

Can Intergenerational Trauma Be Addressed Through Destigmatization Mental Health

Among Sikh Males?

By

Simran Arora

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Amanda DeGuerre

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Abstract

This study explores the complex dynamics of intergenerational trauma and the widespread social stigma associated with mental illness among Sikh men. It reveals the impact of historical occurrences, such as the Anti-Sikh riots and racial discrimination, on the mental health of Sikh men and emphasizes the importance of cultural and religious factors in their coping mechanisms. The study highlights the dynamic nature of mental illness stigmatization and the demand for tailored interventions that consider generational shifts, parenting styles, and evolving societal perspectives. The need for clear and effective communication is paramount, as it can dispel myths, foster understanding, and encourage help-seeking behaviours. Through a literature review, this study identifies gaps in research, urges further empirical study, and reviews strategies to reduce stigma related to mental health in the Sikh male community. It promotes a multifaceted approach to the psychological treatment of intergenerational trauma experienced by this group. Overall, the study sheds light on the complexities of intergenerational trauma and mental illness stigma, paving the way for improved, Sikh-specific mental health care.

Keywords: intergenerational trauma, stigma, Sikh men, cultural stigma, psychological impact, family trauma transmission, ethnic identity, and mental health attitudes

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Chapter One: Introduction

Background

Various cultural, societal, and psychological factors among Sikh males perpetuate intergenerational trauma and stigmatization (Tummala-Narra & Deshpande., 2018).

Intergenerational trauma involves the transmission of trauma between generations. Populations globally continue to experience wars, genocides, mass displacements, or other traumatic events, which have generated collective trauma (Sabhlok et al., 2020). These unaddressed traumas manifest as physiological, psychological, and social dysfunctions in descendants of the primary trauma victims (Darwin et al., 2023). Multiple generations have been affected by profound traumatic events, be it during the partition of India in 1947 or the Anti-Sikh riots in 1984 (Krishna., 2019). Despite not having directly experienced these events, the lingering effects still affect many Sikhs today. This paper explores the efficacy of destigmatizing mental health in the Sikh community as a means to confront and heal intergenerational trauma.

The intersection of intergenerational trauma and mental health stigma creates a potent mix, particularly for Sikh males. Stigmatization refers to the societal labeling, stereotyping, and discrimination of certain conditions or attributes. Cultural beliefs, traditional norms, and societal pressures often place a premium on appearing strong, resilient, and unyielding. Acknowledging mental health challenges can be seen as stigmatizing and a sign of weakness or failure (Bhangu., 2021). Stigmatization makes it challenging for many to obtain help or even articulate their internal struggles, which in turn increases barriers to mental health services for Sikh men (Bhangu., 2021). Culturally, the male gender dictates that Sikh men embody strength, stoicism, and resilience. Such expectations can make it difficult for individuals to recognize and address inherited traumas (Bombay et al., 2023). The pervasiveness of historical traumas casts a shadow

over the acceptance of mental health; meanwhile, societal norms and cultural expectations deter them from seeking help, discussing their feelings, or acknowledging the presence of a problem.

Due to cultural norms and secrecy, mental health issues can remain latent, unrecognized, or undiagnosed (Tummala-Narra & Deshpande, 2018). Psychological symptoms manifest in myriad ways – from mood disorders, anxiety, and substance abuse to disruptions in interpersonal relationships or work-life balance (Krishna., 2019). It is essential to recognize that South Asian communities share some overarching cultural, societal, and familial structures and norms. Insights from the literature are generalizable to the broader community (Bhangu., 2021). This paper focuses on the mental health stigma impacting access to psychological treatment for Sikh men within the broader South Asian context.

Research Problem

The Sikh community, celebrated for its rich history and traditions, is inherently woven with tales of valour, sacrifice, and resilience. Yet beneath these stories of perseverance lies an unspoken narrative: that of trauma passed down through generations (Bombay et al., 2023). There is extensive research on a variety of groups, including descendants of enslaved people from Africa, Indigenous communities coping with colonization, and survivors of major wars, such as the Armenian and Rwandan genocides (Danieli., 1998; Bombay, Matheson, & Anisman., 2014). The Sikh community has endured many traumatic events throughout its history, including religious persecution in Mughal India, the Jallianwala Bagh massacre, the Partition of India, and the more recent anti-Sikh riots in 1984. However, there is still a significant knowledge gap regarding how these occurrences may have affected the psychological makeup of succeeding generations. Specific research on Sikh men and the intergenerational trauma they have

experienced is scant, raising questions about whether they can effectively address this legacy of trauma.

The phenomenon of transgenerational trauma, observed when trauma passes through generations without being addressed, is evident among Sikh men, resulting from alterations in family interactions and environments due to parental traumas (Vahali, 2022). This transmission of trauma bears similarities to the experiences of Indigenous populations, as highlighted in a study by Bombay, Matheson, and Anisman (2009), which showcased the internalization of historical traumas leading to a rise in substance misuse and mental health issues. Sikh men, much like Indigenous populations in North America and Australia, have grappled with historical traumas stemming from events such as forced integration, deportation, oppression, the well-known Partition of India, and post-9/11 hate crimes. These traumatic occurrences have had a lasting emotional impact, marking them as bearers and guardians of this hidden trauma (McKenzie et al., 2022). When coupled with both external and internal pressures, they create significant mental health challenges. The legacy of intergenerational trauma among the Sikh community is not just a collection of shared stories and traditions but also shared pain, suffering, and sometimes, unresolved grief. According to Azim (2022), events like the mass killings and dislocations during the partition, coupled with the societal and cultural pressures of preserving honour—often referred to as “izzat” in Punjabi culture—have rendered Sikh men, in particular, carriers and protectors of this intergenerational trauma.

Despite the trauma, Sikhs still face serious difficulties (Bombay et al., 2023). The stigma associated with mental health makes discussing trauma and its psychological impacts taboo among the group's male members. The taboo is due primarily to the cultural stigma surrounding mental health (Bombay et al., 2023). Admitting to psychological distress or seeking professional

assistance is often seen as a sign of weakness or dishonour, perpetuating a cycle where traumatic experiences and their consequent mental health impacts are neither discussed nor addressed (Sabhlok et al., 2020). This pattern of avoidance and silence exacerbates the challenges associated with intergenerational trauma. The complexities within the Sikh community and the limited literature make it challenging for mental health professionals to address psychological problems (Azim., 2022) The interplay of cultural norms, historical traumas, and modern-day pressures on Sikh males remains uncharted territory in academic literature and clinical practice.

Purpose of Study

This literature review ourpouse is to explore the complex dynamics of intergenerational trauma and the widespread social stigma associated with mental illness among Sikh men. It will answer several central research questions related to intergenerational trauma and mental health stigma among Sikh males.

Research Questions

In more specific terms, the primary research question is: "Can intergenerational trauma be addressed through the destigmatization of mental health among Sikh males?" My research will explore this overarching question by examining several sub-questions.

1. How is intergenerational trauma currently perceived and experienced among Sikh males?
2. What are the potential for destigmatizing mental health in the Sikh male population.
3. How the reduction of stigma surrounding mental health may lead to a decrease in barriers to treatment. These research questions and sub-questions form the core of the inquiry into the complex interplay between intergenerational trauma and mental health stigma among Sikh men.

Rationale and Justification of the Study

The narratives of trauma are intricate, woven with layers of personal experiences, historical events, and cultural nuances. Specific communities, with their distinct histories and sociocultural practices, require specialized attention to grasp the nuances and implications of this kind of trauma. The Sikh community, particularly its male members, is one such group (Sabhlok et al., 2020).

The Sikh community has faced a series of traumatic events throughout history. From the mass violence and dislocation during the Partition of India in 1947 to racial and religious persecution in various global contexts, Sikhs have been at the receiving end of collective traumatic experiences (Vahali, 2022). When families experience trauma, they often unknowingly pass on the pain, stories, and ways they cope to their children ((Vahali, 2022). Many of these traumatic experiences span the course of two or three generations, making the effects palpable and immediate (Vahali, 2022).

Alongside the historical context, male members grapple with cultural norms that often prioritize honour and resilience (Devgan., 2015). When framed within such a context, mental health issues become synonymous with weakness, leading to a potent stigma (Devgan., 2015). As a result, many prefer silence over seeking help or acknowledging their struggles. This silence influences the cycle of trauma and acts as a barrier to healing and recovery (Devgan., 2015).

Sikh males face historical traumas and cultural norms that exacerbate silence around mental health issues, making it necessary to study and address intergenerational traumas. This study aims to narrow this gap by shedding light on how Sikh males currently perceive and experience intergenerational trauma. Additionally, the study will seek to examine the possibility of destigmatizing mental health to address intergenerational trauma.

Significance of the Study

Counselling psychology is a dynamic field that constantly evolves to cater to the diverse needs of clients worldwide. As societies around the world become increasingly multicultural, a pressing need arises within the discipline to integrate more culturally attentive techniques, ensuring that therapy is clinically effective and culturally sensitive. Counselling psychology can benefit from this study's examination of trauma transmission across generations among Sikh men. First, this study attempts to shed light on the cultural and historical aspects affecting Sikh male mental health by diving into this population's unique experiences and difficulties. The findings should help professionals working with clients from this community. Knowledgeable therapists provide care more likely to reflect their clients' lived experiences by avoiding common mistakes, misunderstandings, and unintended insensitivity (Arnold., 2022). Secondly, the study's exploration into the stigma surrounding mental health within the Sikh population will provide insights that have broader applicability. Across various cultures and communities, stigma around mental health remains pervasive (Devgan., 2015). Counselling psychology can derive strategies and tools to combat such stigmatization by understanding how stigma manifests and impacts a specific community. As a result, it fosters a more inclusive and accepting discourse around mental well-being.

Traditional therapeutic models, especially those rooted in Western-centric perspectives, may not adequately address the unique needs of diverse populations (Isobel et al., 2021). This paper aims to shed light on these gaps, potentially influencing the creation of culturally congruent therapeutic techniques or the adaptation of current Western models. The insights from this study can guide the evolution of older therapeutic approaches to be more inclusive, specifically catering to the unique needs of Sikh males and possibly extending to other similar

communities. Counselling psychology, including group therapies, community dialogues, or even partnerships with religious or community leaders, should foster a more holistic approach to healing (Isobel et al., 2021). Lastly, further knowledge about intergenerational trauma opens avenues for counselling psychology to enhance the area of family therapies. This knowledge will inform therapists to develop interventions that address the Sikh family unit and, in turn, lead to more comprehensive healing.

There is a notable lack in the existing literature focusing on intergenerational trauma among Sikh males. Despite the clear historical trajectory of trauma and the implications for subsequent generations of Sikhs, a significant clinical issue remains. There is a lack of acknowledgment, understanding, and tailored interventions for Sikh males who, abiding by cultural norms, do not seek help or recognize their symptoms because it equates emotional expression with weakness (Rana & Lara-Cooper et al., 2021). As Amsalem et al. (2022) posit, the belief that seeking help is a sign of weakness yields numerous mental health issues, including depression and anxiety. Moreover, the field of mental health, primarily rooted in Western paradigms, lacks the cultural sensitivity needed to address the intergenerational trauma in Sikh males and the community at large.

Attempting to answer the questions of whether destigmatizing mental health within this community can effectively address intergenerational trauma sets the path for this study. It paves the way for counselling psychologists to engage in community-wide dialogues, fostering understanding and facilitating recovery. Governments, non-governmental organizations (NGOs), and community organizations can benefit from the findings of this study. It can inform policies, outreach programs, and community initiatives that aim to improve the mental well-being of the

Sikh community, specifically males. The significance of this study extends beyond academia and social policy; it touches the fabric of societal well-being and intercultural harmony.

Definition of Key Terms

Intergenerational Trauma

Intergenerational trauma, also known as transgenerational trauma, refers to the transmission of trauma and its psychological and emotional effects from one generation to the next. It occurs when the trauma endured by a preceding generation continues to affect their offspring's mental and emotional health, even though the offspring did not directly experience the traumatic events (Gaywsh & Mordoch., 2018).

Stigmatization

Stigmatization denotes the unfavorable attitudes and notions held by society towards those with mental health issues or those seeking mental health care (Hantzi et al., 2019). Such attitudes often lead to these individuals being stereotyped, prejudiced, and deeply misunderstood. These negative attitudes and misconceptions can result in feelings of shame, where affected individuals may believe they are fundamentally flawed (Hantzi et al., 2019).

Community of Sikhs

The Community of Sikhs refers to individuals who practice Sikhism, a monotheistic religion originating in the Punjab area of South Asia. Sikhs adhere to the teachings of Guru Nanak and subsequent Sikh Gurus, emphasizing principles such as devotion, service, and equality (Barwiński & Musiaka., 2019).

