1-1-2013

A Call to Integrate Religious Communities Into Practice: The Case of Sikhs

Muninder Ahluwalia
Montclair State University, ahluwaliam@montclair.edu

Anjali Alimchandani
New York University

Follow this and additional works at: https://digitalcommons.montclair.edu/counseling-facpubs

Part of the Student Counseling and Personnel Services Commons

Practice Forum

A Call to Integrate Religious Communities Into Practice: The Case of Sikhs Ψ

Muninder K. Ahluwalia[1] and Anjali Alimchandani[2]

Abstract

Sikhs, an ethnic and religious minority group in the United States, have seen a significant shift in their social location since 9/11. They have experienced harassment and violence beyond race and ethnicity to the visible markers of the religion (e.g., turbans). In this article, we address how counseling psychology is uniquely positioned to work with Sikhs given these circumstances. We provide an overview of Sikh Americans, including specific experiences that may affect treatment such as race-based traumatic injury, identification as a part of a visible religious minority group, and the impact of historic community-level trauma. We discuss recommendations for practitioners working with Sikhs, recognizing how community-level interventions play an integral role and how institutions may serve as valuable allies and resources for practitioners to help better meet the Sikhs' psychological needs in a culturally competent manner.

[1]Montclair State University, Montclair, NJ, USA
[2]New York University, NY, USA

Corresponding Author:
Muninder K. Ahluwalia, Montclair State University, Montclair, NJ 07043, USA.
Email: muninder.ahluwalia@montclair.edu

Keywords

religion, spirituality, dimensions of diversity, multiculturalism, social justice, psychotherapy

Counseling psychology has a commitment toward culturally competent practice, using strengths-based, multicultural models of development and treatment. Through this commitment, the field has been involved in the quest for social justice since its inception (Fouad, Gerstein, & Toporek, 2006). Counseling psychologists have worked to combat social inequalities ranging from the unjust treatment of World War II veterans in the 1940s and 1950s to the oppression of women and people of color in the 1970s (Fouad et al., 2006). Over the years, counseling psychologists have emphasized the need to increase access to culturally competent treatment, resulting in the establishment of increased competencies and guidelines for practitioners, including community-based prevention and psychoeducation initiatives (Fouad et al., 2006). By including such initiatives in practice, the field of counseling psychology has historically called for the use of multipronged approaches to serving clients—treatment plans that address both individual- and community-level issues to provide holistic, comprehensive care.

This long-standing commitment within the field aligns with recently published guidelines regarding comprehensive client care. According to the American Psychological Association's (2002) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, psychologists should have cross-cultural awareness, sensitivity, and responsiveness in all areas of practice, training, and research, including that of religion. Also, Arredondo and colleagues' (1996) operationalization of the multicultural competencies emphasizes that cultural competence includes attention to dimensions of identity, including religious identity, and the complexity of cultural identity. Religious beliefs serve an integral role in defining cultural and personal belief systems (Bishop, 1992). Current texts in multicultural counseling (e.g., Ponterotto, Suzuki, Casas, & Alexander, 2009) increasingly note that it is imperative that religion be recognized as an essential element of culture. Thus, counseling psychologists must develop competency with respect to diverse religious communities. Unfortunately, that has not been the state of our profession.

According to a study of religious and spiritual issues in the training of counseling psychologists (Schulte, Skinner, & Claibom, 2002), program faculty members and students who are openly religious tend to be in the minority, and training programs offer few courses in which the primary content is focused on religion or spiritual practice. Also, faculty and students'

perceptions vary with respect to the importance of religious and spiritual knowledge within counseling and supervisory practice (Schulte et al., 2002). A study of religious content in three major counseling psychology journals between 1994 and 2006 found that of the 1,914 articles and brief reports published during this time period, only 51 focused primarily on religion and spirituality (Schlosser, Foley, Stein, & Holmwood, 2009). Despite the perceived reticence in directly addressing religion as one of the primary aspects of cross-cultural competency, recent scholars within the field have worked to increase psychologists' understanding of religious belief systems. Their research has focused on Sikh, Muslim, and Jewish clients (e.g., Ahluwalia & Zaman, 2009; Ali, Liu, & Humedian, 2004; Schlosser, Ali, Ackerman, & Dewey, 2009).

