The Psychological Impacts of Stigma on Middle-aged Sikh Men

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Abstract

The impacts of stigmas affect the mental health of individuals in a significant way, and Sikh men are a subcommunity of Sikhs that are highly influenced by stigma. This paper aims to conceptualize how stigmas impact the psychological state of middle-aged Sikh men to find a solution that will help this population receive the help they need. It was found that factors such as Cultural Context, Social Exclusion/ Social Networks, Gender Norms, Gender Differences, and Racism perpetuated stigmas for middle-aged Sikh men. The findings suggest how counsellors can help middle-aged Sikh men complete counselling successfully. It is also essential to consider incorporating spirituality into counselling, personal cultural competence, gender norms, confidentiality and world events to aid in successful therapy.

The Psychological Impacts of Stigma on Middle-aged Men

The South Asian community (SA), particularly the Punjabi community, is expanding as a minority community in Canada, the UK, and the United States. South Asia is in an area of Asia that includes the countries of Pakistan, India, Nepal and Afghanistan, to name a few (Yefremov et al., 2020). Punjab is a state of India where Sikhism is widespread (Singh et al., 2021). Sikhism is an Eastern religion founded in Punjab. Sikhs from Punjab are a part of the East Indian community (Atlanta University Center, 2021). There was a diaspora that occurred for Sikhs (Garha & Valls, 2017). Diaspora refers to a population that started in a land other than where it lives at the moment (Garha & Valls, 2017). A phase that led to a large diaspora for Sikhs was the partition in 1947 (Garha & Valls, 2017). Since the partition, Britain has received many Sikh workers (Garha & Valls, 2017). Sikh's also emigrated to leave the persecution of Sikh youth in Punjab and relocated to the US, Canada, Italy and Germany, and other countries (Garha & Valls, 2017).

Research has found that visible minority groups, such as SAs, were more likely to rate their mental health as "fair or "poor" in contrast to White participants (Statistics Canada, 2020). Research has also found that compared to other visible minorities such as Chinese, Filipino or Arab populations, the SA population was more likely to rate their mental health as fair or poor (Statistics Canada, 2020). The findings have shown poorer mental health outcomes for the South Asian population compared to the general population. A study conducted on an older group of SAs indicated they were subject to a doubled chance of developing mild depression (20%) in comparison to the general population (10%) (Islam et al., 2014). It is essential to understand why the mental health of SAs has been rated poorer than groups from other

backgrounds. With the community's rapid growth in Canada, the lack of focus regarding the mental health of this community is becoming more critical to address.

Despite the high prevalence of mental health concerns amongst minority groups, SAs are less likely to seek psychological help for their problems (Sun et al., 2016). Findings in the UK region indicated that about 66% of young SA's would not utilize help from mental health professionals (Randhawa & Stein, 2007). Findings suggest that several barriers lead to the reluctance to seek help, such as stigma and denial, lack of understanding of treatments, lack of confidentiality, financial limitations and lack of education surrounding mental health (Rastogi et al., 2013). Mental health within the SA community is a highly stigmatized topic and can lead to social exclusion and reluctance to seek support (Takher et al., 2016). Several studies have researched the psychological impacts and the role of stigma in SA populations, but findings are often generalized to community subgroups. For example, Statistics Canada (2020) reported that the SA community is one of five visible minorities with poorer mental health outcomes than Chinese, Blacks, Arabs, and Filipinos. This finding was generalized to the broader South Asian community; the results for each sub-community in SAs are not reported.

Few studies have examined stigma specifically for Sikh men, comprised mainly of middle-aged Indian farmers in Punjab. Findings have indicated that Indian farmer suicides increased 47% in 2011 compared to other populations (Kaushal, 2015). they are raising the question of why such a large population of middle-aged Sikh men are not addressing their mental health. Arya et al. (2017) has found between 2001-2013, males in India aged 45-59 years had an increase in suicide rates compared to younger and older men. The research indicates that middle-aged Indian men experience higher suicide rates. However, these findings

cannot be applied exclusively to Sikh men as there are differences between the general Indian male population and Sikh males.

Middle-aged Sikh men that immigrated outside of Punjab have also been subjected to a rise in suicide once they have entered (Spenneman, 2019). It was found that immigrant communities encounter neglect which can lead to anxiety and depression, which can lead to suicide. (Spenneman, 2019). During the mid-1890s, many Punjabi males emigrated to Australia to join the Australian labour force as Hawkers. The role of a Hawker is to work in the rural farms selling drapery and clothing amongst other goods (Spenneman, 2019). It was found that there was a large number of Punjabi Sikh men that were committing suicide, and the average age for committing suicide amongst Hindu/Sikh men was 49.4 ± 13.7 years (Spenneman, 2019). It was found that suicides among Punjabi individuals in Victoria are 5.7 times of the non-Punjabi population (Spenneman, 2019). It leads to asking why the prevalence rate of committing suicide was so high compared to non-Punjabi populations.

The lack of mental health treatment can have long-lasting effects on the lives of individuals in the SA community. Individuals with mental health issues have significantly higher mortality rates than individuals without mental health issues (Sickel et al., 2014). It has also been found that the severity of mental disorders, such as schizophrenia and bipolar disorder, can increase if left untreated (Sickel et al., 2014). This trend is intensified by the lack of seeking help from a mental health professional, which can worsen certain psychological disorders and suicidal ideation, leading to suicide (Heinsch et al., 2020). Continuous access to mental health services is the most effective way to reduce the symptoms of mental health illness (Henderson et al., 2013).

Middle-aged Sikh men are subjected to poor mental health due to various stigmas. Research could highlight the mental health concerns of Sikh men in hopes that Sikh men become more comfortable with receiving help for their mental health. There is a general lack of access to mental health services for middle-aged Sikh men. With the high suicide rates of middle-aged Sikh men, it is essential to understand better the stigmas associated with mental health service usage so counsellors can implement stigma-reducing strategies. The purpose of the current review is to determine how stigma experienced by middle-aged Sikh men can negatively influence their mental health. Research discussing the psychological impacts of stigma impacting middle-aged Sikh men will be reviewed. The research summary will illustrate how stigmas affect middle-aged Sikh men psychologically. The literature will also contribute to the gap in knowledge surrounding the mental health of Sikh men to create awareness around the mental health disparities of this population. Lastly, the review will provide information counsellors can utilize in their practice with Sikh men.

