going children” and “To assess the prevalence and knowledge of	Counselling increases knowledge and awareness about sexual abuse and encourages victims to disclose the abuse and their problems.

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Citation	Main Purpose(s)	Main Therapy-Related Conclusion(s)
	these children about sexual abuse and the changes brought in the same children following counselling” (p. 28).	
Chavan et al. (2003)	“(a) to compare substance dependence patients treated by ‘camp approach’ and hospital approach, and (b) to evaluate the clinical effectiveness of either approach by measuring outcome (i.e. abstinence) at 3 months” (p. 17).	The camp approach appears to be more beneficial than the hospital approach for treating patients of substance dependence in an inpatient setting. There appears to be a need to extend the duration of camp treatment beyond 10 days.
Chawla et al. (2020)	“We aimed to evaluate the effects of stage-matched repeated individual behavioural counselling (RIBCS) on the basis of the transtheoretical model (TTM) as an intervention to reduce and stop smoking” (p. 119).	The counselling had a positive effect in terms of smoking cessation and reduction regardless of whether the client started at the stage of Pre-contemplation, Contemplation, or Preparation with the largest gains for contemplators and those prepared to change.
Gill-Badesha (2004)	“The purpose of this qualitative study was to discover, understand, and describe the attitudes of five Punjabi speaking South Asian immigrants toward seeking help from formal mental health services” (p. 4).	Categories of facilitating factors were Participant Qualities/Characteristics, Participant Knowledge of Counselling, Aspects of Problem, and Counsellor Qualities/Characteristics. Categories of hindering factors were Participant qualities/characteristics; Participant knowledge of counselling; Aspects of problem; Cultural beliefs; Impact of significant others; and Use of other support systems.
Kaur et al. (2016a)	“To assess the effectiveness of deep breathing exercises and progressive muscle relaxation technique on stress among amputated patients in selected hospitals of Punjab” (p. 23).	Deep breathing exercises and progressive muscle relaxation was effective in reducing stress among amputated patients after two weeks of intervention.
Kaur et al. (2016b)	“The study was done to evaluate the effect of counselling on pain and fatigue among cancer patients” (p. 47).	Counselling was effective in reducing pain and fatigue among cancer patients receiving chemotherapy while the control group patients had an increase in pain and fatigue.
Kaur (2017)	“To evaluate the effectiveness of play therapy among hospitalized Children aged 6-12 years. To find out the association between post-test mean of anxiety level among hospitalized children aged 6-12 years with selected demographic variables” (p. 207).	Play therapy reduces the anxiety level among hospitalized children.
Madikiza (1984)	“The primary purpose of this study was to explore and compare the attitudes and expectations of counselling of two culturally dissimilar groups; the East Indian Canadians and the Anglo European Canadians” (p. ii).	Although statistically significant differences were found between the two cultural group’s expectations of counselling, there were also some basic similarities. Statistically significant differences were also found between youth and adults within both cultural groups.

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Citation	Main Purpose(s)	Main Therapy-Related Conclusion(s)
Pathak et al., (2013)	“To evaluate the effectiveness of counselling on anxiety and depression among hospitalised cancer patients receiving radiotherapy” (p. 133).	Counselling was found effective to significantly reduce anxiety and depression in hospitalised cancer patients receiving radiotherapy as well as improve their quality of life.
Reetu et al. (2018)	“To assess the effectiveness of progressive muscle relaxation technique on level of anxiety among patients with hypertension” (p. 71).	Progressive muscle relaxation significantly reduced anxiety among patients with hypertension.
Sandhu & Kaur (2016)	“To study the effectiveness of technical eclecticism in reducing the problem behaviour of adolescents abused during childhood” (p. 94).	Instead of providing the same treatment to all clients, opting for a practical approach towards counselling by combining various empirically validated psychotherapeutic techniques and then systematically selecting these techniques to specific client profiles (technical eclecticism) can be effective.
Virdee (2014)	“Interpretative phenomenological analysis was used to explore Indian fathers’ subjective reports of meaning in relation to family therapy” (p. 6).	“Four super-ordinate themes emerged: “Indian fathers and their family”, “east versus west”, “the therapist” and “what is therapy?” Two findings emerged from the analysis; Indian fathers found family therapy to be a foreign notion, which proved to be a valuable experience and they found it useful to be matched to their therapist” (p. 6).
Weinstein et al. (2006)	“The purpose of this study was to compare the effect of a motivational interviewing (MI) counselling visit with traditional health education for mothers of young children at high risk of developing dental caries” (p. 789).	“MI has a protective effect with regard to the development of early childhood caries. One reason for this clinical effect is greater compliance with recommended fluoride varnish treatment regimens in families who received MI counselling compared with families who received traditional education” (p. 789).
Westwood (1982)	“The present study sought to... determine whether a distinct minority group’s expectations were similar or different from the majority group's attitudes” (p. 285).	The expectations of Punjabi Sikhs for counselling are not that different from the Anglo-European majority. Among adolescents, Punjabi Sikh youth tend to see themselves more in context of the family environment in attributing causes to behaviours while the Anglo-European youth appear not to see family as central in assisting in decision-making. The Punjabi Sikh adolescents favoured greater family involvement by the counsellor than did their Anglo-European counterparts.
Wig et al. (1971)	To determine client characteristics and presenting concerns for students visiting a university counselling centre, as well as the number of sessions attended and the effectiveness of counselling.	About 5 times more men than women attended. Their average age was 21.7. 54.5% were found to have emotional or personality problems and adjustment and reactions, and 39.5% had anxiety. They attended for a mean of 3.3 sessions. There was a high incidence of severe and moderately disturbed students seeking services. In over half of the cases, the students were judged to have made moderate to substantial improvement.