In an effort to lessen the knowledge gap regarding religious diversity within counseling psychology and promote the field's commitment to culturally competent practice, this article provides a preliminary introduction to working with Sikh clients. We provide a demographic, cultural, historical, and political illustration of Sikh Americans and their experiences in the United States, including an overview of specific issues that may affect counseling treatment such as race-based traumatic injury, experience as a visible religious minority group, and the impact of historic community-level trauma such as the Indian Partition of 1947, the Delhi riots in 1984, and the backlash after September 11, 2001 (9/11), in New York and other areas. Without sufficient understanding of this cultural framework and history of trauma, practitioners will not be able to effectively serve Sikh clients. Next, we provide recommendations for practitioners working with this population. Community-level interventions play an integral role in adequately treating clients at the individual level, and community-level institutions may serve as valuable allies and resources to practitioners in meeting the psychological needs of this population. In addition to recommendations for individual practice, we emphasize the ways in which practitioners can work with the community as a whole to better understand, connect with, and serve the needs of their clients. It is important to note that in this article we use the term *counseling psychologist* interchangeably with *clinician* and *practitioner*, as we are discussing the latter two roles for counseling psychologists.

Who Are Sikhs in the United States?

Approximately 2% of Indians are Sikhs. With this minority status, Sikhs are marginalized in mainstream Indian culture. Sikhs in India experience particular stereotypes (i.e., based on their involvement in the military and being from Punjab, an agriculturally rich state), both positive and negative (e.g.,

heroic and strong, but lacking intelligence). There are at least 500,000 Sikhs in the United States (Sikh Coalition, n.d.), with most settled in large cities. Historically, Asians in the United States, including Sikhs, were contrasted with other racial groups (e.g., Black Americans and Latino/as) and often positioned as a model minority (Takaki, 1998). Indians in the United States, however, have also been situated and distinguished according to their religious identification, with Muslims classified as dangerous, Hindus as exotic yet safe, and Sikhs as strange (Joshi, 2006). Sikhs in the United States have seen a significant shift in their social location since 9/11 to one that includes being misidentified as Muslim and thus perceived as strange *and* dangerous (Ahluwalia & Pellettiere, 2010).

Cultural and Religious Beliefs

Sikhism is the fifth largest organized religion in the world (Leifker, 2006), with approximately 25 million Sikhs worldwide. Guru Nanak, the first of 10 gurus, preached the unity of humankind and fought against oppression of those with less power—"of Hindus under Mughal rule, of lower-caste Hindus by upper-caste Hindus, and of women by men" (Ahluwalia & Zaman, 2009, p. 471). Sikhism is monotheistic, and Sikhs follow the teachings of their holy book, the *Guru Granth Sahib*. "The teachings in the *Guru Granth Sahib* direct Sikhs to believe in universal brotherhood and the oneness of humanity, and to work for the welfare of everyone regardless of race, religion, nationality, or social position" (Chilana, 2005, p. 109).

The Sikh code of conduct includes directives and prohibitions. Religious prohibitions include alcohol, tobacco, and substance abuse, as intoxicants alter one's judgment. There are five Sikh symbols that both Sikh men and boys and Sikh women and girls exhibit. These "five Ks" (Sikh symbols) include *kes* (uncut hair), *kanga* (a small comb), *kachhehara* (underwear), *kara* (a steel band worn on the right wrist), and the *kirpan* (a small symbolic sword; Singh, 2004). For Sikh men, the uncut *kes* is tied in a *joora* (a topknot) and covered with a turban, which is tied and removed only by the wearer; Sikh boys who do not yet wear a turban cover their joora using a *patka* (snug-fitting cloth that covers the hair) or hankie. Sikh women may wear a *chuni* (long scarf) or turban, but in the United States most Sikh women do not cover their head in public spaces (but do so in religious spaces). Therefore, the women in the community can "pass" as not Sikh when wearing Western clothing. At the same time, women are "carriers of culture" (Ahluwalia, 2002) and will often wear the traditional *salwar kameez* (tunic and pants) in religious spaces, whereas Sikh men often wear Western attire (e.g., a man may wear a suit or blazer).