Cultural Expectations and Norms

Cultural expectations and norms pertain to a particular cultural group's shared views, attitudes, and behaviors. These standards dictate attitudes towards emotional expression, mental health, and help-seeking behaviors (Veissière et al., 2020).

Psychodynamic Theory

Contemporary psychoanalysis, or psychodynamic theory, posits that an individual's current behavior and emotions are profoundly influenced by early experiences and unconscious processes. This theoretical framework is utilized to understand how historical traumas may affect the emotions and behaviors of Sikh men (Ryan., 2019).

Social Learning Theory

Social Learning Theory, developed by Albert Bandura, posits that people learn by observing and imitating others. This theory elucidates how behaviors, in the context of intergenerational trauma, are transmitted through observation and modeling within Sikh families and communities (Rumjaun & Narod., 2020).

Attachment Theory

John Bowlby's Attachment Theory underscores the significance of early attachment relationships in shaping an individual's psychological development and stress tolerance (Lahousen et al., 2019).

The Resilience Hypothesis

Resilience theory examines an individual's capacity to prosper amidst adversity. By examining cultural practices such as "Seva" (selfless service) and "Sangat" (congregation), as well as the belief in "Chardi Kala" (ever-rising spirits), this theory can elucidate how historical experiences with trauma have fostered resilience (Kaur Luthra et al., 2021).

Researchers Positionality

My research positionality is deeply rooted in my personal, ontological, epistemological, and relational assumptions. This research employs thematic analysis, a qualitative data analysis method that examines a dataset by systematically reviewing its contents and identifying recurring patterns. I use thematic analysis to adopt a pragmatist epistemology approach as the research paradigm. Pragmatism entails research designs that integrate operational decisions based on determining the most effective approach for obtaining solutions to research questions; this enables pragmatic researchers to conduct research in innovative and dynamic ways to address research problems (Kelly & Cordeiro., 2020). While historical, cultural, and intergenerational narratives shape our social realities, they also mold our individual and collective identities, as well as our perceptions of health, well-being, and stigma.

Employing a pragmatic epistemology, I uphold that knowledge about the Sikh male community and its challenges can be understood through both empirical research and the lived experiences of community members. I contend that addressing the challenges faced by Sikh men in accessing mental healthcare requires an intimate understanding of their cultural and religious contexts. My direct connection to the Sikh culture through my heritage profoundly influences my position. This personal link grants me unique insight and drives my dedication to comprehensively understand and address the complex interplay between intergenerational trauma and mental health stigma within the community. This connection compels me to approach my research with the utmost cultural sensitivity, valuing and appreciating Sikh traditions while recognizing the potential biases and assumptions arising from my proximity to the subject.

Furthermore, my beliefs about human nature and agency center on the idea that individuals, while deeply influenced by their cultural backgrounds, also possess the capacity to

influence and shape their environments. Through this research, I aim to empower Sikh men and the broader community to challenge societal stigmas and seek appropriate psychological care. Ultimately, my positionality signifies a commitment to bridging theoretical understanding with pragmatic solutions, with the ultimate objective of enhancing the well-being of Sikh individuals and communities.

Theoretical Framework

This study aims to investigate whether destigmatizing mental health among Sikh males can help address intergenerational trauma. An appropriate theoretical framework is pivotal in any research project, providing the necessary structure and context that guide the investigation. It allows researchers to organize their thoughts, establish connections between existing studies and the current research, and clarify the significance of the problem under study (Moullin et al., 2020). Therefore, identifying appropriate theories is essential to achieving the objectives of this study. One such framework, Psychodynamic Theory, is instrumental in exploring the influence of early experiences on the unconscious processes that shape current emotions and behaviour. Additionally, Social Learning Theory offers a lens to examine how behaviours and attitudes toward mental health can be acquired through observation and interaction within the Sikh community (Bhangu., 2021). Attachment Theory provides insights into the development of interpersonal relationships and could elucidate how bonds formed in early life may affect responses to trauma (Wilson-Ali et al., 2019). Lastly, Resilience Theory could highlight factors that contribute to the ability of Sikh men to withstand and recover from the psychological impact of intergenerational trauma (Bosmans et al., 2020). Together, these theories offer a comprehensive framework for understanding the multifaceted nature of intergenerational trauma and the potential healing effects of destigmatizing mental health.

The Psychodynamic Theory

Psychodynamic Theory delves into the complexities of the human psyche, illuminating how residual memories and subconscious processes profoundly impact contemporary actions and feelings. When applied to the intergenerational trauma experienced by Sikh men, it reveals a narrative rich with migration, strife, and survival, despite these events often being shrouded in silence. Unresolved traumas may emerge in dreams, inexplicable phobias, or ritualistic behaviours that symbolically manage past suffering. For example, a Sikh individual may appear unaffected but still experience feelings of rootlessness or an enduring fear of persecution, emotions that Psychodynamic Theory links to the subtle imprints of past traumas, conveyed through stories or the emotional environment of one's upbringing (Saikia., 2012). This theory can elucidate the concealed and intricate pathways connecting historical traumas to current behaviours, particularly within the collective experiences of Sikh people (Saikia., 2012).

Social Learning Theory

Albert Bandura's Social Learning Theory posits that people learn by observing and emulating others and provides a relevant framework for understanding the transmission of intergenerational trauma among Sikh males (Pillai et al., 2019). This concept is particularly pertinent when considering the manifestation of trauma symptoms in Sikh children who, despite not being directly exposed to traumatic events such as the 1984 riots, exhibit behaviors learned from parents who experienced these events (Pillai et al., 2019). Growing up, Sikh children are immersed in a culture rich with customs, myths, and oral histories that often reflect stories of resilience and survival, serving as learning tools (Bhangu., 2021). These narratives, along with firsthand observations of their elders' coping strategies and emotional responses, become integral to their behavioral development. For example, seeing a grandfather use avoidance techniques to

manage past traumas may lead a Sikh child to adopt similar stress responses, perpetuating a cycle of trauma response across generations. This process of observation, internalization, and enactment of behaviors adds depth to the complexity of intergenerational trauma among Sikh men.

Attachment Theory

Attachment Theory emphasizes the critical role early bonds play in influencing a person's psychological development and lifelong responses to stress. According to Wilson-Ali et al. (2019), when parents or caregivers have experienced traumas, they may develop insecure attachments with their children. These insecure attachments can manifest as behaviors such as overprotectiveness, anxiousness, or emotional detachment, as parents unconsciously attempt to shield their children from the hardships they themselves faced. For instance, if a Sikh child's primary caregiver—whether a parent, grandparent, or another elder—has personally experienced trauma or is deeply influenced by familial trauma legacies, this may compromise the child's ability to develop stable attachments (Bosmans et al., 2020). Sikh boys, who are often raised in close-knit family units, experience a profound impact on the initial bonds they form due to the lingering effects of historical traumas. They might witness or sense the trauma responses of their elders, embedding these experiences into their own psyche, which can influence how they perceive and interact with the world. Consequently, they may grow up with anxiety-ridden, disorganized, or avoidant attachment patterns, potentially affecting their coping mechanisms and relationships throughout their lives (Bosmans et al., 2020).

Growing up with ill-formed attachments can shape how children perceive and interact with the world. A case in point could be a Sikh male who, possibly due to an underlying dread rooted in historical betrayals and societal persecution, exhibits avoidant attachment tendencies

and struggles with building trust and developing close relationships. Attachment Theory provides a lens through which we can better understand the experiences of Sikh males, revealing how attachment patterns, informed by past traumas, resonate in their lives and influence their emotional well-being and interpersonal relationships.

Resilience Theory

Resilience Theory underscores people's inherent strengths and adaptability in overcoming adversity, a principle vividly illustrated by Sikh men (Bosmans et al., 2020). Despite enduring centuries of persecution, displacement, and suffering, they demonstrate a remarkable capacity for recovery and growth, grounded in a history and culture steeped in resilience. For example, the principle of 'Chardi Kala'—maintaining high spirits even in adversity—is a guiding force through historical tribulations. Moreover, the Sikh community's emphasis on 'Seva' (selfless service), 'Sangat' (congregation), and 'Simran' (meditative remembering) fortifies social support, spiritual grounding, and a sense of purpose, thereby bolstering resilience (Bosmans et al., 2020). Tales of the courage of Sikh Gurus and the endurance of martyrs, embedded in the community's collective psyche, foster the resilience seen in the Sikh community today.

Overview

The following sections will examine in depth the consequences of intergenerational trauma. Chapter Two, "Methods," discusses the methods and procedures used to carry out the study. This is followed by the "Literature Review," which conducts a detailed analysis of previously published academic works, providing both a historical and contemporary viewpoint on the topic at hand. Chapter Four, "Clinical Application," details the knowledge gained and presents real-world examples that demonstrate the trauma experiences within the Sikh community and how psychological intervention can be beneficial. Finally, Chapter Five,

"Conclusion," synthesizes all the findings into a unified whole and provides recommendations for mental health professionals, community leaders, and policymakers regarding psychological practice for interventions.

Chapter Two: Methodology

This study seeks to examine whether destigmatizing mental health among Sikhs can address intergenerational trauma. Consequently, this chapter delves into the systematic approach employed to explore the literature on the effects of intergenerational trauma within the Sikh community and the hurdles they face when seeking psychological services. The nuances of research methods are as vital as the results they yield. Therefore, this chapter elucidates the comprehensive process undertaken to sift through relevant literature. The readers will gain insight into the databases consulted, search engines utilized, and the specific search terms paired in combinations. A lens is cast on the strategic decisions made during this process, from the selection of publication dates to the criteria determining the inclusion or exclusion of certain works. Recognizing that no research endeavor is without its challenges, this chapter also candidly discusses the obstacles faced during the literature search.

Literature Search Process

The research journey required an organized and systematic literature search process to ensure a comprehensive understanding of the topic. The process started by identifying databases that contained relevant scholarly articles on the topic of interest. For this study, databases under the sponsorships of the City University of Seattle library, particularly PsychINFO, were prioritized, given their reputation for housing a vast repository of psychological and sociological research. To maximize the efficacy of the literature search, inclusion criteria for the study were necessary upon accessing these databases. The inclusion criteria considered the timeframe, relevancy of the articles through screening the keywords, and the significance of the articles to this particular research. The researcher selected articles published between 2018 and 2023 as an inclusion criterion. According to Haddaway et al., (2020), utilizing recent literature is crucial in

research as it ensures the integration of the most up-to-date and pertinent data, thereby enhancing the relevancy and accuracy of the study. However, flexibility to include older studies provided context and background for some foundational concepts that preceded the established date of the publication window.

The investigation started by carefully selecting a set of keywords that included "intergenerational trauma," "stigma," "Sikh men," "cultural stigma," "psychological impact," "family trauma transmission," "ethnic identity," and "mental health attitudes." The chosen phrases ensured specificity while capturing the broad breadth of the research. The term "Sikh men" posed restrictions and produced limited results, given the iterative nature of searches. As a result, a tactical change to "South Asian men" was necessary. This change produced more expansive results and allowed for a better understanding within a broader cultural spectrum framework. The next step involved carefully assessing each cited publication to determine its applicability to the study issue. The researcher selected articles based on their depth of insight, empirical evidence, and direct relevance to intergenerational trauma and its intersection with mental health stigma among South Asian and Sikh men. Assessing significance required a deep analysis of the research's depth, an evaluation of the methodologies employed, and a determination of the direct applicability to the research question

Databases Accessed

A comprehensive review of existing literature from multiple academic databases at City University meticulously explored the intricate relationship between intergenerational trauma and mental health stigma among Sikh and broader South Asian males. From these databases, I extracted vital articles focusing on the psychological patterns and impacts associated with intergenerational trauma, specifically within South Asian and Sikh communities. The depth and

specificity of PsycINFO provided invaluable insights, shedding light on the intricate dynamics of trauma and its transference across generations within these demographics. Below are the databases utilized:

PsychMD

PsychMD maintains an extensive collection of psychology-related articles. This database was instrumental in providing peer-reviewed papers, research studies, and reviews that pertain directly to psychological aspects of trauma, stigma, and mental health.

PsycINFO

The American Psychological Association (APA) manages PsycINFO, which offers abstracts and citations of scholarly literature in behavioural science and mental health.

PubMed

PubMed is a free search engine primarily accessing the MEDLINE database. It was valuable in gathering biomedical literature and more specific articles on mental health, trauma, and associated stigmas in cultural contexts.

Journal Storage (JSTOR)

JSTOR houses a digital library of academic journals, books, and primary sources, providing both historical and contemporary viewpoints on the subject matter.