Self-Positioning Statement

As an East Indian woman born and raised in Canada, different biases came up for me that may influence my work. I am a child of a middle-aged Sikh man, and I have been subjected to how he has dealt with his mental health concerns. I've seen my father struggle with expressing his emotions with our family members. My father is like many Sikh men and does not believe in sharing his feelings and feelings with the people around him or mental health professionals. I see him go through dark moments in his life, and even in these moments, he refuses to reach out for help. It resulted in a lot of personal sadness and frustrations, seeing my father choose not to seek help because of mental health's stigmas. Therefore, I am aware of these feelings as they have caused bias when reviewing literature that talked about Sikh men who do

not reach out for help. To reduce my bias, I ensured that I practiced self-awareness and engaged in self-care when I feel a rush of negative feelings and emotions.

As a woman, it was difficult for me to understand why men have difficulty expressing their emotions and feelings. From a young age, females are socialized to be careful, sensitive and articulate their discomfort (Samulowitz et al., 2018). I did not completely understand why men are not comfortable expressing themselves as women are. Therefore, to mitigate this bias, I ensured that I was aware of gender roles and how significant a role they play in seeking professional help from therapists. In doing so, I spoke about the individuals in the literature objectively, and I did not take a judgmental stance when discussing the literature.

As a Sikh woman, I have a solid connection to the community, which brought up intense feelings for me when I engaged in the research. I was also subjected to intergenerational trauma from the stories that my father and grandfather have told me. One story they have told me about was the 1947 Partition in India, where the formation of Pakistan and separation of Punjab led to internal migration for Sikhs, Hindus, and Muslims (Garha & Valls, 2017). It could have resulted in subjective reporting of the literature findings. To ensure that the conclusions were objective and not personal, I again was aware of my bias. I had my school colleagues review my paper and asked them to highlight areas that may contain subjective writing.

I am also a feminist, which induced feelings and emotions that interfered with the writing process. For example, suppose I came across literature discussing the effects of gender roles on the willingness to provide mental health support. In that case, I may build up resentment to the idea of upholding gender norms. As an East Indian woman, I understand how difficult it has been to fight for my rights alongside other women and this literature topic.

brought up negative emotions. This may result in writing that could shed a negative light on the targeted population. To mitigate this bias, I made sure that I was aware of the bias that I could potentially have when reviewing the literature. I also took the time to keep a journal to record my thoughts about literature and how it may have affected my psychological state. I also made sure to give myself time to regroup between articles if I did feel overwhelmed. I also had a peer review the paper for emotional bias that may be reflected in writing.

Lastly, I was subjected to confirmation bias, which means collecting information that will only confirm the evidence supporting the topic and lack of information that may contradict the topic (American Psychological Association [APA], 2020a). When conducting a literature review, it is essential to collect information that may contradict the topic. For example, it is necessary to gather information about a possible sample of middle-aged Sikh men or Sikh individuals aware of how their self-stigma may impact them psychologically. It is essential to include different perspectives on the topic so that the paper is not based on one belief. Including contradictory evidence can ensure that the literature review is unbiased.

Review of the Literature

The purpose of the current review is to determine how stigma experienced by middle-aged Sikh men can negatively influence their mental health. The study addresses the following questions:

1. What are the psychological impacts of stigma and how does stigma impact middle-aged Sikh men's mental health?

2. What factors contribute to a lack of focus on the mental health of middle-aged Sikh men?

Literature was searched using Google Scholar and the City University of Seattle library databases. The review focused on literature published between 2015 and 2020; however, I used older resources as a foundation for current research as research pertaining to this topic over the past five years is limited. Studies involving younger Sikh men (ages 18-37) were excluded from the search. The search was conducted using the terms Stigma, Sikh Men, and Mental Health. The word Sikh Men was then replaced with South Asian Men, as the term Sikh Men did not result in a sufficient amount of research. The results indicated different types of stigmas that can have a psychological impact, so I used the terms Racism, Mental Health Literacy, and LGBTQ+ for further searches. The results of these terms used in research yielded 23 research articles that have been included in this paper.

The following review is intended to understand the stigmas that impact the mental health of middle-aged Sikh men. The review will discuss the following factors contributing to stigma for Sikh men: *Cultural Context, Social Exclusion/ Social Networks, Gender Norms, Gender Differences,* and *Racism*. The review will then discuss Mental Health Literacy (MHL) and the absence of this concept in the South Asian community. First, it is essential to examine the rates of suicide among middle-aged Sikh men because the suicide rates amongst men are substantially high and rising rapidly.

Suicide Rates

Stigmas impacting the mental health of an individual can lead to the individual committing suicide (Tuck et al., 2015). A study conducted by Tuck et al. (2015) estimated the suicide rates in different minority populations and religious groups (i.e., Muslim, Hindu, Sikh) of the SA community in England. Suicide rates for SA males were higher than the suicide rates for SA females (Tuck et al., 2015). It was also found that the mortality ratio was lower for Hindus

and Muslims in comparison to the general population of England, but it was higher for Sikhs. The research indicates that suicide rates amongst Sikh men are higher than the general population of England.

Research has shown that stigmas can result in adverse psychological impacts for Sikh men (Sugheer & Zubair, 2020). These psychological impacts are especially concerning as they can result in deaths as a result of suicide. Suicide amongst farmers in India has increased rapidly (Bhise & Behere, 2016). Research indicated a significant correlation between completing suicide and psychiatric illness, economic issues and demanding life occurrences (Bhise & Behere, 2016). Studies have found that 60% of farmers in the UK that have died by suicide had psychological distresses in their lives (Bhise & Behere, 2016). The same study stated that no research conducted a dissection of the psychological impacts on farmers in India. The findings suggest that the suicide epidemic is increasing for Sikh men in India, but the reasoning behind this phenomenon has not been extensively studied.

Cultural Context

To understand the stigmas affecting middle-aged Sikh men, it's essential to understand their cultural background and other factors. The Sikh religion is a massive part of many Sikhs' identities (Dhillon, 2015). The Sikh religion is unlike many, where different religions allow for the separation of their religious affiliations with their identity; this makes counselling with Sikh clients a unique experience (Dhillon, 2015). In Sikhism, teachings state that it is essential that the individual always stays in high spirits. It may be difficult for Sikhs experiencing depressive symptoms to remain in high spirits. Symptoms of depression include a constant feeling of sadness and feeling that life is not worth living (American Psychiatric Association, 2015). The

individual may feel religious pressure to stay in high spirits, further prolonging their

psychological distress.