Most of the research has been conducted in India (66.7%), with 26.7% (n = 4) conducted in Canada and one study conducted in England. Across the 15 located studies, there were 44 different authors but none with authorship beyond a single study.

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Both Punjabi Sikh men and women as clients seem to be researched comparably. Most studies (80%) included both men/boys and women/girls with two studies done exclusively with women/girls (Bhullar et al., 2017; Weinstein et al., 2006) and one with men only (Virdee, 2014). There was only one study on counselling/psychotherapy with children (Kaur, 2017) and only two exclusively on youth (Bhullar et al., 2017; Sandhu & Kaur, 2016). The majority were either with adults only (33.3%) or were combined samples of adults and youth (46.7%). In terms of type of clients by setting, only one study was on grade-school students (Bhullar et al., 2017), one on university students (Wig et al., 1971) and one on individuals in a detox camp (Chavan et al., 2003). The majority were hospital/medical/dental patients (53.3%) or a general community sample (43.6%). Presenting issues varied considerably with very little duplication across this set of studies. Aside from four specific studies on stress/anxiety (Kaur et al., 2016a, Kaur, 2017, Pathak et al., 2013; Reetu et al., 2018), most research related to clients with various/unspecified target issues/presenting concerns. There were two studies each on clients with substance dependence (Chavan et al., 2003; Chawla et al., 2020) and clients with child abuse experiences (Bhullar et al., 2017; Sandhu & Kaur, 2016). As noted in Table 1, nearly half of the studies ($n = 7$; 46.7%) involved counselling/psychotherapy research specifically with individuals who had physical health conditions, although this was most prominent amongst the studies conducted in India (6 out of 10 studies from India). The results in Table 1 further indicate that type of intervention investigated varied by modality (individual: 10 studies, group: one study, family: one study, combination: 2 studies), and considerably by theoretical orientation when specified. The only intervention investigated more than once was progressive muscle relaxation (Kaur et al., 2016a; Reetu et al., 2018).

Most of the research is quantitative ($n = 13$, 86.7%) rather than qualitative ($n = 2$, 13.3%). There were no formally designated mixed methods studies. As for quantitative research, the focus was mostly comparative trying to establish the efficacy of counselling/psychotherapy or a particular intervention (either by way of comparison with another treatment approach or control condition (see Table 1). Such research was comparably split across experimental designs (3 studies), quasi-experimental designs (e.g., no random assignment; 3 studies), pre-experimental designs (e.g., single group pre/posttest; 4 studies), and comparative cross-sectional surveys (two studies). Only one quantitative study was not comparative (Wig et al., 1971). For quantitative research, the average sample size was about 165.7 ($SD = 148.0$, $min = 20$, $max = 509$) and for the qualitative research it was 5 (Critical Incident Technique) and 4 (Interpretive Phenomenological Analysis).

As noted in Table 2, counselling/psychotherapy can be effective with Punjabi Sikh clients presenting with a wide variety of concerns and issues, although the available evidence makes this case most notably for with stress/anxiety, substance dependence, or a history of child abuse. A wide variety of approaches and theories have been used with apparent benefit with the most common one being progressive muscle relaxation or other cognitive-behavioural approaches (Chawla et al., 2020; Kaur et al., 2016a, Reetu et al., 2016; Sandhu & Kaur, 2016). Although there are mostly similarities (see Westwood, 1982), there do appear to be a few differences in expectations for counselling between Punjabi Sikh Canadians and Canadians of European descent (see Madikiza, 1984). Lastly, it appears, at least amongst university students in Punjab, India (Wig et al., 1971), that men are more likely to seek counselling from the university counselling centre.