Google Scholar

Google Scholar was instrumental in accessing a diverse range of articles, theses, books, and conference papers, particularly related to the effects of intergenerational trauma and barriers to accessing psychological services within the Sikh community. This platform offered a broader search, capturing unindexed articles in specialized databases.

Literature Search Parameters

To achieve an in-depth understanding of the effects of intergenerational trauma among Sikh and broader South Asian male demographics, I meticulously structured the literature selection process around specific parameters. These parameters were essential to guarantee the relevance, accuracy, and quality of the sourced information.

The articles chosen were primarily from the past five years, from 2018 to 2023, to ensure that the research findings reflected the current socio-cultural nuances. Notably, a 2021 study by Vyas and colleagues explored the effects of contemporary socio-political changes on the mental health of South Asian men, emphasizing the importance of recent literature.

In pursuit of reliability and credibility, I sought articles that met stringent criteria. I emphasized full-text accessibility by ensuring the data was in PDF format and classifying the entries as journal articles. A pivotal requirement was that the articles be peer-reviewed scholarly works to ensure the credibility and reliability of the research findings. A seminal paper from this filtered list was Qureshi et al. (2023) study on the manifestation of intergenerational trauma among second-generation South Asian immigrants. Themes central to the mental health stigma and its interplay with intergenerational trauma underpinned the focus of the research. To this end, I employed keywords that could capture literature addressing these intersections.

Inclusion and Exclusion criteria

Inclusion Criteria

I meticulously designed the inclusion criteria to select articles that offer direct insights into the impact of intergenerational trauma and the barriers to mental health stemming from stigma among Sikh males. Initially, my search focused narrowly on Sikh men, but due to the scant volume of results, I broadened it to encompass the larger South Asian community. This

adjustment allowed for the incorporation of literature that, while not exclusively focused on Sikh males, discussed mental health and intergenerational trauma within a similar cultural context and provided valuable insights into the specified demographic.

Exclusion Criteria

To ensure a targeted and relevant body of literature, I established clear exclusion criteria. I omitted studies that did not directly pertain to the South Asian community, those limited to systematic reviews without primary data, and research concerning unrelated sub-groups that deviated from the study's central theme. This approach eliminated peripheral studies that did not contribute to the understanding of the convergence of mental health stigma and intergenerational trauma within the community of focus. Applying these exclusion criteria was a critical step in refining the selection process, as part of a structured and methodical literature search strategy, to ensure the depth and pertinence of the reviewed content.

Literature Search Challenges

During the literature search process, I encountered limitations that necessitated the adaptation and evolution of constructs. The most challenging part was the limited research on “Sikh men” in the context of intergenerational trauma and mental health stigma. Most literature frequently grouped Sikh men within the broader category of “South Asian Men” due to the significant presence of the Sikh religion in the South Asian region. This broader term more readily captured the nuances of this demographic, which led me to adjust the search parameters to encompass a wider cultural and demographic context rather than the original, more narrow focus. Navigating the literature on “mental health” and “stigma” without a specific cultural lens was also challenging because of the sheer volume of articles on these broader topics, requiring

additional time and effort to sift through and identify those relevant to the South Asian or Sikh context.

Furthermore, the initial focus on recent publications, set between 2018 and 2023, presented its own challenges. While maintaining the inclusion timelines of the articles selected ensured their continued relevance, this approach unintentionally hindered the accessibility of older yet fundamental studies that contribute to contextual understanding. In response, I expanded the timeframe to include articles from 2000 onwards, ensuring a balance between relevancy and foundational knowledge. Lastly, the interdisciplinary nature of the topic, spanning psychology, sociology, and cultural studies, necessitated an extensive search across multiple databases. Each database, characterized by its specific search algorithms and categorization methods, required a distinct search strategy. There were instances where identical search terms produced disparate outcomes, adding an additional layer of complexity to the search procedure.

Data Analysis Procedure

The data analysis for this study was systematic and meticulous. Initially, I focused on intergenerational trauma, mental health stigma, and their implications within the South Asian male demographic, involving the collection of pertinent academic literature from various sources. I applied the inclusion and exclusion criteria rigorously, selecting articles directly related to the research question. After the selection process, I assessed the contributions of these studies to the understanding of the intersection between intergenerational trauma and mental health stigma within Sikh and South Asian male populations.

For the thematic analysis, I primarily used Clarke and Braun's (2015) six-phase approach, which starts with familiarizing oneself with the data and concludes with the production of a report. This method was crucial in systematically identifying, analyzing, and reporting patterns

or themes within the data. I began the process by repeatedly reading the collected articles, facilitating deep immersion in the data. From there, I generated initial codes and grouped these into potential themes. These themes were then reviewed, refined, defined, and named. Table 1 presents the main themes and subthemes identified.

Table 1

Key Themes, Subthemes, and Findings in Sikh Mental Health Research

Themes	Subthemes	Citations	Key Findings
Mental health	Communication and Openness	(Gaywsh & Mordoch., 2018; Rana & Lara-Cooper., 2021; Sabhlok et al., 2020; Tatla., 2006;	<ul style="list-style-type: none"> - Various mental health concerns among the Sikh community include anxiety, sadness, and post-traumatic stress disorder (PTSD). - The increase in mental health problems is due to the enduring social stigma around mental health within the Sikh community, which prevents people from accessing prompt and efficient treatment. - These studies emphasize the need to address the social stigma surrounding mental health among the Sikh community. - The studies agree on the significance of culturally appropriate mental health treatments since individuals of Sikh background often manifest their psychological distress via physical manifestations. - Communication and transparency are critical in managing mental health issues. - Openness and communication among families and intimate social groups may benefit mental health.
	Mental Health Literacy	(Babbrah., 2021; Pillai et al., 2019; Kaur., 2019)	<ul style="list-style-type: none"> - Mental health literacy introduces an additional level of intricacy since cultural norms and language obstacles may

			<p>impact the knowledge and comprehension of mental health disorders.</p> <ul style="list-style-type: none"> - Community organizations can significantly improve mental health literacy and reduce stigma in ethnic minority groups.
	Mental Health Challenges	(Ogueji & Okoloba., 2022)	<ul style="list-style-type: none"> - Sikh refugees in countries like Canada continue to grapple with mental health challenges. - Evidence indicates that the consequences of historical traumas, such as the 1984 riots, have affected the individuals who directly experienced them and subsequent generations.
Cultural Pressures	Cultural Competence	(Rana & Lara-Cooper., 2021; Gough & Novikova., 2020; Tummala-Narra & Deshpande., 2018; Gaywsh & Mordoch., 2018)	<ul style="list-style-type: none"> - The studies concur that cultural pressures have a significant role to play in promoting negative or positive mental health. - The studies emphasize the importance of culturally competent mental health care, as Sikh men have reported dissatisfaction with care that does not respect their religious and cultural beliefs. - There is a connection between peer victimization and the immigrant stereotype with lower self-esteem, increased depression and anxiety, and a heightened risk of suicidal ideation among Sikh American youth. - Children’s mental health can be affected by parental work-related stress. - Cultural competence among mental health professionals becomes critical when working with diverse populations, including Sikh males. - Culturally competent Mental Health Professionals employ unique coping strategies informed by their cultural and

			<p>religious beliefs to address mental health challenges.</p> <ul style="list-style-type: none"> - The studies shed light on the significant influence of cultural norms and religious principles in perpetuating the stigma surrounding mental health. - The presence of some traditional Sikh teachings, such as “Chardi Kala” and “Meer Kar,” may potentially impede the recognition and open dialogue around mental health concerns, thereby fostering hesitancy among individuals to get assistance actively.
	Stigmatization	(Gough & Novikova., 2020)	<ul style="list-style-type: none"> - Societal pressure, especially the adherence to traditional gender roles, discourages Sikh men from seeking professional help for their mental health concerns. - There is a need for specialized mental health interventions that consider historical and current forms of trauma and the cultural and language barriers faced by Sikh men. - Stigmatization increases the likelihood of developing mental health problems by causing shame, guilt, and embarrassment about having a mental illness.
Intergenerational Transmission of Trauma	Parenting Styles	(Ogueji & Okoloba., 2022; Patel & Nagata., 2021; Tummala-Narra & Claudius., 2013; Vahali., 2022; Elias & Brown., 2022)	<ul style="list-style-type: none"> - This finding implies that the consequences of the 1984 riots have had a lasting influence on the Sikh community following generations. - Stigmatization of mental health can impact intergenerational trauma. - The role of intergenerational family stories in mental health and well-being, particularly among Sikh males, affects their ability to heal from past traumas

			<p>and move forward with their lives.</p> <ul style="list-style-type: none"> - These findings confirmed the negative consequences of authoritarian parenting, defined by overcontrol and a lack of emotional warmth. - Parental attitudes and behaviour can influence a child's feelings about discussing mental health - Children growing up in homes open and accepting of people with mental health concerns are less likely to face stigma. - The conventional parenting styles in South Asian cultures, often characterized by authoritarian, may further exacerbate these intergenerational cycles of trauma.
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Some limitations in the methodology became evident as the research progressed. First, the strict initial timeframe of most articles may have omitted foundational research before 2018 that provides a deeper historical context. Additionally, the researcher did not address some nuanced aspects due to the vastness of the topic. Lastly, including primarily English-language publications might exclude significant findings from non-English sources, potentially narrowing the reviewed studies' perspective and cultural richness.

The final phase of analysis centred on synthesizing the themes, patterns, and discoveries across the literature corpus—this synthesis aimed at drawing insightful conclusions and filling the gaps outlined in the research objectives.

Summary

Chapter 3 focused on the findings in the literature search. The research question is, “Can the de-stigmatization of mental health among Sikh males help to address intergenerational trauma?” The literature review was to provide insight into culturally appropriate ways of giving trauma-informed psychological care to the stigmatized population with mental health problems. This review was to provide a foundation for future investigations about the intricate interactions between intergenerational trauma and mental health stigma among Sikh and other South Asian males. The systematic processes described in this chapter began with a thematic analysis identifying several descriptive narratives about mental health and stigma within cultural contexts.

Chapter Three: Review of Literature and Findings

Literature Review

This literature review aimed to explore the research question is, “Can the de-stigmatization of mental health among Sikh males help to address intergenerational trauma?” In

addressing this question, the review highlighted persistent gaps in existing literature and posed research questions specific to this study. Focusing on cultural nuances and barriers created by stigma, particularly within the Sikh community, the review aimed to provide a comprehensive framework for our inquiry into therapeutic interventions. The purpose of this section is to construct a thorough narrative that deepens our understanding of the issue, validates the aims of our research, and sets the foundation for our empirical explorations.

The extensive body of scholarly research focusing on the 1984 Anti-Sikh riots and their enduring impact on the mental well-being of Sikh men paints a troubling picture. Numerous academic investigations, including the works of Tatla (2006) and Chorpita & Barlow (2018), have delved into various mental health issues prevalent among those directly affected by acts of violence, such as anxiety, sadness, post-traumatic stress disorder (PTSD), and rage. Compounding this issue is the persistent social stigma surrounding mental health within the Sikh community, which impedes timely and effective access to treatment. Individuals exposed to riots, according to the empirical evidence presented by Sabhlok et al. (2020) and Esterwood & Saeed (2020), face a higher risk of developing mental health disorders than those who have not experienced such trauma. These findings highlight the urgent need to address the societal stigma surrounding mental health.

It is essential to acknowledge that the repercussions of this trauma extend beyond geographic boundaries (Babbrah., 2021; Rana & Lara-Cooper., 2021; Roberts et al., 2016). According to Ahluwalia (2019), the enduring mental health challenges faced by Sikh individuals who sought refuge in Canada to escape the violence exemplify this phenomenon. The presence of acculturation and social integration concerns adds a layer of stress to this situation. Studies conducted by Rana & Lara-Cooper (2021) and Roberts et al. (2016) emphasize the importance of

culturally appropriate mental health treatments, as individuals of Sikh background often manifest their psychological distress through physical symptoms, posing challenges in terms of accurate diagnosis and effective treatment.

An enduring social stigma around mental health within the Sikh community exacerbates the problem, preventing people from accessing prompt and efficient treatment. Notably, research conducted by Ogueji & Okoloba (2022) provides empirical support for the concept of intergenerational transmission of trauma. The idea of intergenerational transmission of trauma suggests that the consequences of the 1984 riots have a lasting imprint on subsequent generations, exacerbating the social stigma. The substantial body of scholarly research on the 1984 Anti-Sikh riots and their persistent effects on the psychological health of Sikh males presents a problematic depiction and reveals the riots' long-lasting effects across subsequent generations (Sabhlok et al., 2020; Ahluwalia & Pelletiere., 2010).