Sikhism is saturated with spiritual beliefs that are used to lift spirits (Ruprai, 2016).

Spirituality is also essential in the recovery process from an illness in the Sikh religion.

Spirituality is believed to have a role in life events that require external sources for help.

For example, a Sikh man who has a mental illness may not seek professional help from a

therapist because he believes that a positive attitude is required for recovery; a third party cannot

provide that happiness. The dialogue of finding positive attributes within oneself adds to the

narrative that Sikh men must withhold negative feelings (Ruprai, 2016). This narrative

perpetuates stigmas by suggesting psychological help in the Punjabi community is unnecessary.

Ruprai (2016) conducted a study that assessed the perceptions of psychological well-being of

eight Punjabi Sikhs. Three common themes were found: (a) "We are warriors", (b) the

importance of family expectations, and (c) understanding mental health issues. The first theme

was reoccurring in many of the interviews and, and it signified the struggles Sikhs have

experienced until the present. The second theme, "understanding mental health issues",

reinforced that Sikhs are equipped with tools to deal with mental health concerns (Ruprai, 2016).

Participants reported that they grew up with spiritual tools such as meditation to mediate their

mental health.

All the participants had spoken about needing to be strong through the misfortunes they

have experienced. Their parents built their strength, informing them that they are descendants of

warriors (Ruprai, 2016). The dialogue of being a warrior indicates what these individuals believe

they must inhabit as Sikhs. Therefore, this could lead to difficulties for Sikh men who think they

must uphold the warrior narrative but are dealing with mental health issues that cannot be solved

solely with a warrior's persona. The common themes presented in the UK cannot be applied to Sikh men universally as there are vast differences between UK Sikhs.

and Sikhs in other countries. Therefore, it is important that studies to assess perceptions of well-being of Sikhs in different areas of the world are conducted.

Amar, a male Punjabi Sikh, discussed his feelings towards losing a good friend and how he dealt with it (Ruprai, 2016). He stated that he had dealt with it himself, and he did not express himself to his parents to avoid looking vulnerable. Kiran, a female participant, said, "We don't show weakness in our faith...the culture of Sikhism, it's solid, and they're like lions." (Ruprai, 2016, p. 56). The quote suggests that Sikhs are not comfortable expressing their weaknesses, and it perpetuates the mental health stigma in the Sikh community. The findings from these participants are essential to consider as there is little research based on the accounts of Sikh participants, and this account gives a sense of the perspectives of Sikhs (Ruprai, 2016). Further study of specific age groups and the sex of Sikhs can highlight the thought process of Sikh men and how it perpetuates stigma.

Cultural differences for immigrants may play a role in the stigmatization of mental health (Phinney et al., 2000). Sikhs born in Punjab tend to have a stronger attachment to their values; they came up with living in their homeland (Phinney et al., 2000). Therefore, in comparison to foreign-born Sikhs, these Sikhs may feel more stigmatized. According to Statistics Canada (2017), 61.8% of immigrants were born in Asia. Although these statistics are for the general Asian population, it was found that SAs represent 25.1% of the visible minority population in Canada (Statistics Canada, 2017). Canadian Sikhs are the second largest population that have emigrated from India to Canada (Statistics Canada, 2017). As previously mentioned, Sikh's have

a strong attachment to their values, and their values regarding mental health may not be lost once they have immigrated to Canada.

The culture of Sikh individuals is known as the Punjabi culture, originating from the land of Punjab in Northwest India (Ruprai, 2016). In the Punjabi culture, there is a belief that happiness comes from the individual and not external sources. This belief is also essential in the recovery process from an illness in the Punjabi culture. It is said to have a significant role in life events that may also require external sources for help. For example, a Sikh man who has a mental illness may not seek professional help from a therapist because he believes that a positive attitude is essential in the recovery process. A third party cannot provide that happiness. The dialogue of finding positive attributes within oneself adds to the narrative that Sikh men believe that the tools required for good health is within (Ruprai, 2016). The Punjabi culture has significant influence on stigmas affecting Sikh men.

Gender Norms

Gender norms can cause a difference in the impact of stigmas on either gender (Ruprai, 2016). Regarding gender norms, the word warrior is associated with the male gender, so there is a chance that Sikh men associate with the term quite strongly compared to females (Ruprai, 2016). They have an identity that consists of high faith and resilience, many due to the trauma they have experienced, hence creating the term warrior. The term is so deeply interwoven into the Sikh religion that Sikhs do not need to receive help from others. It can be understood that many Sikhs are self-reliant based on this information (Ruprai, 2016). The strength that has led to the reluctance of receiving help is essential for the therapist to understand when attempting to work with Sikh men.

Evidence of masculinity norms increasing mental health stigma for men has been noted in various studies. One study indicated that the masculinity norm self-reliance is a big deterrent for seeking help (Gough & Novikova, 2020). Another deterrent for seeking help is the shame associated with having a mental health issue. The shame may be elevated for Sikh men as gender norms in the Sikh community require males to be consistently solid and resilient (Takher, 2016). Men who hold these norms to a high standard are subject to consequences that include worsening mental health (Takher, 2016). Findings have also revealed that seeking professional help was lower for men in minorities as seeking help is linked to family shame (Gough & Novikova, 2020). This is highly prevalent for Sikh men that are a part of a minority population. The evidence further explains the magnitude of gender norm stigma that is impacting middle-aged Sikh men.

The stigma surrounding mental health may be substantial for the SA community, specifically for men. In the Punjabi Sikh community, gender differences are highly prevalent (Sagheer & Zubair, 2020). The women marry into the family and are expected to take care of their husbands in their old age, and their husband is expected to be the financial provider. These gender roles can put pressure on the Punjabi man to be able to provide for his family. The pressure to provide for the family can lead to the worsening of mental health effects that may go untreated due to mental health stigmas (Sagheer & Zubair, 2020). Therefore, gender norms seem to perpetuate stigmas impacting Sikh men.

Social Exclusion/ Social Networks

Social exclusion can result from the social stigma surrounding foreign-born individuals in the White-dominated United States. Immigrants' social exclusion can include discrimination and lack of opportunity (Alegria et al., 2017; Perreira & Pedroza, 2019). It can also be a barrier

between an individual and a professional helping with their mental health concerns (Gough &

Novikova, 2020). It can result in the individual not feeling comfortable resorting to government-

funded agencies for help.