DISCUSSION

What this scoping review makes clear is that there is very little research conducted definitively on providing counselling or psychotherapy to Punjabi Sikhs specifically. Only 15 studies were located. Maximally-effective, evidence-based practice with any cultural group requires specific research evidence particular to that cultural group (APA, 2006; Clauss-Ehlers et al., 2019; Ratts et al., 2015). Therefore, this lack of research is a serious impediment to the ethical duty to provide evidence-based psychological services to this population and inconsistent with the goal of providing equitable and equally effective counselling/psychotherapy to all cultural groups (APA, 2021). This scoping review should serve as a wake-up call for researchers to make sure this large and growing religio-ethnic cultural group, representing the fifth largest religion in the world (Hart Research Associates, 2014), is commensurably represented in multicultural and cross-cultural counselling/psychotherapy research, or at least as much as the research conducted on smaller cultural groups.

Location of Research and Researchers

Perhaps not surprisingly, most research on counselling/psychotherapy with Punjabi Sikhs has been conducted in India, where most still reside. Also, perhaps not surprising is that the rest of the studies have been conducted in Canada or the United Kingdom, which rank first and second in number of Sikhs outside of India (Pariona, 2018). What is surprising is that no studies were conducted in the U.S., where the third most Sikhs reside outside of India and where we fathom that the majority of research on counselling/psychotherapy is conducted.

It is unclear why more research on this population has not been conducted. It could reflect lower research infrastructure and capabilities in India, a low/middle income country, where most Sikhs reside. It may also reflect that counselling/psychotherapy are still not highly accepted or well-known across India (Bedi et al., 2020, 2021) and thus not a priority for research. However, the Punjabi Sikh community is sizeable in Canada, the United States and the United Kingdom; where most Punjabi Sikhs who migrated from India live (Pariona, 2018). Therefore, this gap also probably partially reflects the lack of knowledge and awareness that those in Western countries, where psychotherapy is well-accepted (Arguelles and Bedi, 2023), have about Sikhs (Geddes, 2009; Hart Research Associates, 2015).

There were no duplicative authors across the 15 studies. Therefore, there is no de-facto expert on counselling/psychotherapy research with Punjabi Sikh clients or research leader.

Types of Clients, Presenting Issues, and Interventions/Theories Investigated

There seemed to be a reasonably comparable balance between the amount of research conducted on men/boys and women/girls as clients, which seems to counter established research trends in Canada, the U.S., and most Western countries where women are investigated more often as counselling/psychotherapy clients and disproportionate to their actual occurrence as clients (Bedi et al., 2016; Evans, 2013). What is unclear is if the comparable research on men/boys who are Punjabi Sikh represents their actual usage of services. The research by Wig et al. (1971) which indexed all visits to a university counselling centre seems to imply that it is. If correct, this gender pattern counters longstanding trends in Western countries whereas women are the most frequent consumers of counselling/psychotherapy. We are aware that there is some research in Asian countries, including India that has found men to be the greater consumers of counselling services (e.g., Ahn et al., 2024; Bedi et al., 2024; Panicker et al., 2010; 2013). It could be that, in India, seeking a counsellor for academic concerns (or framing mental health issues in terms of academics with academics

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being the primary outcome goal) makes counselling less stigmatizing for men. If so, in many non-Western countries, men are still much more commonplace in higher education than women and are thus intuitively more likely to access counselling services on campuses, which is where they tend to be quite prominent (Bedi et al., 2020, 2021). Further, access to counselling/psychotherapy often requires financial resources that men typically have greater access to compared to women in many non-Western countries, including India. Therefore, it is possible that the gender balance in clients in these research studies could reflect actual usage rates with structural factors contributing to a higher usage amongst Punjabi Sikh men, especially in India.

Most of the research was conducted with youth and adults, with only one study on children (Kaur, 2017). Therefore, there is virtually no research to justify or better understand the use of counselling or psychotherapy with Punjabi Sikh children. Interestingly, older youth (15+) were often combined with adults in studies with no separate analyses, perhaps reflecting a view that older adolescents are or should be treated more like adults in India/amongst Punjabi Sikhs. This is consistent with the dynamics of emerging adulthood being different in Indians versus Westerners (Alexander et al., 2021) and that individuals in India tend to see themselves as full-fledge adults well before those in the U.S. and Canada do (Seiter and Nelson, 2011).

