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Integrating Traditional Healing Methods into Counselling and Psychotherapy with Punjabi and Sikh Individuals

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Abstract

Evidence-based practice goes well beyond merely matching client disorder to theoretical approach and instead entails the integration of research evidence with clinical expertise in the context of patient characteristics, culture, and preferences. For clients who are less acculturated to Canadian society or for those who still strongly identify with their cultural roots, incorporation of traditional healing methods into counselling and psychotherapy appears highly beneficial. Based on a review of the literature, this paper offers a discussion of frameworks which can guide the incorporation of traditional healing practices into counselling and psychotherapy and outlines model/theory-embedded strategies and interventions that have been reported to be effective with some Punjabi Sikh clients in peer-reviewed published outlets. This information will be useful for professionals who have limited experience with Punjabi Sikh individuals, clinical supervisors overseeing trainees providing mental health services to Punjabi Sikhs, instructors teaching cross/multicultural counselling or psychotherapy classes, and those wishing to further develop or refine existing competence. These proposed strategies and interventions should be subject to research investigations and clinically tested by practitioners to further increase confidence in their application.

Keywords
traditional healing practices, Punjabi Sikhs, counselling Punjabi Sikhs, psychotherapy with Punjabi Sikhs

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Counselling and psychotherapy are specific healing practices that are indigenous to Western countries (Frank & Frank, 1993). Ample previous research and scholarship has concluded that the effectiveness of Western psychotherapeutic practices does not extend to all cultures (e.g., Bemme & D'Sousa, 2014). Studies have also found that some mental health professionals consistently produce better outcomes with racialized and ethno-cultural clients, regardless of the client's disorder or symptom severity (Hayes, Owen, & Bieschke, 2015; Imel et al., 2011). These differences in client outcome, as tied to racial and ethnic heritage, highlight the importance of multicultural training and cross-cultural competence, including that related to culturally adapting

counselling and psychotherapy (Hall, Ibaraki, Huang, Marti, & Stice, 2016).

Culturally Adapting Counselling and Psychotherapy

Past research supports culturally adapted counselling and psychotherapy as a potential solution for differences in therapeutic outcomes between racialized/ethno-cultural clients and those belonging to the dominant cultural groups of European descent (Bernal, Jimenez-Chafey, & Domenech Rodríguez, 2009). Culturally adapted counselling and psychotherapy has been defined as systematically modifying practices by accounting for cultural values, worldviews, and other diversity variables to provide culturally sensitive and specific interventions (Bedi, 2018b). Bernal and colleagues (1995) proposed eight elements by which these services can be culturally adapted (i.e., language, person-variables, metaphors, cultural content, concepts, therapeutic goals, therapeutic methods, and context). Language-related modifications could include providing counselling in the client's first language or utilizing common ethno-cultural phrasings. To adapt person-variables, a client could consult a traditional healer or the healer could become part of the multi-disciplinary treatment team. Adapting metaphors could include incorporating culturally-specific folklore stories used by indigenous healers or religio-cultural symbols. Cultural content can be incorporated by, for example, a specific traditional healing practice within counselling or psychotherapy. Using concepts in a culturally-congruent manner could include cognitive reframes in terms of common cultural constructs and understandings (e.g., karma and kismet for Canadians of Indian descent). Setting culturally adapted therapeutic goals that align with traditional healing practices could also be developed, such as building a closer relationship to God or another spiritual being. There are also certain mainstream psychotherapeutic methods that are highly similar to those of various non-Western traditional healing practices, such as narrative storytelling, that are likely to be acceptable to non-Western clients and could be incorporated into counselling or psychotherapy. Adapting context could include providing counselling outside of the conventional office setting in a culturally-aligned setting such as in the home, a temple, or out in the community. As illustrated in these examples, there are many ways these eight elements can be culturally adapted to consider indigenous healers and traditional healing practices to better align with a client's culture and worldviews within counselling and psychotherapy.