Stigmas that negatively affect the psychological well-being of these Sikh men are looked

at as a phenomenon that stretches over various systems, including the government. Many

government-funded programs serve immigrants, but some limit immigrant access to economic

and educational opportunities because of immigration policies (Perreira & Pedroza, 2019). For

example, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

(PWORA) generated two groups of immigrants (Perreira & Pedroza, 2019). The groups were

divided into qualified and non-qualified immigrants in the US (Perreira & Pedroza, 2019). The

access to health insurance, cash and food assistance for immigrants was dependent on when they

arrived in the US, how long they had been legal permanent residents and their qualified status.

This can be especially difficult for Sikh men since, culturally, they are expected to be the

financial provider for the family (Dhillon, 2015).

Another factor that may add to the stigma surrounding seeking help is the insufficient

available support for the Sikh community (Takher et al., 2016). The therapeutic model used in

first world countries like Canada and the UK is the Western model. This model is generalized to

the dominant public. Psychological well-being is mainly based on what the majority group

believes optimal health looks like (Arora, 2013). This idea of optimal health in Canada and the

UK cannot be applied to Sikh men as there are vast differences between the majority groups and

Sikhs. Therefore, the idea of optimal health could be a contributing factor to the lack of

awareness of stigmas that plague middle-aged Sikh men and lead to detrimental psychological

impacts (Arora, 2013).

Racism

Racist beliefs can also perpetuate stigma about Sikh men that can lead to effects on mental health. A wide-reaching event that perpetuated racism against turban-wearing Sikh men was 9/11 (Arora, 2013). Balbir Singh Sodi, a turbaned Sikh man, was murdered soon after the 9/11 attacks by individuals with the motive to seek justice for the attacks (Arora, 2013). The discrimination against Sikh men has led to psychological effects that can last a lifetime if not treated appropriately. For example, Angad Singh was attacked for wearing a turban, and when asked to reflect on the event, Angad said he felt anxious because he was unsure when the next attack would take place (Arora, 2013).

Another example is Kabir Singh; he was a taxi driver in New York, and racial slurs such as "go home Paki" were written on his cab and front door (Arora, 2013). This event, along with the stresses of moving to a new country, resulted in many sleepless nights and humiliation (Arora, 2013). These cases have explored the racial events Sikh men are exposed to and their various psychological impacts.

There is also bias and stereotyping associated with the racial stigma that can hurt the treatment of minorities (Gopalkrishan & Babacan, 2015). Research has found that healthcare workers overlook or stereotype their encounters with clients that do not resemble them (Gopalkrishan & Babacan, 2015). Therefore, there could be potential errors in the assessment and planning process. In the case of a minority such as Sikh men, they could be misdiagnosed during mental health assessments and given interventions that do not cater to them. It could then result in the individual having a lack of trust in the professional. Thus, racial beliefs about Sikh men can lead to increased negative psychological impacts.

Mental Health Literacy

Middle-aged minorities are subject to too little to no education about mental health (Gough & Novikova, 2016). It has been found that men do not have the vocabulary to express their emotional suffering due to the lack of education on mental health (Gough & Novikova, 2016). This can be since men are expected to fit a specific gender norm that requires them to control their emotions and display strength (Gough & Novikova, 2016). To reduce feelings of shame, men will avoid learning about mental health concerns, which will lead to an overall decrease in mental health literacy (MHL) (Gough & Novikova, 2016). MHL is known knowledge about mental health, which leads to a willingness to manage and prevent any mental health conditions (Furnham & Hamid, 2014). Lack of MHL is concerning because it adds to the cycle of mental health stigma and lack of seeking help. Therefore, this cycle's continuance could lead to rates of mental health issues rising in men globally.

Research has found that lack of MHL can lead to a lack of recognizing mental health disorders, which results in a lack of professional help (Chaudry & Chen, 2019). Therefore, it may inhibit Sikh men from learning about mental health and how it may affect them. Furnham and Hamid (2014) researched MHL rates in non-western countries, including India and found that the existence of depression was recognized by 55.4% of community members and 56.7% of village health workers. It is alarming information as it indicates that almost half of health care workers in the villages are not competent in MHL (Furnham & Hamid, 2014). It is also essential to note that the rates are similar for the general public in India (Furnham & Hamid, 2014), suggesting meagre rates of MHL in Indian community members. The low rates of MHL rates could be used to explain the adverse effects on the psychological health of Sikh men. Usually, health workers are a source of information in the Western world (Furnham & Hamid, 2014).

Still, given that only a little over 50% of the workers are informed about mental health, we can assume that they are not a viable source of information.

Implementing MHL supports can lead to minorities such as Sikh men increasing their willingness to participate in therapeutic interventions (Gough & Novikova, 2020). Researchers found that the most effective therapeutic services were created specifically for men (Gough & Novikova, 2020), which means that techniques developed for men were more effective than general therapy techniques. Evidence has also shown that men can be convinced to seek help from significant others and trusted communities (Gough & Novikova, 2020). Therefore, further research must be done to understand the stigma that is felt by Sikh men and how it may impact their motivations to seek help. If further investigation is done, it is possible that services can be catered in attempts to normalize a community that can be trusted to reach out to for therapeutic help.

Chaudry and Chen (2019) discovered that introducing MHL into a community can help reduce stigma. The study conducted by Furnham & Hamid (2014) found that a little over half of the general public had information about MHL. This percentage indicates a need for widespread MLH resources in India to reduce mental health stigma that can negatively affect an individual's mental health. The lack of mental health literacy in the SA community harms the mental health of Sikh men, and studies have shown increasing MHL in the Sikh community can improve therapy participation rates (Chaudry & Chen, 2019).

Research on this topic is essential as it will open doors for ethnic minorities such as Sikh men to receive therapeutic help to improve their mental health. A common theme in the literature is the stigmas that are a commonality amongst various South Asian minorities. Therefore, further research into the topic will allow for awareness of stigmas that influence not only middle-aged

Sikh men but also affect other South Asian minorities as well. The research has indicated how stigmas have a psychological influence on Sikh men and men of South Asian communities. Individuals working in the mental health field must be aware of the psychological effects to focus on ways to help this specific demographic. In doing so, Sikh men struggling with their mental health will be able to receive the help they need.