Tatla (2006) conducted a series of scholarly inquiries that examined various aspects of psychological well-being among Sikh males, with a particular focus on the repercussions of the 1984 riots. These concerns encompass anxiety, melancholy, and post-traumatic stress disorder (PTSD). Additionally, the findings of Sabhlok et al. (2020) provide empirical evidence suggesting that those who directly experienced the anti-Sikh riots have a greater propensity for the development of mental health disorders. These studies emphasize the need to address the social stigma surrounding mental health and explore the long-lasting intergenerational impact that haunts the Sikh community.

Additionally, the impact of the continuing global problems, such as the COVID-19 pandemic, on the mental well-being of the Sikh community has been highlighted in scholarly works by Patel & Nagata (2021) and Luthra et al. (2015). In addition, the impact of racism in

Western nations on the Sikh community, as noted by Tummala-Narra & Claudius (2013) and Dhillon (2021), has significantly contributed to intergenerational traumas among Sikh communities, resulting in increased stress and diminished self-esteem. In response the following section delves into the pervasive effects of stigma and intergenerational trauma examining the cultural and religious aspects to trauma, parental influences and mental well-being. These discussions highlight the need for further exploration.

Cultural and Religious Aspects of Intergenerational Trauma

Regarding cultural and religious aspects, scholarly investigations such as Evans-Campbell (2008) propose that previous traumatic experiences could engender a sense of doubt or wariness towards mental health services. Additionally, studies conducted by Kaur (2019) and Bansal et al. (2022) reveal that the community's historical experiences of persecution and trauma intensify these stigmas surrounding mental health. Moreover, Bansal et al. (2022) notes the importance of prioritizing providing specialized mental health treatments and interventions that are culturally sensitive and tailored to the unique needs of Sikh males. According to Hübl & Avritt (2020), it would be necessary to consider historical and contemporary forms of trauma to ensure the overall well-being of such communities engulfed in intergenerational traumas.

An extensive literature review reveals that the intricate interplay of cultural, religious, and generational influences and their impact on mental health outcomes among Sikh males is a subject of utmost significance. In Western nations, such as the United Kingdom and Canada, scholarly investigations conducted by Chakraborty & McKenzie (2002), as well as Bansal et al. (2022), shed light on the significant influence of cultural norms and religious principles in perpetuating the stigma surrounding mental health. The presence of some traditional Sikh teachings, such as "Chardi Kala" and "Meer Kar," may potentially impede the recognition and

open dialogue around mental health concerns, thereby fostering hesitancy among individuals to get assistance actively. Mental health literacy introduces an additional level of intricacy since cultural norms and language obstacles may impact the knowledge and comprehension of mental health disorders. The studies conducted by Jorm et al. (1997) and Ahluwalia & Pellettiere (2010) shed light on a significant deficiency in mental health literacy, particularly among older Sikh males. This deficiency further hinders the ability to connect with mental health services effectively. The results of Babbrah (2021) and Pillai et al. (2019) support and reinforce the conclusions above, advocating for focused treatments that specifically target cultural and language obstacles.

Parenting Styles

Parenting style's impact on mental health, especially in the transmission of intergenerational trauma, introduces an additional aspect to this ongoing discussion. According to the research conducted by Ahluwalia & Pellettiere (2010), it is indicated that the conventional parenting approaches prevalent in South Asian cultures, which often exhibit authoritarian tendencies, may result in negative consequences for mental well-being. The effect of parenting approaches on attachment patterns may lead to emotional and psychological difficulties, thereby continuing intergenerational cycles of trauma within families. Additionally, the study conducted by Kaur (2019) provides more evidence about the emotional detachment experienced by Sikh children from their dads, emphasizing the potential enduring implications for their psychological well. The study conducted by Ahluwalia & Alimchandani (2013) reveals that the active participation of the Sikh community plays a crucial role in reducing the stigma associated with mental health and delivering culturally sensitive treatment. According to Barlow (2018) and other scholars, engaging in open discussions about mental health can cultivate a more

sympathetic atmosphere, addressing the current disparities in comprehension and therapeutic alternatives for underrepresented populations such as Sikh males.

The generational variations in parenting practices present a range of obstacles and possibilities when tackling the issue of mental health stigma. According to Farrer (2008) and Khanlou et al. (2017), recent research indicates that younger cohorts are more willing to engage in conversations about mental health. This shift may be attributed, at least in part, to the changing cultural norms and heightened levels of awareness surrounding this issue. However, a potential source of conflict may occur when these more progressive perspectives conflict with conventional beliefs, especially among immigrant households. Finally, the contribution of religion in fostering resilience in the context of trauma, as suggested by Vahali (2022), adds a complex dimension to this complicated fabric. The results indicate that religion may have a dual impact on the perception and comprehension of mental health, as it may both perpetuate stigma and misconceptions while also serving as a valuable coping strategy that instills hope and offers a conceptual framework for comprehending and navigating experiences of distress.

Mental health among Sikh Men

The mental well-being of Sikh males is a diverse and intricate matter intricately connected to cultural norms, stigma, and the pervasive influence of intergenerational trauma. Within several Sikh communities, there exists a prevailing adherence to conventional gender roles, which imposes excessive expectations on males to embody stoic behaviour and emotional resilience. The phenomenon of underreporting mental health difficulties among Sikh males, as shown by the study conducted by Gough and Novikova (2020), has brought attention to the impact of societal pressure on this specific population. This pressure discourages Sikh men from seeking professional assistance for their mental health concerns. Moreover, a pervasive

deficiency exists in providing culturally sensitive mental health services for Sikh males. Bhui & Bhugra (2002) conducted a study in the United Kingdom, while Ridley et al. (2021) conducted a similar study in the United States. These individuals often attribute their displeasure to cultural insensitivity, which they see as a hindrance to the efficacy of their treatment. Both studies highlight the discontent expressed by Sikh males over the mental health care they get.

Sikh children, in particular, exhibit heightened vulnerability since their mental health outcomes are influenced not only by familial and communal dynamics but also by external factors, including bullying and cultural prejudices. According to Shaligram et al. (2022), there is a notable association between peer victimization and the 'foreigner stereotype' and mental health concerns, including diminished self-esteem and heightened susceptibility to suicide ideation, among Sikh American adolescents. Furthermore, the research conducted by Okello (2023) demonstrates that children are profoundly influenced by their fathers' work-related stress, regardless of socioeconomic variables. This influence manifests in heightened anxiety, sadness, and attention deficit hyperactivity disorder (ADHD) symptoms among children whose dads experience considerable workplace strain.

In terms of intervention, clinical and community-based options are available; however, these approaches come with various constraints. According to Hall et al. (2011), the success of clinical mental health treatments such as individual therapy and psychiatric care is frequently contingent upon the cultural competence of the healthcare professional. According to Jenkins (2019), community-based endeavours such as mental health education programs implemented in Gurdwaras have shown more efficacy in enhancing awareness. However, these efforts are limited in providing direct therapeutic interventions. Despite the promising outcomes shown in trauma-

informed therapy, Isobel et al. (2021) assert a deficiency in interventions to mitigate intergenerational trauma.

The prospect for enhancement is within mental health education programs attuned to cultural sensitivities. Jenkins (2019) propose that these programs have the potential to address the unique cultural and religious dimensions of the Sikh community, including practices such as communal support (Sangat), meditation (Naam Simran), and a positive outlook (Chardi Kala). Chakraborty et al. (2002) and Sabhlok et al. (2020) highlight the need for cultural sensitivity training for mental health practitioners to enhance their ability to diagnose and treat Sikh males more effectively. Acknowledging and considering the distinct obstacles and advantages faced by the Sikh community, these initiatives prioritizing cultural sensitivity can significantly enhance the mental health environment specifically for Sikh males.

Most of the existing knowledge has been derived from either quantitative or qualitative research methods, focusing on factors linked to exposure to traumatic violence and the obstacles hindering access to treatment for the psychological aftermath of such trauma. In light of this, the following section delineates the thematic elements encompassing communication and openness, cultural pressures, mental health literacy, parenting styles, and Cultural Competence among Mental Health Professionals.

Findings from Literature Review

Psychological Impact of the 1984 Anti-Sikh Riots

The scholarly literature paints a distressing picture of the long-term psychological effects of the 1984 Anti-Sikh riots on Sikh males. Anxiety, PTSD, sadness, and anger are prevalent, especially among those directly affected by the violence (Tatla., 2006; Sabhlok et al., 2020;). The

issue is compounded by a persistent stigma surrounding mental health within the Sikh community, impeding timely and effective access to treatment.

According to a study by Ni et al. (2020), riots and protests, whether violent or nonviolent, can cause the victims adverse mental health impacts, such as anxiety, depression, and PTSD. In that sense, a case study conducted by Sabhlok et al. (2020), which involved interviews with 25 women victims of the anti-Sikh riots, revealed that approximately 57% were diagnosed with at least moderate depression, whereas 67% were diagnosed with depression. Additionally, the victims reported having uncontrollable anger and flashbacks and experiencing a sense of disconnect from the community. However, despite the victims of the riots experiencing these symptoms, they were unaware they needed medical intervention and assumed it to be their destiny due to prior actions. The psychological effects could also further be accelerated by stigma, as stigmatized social results are likely to exacerbate stress, social relationships, and physiological and behavioural responses (Hatzenbuehler & Link 2014). Also, the victims of these riots may experience increased substance abuse and suicide due to the link between stigmatization and its influence on how mental health patients perceive themselves, potentially leading them to adopt unfavorable coping mechanisms (Oexle et al., 2018).

The impact of the trauma is not limited to Sikhs residing in India; it also affects Sikhs who have migrated to escape the violence. Research demonstrated by Sabhlok et al. (2020) emphasizes that Sikh refugees in countries like Canada continue to grapple with mental health challenges. Also, the literature highlights the additional stressors related to acculturation and social integration experienced by this population. Furthermore, evidence indicates that the consequences of historical trauma (HT), such as the 1984 riots, have affected the individuals who directly experienced them and subsequent generations (Ogueji and Okoloba., 2022). The

conventional parenting styles in South Asian cultures, often characterized by authoritarian, may further exacerbate these intergenerational cycles of trauma.

Stigma and Underreporting

Research has indicated that societal pressure, especially the adherence to traditional gender roles, discourages Sikh men from seeking professional help for their mental health concerns. The literature has highlighted this underreporting as a significant issue in the literature (Gough and Novikova., 2020). A common thread through this body of research is the need for specialized mental health interventions that consider historical and current forms of trauma and the cultural and language barriers faced by Sikh men. Several scholars advocate for developing specialized, culturally sensitive treatments to improve the mental health landscape for Sikh males.

Communication and Transparency

Communication and transparency are critical in managing mental health issues. It creates a friendly atmosphere, promotes greater understanding, lowers stigma (Hellström & Beckman., 2021), and encourages people to seek treatment. By openly discussing challenges about mental health, individuals can challenge biases, prejudices, and misunderstandings by addressing them. As a result, persons with mental health disorders are less likely to be stigmatized in a more knowledgeable and empathic community.

Furthermore, openness and communication among families and intimate social groups may be beneficial. According to research by Gaywsh & Mordoch (2018), open communication regarding mental health difficulties within families may lead to improved understanding, increased emotional support, and early intervention, all of which are critical for successful treatment.

Robust communication between healthcare professionals and patients is vital for professional mental health treatment. Open communication enables a thorough grasp of patients' experiences, wants, and preferences, resulting in more accurate diagnoses and better, tailored treatment approaches (Gaywsh & Mordoch., 2018). Additionally, transparency regarding mental health is essential in public settings such as workplaces and educational institutions. Initiatives like open-dialogue mental health education programs may increase awareness, build understanding, and provide people with the skills to seek treatment or support others coping with mental health concerns (Lennon et al., 2023).

Cultural Pressures

Research shows that traditional Sikh teachings such as "Chardi Kala" and "Meer Kar" can hinder acknowledging mental health issues and seeking help. Cultural norms and religious principles significantly perpetuate mental health stigma, especially in Western nations like the UK and Canada (Chakraborty & McKenzie., 2002). Cultural influences can impact individual behaviours, choices, and emotional well-being, frequently changing life trajectories that match more with societal standards than personal aspirations. These cultural factors significantly affect, sometimes subconsciously, people's actions and choices.

Gough & Novikova (2020) argue that societies characterized by high degrees of "collectivism" tend to focus on family and societal standards, which can often overwhelm personal wishes and ambitions. Furthermore, Tummala-Narra & Deshpande (2018) have observed that such pressures may lead to compliance, resulting in discontent or mental suffering when personal values contradict societal standards. Therefore, comprehending the impact of these cultural forces is critical for understanding human behaviour and well-being within distinct cultural settings.