A recent meta-analysis that examined 78 studies with about 14,000 clients found that culturally adapted interventions produced significantly better outcomes than non-adapted versions of the same intervention or no intervention (Hall et al., 2016). Additionally, a meta-analysis by Griner and Smith (2006) found that culturally adapted mental health interventions lead to client improvements in a variety of domains beyond just clinical ones (e.g., mental health symptoms, substance use/abuse, client retention, pro-social behaviour, and client satisfaction). These and other studies provide support for culturally adapted therapeutic practices as well as guidance on how to adapt therapeutic approaches (Benish, Quintana, & Wampold, 2011; van Loom, van Schaik, Dekker, & Beekman, 2013). However, it is important to tailor these approaches and adaptations appropriately to each client's culture and worldviews, and this can include integrating elements of traditional healing.

Integrating Indigenous Healers and Traditional Healing Practices into Culturally Adapted Counselling and Psychotherapy

Traditional healing involves systematic approaches to addressing mental health and psychospiritual concerns that draw upon theories, beliefs, and experiences which are native to non-Western cultures (Gureje, et al., 2015). Traditional healing is typically more holistic and spiritual in nature as it focuses more so on the psychological, social, and emotional aspects of disorders, even when the illness is predominantly somatic (Gureje et al., 2015). Although practices of indigenous healers are often referred to as "complementary" or "alternative" and widely thought to be provided autonomously or alongside mainstream Western treatments, there is support for integrative and collaborative care (Gureje et al., 2015). Nevertheless, traditional healing practices and indigenous healers have repeatedly been found to be effective forms of treatment in their own right (e.g., Nortje, Oladeji, Gureje, & Seedat, 2016 reported on 32 studies from 20 different countries that found traditional healing practices as effective for individuals with psychological distress and disorder; also see Waldram, 2000, 2013).

A proposed solution to the differences in therapeutic outcomes between ethno-cultural and dominant cultural groups in North America is utilizing culturally adapted counselling and psychotherapy. Unfortunately, integrating formal traditional healing practices within culturally adapted counselling and psychotherapy has been largely neglected within this literature base (Bedi, 2018b), although it is beginning to be seen much more frequently in counselling with Canadian First Nations clients (e.g., Gray & Rose, 2011).

There are many barriers for counselling psychologists looking to integrate traditional healing practices within counselling and psychotherapy (for a more detailed accounting and discussion, please see Hwang, 2016). Some of these barriers are quite practical, such as lack of knowledge or supervised training, fear of offending or being culturally-insensitive, and inaccessibility of suitable consultation. This section of the paper, however, will focus specifically on barriers to even *accepting* this practice (integrating traditional healing) as valid and useful and a priority for clinical competence. We believe that discomfort and limited interest indicated by counselling psychologists is often related to ideological biases of the person and the discipline (in favour of the Western scientific method and the medical model of psychological distress and treatment). Once this primary barrier (to acceptance) is overcome, and more counselling psychologists truly see the value and necessity of integrating traditional healing practices into their work, we believe motivated counselling psychologists could more easily overcome subsequent barriers to application (see Hwang, 2016).

The medicalization of mental health is the dominant global discourse (Clark, 2014; Summerfield, 2012). The term "global mental health" seemingly implies that a universal set of concepts, causes, symptoms, and experiences can be applied around the world and with different cultural groups (Clark, 2014). This view has been fostered by Western sciences' quest for universal knowledge, which typically does not recognize epistemological positions as assumptions but rather as concrete facts (Bemme & D'souza, 2014). It has been suggested that Western mental health professionals best adopt an alternate social constructionist view of reality and mental health when working with clients from different cultural backgrounds that allows for situated and local truths about mental health that can differ from dominant claims to universal truth (Gergen, 1985). Through developing greater cultural humility (Yeager & Bauer-Wu, 2013), practitioners can learn

to be more accepting of clients' alternate views of causality and be less focused on verifiability and the universal applicability of Western treatment methodologies (Aggarwal et al., 2014). In sum, by becoming more culturally aware and humble, and less rigid in assigning and judging causality and universal treatment claims, key barriers to integrating traditional healing practices (related to acceptance and valuing) can be reduced, and cultural competency is likely to improve with sustained effort.