Implications for Counselling Psychology

The research shown above has displayed the mental health disparities that Sikh men are subjected to due to certain stigmas. The findings can help counsellors understand how they can work to help Sikh men complete counselling. For example, providing psychoeducation for Sikh men is essential as it has been reported that they have low MHL rates (Chaudry & Chen, 2019). It is also necessary to consider incorporating spirituality into counselling, personal cultural competence, gender norms, confidentiality and world events. The implications of these topics will be further discussed in the following section.

Psychoeducation for Sikh men

A study done to investigate indicators of suicide in India between 2001-2013 found that female suicide rates decreased over time, and male suicides stayed steady over time (Arya et al., 2017). The research also indicated that the highest suicide rate was amongst Indian males aged 45-59 years (Arya et al., 2017). These findings are alarming as it is indicative of the lack of respect for the suicide rates of Indian farmers that are rapidly rising. It is essential to educate the Sikh community on suicide rates and the link between mental health and suicide among Sikh men to potentially reduce the suicide rates for Indian farmers.

As evidenced by the literature, acknowledging mental health in the Sikh community is considered shameful. To combat the shame associated with mental health learning, healthcare

workers can provide the information discretely (Gill, 2010). For example, it can be given out in information brochures at religious places such as the Gurdwara, the holy temple for Sikhs. There is an event where Sikhs sing prayers in the streets of their community and bring the Holy Guru Granth Sahib Ji, which is the religious text of the Sikhs (Gill, 2010). This event would also be an excellent time to hand out brochures regarding mental health as the majority of the Sikh community in the area will be attending. The Gurdwara is also a place where mental health workers can educate the Sikh community about mental health and the advantages of seeking help for mental health concerns (Gill, 2010). Receiving the information in a public manner may also help Sikh men avoid the shame linked to mental health psychoeducation is an ongoing stigma in the Sikh society. Another way to prevent cultural stigma is for mental health workers to go on public forums such as talk shows and radio shows with a large Sikh demographic and discuss mental health concerns (Gill, 2010).

To improve the counselling experience for Sikh men, not only is it essential for the counsellor to be educated on their backgrounds, but it is also crucial that Sikh men learn about the importance of mental health. Gough & Novikova (2020) discovered that middle-aged minorities are exposed to too little to no education about mental health. The research collected in this literature review can provide a foundation for not only Sikh men but also men from other minorities to increase their MHL. Individuals will be able to recognize how stigmas may be affecting their mental health and work towards reducing stigmas to improve the mental health of Sikh men. The research completed can provide a basis for studies to be conducted on the MHL rates of Sikh men. Findings have suggested that an increase in MHL will increase familiarity with certain disorders, which can help individuals recognize disorders such as depression and anxiety (Chaudry & Chen, 2019).

Incorporating Spirituality and Religion into Counselling with Sikh Men

As mentioned previously, spirituality is essential in the recovery process for Sikhs (Ruprai, 2016). Therefore, using a spirituality lens when working with Sikh men is a helpful tool as incorporating the client's spirituality can result in a stronger rapport between the counsellor and client. In Sikhism spirituality, happiness is created from within and not from external resources (Ruprai, 2016). This can be utilized to progress the therapeutic experience so that the counsellor appeals to the client's comfort by using a strength-based approach to ask the client how they can create their happiness.

The Sikh religion plays an important role in a Sikh man's life and circumstances can arise due to religion. For example, a counsellor outside of the Sikh faith may not have a clear understanding of the influence of Sikhism in the client's life, and it could result in the individual having poor judgement about the client's concerns (Kaur, 2018). If a client were to come in with concerns that stemmed from their religiosity and the therapist is not familiar with the religion, it could impede the therapeutic process. It may leave the client with unresolved concerns. Having a general understanding of religion is what counsellors need to be culturally competent.

Cultural Competence

What is cultural competence?

Cultural competence is the ability to understand and connect with individuals from a culture different from one's own (DeAngelis, 2015). The lack of mental health literacy in Sikh men can be exacerbated by cultural factors that link shame with reluctance to seek help; therefore, counsellors must be culturally competent. As a counsellor, multicultural competence is an important asset to have in a world that is saturated in multiple cultures (Lee & Khwaja, 2012). Multicultural competence requires counsellors to be aware of their own biases, attitudes, customs

and cultural backgrounds. It also needs the counsellor to be mindful that other individuals' cultures are just as valuable as their own (Lee & Khwaja, 2012). The present review provides grounds for training counsellors and counsellors to reflect on their cultural competencies and whether they are competent enough to work with multicultural clients.

How can Counsellors become culturally competent?

Cultural competence is taught to counsellors in training, but it is unknown how it is taught and whether the major concepts of therapy frameworks are introduced (Collins & Arthur, 2010). The three main components of this cultural competence are self-awareness, awareness of the client's culture and intervention techniques and strategies (Collins & Arthur, 2010). The first two components are essential to successfully work with individuals from minority cultures, including Sikh men. Certain stigmas that can impact Sikh men can help strengthen the first two components for counsellors (Collins & Arthur, 2010). For example, understanding how stigmas can impact Sikh men can help counsellors become aware of how they should work with their clients and how their behaviours can affect Sikh men differently compared to people of other cultures. It can also help counsellors understand how the client's culture can perpetuate stigmas that negatively affect their mental health.

Although it is essential to be culturally competent when working as a counsellor, it can be difficult because of the large number of cultures worldwide. If a counsellor is not familiar with the Punjabi culture, they can use the working alliance as a construct to work with Sikh men to create a successful working relationship (Collins & Arthur, 2010). The working alliance is a collaborative way to work with the client that consists of three elements: agree on the goals that will be communicated, discuss the plans each person will complete and have mutual trust and respect (Collins & Arthur, 2010). This structure can be beneficial as seeking therapy is new for

many Sikh men, and providing this structure can give them an idea of what to expect in treatment.

Many counsellors have gone through training to become culturally competent in psychology, but their competence may not be enough for the Sikh community. According to Ruprai (2016), the Sikh religion is young, so that it may be a foreign religion to many. Sikhs are also a minority in the South Asian community, and they possess elements in their culture that are quite different from other South Asian cultures. For example, the Sikh religion is heavily intertwined into the Punjabi Sikh culture, unlike other South Asian communities (Ruprai, 2016). A counsellor who has grown up in a Western country may not have the tools to understand a quite different culture from the rest, even if they have gotten the training to be culturally competent. Therefore, future research must examine how to appeal to a diverse clientele.