It is important to consider how cultural and religious values influence responses to discrimination. Like many Indians, Sikhs believe in reincarnation, that everything occurs in *hukam* (God's will), and that their *karma* is a result of both good and bad deeds done in previous lives. Therefore, negative events (e.g., discriminatory ones) can be understood alternately as God's will or as a natural result of what one has done in a previous life, like a spiritual justice system of sorts. These beliefs may prevent some Sikhs from pursuing legal or other measures following instances of discrimination.

Heroism and martyrdom are core values in Sikh historiography (Brass, 2006), with Sikhs fighting against injustice (including injustices experienced by individuals of different faiths). This stems from a historical community narrative of Sikh bravery in the face of discrimination that, through a tradition of telling and retelling, has been concretized as a core Sikh cultural and religious value. An adaptive coping mechanism in the face of discrimination, these same aforementioned values may influence how many Sikhs feel they should react to traumatic stress, injury, and oppression. For example, Sikh men who are ridiculed for wearing a turban may silence their pain or other unacceptable reactions in an effort to maintain their socially constructed roles as brave martyrs. These themes echo the recent reality of Sikhs, where they are victims of individual and systemic oppression (Ahluwalia & Pellettiere, 2010). Psychological reactions include a range, but culturally acceptable ones are sometimes limited to those that align with the core values (e.g., getting involved in shaping public policy regarding religious discrimination). In other words, some Sikhs may feel unable to freely express reactions such as fear or pain because they do not align with the cultural narrative of heroism.

Sikhs and Trauma-Based Historical Events

Historically, Sikhs have been pushed to increase their affiliation with their religious identity, perhaps even surpassing other identities (ethnic, national, racial, etc.), in India, the United States, and globally. This is the result of a number of traumatic events in which Sikhs as a community suffered discrimination and violence and were ostracized from the mainstream communities. These events include the Partition of India, the 1984 Delhi riots, and post-9/11 backlash (Ahluwalia & Pellettiere, 2010). Sikhs were relegated to the uncompromising and unjust position of prioritizing religious affiliation (or singularly identifying with their religious identity, while denying or subsuming other identities) within multiple intersecting identities.

Indian independence and partition in 1947. India achieved independence from Britain in 1947 and was partitioned into two countries, India, a predominantly Hindu secular state, and Pakistan, a predominantly Muslim

Islamic state. Haque (1995) explains how the partition of the Indian subcontinent had profound cultural, geographical, economic, political, and social ramifications. At the time of partition, 27% of Punjab's Muslims were based in newly created India and 32.5% of Punjab's Sikhs, Hindus, and other non-Muslims were based in newly established West Pakistan. With the announcement of partition in June 1947, local majority populations were immediately transformed into threatened minority groups, and a mass exodus of more than 13 million individuals across both sides of the border ensued. The partition induced mass migration and generated unrelenting riots and violence that killed one million people, with Sikhs, Muslims, and Hindus as both perpetrators and victims. Although men were targeted for death, women and children were specifically targeted for abduction, with the goal of forced conversion on both sides. This resulted in a deep and lasting distrust of one another, with firm alliances to the newly established countries. The newly created borders created emotional and psychological fissures and scars that have been etched in the minds and hearts of these communities.

Despite the fact that the Indian Partition–induced migration is the largest intercountry transfer of population in the 20th century, it has been largely forgotten in the West, and documentation of the event is sparse, at best, in the subcontinent (Haque, 1995). As Haque (1995) explains, the absence of an effective civil authority to record widespread death and refugee movement and the destruction of local records during mass rioting and violence have hindered attempts to accurately estimate loss and death. Furthermore, the pervasive psychological trauma and resulting traumatic stress associated with this historical event has resulted in the silencing of generations (e.g., Ahluwalia, 2012).