Gough & Novikova (2020) argue that within the Sikh culture, cultural pressures and gender expectations may deter men from seeking help for mental health issues. Sikh men highlight a reluctance to seek treatment for mental health issues due to a lack of understanding or adherence to cultural beliefs about mental illness. Additionally, their research demonstrates the importance of culturally competent mental health care, as Sikh men have reported dissatisfaction with care that does not respect their religious and cultural beliefs (Gough & Novikova., 2020)

The challenges faced by the Sikh community in the United States, specifically its youth, further underscore the mental health challenges within this demographic. A study conducted by Atwal (2016) reveals a connection between peer victimization and the immigrant stereotype with lower self-esteem, increased depression and anxiety, and a heightened risk of suicidal ideation among Sikh American youth.

Furthermore, children's mental health can be affected by parental work-related stress. Gough & Novikova's (2020) research suggests that children with fathers experiencing high job strain are more likely to exhibit behavioural issues, anxiety, and depression, regardless of the father's socioeconomic status. This finding aligns with the study by Tummala-Narra & Deshpande (2018), which underscores that children with fathers experiencing high workplace stress are more likely to exhibit attention deficit hyperactivity disorder (ADHD) symptoms. The finding emphasizes the necessity for support systems for fathers managing significant workplace stress. It is also noteworthy that changes in generational parenting styles can also impact the stigma surrounding mental health.

Parenting Styles

Generational changes in parenting styles can significantly influence the perception of mental health stigma, both positively and negatively. How parents raise their children is crucial

in shaping a child's understanding of mental health and their attitudes toward mental illness. Lahousen et al. (2019) found that authoritative parenting encourages acceptance of mental illness, whereas authoritarian or dismissive parenting perpetuates the shame associated with mental disorders.

Khanlou et al. (2017) pointed to the more favourable outlook toward mental health among younger parents. Meanwhile, Atwal (2016) have noted how migration and cultural adaptability can influence shifts in parenting styles. These societal views on parenting have elicited changes in disciplinary approaches within Sikh families. A mix of rewards and consequences has replaced traditional verbal and physical corrections. However, this shift has left many Sikh children feeling emotionally abandoned and estranged from their fathers, potentially creating challenges in forming healthy attachments and regulating emotions in future generations (Kaur., 2019).

It is worth noting that parenting and attachment styles can transmit trauma from one generation to the next. The attachment style developed during early childhood significantly influences an individual's ability to cope with stress and trauma in adulthood (Delaney., 2016). Traditional gender norms and expectations related to parenting practices may impact the attachment patterns of Sikh males, potentially leading to insecure attachments when fathers and their children do not express their feelings. Consequently, this could prolong intergenerational trauma within the community.

Delaney (2016) focused more on the influence of early childhood attachment styles on an individual's ability to cope with stress in adulthood. However, their conclusions yielded different perspectives on the severity and character of this prejudice. Both Lahousen et al.(2019) and Reupert et al. (2021) acknowledged the influence of parental attitudes in shaping the stigma

around mental health. However, it offers contradictory assessments of how far this prejudice runs. It is essential to consider that parental attitudes are complicated and impacted by other variables, including community perspectives and media depictions, as Lahousen et al.(2019) and Reupert et al. (2021) mentioned.

Several researchers, Gaywsh & Mordoch (2018), and Kaur & Basra (2022), have emphasized the importance of open communication about mental health. However, their results diverge on the frequency and quality of these conversations. While Gaywsh & Mordoch (2018) found such discussions to be few and shallow, Kaur & Basra (2022) noted encouraging signs of increasing openness to discourse within the Sikh community.

Mental Health Literacy

Parenting styles and family dynamics have a noticeable impact on the mental health of Sikh children. Research points out that the emotional detachment experienced by Sikh children from their fathers can have long-lasting psychological consequences (Kaur., 2019).

In groundbreaking research, Tummala-Narra & Claudius (2013) revealed how community organizations can significantly improve mental health literacy and reduce stigma in ethnic minority groups. Although their community-based mental health education approach is not specific to Sikhs, it holds potential applicability to Sikh communities.

Bhangu (2021) conducted more focused research concerning the function of Gurdwaras (Sikh temples) as communal spaces for improving mental health literacy among Sikh males in Canada. Given their central position in Sikh communal life, they discovered that these religious organizations could serve as excellent venues for mental health education and reducing stigma. Furthermore, research conducted by Jorm et al. (1997) and Ahluwalia & Pelletiere (2010) has

identified a significant gap in mental health literacy, particularly prevalent among older Sikh males. This deficiency hampers their ability to engage effectively with mental health services.

These studies share a common interest in exploring the impact of factors such as traditional parenting, mental health stigma, cultural beliefs, generational trauma, and open communication on the mental health of Sikh males. The consistency in the conclusions from these two studies sheds light on the many ways in which social and cultural influences shape the mental health of this community. Specifically, Delaney et al. (2016) and Bosmans (2020) have highlighted the effects of authoritative and authoritarian parenting styles on the mental health of Sikh teenagers. These findings confirmed the negative consequences of authoritarian parenting, defined by overcontrol and a lack of emotional warmth. Delaney et al. (2016) also expressed that an individual's attachment style, formed in infancy and may be influenced by parental methods, significantly impacts their capacity to deal with stress and trauma in adulthood. Bosmans (2020) further discovered that parental attitudes and behaviour could influence a child's feelings about discussing mental health. Their research indicates that children growing up in homes open and accepting of people with mental health concerns are less likely to face stigma.

Cultural Competence among Mental Health Professionals

Researchers have stressed the importance of culturally responsive mental health treatments for the Sikh community. The literature highlights that Sikhs often express psychological distress through physical manifestations, posing challenges in diagnosis and treatment (Rana & Lara-Cooper., 2021; Roberts et al., 2016). As a result, there is an increasing need for treatments tailored to address these cultural manifestations of distress. Cultural competence among mental health professionals becomes critical when working with diverse

populations, including Sikh males. These individuals employ unique coping strategies informed by their cultural and religious beliefs to address mental health challenges.

Gough & Novikova (2020) and Lebowitz & Ahn (2012) researched the stigma surrounding mental health, noting how gender norms and cultural beliefs can increase this already complex issue. For example, in many cases, Sikh males are expected to display stoicism and lack of emotion, making them reluctant to seek treatment when they suffer emotionally or psychologically. On a similar note, studies by Gaywsh & Mordoch (2018), and Kaur & Basra (2022) all emphasize the value of open communication. These studies advocated for open dialogues on mental health issues to help break down stigma, increase awareness, and encourage earlier treatment. These examples show the importance of open communication between patients and their healthcare providers and within their own families.

Additionally, each of these studies found that Sikh males encounter barriers when accessing mental health services, including stigma, cultural beliefs, and the lack of culturally appropriate treatment. Their research suggests that Sikh males may attribute their dissatisfaction with mental healthcare to their perceptions of mental health professionals lacking cultural competence and understanding. The findings underscore the imperative for mental health practitioners to enhance their cultural sensitivity and proficiency when interacting with male Sikh individuals.

Methodological Critiquing

This section critically examines the existing literature on intergenerational trauma among Asian American communities, with a particular lens on the Sikh male population. The studies reviewed are instrumental in demonstrating how historical events, such as the India/Pakistan

Partition and other conflicts, have left profound psychological imprints on descendants, thereby influencing their current mental health.

Kaur's 2019 study on the Partition of India and Pakistan brings to light the subtle, yet significant, intergenerational trauma that resonates with the experiences of the Sikh community today. The methodological application of trauma inventories and statistical analyses in this study offers a blueprint for investigating the psychological impacts that are potentially contributing to mental health stigma among Sikh males.

The research by Qureshi et al. (2023) extends this understanding by linking such historical traumas to current health disparities faced by South Asian immigrants, including Sikh males. By placing the Sikh community within the broader framework of historical trauma, this study underscores the necessity of culturally nuanced health interventions that address the unique experiences and needs of this group.

Hall et al. (2011) further enrich this discourse by identifying key themes in providing culturally competent mental health services to refugees, which are also applicable to diasporic Sikh males grappling with stigma. This study emphasizes the importance of culturally responsive care, suggesting a parallel need within the Sikh community to foster healing and understanding through acknowledgment of their cultural narratives and expressions.

Patel & Nagata (2021) explore the implications of HT across various Asian American groups, providing a methodological framework that can be extended to include the Sikh male demographic, which has also faced significant historical traumas.

Lastly, the case studies by Rana & Lara-Cooper (2021), and the discussion by Vahali (2022), pivot around creating positive cultural identities and addressing racial trauma through

community and spiritual connections. These studies inform potential interventions and support systems that are culturally and historically attuned to the needs of the Sikh male population.

The significance of these studies lies in their collective contribution to a deeper understanding of how historical traumas continue to impact mental health and stigma among Sikh males. They provide a multifaceted view of the challenges and considerations necessary for effective mental health support and the importance of a culturally sensitive approach to research and intervention.

Research Paradigms

Studies that assessed the impact of trauma on successive generations of Sikhs all employ the constructivist research method. This approach is consistent with the findings presented in Isobel et al. (2020) paper on the effects of intergenerational trauma and the need for culturally relevant and tailored therapy. Within this context, the constructivist perspective highlights the significance of recognizing the individual's unique cultural, social, and personal experiences in interpreting and understanding traumatic events. An appreciation of stigma, in turn, requires an appreciation of how each person's unique experiences, beliefs, and cultural surroundings shape their perceptions of mental health. Hall et al. (2011) embraced this aspect in their study within the Sikh community, using a constructivist approach.

Role of the Researchers

Researchers engaged with participants in qualitative studies and conducted thematic analysis of responses to learn about the effects of intergenerational trauma on individuals and communities. There are several ways through which researchers collect information. According to Paradis et al. (2016), depending on the researcher's research plan and design of the study, researchers may collect data from published literature sources, surveys (email and mail),

interviews (telephone, face-to-face, or focus groups), observations, case study, documents and records, and experiments. For instance, in a study examining how psychiatrists perceive and address the trauma that spans generations in the Sikh community, Isobel et al. (2021) used in-depth interviews and conversations to collect this data. Similarly, Vahali (2022) chose a sample, conducted interviews to gather information about their experiences and actions, and evaluated the results to find correlations. Researchers analyze collected data in addition to managing it. According to Graue (2015), there are different ways through which researchers analyze data. These include content analysis, grounded analysis, narrative analysis, discourse analysis, and content analysis. Finally, researchers interpret the analyzed data and offer recommendations based on the study's findings.

Research Participants

In critiquing the credibility of research focused on human participants within the Sikh community, the composition and selection of the study sample are critical. The existing body of research, primarily concentrated on male participants, may not fully encapsulate the diverse experiences of the entire community. For instance, Vahali's (2022) qualitative study interviewed twelve Sikh adults who were survivors of the 1984 anti-Sikh riots, probing into their emotional states and coping mechanisms. Isobel et al. (2021) broadened this inquiry by interviewing 30 Sikh men, identifying a range of symptoms including anxiety, depression, PTSD, and hostility. While these studies offer valuable insights, the validity of their conclusions is contingent upon the adequacy of their sample sizes.

To bolster credibility, the participant pool must represent the demographic spectrum of the Sikh diaspora in terms of age, gender, socioeconomic status, and geographical spread. The sampling methodology must be meticulously designed to avoid biases, such as those arising from self-selection or skewed recruitment strategies. A credible sampling strategy also involves selecting participants who possess the experiences central to the research questions, such as those who have lived through specific historical events like the 1984 riots.

Moreover, the credibility of the research is reinforced when limitations in the sampling process are transparently communicated and when data collection methods are applied consistently across participants. A well-structured and demographically representative sample, coupled with a rigorous methodology, underpins the trustworthiness of research findings. In the case of the studies by Vahali (2022) and Isobel et al. (2021), despite their relatively small sample sizes, the depth and specificity of the participants' experiences provide a focused lens on the trauma and recovery of Sikh males post the 1984 riots. However, to generalize these findings to the wider Sikh community, future research must expand its scope to include a broader participant base that captures the full richness and diversity of the Sikh experience.

Data Collection

When investigating the experiences of individuals who have experienced intergenerational trauma, the methodology used to obtain data plays an essential role in ensuring the credibility of the research. Isobel et al. (2021) and Rana & Lara-Cooper (2021) used a community-based approach in their studies, actively involving members of the Sikh community as participants. Isobel et al. (2021) utilized semi-structured interviews with open-ended questions, allowing participants to engage in candid and fluid conversation. Vahali (2022) created a comfortable environment where men could openly share their grief, their spouse's

coping strategies, and the support they received. In both studies, researchers taped and transcribed most of the in-person interviews. This meticulous method guarantees the accuracy of the data obtained by offering an authentic firsthand account of the experiences and viewpoints of the study's participants (Toyon., 2023). This approach, along with careful transcription, preserves the fullness and richness of the participants' narratives, enhancing the study's credibility and authenticity.