What is needed for Sikh men?

Culture is also a factor that can influence how mental health is perceived (Gopalkrishan & Babacan, 2015). The way that an illness is understood plays an essential role in how the individual deals with it. The willingness to seek help in a Western country as a Sikh immigrant can also be based on the professionals present to help. Many of the expectations of what is abnormal and standard are used in a culture of Western, middle-class individuals (Gopalkrishan & Babacan, 2015). There can be many difficulties when using what is considered the norm in Western therapy and applying it to individuals that have not lived in those same norms (Gopalkrishan & Babacan, 2015).

There are specific implications when counselling the Sikh community. Ruprai (2016) found a narrative of being a "warrior" among Sikh men as it upholds male gender ideals in the Sikh community. The description indicates that a culturally competent counselling model is

needed to counsel Punjabi Sikh men successfully. Creating a culturally competent model may result in Sikh men feeling more comfortable with seeking psychological help.

Another way to ensure cultural competence that could result in successful counselling, specifically for narrative psychologists, is to use a Punjabi Sikh cultural story when working with Sikh men (Currie & Bedi, 2019). Using the technique of telling one's account may be easier for a counsellor if they incorporate the Sikh culture to make the counselling experience more comfortable for Sikh men new to counselling (Currie & Bedi, 2019). It may also allow for a breakthrough in the therapeutic process that may not have occurred if the story did not include specific cultural elements. This technique could be helpful for middle-aged Sikh men as most of them are immigrants, and their unique stories can be told in therapy to understand their lives better.

Considering Gender Norms

The present research can also provide a basis for identifying specific gender norms that can hurt the mental health of Sikh men. Gender norms, such as self-reliance, can deter receiving psychological help, but the current research does not discuss the spectrum of gender norms in-depth (Gough & Novikova, 2020). Further research can help understand how gender norms impact Sikh men and how this information can assist counsellors in treating their clients. The effects of gender norms can also be further analyzed by comparing age groups; middle-aged men can be compared to younger men to further understand if gender norms are still prevalent in upcoming generations.

There is quite a bit of information about gender norms in the South Asian community but little to no information on gender norms in the Sikh community and how it impacts this community specifically. Researchers found that South Asian women tend to be more responsive

to receiving psychological help than men because of the influence of gender ideals that require

South Asian men to appear solid and authoritative (Arora et al., 2016). This information gives a

generalized idea of how gender norms can impact an individual's willingness to seek help but

does not give detailed information about how gender norms affect Sikh men specifically. Further

research can be done to explore how gender norms in the Sikh community impact the willingness

to receive psychological help. The research could also help counsellors better understand gender

norms in the Sikh community to understand which therapeutic modalities should be used.

Confidentiality

The mental health stigma in the Sikh community has led to confidentiality being of

particular importance when discussing mental health issues (Gill, 2010). Findings suggest that

Sikh individuals were more likely to use mental health services if they were promised

confidentiality during the process (Gill, 2010). Therefore, to encourage Sikh men to receive the

help they need, it is essential that counsellors thoroughly inform the client about their

confidentiality. It is also important to avoid reacting doubtfully if the client requests that calls are

not made to the family home (Gill, 2010).

A possible barrier for client's receiving help is the involvement of a translator. The first

language of Punjabi Sikhs is Punjabi, as it is the official language of the Indian state of Punjab

(Shackle, 2017). Therefore, a translator may be needed if the client is not fluent in the

counsellor's language. As mentioned above, confidentiality is a significant motivator in Sikh

individuals considering counselling (Gill, 2010). Confidentiality must be consistently

demonstrated throughout the process so it does not become a barrier. To combat this barrier, the

appropriate ethical standard must be in place that accounts for confidentiality to remain intact

between the client, translator and counsellor (Batterham et al., 2015).

World Events

The 9/11 attacks were an event that perpetuated racism against turban-wearing Sikh men (Arora, 2013). The research found that after the attacks, turban-wearing Sikhs felt anxious and experienced other psychological symptoms. Counsellors must be aware of the racism Sikh men may experience, as it could be a leading cause of their psychological symptoms in session. A life event that may have further affected the mental health of Sikhs is the COVID-19 pandemic. In the past two years, the world has been living through the pandemic known as COVID-19, which has dramatically affected many around the world (Statistics Canada, 2021). Findings state that about 38% per cent of Canadians said that due to the COVID-19 pandemic, they had experienced feelings of loneliness and isolation (Statistics Canada, 2021). Canadians were found to have four times higher major depressive disorder, PTSD and generalized anxiety disorder (Statistics Canada, 2021). Findings suggest a generalized understanding of how the pandemic has impacted all Canadians but has not yet researched how it may affect specific groups of people. The present research provides awareness of the pre-pandemic mental health issues Sikh men face due to stigma. It can also provide a foundation for investigating how the pandemic is impacting Sikh men's mental health.

Recommendations for Practice

Since Punjabi Sikhs are a small minority of the Western population, their cultural needs in counselling psychology are still widely unknown (Currie & Bedi, 2019). Research has suggested that traditional healing methods can be included to increase the success of counselling with Punjabi Sikhs. Research has found that incorporating the individual's spiritual stance can prove to be successful. Findings have confirmed that 14,000 study participants agreed that culturally infused intervention was more successful than non-cultural interventions (Currie &

Bedi, 2019). For example, Punjabi Sikhs are believers of karma, so the counsellor must

empathize with the client about their karma causing the situation that may have brought him to

counselling. It is also essential that the counsellor avoid criticizing their client for believing that

the concern results from karma. Criticizing clients for their beliefs can result in their disinterest

in accessing counselling services because they feel they are not being heard (Currie & Bedi,

2019).

Storytelling is instrumental when working with older Sikh clients (Currie & Bedi, 2019).

Older immigrant Sikhs use collectivist language when speaking about their concerns (Currie &

Bedi, 2019). They tend to discuss their issues philosophically, which applies to the general

population rather than solely to themselves (Currie & Bedi, 2019). This type of language may

also be present in the middle-aged population of Sikhs, and narrative techniques may be more

successfully used (Currie & Bedi, 2019). Methods that can be helpful with this type of client are

in the realm of traditional healing; techniques such as folklore storytelling and telling cultural

stories have the potential to be impactful with this client (Currie & Bedi, 2019).