Culturally Adapted Counselling and Psychotherapy with Punjabi Sikhs

Individuals of Punjabi ethnic descent who follow the Sikh religion are an increasingly prominent cultural group in Canada who could benefit from culturally adapted counselling and psychotherapy (Ahluwalia & Pellettiere, 2010), particularly that related to integrating traditional healing (Bedi, 2018a). Because Punjabi Sikhs are a small minority group in North America, Canadian counselling psychologists searching to expand their knowledge, training, or competency in working with Punjabi Sikhs often have difficulty doing so (Bedi & Shergill, 2017).

Broadly, the purpose of this article is to provide a narrative review of traditional Punjabi Sikh healing practices that have been incorporated into the counselling or psychotherapy process within a systematized framework and published in peer-reviewed literature. The reason for only including strategies and interventions that fall within a specified theory or model is because we believe, without a framework, the provision of specific techniques would be more difficult to understand and implement. Working without a framework is more akin to a cookbook, technically eclectic approach devoid of rationales for why certain interventions and strategies are supposed to work – a non-ideal way to expand one's competence efficiently. Without such a structural understanding, counselling psychologists will necessarily remain somewhat inflexible in their application of such knowledge and be hindered in introducing and thoughtfully incorporating traditional healing practices with their Punjabi Sikh clients.

First and foremost, this information will be useful to practitioners seeking to learn how best to incorporate traditional healing practices within culturally adapted counselling or psychotherapy for individuals of Punjabi Sikh descent – both those who have limited experience working with Punjabi Sikh individuals as well as those seeking to further develop or refine existing competence. Second, we expect that this information will also be useful for clinical supervisors overseeing trainees providing mental health services to Punjabi Sikh individuals and instructors teaching cross/multicultural counselling or psychotherapy classes. Concrete examples of specific interventions and strategies will be provided to further assist these stakeholders.

Because of (a) the inaccessibility of most peer-reviewed scholarly literature for practitioners disconnected from universities and (b) the time-consuming and prohibitive nature of conducting comprehensive reviews of literature by practitioners, we believe this review will be most welcome by counselling psychologists primary involved in the provision of counselling services who are seeking to guide their evidence-based practice with Punjabi Sikh individuals. In addition, the open-access nature of these conference proceedings magnifies the potential impact of this article to practitioners Canada-wide and beyond.

Method

This narrative review, which followed procedures recommended by Ferrari (2015), sought out articles that referred specifically to models, theories, or frameworks for incorporating traditional healing practices into counselling or psychotherapy with individuals of Punjabi Sikh descent and distilled specific interventions and strategies outlined. The EBSCO PsycINFO® database was consulted using the following search terms: "counselling AND Sikh," "counseling AND Sikh," "psychotherapy AND Sikh," and "therapy AND Sikh" and designated to be anywhere within the bibliographic record. A Google Scholar Search using the same terms followed.

Results

Upon review of abstracts and full-texts if needed, five articles were located that provided a formal framework for how to integrate elements of traditional healing into counselling and psychotherapy with Punjabi or Sikh individuals. These five were: "The Sikh Model of the Person, Suffering, and Healing: Implications for Counsellors" (Sandhu, 2004), "A Sikh Perspective on Life-Stress: Implications for Counselling" (Sandhu, 2005), "Intergenerational Communication in Immigrant Punjabi Families: Implications for Helping Professionals" (Nayar & Sandhu, 2006), "The Sikh Spiritual Model of Counselling" (Singh, 2008), and "A Sikh Perspective on Alcohol and Drugs: Implications for the Treatment of Punjabi-Sikh Patients" (Sandhu, 2009). Each framework will be summarized and suggested interventions and strategies will be outlined below in chronological order.