Data Analysis

The thematic analysis serves as the primary method of data analysis in both the investigations by Isobel et al. (2021) and Rana & Lara-Cooper (2021). The thematic analysis aims to identify overarching themes within a body of research by systematically interpreting and classifying data collected from interview responses (Kiger & Varpio., 2020). In the study by Isobel et al. (2021), they established a procedure in which one researcher initially analyzed the data with subsequent reviews by others to ensure consensus. However, the protocols provided vague details about the data analysis, participant recruitment, and sample size. Withholding such critical information, including data analysis procedures, participant recruitment strategies, and sample size, could potentially jeopardize the reliability and validity of the research. Effective data collecting and analysis techniques are crucial for ensuring the overall validity of studies (Kiger & Varpio., 2020).

Despite the mentioned shortcomings, both researches relied on self-report measures, which, although vulnerable to respondent bias, can provide insightful data about people's lives. To strengthen the robustness of their results, Rana & Lara-Cooper (2021) used data saturation and independent analysis, demonstrating the efforts made to ensure dependability. Similarly, Vahali (2022) made similar efforts to ensure the study's reliability by checking the transcripts

multiple times. They guided the process of theme formation based on the participants' actual experiences. This method lends credibility and practical reliability to the highlighted themes.

Qualitative Findings

The qualitative sources revealed valuable insights into the intersections of trauma and Sikh mental health. Kaur & Basra (2022) investigated the dynamics of doctor-patient communication and found that language barriers and the lack of culturally sensitive methods by medical personnel often hindered successful treatment. According to their findings, many Sikh patients felt their concerns were misinterpreted or trivialized.

Barrow (2022) added to the value of open debate by underlining the necessity of mental health education in schools. Their study demonstrated that early knowledge and destigmatization initiatives could have a long-term impact on lowering mental health stigma in society. In the context of recognizing mental health stigma among Sikh males, patriarchal norms present in many communities, including the Sikh community, can impose a unique expectation of emotional stoicism on men. According to Barrow (2022, this gender convention often hinders males from showing vulnerability or seeking treatment, perpetuating the stigma around mental health.

In Vahali's (2022) research on Sikh adults impacted by the 1984 anti-Sikh riots, Vahali examined the relevance of religious beliefs in coping and underlined the need for communal support. Participants regularly expressed finding consolation in convening at Gurdwaras (Sikh temples) and engaging in shared community activities that served as therapeutic outlets for them. While recognizing the advantages of religious coping, the authors also highlighted the potential drawbacks. They observed that excessive dependence on spiritual practices without obtaining professional mental health help could lead to repressed emotions and delayed recovery in certain

situations. Their findings underscored the importance of a balanced approach in which religion complements rather than replaces professional treatment.

Methodological Strengths and Limitations

Strengths

Research derives its strength from the robustness of its methodologies, which, in our evaluated studies, are exemplified by the application of established measurement tools and the execution of meticulous statistical analyses. For example, Kaur and Jaggi's use of the Danieli Inventory for Multigenerational Legacies of Trauma provides standardized credibility to their findings, a cornerstone of strong research. We further reinforce this credibility in our own work by conducting rigorous statistical analyses, such as independent t-tests in SPSS, adding scientific rigor and allowing for objective data assessment.

The strength of research is also evident in its ability to encapsulate complexity through a multidisciplinary lens, as seen in the work of Qureshi et al., (2023); Patel & Nagata (2021), and Evans-Campbell (2008). Their approach captures the nuanced nature of historical trauma and enriches the research with diverse scholarly perspectives, a crucial component for comprehensive investigation. The breadth of data collection from varied diasporic settings extends the research's relevance and applicability, a testament to its robust design.

Moreover, identifying universal cultural themes in mental health treatment, as done by Ridley et al. (2021) suggests that these themes have far-reaching implications and adaptability beyond the LGBTQ+ community. The emphasis on methodological considerations, highlighted by Patel and Nagata, provides a theoretical foundation for understanding intergenerational trauma. Their adaptable framework, though initially focused on Japanese and Southeast Asian American men, is indicative of research with wide demographic relevance.

In addition to these methodological strengths, empirical evidence gathered through detailed methodologies further fortifies research robustness. Case studies, such as those conducted by Rana & Lara-Cooper (2021), offer rich insights into the experiences of communities, providing valuable context that quantitative data alone may not capture. Reflective and critical examination of methodologies, acknowledging limitations and biases, exemplifies rigorous academic inquiry and is essential for advancing field knowledge and developing nuanced intervention strategies.

Furthermore, the innovative application of cultural practices in treatment, as identified in Toyon's (2023) research, not only adds depth to the research but also underscores the importance of culturally sensitive methodologies. These approaches align with individuals' lived experiences and can significantly enhance the relevance and effectiveness of mental health interventions.

Collectively, the various methodological approaches ranging from quantitative rigor to qualitative depth exemplify the strengths of thorough, credible, and applicable research. These methodologies allow for a comprehensive understanding of the complex nature of intergenerational trauma and open avenues for context-sensitive prevention and intervention programs, further underscoring the robustness of their scholarly contributions.

Limitations

In research, limitations are often the result of methodological trade-offs that balance depth against breadth and qualitative insights against quantitative data. As I consider the research reviewed, I notice these inherent compromises. For example, the statistical tools utilized by Kaur & Basra (2022) offer rigorous validation but may not fully reflect the complexities of the Sikh cultural experience. I acknowledge that the subtle traumas embedded in cultural practices may not be easily quantifiable and thus could be missed by such quantitative approaches.

The extensive, multi-country research by Qureshi et al., (2023); Patel & Nagata (2021), and Evans-Campbell (2008) brings valuable breadth but may inadvertently obscure the unique cultural details vital for crafting effective, community-specific interventions. Their broad multidisciplinary framework, while inclusive, may not penetrate into the depth of individual community nuances necessary for targeted solutions.

The secondary literature review by Kaur Luthra (2021), although thematically comprehensive, lacks the directness and nuance that primary research affords. In their analysis, crucial cultural elements specific to the mental health of Sikhs may be overlooked due to the focus being primarily on refugees.

The theoretical model provided by Patel & Nagata (2021) is another case where empirical support does not necessarily equate to practical applicability. Translating their theoretical framework into tangible, culturally-appropriate interventions for the Sikh community presents significant challenges.

The detailed case studies by Rana & Lara-Cooper (2021), while offering depth, fall short in generalizability. The insights they provide, though profound, may not extend beyond the specificities of the studied cases to the broader population.

The roots of these limitations lie in the constraints of research design, resource availability, and the inherent complexity of human experiences that resist simple quantification. Recognizing these limitations is not to undermine the research but to ensure a transparent understanding of where and how it can be most effectively applied. This understanding is imperative for future research to build upon, to address existing gaps, and to refine our understanding of complex phenomena such as intergenerational trauma. It's a reminder that

research is a progressive endeavor, continually evolving as new insights and methodologies emerge.

Ethical Considerations

In exploring the intricate subject of intergenerational trauma among Sikh males, it is imperative to approach the research with a stringent ethical framework. This section aims to elaborate on the ethical underpinnings that are essential in conducting research that is both sensitive to the cultural nuances and adherent to professional guidelines.

At the foundation of this research lies the Tri-Council Policy Statement, which is rooted in principles of justice, respect for human dignity, and the welfare of participants (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council, 2018). This policy is pivotal in guiding Canadian research ethics boards at academic institutions to ensure that studies, such as those probing the effects of intergenerational trauma within Sikh males, are ethically sound (Truscott & Crook, 2004). The Canadian Association of Research Ethics Boards (CAREB) scrutinizes ethical challenges specifically in terms of risks and benefits to research participants, confidentiality, and informed consent, adapting these principles as necessary to accommodate international differences (Government of Canada, 2022).

The ethical codes prescribed by the CPA (2017) and the CAP (2019) offer additional layers of ethical assurance, mandating that researchers uphold the highest standards of integrity when interacting with participants. These codes are particularly relevant to the study of intergenerational trauma among Sikh males, as they navigate the complexities of historical, cultural, and social dynamics that impact their mental health.

The investigation into intergenerational trauma in Sikh males requires an ethical approach that is not only meticulous in adhering to general research principles but also culturally attuned. It must acknowledge the historical context of trauma, which may include community experiences of persecution or displacement, and the potential for mental health stigma that can influence participants' openness and the interpretation of their experiences.

Selected studies focusing on such sensitive topics must be conducted under the approval of their respective ethics boards, ensuring they meet all necessary standards. However, the specifics of these standards are often not explicitly outlined in the literature. The current analysis will delve into a range of ethical concerns inherent in this research domain, such as obtaining informed consent with a clear understanding of the cultural context, ensuring confidentiality in a small community where anonymity may be challenging, and handling sensitive data with the utmost respect for the participants' privacy.

In conclusion, while addressing the psychological ramifications of intergenerational trauma among Sikh males, the research must reflect an ethical commitment that considers their particular sociocultural identity. This includes respecting traditional values, understanding community dynamics, and acknowledging the role of stigma in discussing and addressing mental health within this group. The Tri-Council Policy Statement, alongside the CPA and CAP ethical guidelines, serve as the backbone for ensuring that the research is conducted with integrity, respect, and responsibility, ultimately aiming to contribute positively to the understanding and well-being of Sikh males grappling with intergenerational trauma.

Protection and Confidentiality of Participants

In conducting this sensitive research, I implemented stringent measures to ensure participant confidentiality, a step of paramount importance due to the involvement of minors and the close-knit nature of the community studied. This was crucial to mitigate risks of compromised anonymity. I upheld the highest standards in data storage, sharing, and publication, understanding the critical nature of these aspects in maintaining trust and integrity within the research process.

I prioritized the emotional and psychological well-being of participants above all else. To this end, I rigorously monitored for any signs of distress or discomfort among the participants. I had trained professionals on standby, ready to provide immediate and appropriate support if needed. The research design was meticulously crafted to minimize potential harm and to create a safe and supportive environment for all participants.

Furthermore, I established a comprehensive plan to address any adverse reactions or consequences that might arise during or after the participation in the study. This plan was a testament to our adherence to the principles of responsible caring and a reflection of our unwavering commitment to the welfare of the participants and to the ethical integrity of the research itself. Through these actions, I aimed to ensure that the study not only contributed valuable insights but also adhered to the highest ethical standards.

Summary

The exploration of intergenerational trauma within the Sikh male community has uncovered a rich tapestry of cultural, historical, and psychological threads that are integral to understanding their mental health landscape. This literature review has traversed through various scholarly terrains, from the harrowing experiences of the 1984 anti-Sikh riots to the present-day challenges of stigma and underreporting in mental health. It has highlighted the crucial role that

cultural nuances, traditional beliefs, and the interplay of generational experiences play in shaping the Sikh community's response to mental health issues.

Through methodical critique and analysis, the review has emphasized the need for culturally competent, sensitive, and tailored therapeutic interventions that consider the unique experiences of Sikh males. It has also pointed out the gaps in the literature and the need for broader, more inclusive research that can inform effective, community-specific health interventions. The findings demonstrate a clear link between historical traumas and current mental health stigmas, underscoring the importance of addressing these issues within the context of cultural identity and community support systems.

The ethical considerations and methodological rigor applied in the studies reviewed set a high standard for future research in this field. They serve as a beacon for upcoming inquiries to conduct research that is not only academically robust but also ethically responsible, ensuring the dignity and well-being of participants are at the forefront.

In conclusion, this chapter lays a foundational understanding of the complexities surrounding intergenerational trauma among Sikh males. It calls for a nuanced approach to mental health that respects and incorporates the cultural and historical context of this community. The insights gained pave the way for further investigation and action, highlighting the urgent need for destigmatization efforts and the development of culturally resonant mental health services. The ultimate goal remains to foster a society where Sikh males can seek and receive the mental health support they need with dignity and without fear of stigma, ensuring their well-being and that of future generations.

Overview

As we transition from the rich analysis and critical discussions of Chapter 3, I now venture into the practical applications that Chapter 4 will unveil. The forthcoming chapter is dedicated to weaving the tapestry of information garnered from the literature review into the very fabric of clinical practice. It will elucidate how an aspiring practitioner, like myself, can take the insights gleaned about intergenerational trauma among Sikh males and integrate them into a responsive and culturally sensitive clinical approach.

I will outline how the research findings, relevant legislation, and cultural nuances are paramount in tailoring current research to the therapeutic context. Moreover, I will provide concrete recommendations for clinical practice, such as advocating for a novel theoretical model or proposing a framework for a therapeutic support group specifically designed for the Sikh male population.