Traditional healing is the type of relationship the therapist should have with their clients

with deep-rooted cultural values. Currie & Bedi (2019) have found having a teacher-student

relationship with a client that is a Sikh man can be highly beneficial. In this scenario, the

counsellor will take a directive approach which individuals from a Sikh background prefer. As

discussed in the literature review, to appease the gender norms in the Sikh community, Sikh men

may avoid learning about mental health, which leads to a deficit in mental health education in the

community (Gough & Novikova, 2020).

A specifically catered model towards Sikh individuals is the Sikh life-stress model

(Currie & Bedi, 2019). The first step is to ensure that the client feels understood and that the

therapist empathizes with the client (Currie & Bedi, 2019). This can be helpful with Sikh men

specifically, as empathizing will aid in developing a connection with the client. It is also

essential that the client feels understood. For example, a Sikh man may feel they cannot be

understood because of the cultural stigma that promotes the idea that feelings should be ignored

rather than understood. This stigma is upheld more for men as they are expected to enforce the

gender norm of being strong and resilient without help from outside sources. Therefore,

understanding the clients' experiences and concerns is extremely important to avoid these issues

(Currie & Bedi, 2019). It is also essential that the therapist notes the non-verbal language during

step one as it can be more telling, especially when refuting what the client is saying (Currie &

Bedi, 2019).

The second step is to apply the life-stress model, which helps clients gain insight into

their maladaptive reactions to specific stressors (Currie & Bedi, 2019). The client is asked to

share their perspective on the four core needs, how they meet those needs, and what barriers they

face when fulfilling them (Currie & Bedi, 2019). The counsellor was then asked to describe the

emotional, cognitive and physiological responses to those obstacles and the destructive

responses. Once insight into these responses has been established, various interventions can be

used to further promote the client's understanding (Currie & Bedi, 2019). In the last step, the

client is asked to complete the life-stress activity again to realize how their perspective on core

needs and responses to obstacles impeding fulfilment of core needs has changed. The technique

can help Sikh men identify how their responses to certain obstacles can be maladaptive and

impede their emotional success. Taking steps to understand emotions will help the individual

understand how certain stigmas may be impacting their idea of certain concepts. This

enlightenment can change behaviour, leading to a positive difference in the client's mental health.

Another model that can be used is the six-step hexagon model of Sikh psychology (Currie & Bedi, 2019). The six sides of the hexagon are self-realization, ego, weaknesses (including the five vices), humility, spiritual liberation, and strengths (including the five virtues) (Currie & Bedi, 2019). This model establishes the idea that mental health disorders are based on maladaptive thought patterns. After using the technique of psychoeducation to explain the model, the therapist uses the model to increase the five virtues (truth, faith, patience, contentment, and compassion) and decrease the five vices (anger, lust, greediness, attachment, and pride) (Currie & Bedi, 2019). An example of utilizing the model with a middle-aged Sikh man is the threat of a concern that will hurt the client's ego (Currie & Bedi, 2019). The counsellor can assess the situation and explain to the client that anger and pride are the two vices that negatively influence him. Using techniques such as controlling the ego, reducing stress through meditation, and embracing humility are derived from the six sides of the hexagon that can be used to decrease these vices (Currie & Bedi, 2019).

This technique may be effective with Sikh men as it involves teachings that are also taught in the Sikh religion regarding five virtues and five vices (Gough & Novikova, 2020). Sikh families take pride in their male family members being unemotional and resilient through various struggles. Therefore, minimizing the client's fulfilment would ensure that they feel more comfortable receiving help, which will improve their mental health and quality of life.

Fundamental Next Steps for Research

The discussion around stigmas in the existing literature is quite general. Further research into each type of stigma can elicit a deeper look into each stigma and how much of an effect they

have on Sikh men psychologically (Gill, 2010). For example, research may be conducted on how cultural factors are stigmatized in the community and how they impact middle-aged Sikh men psychologically. Studies can also be conducted on internal supports provided for Sikh men and specialized for this specific group. Further research can be done on a middle-aged Sikh man and how there may have been a negative psychological impact due to stigmas that have been discussed in this review (Gill, 2010).

Nevertheless, it may be challenging to locate middle-aged Sikh men willing to reflect on how stigmas may have impacted their psychological well-being. One way to get Sikh men interested in providing their perspectives is to complete studies on the experiences of middle-aged Sikh men. To encourage their participation, researchers from a Sikh background can reach out at public places such as the Gurdwara (Sikh Temple) with information on the study and how it will help the Sikh community. The study can be conducted by individuals from the Sikh religion in hopes that participants will be more comfortable disclosing to the researcher. It is also important to research what kind of interventions and modalities a counsellor can use to engage in successful therapy with a middle-aged Sikh man. Some modalities have been created, such as the six-step hexagon model of Sikh psychology that is specifically designed for individuals following the Sikh religion (Currie & Bedi, 2019). This model suggests that mental disorders are rooted in thought patterns (Currie & Bedi, 2019). After providing psychoeducation for the client, the counsellor will help the individual self-realization to strengthen their virtues and minimize the five vices. An example of the model being used is a Sikh client experiencing financial struggles (Currie & Bedi, 2019). The counsellor helps the client understand that his ego has been hurt due to financial struggles and that his vices, anger and greediness are the causes for his poor mental health (Currie & Bedi, 2019). Although this is an excellent model to use, it is not

universally recognized in the counselling field. Therefore, it would be beneficial to understand how widely accepted counselling modalities can be applied when working with Sikh men.

Understanding which modalities and intervention techniques to use with Sikh men is essential to help these individuals improve their mental health. If further research is not conducted on how to help specific groups with their mental health concerns, it can often lead to fatal outcomes such as suicide. It is important to study the suicidality of Punjabi farmers to understand what factors influence this epidemic and how the psychology world can work to eradicate it.

Findings have suggested that utilizing treatment models that include social interventions rather than a medical model have been highly effective in treating the South Asian community (Karasz, 2019). The social intervention model involves a network of individuals participating in group activities for several months. This model could be highly effective for men suffering from depression. It could provide a sense of comfort for the client, knowing that other men from their community suffer from similar issues and are being dealt with confidentially.
The role of acculturation in avoiding help from a mental health professional can also be analyzed and discussed in more detail. Most cultural norms in the United States are defined by the dominant culture that states that males should be dominant and control their emotions (Lindinger-Sternart, 2015). It can be assumed that the dominant culture may be reinforcing the cultural ideals of Sikhs in this case. The impact of the dominant culture infused with the culture of Sikhs can be further analyzed to understand how it may impact help-seeking attitudes. A study can be conducted on a group of immigrant Sikh men that have immigrated to a Western country to understand if and how acculturation has impacted their compliance to seek help.