Sandhu (2004)

Sandhu (2004) described a Sikh model related to the person, suffering, and healing. According to this model, the multi-layered person is comprised of the spiritual core, consciousness, hidden record (i.e., unconscious), the mind, and the physical body. The ultimate form of suffering, according to Sikh spiritual tradition, is due to the human condition of transmigration. Transmigration results from an accumulation of behavioural consequences and external forces that are inscribed onto one's hidden record. Becoming aware of one's mortality is seen as the means to end suffering. Sandhu (2004) went on to note that both the Sikh scripture and Western existentialism are philosophical approaches to understanding human reality, rather than intervention-driven approaches. Due to this compatibility, he believed that existential theory provided a fitting psychotherapeutic framework from which to conduct counselling and psychotherapy with Punjabi Sikh clients.

Sandhu (2004) also provided a case vignette, situated in Canada, to illustrate how the Sikh spiritual traditions can be integrated with conventional counselling. Some specific interventions/strategies consistent with or incorporating traditional healing ideas or elements included in his case study with a Punjabi Sikh individual were: (a) empathizing with the client's feeling about being born with bad "karma" and not challenging that her difficult life situation is part of her destiny and that she is bound by this, (b) discussing a particular Punjabi Sikh cultural story as an analogy for the client's life situation, and (c) suggesting that the client attend the Sikh temple.

Sandhu (2005)

Sandhu (2005) outlined a framework for integrating the teachings of the Sikh religious perspective on life-stress with counselling and described a novel culturally-specific intervention. The

underlying foundation for the Sikh life-stress model is based on the path of the ego-oriented person. The ego desires to fulfill core human needs (i.e., security, love, respect, and freedom), which are pursued simultaneously. The fulfillment of these core needs is considered a natural process and can be pursued by the individual ego or the collective ego (e.g., family or religious sub-sect). However, obstacles, internal or external, can hinder the ego's ability to fulfill these core needs and, in the Sikh view, the ego-dominated personality deals with these obstacles habitually rather than insightfully, causing suffering. To address this, the life-stress model aims to educate clients about this cycle of suffering that affects a large proportion of humankind and how to thoughtfully cope and overcome it.

Sandhu (2005) suggested utilizing the following four steps when incorporating the Sikh life-stress model into counselling. First, the practitioner should provide empathy and communicate understanding. The practitioner should pay attention to non-verbal communication when empathizing with clients of Punjabi Sikh descent because non-verbal messages are usually considered much more credible, especially when they contradict verbal communication. Second, the practitioner introduces the life-stress activity, asks the client to share their views on the four core needs, how the individual meets those needs, and what obstacles block fulfilment of those needs. The client is then asked to explore the cognitive, emotional, and physiological responses to those obstacles, as well as maladaptive coping strategies. Third, any intervention can be used during or after the life-stress activity, as the counsellor deems necessary, to further promote the application of the insights gained through applying the life-stress model. Finally, the client is invited to complete the life-stress activity again and notice the changes from when it was done initially.

Sandhu (2005) demonstrated how the life-stress model can be utilized in a case vignette with an Indo-Canadian Sikh client. Culturally-consistent coping strategies promoted in this case study that involved or are highly consistent with Punjabi Sikh traditional healing methods or thought included: discussing the problem with others in a non-personalized abstract manner, normalizing the clients suffering related to the pressures of living in a traditional home, and using abstract art to help the client identify emotions by utilizing different colours, shapes, and patterns to express different feelings.