Over half of all of the research has been on hospital/medical/dental patients (nearly 55%) followed by on a general community sample. Other settings, such as grade-school or university/college settings were rare or non-existent in the research base. In line with this, conducting counselling/psychotherapy research specifically with or on behalf of individuals with health conditions was common. Close to half of the studies on counselling/psychotherapy were in context of medical/dental conditions with concomitant psychological symptoms (individuals with an amputation, individuals undergoing cancer treatment, individuals with hypertension, children hospitalized for various conditions, and for children at high risk of cavities). This represented over half of the studies conducted in India. This could reflect a willingness of Punjabi Sikhs already undergoing medical treatment (chemotherapy, amputation), particularly in India, to see counselling/psychotherapy as an extension of their medical treatment, thereby increasing the acceptability and reducing stigma commonly associated with receiving mental health but not physical health services in India (Bedi et al., 2020, 2021).

Presenting issues varied considerably with very little duplication across this set of studies. Aside from 4 specific studies on stress/anxiety (Kaur et al., 2016a, Kaur, 2017, Pathak et al., 2013; Reetu et al., 2018), most research related to clients with various/unspecified target issues/presenting concerns. There were two studies each on clients with substance dependence (Chavan et al., 2003; Chawla et al., 2020) and clients who were abused as children (Bhullar et al., 2017; Sandhu & Kaur, 2016). There is not a depth of evidence supporting counselling or psychotherapy with any particular concern. The evidence-base is shallow and broad.

Most of this research has been conducted on general or theoretically unspecified counselling/psychotherapy (almost always of the individual variety versus group or family modalities). The only specific approach to be investigated more than once was progressive muscle relaxation. Therefore, there is also a dearth of research validating or providing more nuanced application knowledge on any single theoretical approach with Punjabi Sikhs.

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Type of Research Conducted

With two exceptions, the existing research on counselling/psychotherapy with Punjabi Sikhs has been quantitative. All the quantitative research has been focused on comparative research attempting to establish causal claims about its effectiveness with one exception (Wig et al., 1971). This may reflect a larger trend of research in India where there is still a low awareness and acceptance of counselling/psychotherapy (Arguelles & Bedi, 2023; Bedi et al., 2020, 2021). Therefore, the national need of research may still be to “prove” its effectiveness to the masses before embarking on more complicated research that assumes its effectiveness. This research emphasis could also reflect a desire to counter still prominent opponents that view counselling/psychotherapy as Western cultural healing traditions (Arguelles & Bedi, 2023; Bedi, 2018) incompatible in many ways with traditional Indian culture (Varma, 1982). Perhaps there will be an increase in qualitative research upon a larger accumulation of quantitative descriptive research demonstrating its efficacy and effectiveness with Punjabi Sikhs, before more therapy process research is conducted (the latter is more conducive to qualitative research).

Investigation of Models of Counseling/Psychotherapy with Punjabi Sikhs

As identified by the review of Currie and Bedi (2019), there are three peer-reviewed and published models specifically for use with counselling/psychotherapy with Punjabi Sikhs grounded in cultural knowledge (Sandhu, 2004, 2005; Singh, 2008). However, not one research study exists that evaluated or utilized any of these models in the treatment provided. It appears that there is not much awareness about formalized culturally-specific models of providing counselling/psychotherapy to Punjabi Sikhs.

Conclusions of Research on Counseling/Psychotherapy with Punjabi Sikhs

Based upon the 15 located studies, it is evident that Punjabi Sikhs do sometimes avail themselves of counselling/psychotherapy and there are consistent reports that counselling/psychotherapy can be effective for them (in India and abroad) across a wide variety of target concerns (see Table 2). Yet there is insufficient depth or replication in investigating counselling/psychotherapy specific to any particular population or presenting concern or with any particular theoretical orientation to confidently make any more specific claims. The lack of experimental design research (only 3 studies) further creates difficulty in speaking definitively about the efficacy of counselling/psychotherapy with Punjabi Sikhs in general.

With the above caveats in mind, there is promising evidence that counselling or psychotherapy, particular when delivered one-to-one with an individual, can be effective with Punjabi Sikh clients presenting with a wide variety of concerns and issues. The strongest evidence of effectiveness was provided for clients who present with stress/anxiety (four studies) and the strongest evidence in favour of a particular approach was for progressive muscle relaxation (two studies). This does not necessarily mean that counselling/psychotherapy is ineffective for other presenting concerns; only that there is not research to verify this. There also remains insufficient evidence that any one therapeutic approach is generally more effective than any other for Punjabi Sikhs.