Regarding gender norms, generally, the word warrior is associated with the male gender, so there is a chance that Sikh men associate with the term quite strongly compared to females. They have an identity that consists of high faith and resilience, many due to the trauma they have experienced, hence creating the term warrior. The strength that has led to the reluctance of receiving help is essential for the therapist to understand when attempting to work with Sikh men. In understanding this, the mental health worker can modify their approach to best suit their client.

Research also found that men with significant others are more likely to seek professional help (Gough & Novikova, 2020). Therefore, this begs the question, are the results similar for Sikh couples, as most middle-aged men in the community are generally married (Gough & Novikova, 2020). The presented question is grounds for further research to explore why this may not be the case for Sikh men as most middle-aged men are married but are still subject to the same traumas.

Reflexive Self-Statement

As part of the Sikh community, I have witnessed the psychological impacts that stigma can potentially have on Sikh men, but I lack the understanding of what it is like to deal with these stigmas. I conducted this review to understand the stigmas that impact Sikh men's mental health and how to help these men overcome these stigmas. In researching, I have assessed my role, how my assumptions and beliefs can impact the research, how I have managed my biases throughout the research process and how I have developed as a researcher and thinker.

As a Sikh woman, I have many biases that could have potentially impeded the research process due to my feelings that could come up during the research. I have family members dealing with mental health issues but refuse to receive help due to the shame of appearing weak. In the past, it

has brought out the feeling of anger and frustration for myself as I cannot help an individual if they do not approve of it. This bias did come up during the research as I was reading some accounts of the perspectives of Punjabi participants on mental health. To control my bias, I participated in self-care to minimize the emotional impact of my bias. I spoke to my family members to understand their perspective on why they do not receive help for their mental health. After hearing their experiences, I had a better understanding of why they would not want to partake in counselling.

I have a father who also values being a person who does not want to show his "weaknesses" and values control of his emotions. Garha (2019) explained that for Sikh men, showing emotion is considered "weak" and is taboo in public. This has brought up anger and sadness for me as I hope to help individuals express their emotions, but I cannot get through to my father. I noted that these feelings came up when I read excerpts from Sikh men in the literature. Once I became aware of these feelings, I took time away from the literature review and wrote about how I felt about the situation in my journal. Upon reading the excerpts, I was also able to educate myself on why the participants felt they needed to appear strong by withholding their emotions. This helped me understand what Sikh men go through, decreasing my anger and frustration around the topic.

I was also exposed to confirmation bias, the inclination to look for or gather the information that confirms existing beliefs or expectations (APA, 2020a). As I had mentioned earlier, I have a middle-aged Sikh father who also upholds the value of staying strong and controlling emotions. Therefore, I had assumed that these were the values I would find in all Sikh men, but that was not the case. It was found that several types of stigmas impacted Sikh men, not just upholding these gender norms. For example, findings state that men do not have

the vocabulary to express their emotional suffering due to the lack of education on mental health in the Sikh community (Gough & Novikova, 2020). Upon reading this information, I have come to a new understanding of why Sikh men may not be receiving help for their mental health issues, and I now have a newfound compassion for these individuals.

The research conducted confirmed most of my beliefs regarding the psychological impacts of stigmas on middle-aged Sikh men. Growing up around Sikh men, I noticed many of the results of certain stigmas, such as gender norms, specifically the idea of being "emotionless" and "in-control" at all times as a man. I also noticed that the community had very low rates of Mental Health Literacy. The research has inspired me to bring attention to the mental health disparities of men in the Sikh community. I hope to educate the Sikh community on these stigmas and how they are affecting their mental health.

Conclusion

This review has examined the literature on how certain factors such as cultural context, social exclusion/social networks, gender norms, racism, and mental health literacy have psychological impacts on Sikh men. The literature findings have suggested that these seven factors play a significant role in impacting the mental health of Sikh men. These seven areas provide evidence of why Sikh men are suffering more than many other populations regarding their mental health.

It was found that there is a double stigma in the Sikh culture, which is the stigma of being an oppressed group in association with the stigma surrounding mental health (Ruprai, 2016). Double stigma influences the individual's willingness to speak about their mental health as well as seek help. Therefore, their mental health may decline due to their reluctance to seek help.

Findings also suggested that lack of social support for Sikh immigrants also plays a vital role in the mental health of Sikh men (Gough & Novikova, 2020).

Gender norms are also highly valued in the Sikh community, and the trend consisted of men feeling as though they needed to control their emotions and appear resilient because they are men (Gough & Novikova, 2020). Another finding suggests that the South Asian community is not well versed in MHL. Therefore, they may not understand that their symptoms are due to their mental health and don't feel the need to reach out to counsellors (Gough & Novikova, 2020).

It was also found that succumbing to sexist roles can also cause psychological stress for a Sikh man (Sagheer & Zubair, 2020). For example, traditionally, Sikh men are expected to be the financial provider in a marriage. The pressure of being the earner of the family can also lead to psychological impacts. Studies have shown that racism is a reason for psychological stress for immigrant Sikh men (Arora, 2013). It was found that significant events such as 9/11 perpetuated racism against turbaned Sikh men, resulting in PTSD for many Sikh men (Arora, 2013). Findings suggest that the factors discussed can have detrimental effects on mental health, potentially leading to fatalities due to suicide. Research indicated that suicide rates of SA males were significantly higher than rates for SA females (Tuck et al., 2015). These findings suggest that extensive research is required to understand the higher rates of suicide for men.

Although the literature has provided ample evidence that these seven areas of interest negatively impact Sikh men psychologically, further research can be done to understand the extent of the impact. Other research done on participants in this specific group of people could be completed to give more evidence of the phenomenon's which will strengthen the position of the presented study. The research indicates that stigmas influence the psychological impacts of middle-aged Sikh men. It also gives the basis for exploring the extent to which these stigmas

have a psychological effect on middle-aged Sikh men to discover solutions that can help Sikh

men in the community improve their mental health.

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