Nayar and Sandhu (2006)

Nayar and Sandhu (2006) described the different communication styles that often characterize the three generations of Punjabi Sikhs in Canada, providing suggestions for integrating traditional understandings into the work of mental health professionals. According to the authors, immigrant grandparents will often use collectivist statements with concrete phrases rather than affective or abstract language. Many older Punjabi Sikh clients will also often discuss their problems in an impersonal philosophical manner focused on the general human condition rather than in an individualized manner. When working with immigrant grandparents, the authors suggested catering to their oral tradition of communication to respect the client's historical role in providing guidance to others. Specific suggestions related to traditional healing included: incorporating cultural stories, life-review techniques, biographical storytelling, sharing folklore stories, and endorsing a mystical view of causality.

When working with immigrant parents and second-generation Punjabi Sikh Canadians, Nayar and Sandhu (2006) recommended matching their concrete interpersonal thinking and

communication style. This may include recognizing some individualistic desires within a collectivistic context and sharing objective facts. They proposed that immigrant parents may benefit more from and expect a directive teacher-student relationship, similar to traditional healers, where the professional provides concrete advice.

In contrast, children of immigrant Punjabi Sikh parents reasonably well acculturated to dominant Canadian Western norms may benefit more from insight techniques that still consider the client's familial communication styles. Nayar and Sandhu (2006) promoted utilizing brief, solution-focused, cognitive-behavioural, and life-skill strategies with Canadian-born Punjabi Sikh individuals due to their cultural congruence with the particular bicultural nature of the youngest generation of Punjabi Sikh Canadians.

In sum, Nayar and Sandhu (2006) emphasized the importance of attending to culturally directed and generationally bound communication patterns. Identifying the communication styles of each generation can be useful for guiding which types of traditional healing practices to consider incorporating with counselling.

Nayar and Sandhu (2006) also provided a short dialogue vignette with a Canadian Punjabi family representing three generations. The vignette displayed something that a Canadian counselling psychologist undertaking family counselling or psychotherapy with a Punjabi Sikh family would be likely to see: cultural conflict between immigrant South Asian parents and their children around individualistic and traditional values. The case study also demonstrated how differing communication styles can become a barrier between the generations.

Singh (2008)

Singh (2008) constructed a six-step hexagon model of Sikh Psychology. The six sides of the hexagon are: ego, self-realization, weakness (five vices), humility, strengths (five virtues), and meditation/spiritual liberation. In this model, the cause of mental disorder is primarily rooted in mental thought patterns. After providing psycho-education for the client, this model involves working with the individual's self-realizations to strengthen the five virtues of mental health (truth, contentment, patience, faith, and compassion) and minimize the five vices (lust, anger, greediness, attachment, and pride). The author suggested traditional healing interventions such as meditating to achieve a higher level of consciousness (1to as the super-consciousness) and to relax the body and mind, spiritual meditation to become closer to God, and praying in the congregation as particularly beneficial interventions with Punjabi Sikhs.

Singh (2008) described how the hexagon model can be utilized in two case vignettes with Sikh clients. In the first case, the client becomes aware of how his ego has been hurt due to his financial struggles and how his vices, anger and greediness, are the causes of his poor mental health. Through strengthening his five virtues, accepting humility, and having faith in God, the client began regular meditation, stopped drinking, and ceased taking anti-depressants. In the second case, the counsellor helps the client understand how his ego has been threatened and how anger and pride are the two vices most negatively affecting him. Through anger management training, adopting humility, controlling his ego, and reducing stress through meditation, the conflict between the client and his wife subsided.

Sandhu (2009)