Implications for Practice, Teaching, Supervision, and Policy

What this review provides is a compendium of available research studies on counselling/psychotherapy with Punjabi Sikhs to consult by practitioners, instructors, supervisors, and policy-makers in the face of such hard-to-locate research (see Tables 1 and 2). Applying broader criteria for evidence-based practice such that which is permitted by the APA (APA,

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2006) or that which has been used to establish the effectiveness of non-Western traditional healing approaches (Waldram, 2013) does justify consulting these research works for practice guidance. Until the accumulation of sufficient and replicated research of high quality with Punjabi Sikhs to be able to make more specific and generalizable evidence-based guidelines, practitioners and policy-makers are encouraged to apply this small collection of research more akin to transferability in qualitative research (Lincoln & Guba, 1985) – cautiously applying the evidence from these research studies to other contexts based upon similarities.

Research Gaps and Recommendations for Future Research

Two of the typical benefits of scoping reviews are that future research can be more efficient (unnecessary duplication is reduced) because areas especially in need of further research are illuminated, and that future research can be better guided by past research. However, given such infrequent research on counselling/psychotherapy with Punjabi Sikhs, it is clear that this entire research domain is lacking. There is not enough research and research of the same type to conduct a quantitative systematic review (meta-analysis) or qualitative meta-synthesis. What is currently available is only a fragmented and haphazard set of research findings to draw upon to inform clinical decision-making, evidence-based practice, and policy-making.

Therefore, there should continue to be research on the efficacy and effectiveness of counselling/psychotherapy with Punjabi Sikhs seeking to answer the classic question: “What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?” (Paul, 1967, p. 111) and there should be attempts to verify that the currently list of research-based/empirically-supported treatments apply to Punjabi Sikhs (Tolin et al., 2015). This can help increase the credibility of counselling/psychotherapy in India where most Punjabi Sikhs still reside as well as promote the application of counselling/psychotherapy with Sikhs to other parts of the world which house large numbers of migrant Punjabi Sikhs.

It is also recommended that future research attempt to validate the three existing culturally-responsive and culturally-adapted models for counselling/psychotherapy with Punjabi Sikhs. If proven effective in future research, they can serve the basis of policy-making such as recommended practice in hospitals and other institutional settings where such policies are more common. In addition, there have also been repeated calls to integrate Indian traditional/indigenous healing practices with counselling/psychotherapy with Punjabi Sikh clients to maximize effectiveness (e.g., Currie & Bedi, 2019) yet none of these studies investigated this either. Future research should examine this integration, particularly because there are three proposed egalitarian models for how to do this (Bedi, 2018). Further, Bedi and Shergill (2017) propose a list of Punjabi Sikh cultural “adaptations that could be readily incorporated by the average psychologist” (p. 14) that have yet to be subject to research verification. Further, it has repeatedly been proposed that the theory underlying existential therapy is very consistent with and has overlap with tenets of the Sikh religion (e.g., Sandhu, 2004, 2009), which implies that it would be more welcome by Punjabi Sikhs and potentially more effective due to its cultural congruence. This proposition should be investigated.

There are some other notable directions for future research. All the studies were focused on outcomes and there seems to be a complete absence of counselling/psychotherapy process research with this population to illuminate the lived experiences and interactions of practitioners and Punjabi Sikh clients. In addition, there is only one study that investigated counselling/psychotherapy with Punjabi Sikh children, so more research with this group is

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especially encouraged. There is some indication that Punjabi Sikh clients in Western countries hold mostly similar counselling expectations as clients of European heritage, although there do appear to be a few differences (Madikiza, 1984; Westwood, 1982). What is unclear and uninvestigated is if the counselling expectations of Punjabi Sikhs in India are comparable to those of Punjabi Sikhs resident in Western countries. It could be that Punjabi Sikhs who actually obtain counselling or psychotherapy in Western countries or in India may be more westernized and hold more Euro-American values than the ones who do not, as was found by Ahn et al. (2024).

Limitations of the Review

Punjabi Sikhs are not homogenous beyond ethnicity and religion. There may be subgroup differences in counselling/psychotherapy as a function of variables like country of provision, immigration status, socioeconomic status, age, gender, and generational status but that cannot be uncovered until more research is conducted. It is also very possible that some of the research that used broader terms to define its participants (Asian Indians, Indo-Canadians, South Asians, East Indians etc.) may have included more than 50% Punjabi Sikhs in their samples but because they did not identify this directly or indirectly, we could be not sure and thus could not include their data in our review.

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Conflict of Interest

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