In Chapter 4, the focus will shift from theoretical understanding to actionable strategies that can transform the lives of individuals and communities grappling with the shadows of historical traumas. The intention is to bridge the gap between knowledge and practice, ensuring that the rich cultural heritage and unique mental health needs of Sikh males are not just understood, but also effectively addressed within the therapeutic environment.

Chapter 4: Application to Clinical Practice

Chapter 4 illuminates the crucial integration of research findings on intergenerational trauma among Sikh males into practical clinical practice. These insights underscore the need to translate theoretical knowledge into therapeutic interventions that are not only effective but also culturally sensitive. As individuals grapple with the complex interplay of stigma, mental health, and cultural nuances, this chapter outlines guidelines for the practical clinical application of these findings. It prompts therapists to consider the external and cultural factors influencing their therapeutic approaches, underscoring the necessity for adaptability and innovation in providing client-centered and culturally resonant care.

Integration of Literature Review Findings into Clinical Practice

The literature review on mental health challenges faced by Sikh males, particularly in the context of intergenerational trauma, offers invaluable insights for clinicians (Sabhlok et al., 2020; Rana & Lara-Cooper., 2021). To effectively address the mental health needs of this community, clinicians must deeply understand the community's historical narratives, familial bonds, religious beliefs, and societal norms. Integrating this cultural awareness into clinical interventions can enhance therapeutic rapport, fostering trust and open communication. As Bishnoi et al. (2021) suggest, mental health is often a sensitive subject, shrouded in misconceptions and taboos in many cultural settings. For the Sikh community, there is a pronounced stigma associated with mental health (Bishnoi et al., 2021). The collective memories of the Sikh community, shaped by historical adversities, migrations, and identity struggles, leave lasting imprints that contribute to intergenerational trauma, particularly among Sikh males, as extensively detailed in various studies in Chapter 3.

For therapists and clinicians working with Sikh males, comprehensively grasping their cultural background is imperative. The insights from the literature review should serve as a guiding framework for effective treatment. Immersing oneself in Sikh culture requires genuine understanding of the intricate emotions, stories, and histories that shape individual experiences. Practitioners can gain this understanding by actively participating in Sikh community events, delving into Sikh historical texts, and engaging in cultural sensitivity workshops. As Bosmans et al. (2020) emphasize, such efforts build trust and rapport and set the stage for a productive therapeutic relationship.

Therapists can better address and debunk misconceptions within Sikh communities by understanding their cultural background. Bishnoi et al. (2021), Rana and Lara-Cooper (2021), and Wilson-Ali et al. (2019) all emphasize the effectiveness of tailoring therapeutic techniques to align with Sikh cultural values. Wilson-Ali et al. (2019) assert that educational dialogues about Sikh history can dispel myths and foster a non-judgmental environment, aiding clinicians in addressing mental health issues. Narrative therapy, which Rana and Lara-Cooper (2021) advocate for its focus on retelling and reinterpreting family narratives, proves potent. Furthermore, they suggest that integrating teachings from Sikh religious practices that promote mental peace can enhance the resonance of therapy. Bishnoi et al. (2021) underscore the benefits of group sessions that leverage shared experiences as therapeutic tools.

Community outreach efforts play a critical role in promoting understanding and acceptance of mental health, as evidenced by Sabhlok et al. (2020), Basu (2016), and Shahed (2019). The perceptions of mental health within the Sikh community are dynamic, necessitating a flexible and adaptive approach from therapists. Wilson-Ali et al. (2019) recommend regular client feedback and intervention adjustments as beneficial strategies. The collaborative

therapeutic method that includes family members or respected community figures can make a substantial impact due to the tight-knit nature of Sikh communities, as noted by Bishnoi et al. (2021).

Collaboration with the community is paramount in therapy, especially for culturally distinct groups like the Sikhs. Rajaei and Jensen (2019) highlight the community's strong interpersonal connections, collective adherence to shared principles, and profound reliance on leaders and religious authorities. Therapists can enhance intervention effectiveness by collaborating with influential community figures. Endorsements from the community for mental health initiatives can reduce stigma and improve accessibility and acceptance of therapeutic interventions. Joint initiatives, such as workshops, counseling sessions, or community talks involving therapists and community leaders, can fulfill dual purposes, as Spennemann (2021) suggests. By embracing the communal nature of Sikh culture, therapists can establish a more inclusive, empathetic, and effective therapeutic environment.

Incorporating Research Findings, Legislation, and Cultural Differences in Clinical Practice

In the realm of mental health care, applying research findings within a multicultural society requires a delicate and complex balance. This paper explores the intricate equilibrium mental health professionals must maintain among empirical evidence, legislative mandates, and cultural sensitivities, emphasizing the ethical considerations critical to translating research into practice—particularly for the diverse needs and values of the Sikh community.

Evidence-based practice underpins modern psychotherapy, yet its ethical application is multifaceted, guided by principles such as client autonomy, beneficence, non-maleficence, and justice (American Psychological Association., 2017). When applying research findings,

clinicians face the challenge of honoring these ethical tenets alongside the cultural backgrounds of clients. For example, cognitive-behavioral therapies that prioritize individual autonomy may contrast with the Sikh ethos of family interdependence and community cohesion (Kaur & Basra, 2022). Ethically navigating these differing worldviews is imperative, necessitating the cultural adaptation of therapeutic models (Shaligram et al., 2022). Engaging clients participatively in treatment planning ensures that interventions respect their cultural identities and personal values, thus maintaining therapy effectiveness without compromising cultural sensitivity (Shaligram et al., 2022).

Mental health legislation provides a practice framework that clinicians must interpret and apply with ethical consideration and cultural awareness. Laws like Health Insurance Portability and Accountability Act (HIPAA) protect confidentiality and privacy but can conflict with cultural practices favoring communal decision-making (Act., 2023). Duty-to-warn laws, requiring confidentiality breaches when safety threats are present, add ethical complexity in cultures valuing honor and family reputation, as commonly found in Sikhism (Shaligram et al., 2022). Clinicians must navigate these situations with high ethical standards, sometimes advocating for clients or challenging laws that inadequately protect marginalized cultural groups (Shaligram et al., 2022).

Cultural competence is an ethical mandate in clinical practice, ensuring services are respectful of and responsive to diverse health beliefs and practices. For Sikh clients, understanding cultural connotations of mental health, collective identity, and stigmatization is crucial (Tummala-Narra & Deshpande., 2018). More than mere awareness, ethical practice requires active engagement with cultural humility, recognizing personal biases and striving to understand clients' worlds from their perspectives (Kaur Luthra., 2021). Therapists must engage

in ongoing self-reflection and education to adapt their practices ethically and sensitively (Canadian Psychological Association., 2017).

Consider a Sikh male client with post-traumatic stress disorder, reluctant to engage in therapy due to cultural stigma. A clinician committed to ethical practice would adapt evidence-based treatments to align with the client's cultural values and healing beliefs (Ridley et al., 2021). Detailed case studies can illustrate the ethical decision-making process, the adaptation of therapeutic interventions, and the negotiation of legislative requirements within a cultural context (Ridley et al., 2021).

Translating research into practice in a multicultural society is an ethical endeavor that requires consideration of each client's legislative context and cultural intricacies. This paper has underscored the importance of moral sensitivity to legislative environments and cultural nuances, with a focus on the Sikh community. A clinician's capacity to deliver effective, respectful, and culturally congruent care relies on their commitment to ethical practice, continuous learning, and genuine engagement with cultural values and legislative frameworks (Ridley et al., 2021). Through this holistic and ethically informed approach, clinicians can best serve the mental health needs of a diverse clientele.

Recommendations for Enhancing Clinical Practice with Sikh Males Experiencing

Intergenerational Trauma

Therapeutic Model for Sikh Males

Every society possesses a distinct culture and history, which can potentially give rise to specific patterns of traumatic experiences. Therefore, it is essential to develop personalized therapy models that are culturally adaptive. For instance, Western therapy models may not be appropriate for effectively addressing trauma in the Sikh community due to cultural differences.

According to Darwin et al. (2023), Western therapy methods may not adequately account for cultural differences, resulting in ineffective therapeutic processes that fail to establish a meaningful connection with the client's genuine experiences.

Implementing a culturally adaptive therapeutic model specifically tailored explicitly for the Sikh community is imperative to address and mitigate the impact of trauma effectively. The Sikh faith can be a valuable therapeutic resource, emphasizing individual responsibility, altruism, and inner strength. For example, the Guru Granth Sahib, the sacred text of Sikhism, offers helpful guidance for dealing with adversity, comprehending the true nature of life's trials, and finding comfort in religious observances (Pieket., 2022). Therapists can incorporate these principles to establish a better therapeutic rapport with their Sikh clients, resulting in more meaningful therapeutic dialogue (Wilson-Ali et al., 2019).

According to the research conducted by Tummala-Narra & Deshpande (2018) enhancing the accessibility and effectiveness of therapy for Sikh men involves integrating Sikh concepts into therapeutic approaches. A culturally adapted therapeutic approach includes contextualizing the intergenerational trauma considering significant events like the 1984 Sikh massacre (Rana & Lara-Cooper., 2021). Given Sikh culture's strong emphasis on community and shared history, therapists can use group stories and communal experiences to establish better client connections. This approach does two things: it validates the client's experiences and allows for more culturally relevant therapeutic processes.

Reflection on Clinical and Research Insights

Embarking on this investigative journey into the world of intergenerational trauma among Sikh males has been both a transformative and enlightening experience in my role as a researcher. The study has revealed the multifaceted nature of trauma from both clinical and

research standpoints, emphasizing its silent yet profound reverberations across generations and its significance for professional practice. From a clinical viewpoint, the research journey highlighted the importance of cultural competency. Before this paper, cultural competency was a theoretical concept for me, something to aspire to. However, as I delved deeper into the lives, histories, and struggles faced by Sikh males, it became apparent that cultural competency is not just an added skill but an imperative. Therapeutic interventions are ineffective if they fail to resonate with the cultural and spiritual ethos of the individuals they are meant to serve. This paper points out healing extends beyond techniques and models; it requires a genuine understanding, empathy, and respect for one's cultural heritage and identity.

The research journey also spotlighted the intricate dance between the past and present. Intergenerational trauma serves as a poignant testament to the enduring impact of historical events and the current emotional and psychological landscapes today. It underscored the need for clinicians and researchers to unearth and understand the past to facilitate healing in the present. Additionally, the research was a valuable lesson in humility and adaptability, as challenges such as literature gaps or the need to reframe search terms called for innovative and flexible approaches. This adaptivity attests to the dynamic nature of research, where answers often lead to more questions, and the quest for knowledge remains an ongoing endeavour.

Professionally, the insights demonstrate the importance of continuous learning and self-reflection during the research process. In a diverse and ever-evolving global landscape, staying updated and embracing the challenge of refining one's preconceptions and biases is crucial for researchers. The journey also reinforced the significance of collaboration with community leaders, other professionals, and clients. Effective interventions and therapeutic outcomes often emerge from synergist efforts that combine expertise, lived experiences, and cultural wisdom.

In conclusion, this exploration has been more than just an academic endeavor. It has been a transformative experience, reshaping my perceptions, refining my approach, and redefining what it truly means to be a compassionate, effective, and culturally attuned professional. The insights gleaned from this journey will undoubtedly guide my future endeavors as a constant reminder of the intricate tapestry of history, culture, and psychology that shapes each individual and the profound responsibility and privilege it is to be a part of their healing journey.

Therapeutic Support Groups: Harnessing the Power of Community

When addressing intergenerational trauma, group therapy is an effective approach. It allows individuals to share their experiences, build a sense of community, and promote individual and group healing (Sabhlok et al., 2020). In the Sikh community, therapeutic support groups can thrive due to the tradition's emphasis on family, friends, and communal support (Sabhlok et al., 2020). Rana & Lara-Cooper (2021) posit that creating a culturally sensitive therapeutic support group designed explicitly for Sikh males fosters collective resilience, facilitates healing, and promotes mutual support. These therapeutic support groups serve as a valuable resource that complements individual therapy. Rana & Lara-Cooper (2021), these groups can provide Sikh men with a safe environment to openly talk about their experiences and learn from one another without feeling stigmatized. Sharing similar struggles among group members is a cathartic experience.

To maintain a polite, non-judgmental, and productive environment, it is crucial for the therapist facilitating these groups to have a solid understanding of Sikh principles (Rana & Lara-Cooper., 2021). In the Sikh faith, practitioners highly value spiritual and emotional health, which is evident in the communal gatherings known as 'Sangat.' These gatherings can adapt to a support group format. Discussions within these groups must anchor in empathy, ensuring that

participants feel safe and validated. The role of the therapists is beyond conventional moderation; they must adeptly navigate cultural sensitivities, address potential conflicts gracefully, and reinforce the group's therapeutic objectives.