Sandhu (2009) presented a Sikh perspective on the cause of substance abuse (the path of the manmukh), the Punjabi historical traditions of substance use (e.g., alcohol use as a status symbol), the contradictions between this regional cultural system and the religious system, and how practitioners can utilize the Sikh scriptures to guide the client away from substance use. Specifically, the author suggested discussing the importance of the path of the gurmukh, which includes tackling the five barriers to self-actualization (i.e., lust, anger, greed, attachment, and the ego). In addition, he recommended that practitioners focus on existential issues such as suffering, despair, loneliness, lack of meaning, and death. In this article, Sandhu identified existential counselling as one of the best-suited approaches of the Western psychotherapeutic theories when working with Sikh clients due to its many similarities with the teachings of the Sikh religious scriptures. The specific interventions Sandhu recommended, all of which are religious or traditional healing interventions that can be readily included within the counselling process, were: reading the Sikh holy book, helping the client reaffirm their commitment to the Sikh religion (e.g., visiting a gurdwara or recitation of sacred texts), and suggesting and supporting the client in practicing the Sikh religion with more dedication. Moreover, Sandhu suggested incorporating traditional Sikh healing recourses through consultation with trained Sikh clinicians and Sikh religious organizations. Sandhu also recommended offering practical solutions and concrete advice, which he stated align well with existing Punjabi Sikh traditional healing practices.

In a case study, Sandhu (2009) illustrated these practices with a Punjabi Sikh client who was experiencing shame due to his drinking. The client was relieved when the counsellor told him that the Sikh worldview promotes the renouncing of one's ego and encourages separating oneself from their actions. The counsellor then discussed the path of manmukh to help the client understand their alcohol use and the path of gurmukh to support the client's recovery. While this case study incorporated the Sikh perspective in counselling, Sandhu provided some caveats. First, practitioners should not assume that a Punjabi client who refers to themselves as Sikh is familiar with the Sikh worldview. Second, practitioners must be aware of generational and gender differences in regards to the Sikh perspective (for example, see Nayar & Sandhu, 2006). Different traditional healing interventions may be more beneficial and well-suited for different generations.

Discussion

Culturally adapted counselling and psychotherapy should be central to the work of many mental health professionals, yet it is often difficult to find reputable systematic guidance about working with specific ethnic minority groups that can be readily utilized by a practitioner. To help address the counselling and psychotherapy needs of Punjabi Sikh individuals, a growing ethnic community in Canada, counselling psychologists should endeavour to incorporate traditional healing practices into culturally adapted counselling and psychotherapy with Punjabi Sikh clients. This paper sets out to summarize frameworks for integrating traditional healing practices counselling and psychotherapy with Punjabi Sikhs and provide samples of specific interventions and strategies to use within these frameworks.

In synthesizing the five articles located in this review: when working with Punjabi Sikh clients, it is important to be aware of and work with religious and spiritual beliefs as this group has high rates of religiosity and frequently brings up religion in counselling sessions spontaneously (Dhillon

& Ubhi, 2003; Hussain & Cochrane, 2002). In each of the case studies presented, the client's religion/spirituality was a central component of the therapeutic approach. Discussions related to religion and religious texts, as a way to conceptualize the client's issue and help clients understand their reality, was commonly demonstrated and encouraged by the authors of the reviewed articles. Further, fostering the client's connection to their religion and spirituality was a prominent theme throughout virtually all the case studies included within articles reviewed in this paper. Moreover, the importance of being close to God was frequently mentioned in the suggested interventions (e.g., spiritual meditation, reading the Sikh holy book, and practicing the Sikh religion with more dedication). In sum, working with the Sikh religion explicitly in counselling and psychotherapy is encouraged in this literature and supported by the case studies that accompany it more so than any other type of traditional healing practice. As such, practitioners providing mental health services to Punjabi Sikh individuals should seriously consider incorporating religious material when appropriate and be prepared for clients to bring up religious content or relate religion to their current situation throughout the therapeutic process.

In addition to religious interventions, when taken together, the reviewed articles provided higher order guidance on how to incorporate Punjabi Sikh traditional healing elements into counselling and psychotherapy. Many of the articles discussed working more holistically with the different parts of a person, such as the spiritual core, the mind, body, ego, and hidden record, for example. This duality, working with both the component parts of the person and a holistic representation appears to be a welcome intervention consistent with traditional Punjabi Sikh thought. The authors of the frameworks identified in this narrative review specifically suggest utilizing traditional practises such as cultural stories, folklore stories, life-reviews, and a mystical view of causality (the latter especially for grandparents who migrated from India). Due to their cultural conditioning, many less Westernized Punjabi Sikh clients prefer to discuss their issues in an impersonal philosophical manner, so using analogies related to cultural or folklore stories can be useful for facilitating difficult discussions (Bedi & Domene, 2015; Nayar & Sandhu, 2006). In sum, due to the utility of Punjabi Sikh traditional healing practices to help clients understand and work through their problems, it is suggested that counselling psychologists incorporate traditional healing practices, such as the ones presented here, into counselling and psychotherapy. The articles reviewed here did not suggest any barriers due to the ethno-cultural background of the practitioner in providing culturally adapted counselling and psychotherapy with Punjabi Sikh clients, including integrating elements of traditional healing.

Practitioners who are relatively unfamiliar with the Punjabi culture or the Sikh religion but wish to incorporate traditional healing elements into their work should first seek out background knowledge in order to gain a greater understanding of the Punjabi culture and Sikh religion. Abbreviated and accessible discussions most pertinent to counselling psychologists are available in Ahluwalia and Alimchandani (2013) along with each of the five summarized articles.

In implementing the suggestions provided in this review for clinicians who are not Punjabi or Sikh themselves and do not have extensive experience with this population, assuming the practitioner has reasonable familiarity with the culture and religion, we recommend that the counselling psychologist come from a place of transparency, invitation, and curiosity with the client. Rather than expect to be the expert, the practitioner can admit to limited understanding, use the client as a guide to judging relevance of particular strategies, and collaborate on integrating traditional healing thoughts and practices. Further benefit can be gained by reviewing the English-

translated Sikh scriptures, consulting Sikh religious figures, and consulting or seeking supervision from clinicians with more experience and expertise working with Punjabi Sikh clients.

Limitations

It is hoped that this narrative review will be helpful for practitioners, supervisors, and course instructors wanting to learn more about integrating culturally adapted interventions related to traditional healing when working with Punjabi Sikhs. However, some caveats are worth mentioning. First, this narrative review only looked at information that was indexed in PsycINFO and Google Scholar, which are primarily in English but do index worldwide literature to some limited extent. It is expected that there is other relevant literature not available through these bibliographic platforms, particularly that which is non-English. Therefore, more framework literature is potentially available, some of which will only be accessible to non-English speakers. Second, because all of the located articles are in the context of clients outside of India (coincidentally, the majority of case studies were with clients in Canada), the guidance provided in this particular article for counselling and psychotherapy with Punjabi Sikhs is inevitably interlaced with issues of acculturation, immigration, and ethnic minority identity development. Thus, one must more carefully apply this information to Punjabi Sikhs who reside in India. Third, the conclusions presented in this paper are disproportionally based on the ideas and experiences of a well-meaning and pioneering author, Mr. Jaswinder Sandhu. It is hoped that this article and its communication of the deficit of literature encourages more scholarly writing and some empirical research on counselling and psychotherapy processes with Punjabi Sikhs, especially those relevant to integrating traditional healing practices. Fourth, this article only provides some guidance and over-simplified recommendations for working with this group. It is suggested that practitioners attempting to apply this information remain aware of individual differences and use the information contained in this article as clinical hypotheses and remain flexible in the timing and appropriateness for each Punjabi Sikh client.

Future Research

Future reviews should expand into databases other than PsycINFO and Google Scholar, such as Medline, to locate more literature. In addition, given that the vast majority of the world's Punjabi Sikh individuals still reside in the state of Punjab in India (Office of the Registrar General and Census Commissioner, India, 2011), future reviews should examine India-specific bibliographic databases (such as Shodganga) in order to locate additional literature (Schlosser, 2007). Noting that much of the supportive evidence for these frameworks and requisite interventions and strategies is anecdotal and case study report based, the proposed strategies and interventions should be subject to research investigations and further clinically tested by practitioners to further increase confidence in their application and delineate more specific conditions for their application.

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