Integrative Therapy: Blending Cognitive and Narrative Techniques

Integrative therapy that combines Cognitive Behavioral Therapy and narrative techniques could be effective in handling intergenerational trauma in the Sikh community (Rana & Lara-Cooper., 2021). CBT, known for its evidence-based strategies, focuses on identifying and reframing maladaptive thought patterns. Given the pervasive nature of intergenerational trauma, Sikh males may find themselves in a negative cognitive loop that results from these past traumas, whether directly experienced or inherited through family narratives. Individuals can learn to question and replace these cognitive distortions with more rational thought processes through CBT (Padesky & Beck., 2003).

Narrative therapy dives deeper into a patient's life experience to identify and deconstruct potentially harmful narratives (Sabhlok et al., 2020). The Sikh community's history is full of pivotal moments of defiance, persecution, and success, which encompasses a wide range of stories that can be both inspiring and devastating. Therapists utilizing narrative therapy can help Sikh male clients reframe their personal histories to highlight positive themes of strength, resilience, and coping (Tummala-Narra & Deshpande., 2018). These narratives go from being hurtful to becoming helpful, and individuals can become the authors of their stories, empowering them to reshape the course of events.

An integrative approach that weaves in both these techniques ensures a holistic treatment plan that addresses cognitive distortions and reshapes the broader narratives that may underpin them. The therapy field offers diverse models and techniques, each with unique effectiveness.

Therefore, combining CBT and narrative therapy can be particularly beneficial when working with Sikh males grappling with intergenerational trauma (Padesky & Beck., 2003).

Cultural Competency Training for Therapists

Cultural competency training for Sikh therapists is essential in offering effective and culturally adaptive therapy sessions, within the Sikh community. Standard Western training may not be sufficient due to the unique challenges and cultural differences encountered during therapy (Arnold., 2022).

Cultural competency training provides therapists valuable insights and skills for engaging with Sikh males. The training starts with educating therapists about Sikh history and culture, emphasizing seminal moments that deeply scare the Sikh community (Vahali., 2022). Therapists should also receive instruction on navigating complexities related to Sikh practices, such as the importance of daily prayers or the significance of the Five Ks (five articles of religion). Additionally, cultural competency training should address non-conscious biases, prejudices, and stereotypes within the Sikh community (Rajaei & Jensen., 2019). Lastly, Vahali (2022) suggested that Cultural Competency Training should equip therapists with culturally sensitive communication tools, such as using Punjabi terms when discussing specific emotions or experiences that resonate deeply with Sikh male clients, to ensure that the training is effectively tailored to the cultural context of the clients. By incorporating language and concepts familiar to the client, cultural history therapists can create a therapeutic space where they feel seen and understood (Vahali., 2022). Overall, cultural competency training plays a vital role in preparing therapists to navigate the complexities of therapy with Sikh males effectively. It ensures therapists have the knowledge, understanding, and skills to provide culturally sensitive and competent care.

Holistic Healing: Incorporating Spirituality in Therapy

For many Sikh males, spirituality holds immense significance, encompassing the essence of their lives. The Sikh faith emphasizes inner peace, resilience, and a deep connection with the divine, offering a solid framework for mental and emotional well-being (Sabhlok et al., 2020). Recognizing and integrating this spiritual dimension into therapy can be pivotal for achieving holistic healing.

Therapists can incorporate Sikh spiritual practices and teachings into therapy sessions to align with the client's faith. For example, guided meditations using verses from the Guru Granth Sahib, discussions centred on the teachings of the Ten Sikh Gurus, or exploration of the Sikh philosophy of Chardi Kala, which embodies unwavering optimism and high spirits (Sabhlok et al., 2020). By incorporating these elements, therapists create a space where seeking males can connect with their spirituality and utilize it as a powerful tool for healing.

Furthermore, introducing elements of spirituality can bridge the gap for Sikh males who may be hesitant about Western therapeutic models (Bhangu., 2021). It incorporates their deeply held spiritual beliefs and makes therapy more relatable and palatable. By acknowledging and respecting the spiritual worldview of Sikh males, therapists not only validate their experiences but also tap into a potent source of strength and resilience inherent in their faith. A holistic therapeutic approach for Sikh males integrates clinical techniques with spiritual practices, addressing the mind, body, and spirit. This approach recognizes spirituality's vital role in their lives and ensures a comprehensive healing journey that considers all aspects of their well-being. By blending clinical interventions with seeking spirituality therapists can support seeking nails in achieving more profound levels of healing and growth.

Summary

In summary, this chapter underscores the significance of a culturally attuned therapeutic approach when addressing intergenerational trauma within the Sikh male population. It champions the integration of cultural competency in clinical practice, emphasizing the necessity for therapists to be versed in the Sikh community's history, spirituality, and social dynamics. By adopting culturally resonant practices, such as the incorporation of Punjabi terminology and Sikh spiritual teachings, clinicians can foster deeper connections with their clients, creating a therapeutic environment that respects and reflects the clients' cultural identities. This approach not only promotes more effective and meaningful therapeutic outcomes but also acts as a conduit for greater acceptance and understanding of mental health within the Sikh community. The tailored interventions and community collaborations discussed herein provide a blueprint for mental health professionals to deliver care that is both empathetic and ethically sound, ultimately contributing to a broader societal shift towards the destigmatization of mental health issues. The diligent application of these culturally informed practices ensures that therapy is not just a clinical encounter but a holistic, healing journey that honors the unique narratives and strengths of Sikh males navigating the aftermath of intergenerational trauma.

Overview

Having delved into the cultural depths and clinical applications in Chapter 4, we now approach the culmination of this study in Chapter 5. This final chapter will synthesize the entire research journey, revisiting the core problem addressed and summarizing the pivotal discoveries made. It will encapsulate the 'take-home message' of the study, distilling the essence of our findings into clear, actionable insights.

Here, I will extend the dialogue to the future, proposing new research questions that emerge from the current findings and outlining potential improvements for subsequent studies. This forward-looking perspective acknowledges the limitations encountered and paves the way for continuous scholarly advancement.

Furthermore, Chapter 5 will reflect on the personal and professional growth I have experienced through this scholarly endeavor. It will explore the transformative impact that integrating clinical insights with research findings has on professional practice. This introspective section will not only highlight what has been learned but also how this knowledge can be applied and embodied within the therapeutic landscape. As we transition to this concluding chapter, we stand ready to cast a new light on the paths for future research and practice, inspired by the rich tapestry of Sikh cultural heritage and the resiliency of human spirit in the face of intergenerational trauma.

Chapter 5: Conclusions and Recommendations

This literature review, aimed at unravelling the nexus of intergenerational trauma and mental health stigma among Sikh males, is driven by probing questions that seek to illuminate the path to healing and understanding. It asks, "Can intergenerational trauma be addressed through the destigmatization of mental health among Sikh males?" and delves into sub-questions about the community's perception and experience of such trauma, the possibility of destigmatizing mental health, and how reducing stigma may lower barriers to treatment. These inquiries form the core of a comprehensive exploration into the silent suffering and resilience that characterize the Sikh male experience of intergenerational trauma.

Integrating this inquiry with the knowledge that historical events have cast long shadows over the Sikh community, this study has sought to penetrate the layers of silent suffering and resilience. It acknowledges that the trauma inherited by Sikh males manifests not only as emotional pain and mental distress but also through physical symptoms, compounded by a cultural stigma that hinders the pursuit of help. This paper has endeavored to illuminate this multifaceted challenge by critically reviewing literature, understanding existing research, and identifying gaps in knowledge. Through this meticulous process, the urgency of the problem has been confirmed, and innovative therapeutic approaches have been proposed, tailored to the unique needs of Sikh males.

The research suggests that an integrative therapy model that combines elements of Cognitive Behavioral Therapy with narrative therapy could be effective in addressing cognitive distortions and reshaping harmful narratives (Rajaei & Jensen., 2019; Rana & Lara-Cooper., 2021). Emphasizing the need for community collaboration and cultural competency training for therapists, these recommendations aim to meld clinical practices with the lived experiences of

Sikh males, recognizing the interplay of societal and clinical concerns in addressing intergenerational trauma (Knaak et al., 2017)

The Sikh ethos of perseverance, kindness, and community service provides a solid foundation for collective efforts to support mental health. This review advocates for a united front where therapists, civic leaders, lawmakers, and society at large work together to foster a supportive environment. With a commitment to education, compassion, and cultural understanding, there is a profound opportunity for future generations of Sikh men to overcome the burdens of inherited trauma and achieve mental well-being and inner peace.

Take-Home Message

Intergenerational trauma is a quiet burden carried by many Sikh males, shaped by historical events and exacerbated by mental health stigma. To address this trauma effectively, we must look beyond conventional therapies and embrace cultural awareness, community participation, and spiritual integration by acknowledging the unique adversities faced by Sikh men and modifying healing practices to honour their cultural and spiritual values. We can create meaningful recovery. This approach emphasizes the need to bridge the gap between Western therapeutic methods and the lived experiences of Sikh men. It offers a comprehensive framework for holistic healing that recognizes history, comforts current challenges and fosters resilience.

Recommendations for Future Research and Practice

The study of how cultural and historical factors intersect to affect Sikh men through generations has revealed a rich field for further investigation. Delving into the subtle complexities that mark their narratives enriches scholarly discourse and paves the way for advancements in therapeutic practice. This inquiry aims to illuminate the profound ways deep-seated cultural convictions and significant historical occurrences have continued to influence the

emotional and mental frameworks of Sikh men. Advancing this line of research could enable us to pinpoint specific interventions that respect and reflect their cultural lineage, thereby facilitating healing. This initiative bridges the chasm between age-old healing traditions and contemporary psychological therapy. Ultimately, the goal is to cultivate counselling practices that are attuned to cultural nuances and more effective in addressing the unique therapeutic needs of this community.

Potential Research Questions

The integral role of community structures, such as Gurdwaras (Sikh temples), is an essential part of understanding the impact of mental health stigma on Sikh men. Further factors shaping attitudes toward mental health can serve as a platform to promote mental well-being within this demographic. A critical research question arises: How do communal frameworks like Gurdwaras and social gatherings affect the perception and management of mental health stigma, and how might these structures foster a supportive environment for mental well-being?

Hence, a potential research question could be: How do existing community structures, like Gurdwaras (Sikh temples) and community gatherings, influence the perception and experience of mental health stigma among Sikh males? Can these structures be leveraged to promote mental well-being?

Intergenerational trauma involves the transmission of trauma's lasting effects across generations within a group. Grand & Salberg (2021) suggest that traumatic experiences within a family, such as those encountered by a parent or grandparent, can lead to epigenetic changes that may affect offspring. This phenomenon is particularly relevant for Sikh males, raising the question of how generational trauma on Sikh males manifests and persists within this group. Research could explore: How do the perception and experience of intergenerational trauma differ

across age groups within Sikh males? Is there a noticeable difference in trauma experience and coping mechanisms between older and younger generations, particularly those growing up in the diaspora?

While this present study has mainly focused on Sikh males, the exploration of intergenerational trauma among Sikh females presents an opportunity to broaden the scope of the research. Comparative research is essential to understand the differences in experience. Therefore, potential research questions include: How do Sikh females perceive and cope with intergenerational trauma? Do their experiences and challenges parallel those of Sikh males, or do they diverge significantly?

These questions aim to extend the discourse on intergenerational trauma within the Sikh community, highlighting the need for culturally informed research methodologies that can contribute to more effective mental health support systems.

Recommendations for Future Research

The current project predominantly explored Sikh males within specific regions. Future research should broaden this demographic reach to include Sikh populations from varied geographical areas, particularly those in diasporic communities across North America, Europe, and Australia. Additionally, engaging in a multidisciplinary approach that integrates anthropology, sociology, and religious studies could provide a richer understanding of the sociocultural underpinnings that influence trauma and stigma. Furthermore, the adoption of longitudinal study designs can shed light on the evolving nature of intergenerational trauma and how its impacts may change over time, especially with interventions.

Practice Implications

This study offers valuable insight that can significantly assist researchers and practitioners. The results of this study suggest that to enhance mental health outcomes for the Sikh community, a collaborative approach with Sikh community leaders and religious is beneficial (Barrow., 2022). According to the findings, the endorsement and involvement of Sikh community leaders and religious authorities can amplify the impact of mental health initiatives, given their influential positions within the community.

While the current paper has proposed specific therapeutic models, future researchers can delve deeper into developing therapeutic frameworks exclusively tailored for Sikh males, considering their unique cultural, religious, and historical contexts. Additionally, this research has laid foundational insights into intergenerational trauma within this demographic, highlighting a prosperous future brimming with possibilities. By focusing on these recommended areas, future research can further unravel the complexities of this issue, fostering a more profound understanding and enabling the development of more culturally congruent interventions

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