The legacy of violence, loss, and pain during partition for the Sikh population mirrors that of Hindus and Muslims; however, the distinguishing factor is that Sikhs as a minority population were grouped with the Hindus, yet lacked their sociopolitical power. This laid the foundation for future discrimination and ostracism of Sikhs in a Hindu dominant country, India. Sikhs were superficially accepted by Hindus, but underlying recognition of difference remained, and Sikhs were placed in the precarious position of negotiation between advocacy for their communities and appeasement of Hindus (Haque, 1995).

Golden Temple massacre, Delhi riots, and Sikh genocide of 1984. In June 1984, Sikh militants had taken refuge in the Golden Temple. Under the direction of Prime Minister Indira Gandhi, a Hindu, the Indian army (in Operation Bluestar) attacked the Golden Temple, the most sacred site for Sikhs. In this attack, innocent Sikhs were killed, historical religious documents were destroyed, and historical buildings were ruined beyond repair. In retaliation,

the prime minister's two Sikh bodyguards killed her. "As word of the assassination spread, mobs surged through the streets of New Delhi in search of Sikhs upon whom they might vent their rage" (Hardgrave, 1985, p. 140). After 3 days and nights of unchecked violence against Sikh men, women, and children, at least 4,000 Sikhs had been killed, and the psyche of Indian Sikhs (and those in the diaspora) was forever altered (Arora, 2009; Hardgrave, 1985). Several thousand more Sikhs were killed in other cities in northern India.

> In three days of arson, looting, and murder, the capital witnessed its greatest violence since partition. Sikhs were attacked, their hair and beards cut, and in some instances they were butchered or immolated before the eyes of their families. In the hysteria, the police simply stood by as rioters destroyed homes, shops, trucks, and taxis. . . . The mobs were made up largely of "lumpen elements" . . . and some were reported to have been led by Congress (I) functionaries. (Hardgrave, 1985, pp. 140-141)

As a result of this genocide, Sikhs experienced a "deep trauma" (Hardgrave, 1985) and felt betrayed by their fellow country folk. The riots remain largely unacknowledged by the Indian government, and individuals (including those within the government) who were involved in the massacre of Sikhs remain free. Thus, Sikhs felt further betrayed by their country's government. The assassination of Prime Minister Indira Gandhi and the Delhi riots that followed "remain the most critical forces in the generation of a universal Sikh identity" (Banchu, 1991, p. 5). They not only shape the Sikh experience in India but also have had a lasting impact on the Sikh diaspora (Arora, 2009).

Backlash after 9/11 in New York. Sikhs have long occupied a position of double minority within the United States. They compose a religious minority group among Indian Americans, who are already a minority group in the United States. Throughout U.S. history, Sikh Americans have experienced discrimination. In the past few decades, Sikhs have become (incorrectly) associated with different racial, ethnic, and religious groups because of the limited knowledge of this religious group (Ahluwalia & Pellettiere, 2010). For example, in the late 1970s into the 1980s, Sikhs with turbans became targeted with anti-Khomeini and anti-Iranian sentiment, even though there is no connection between them.

Following widespread discrimination and profiling post-9/11, Sikh religious bodies and spaces, including *gurdwaras* (Sikh places of worship) and community organizations, acquired increasing importance in the lives of

Sikhs in comparison to the pre-9/11 period. This pointed post-9/11 shift is particularly notable in light of the history of intergenerational trauma, violence, and oppression experienced by Sikh populations in India, the United States, and the larger diaspora and the continued challenges they face as a religious minority in many countries.

After 9/11, Muslims and Arabs have been often unjustly labeled as terrorists and have experienced oppression. Post-9/11, Sikhs, particularly Sikh men, have been misidentified as Muslim (Ahluwalia & Pellettiere, 2010). The media have reinforced this misidentification, with consistent and repeated display of images of suspected terrorists with "Islamic-sounding" names, those who "appear" Muslim, and men who wear turbans. As a result, Sikh men are often equated with terrorists (Ahluwalia & Zaman, 2009). As a result of this misidentification and faulty stereotyping, there has been a dramatic backlash against Sikhs with an increase in discrimination, hate crimes, and religious profiling (Ahluwalia & Zaman, 2009; United Sikhs, n.d.).

Traumatic Stress and Sikhs as Visible Racial, Ethnic, and Religious Minorities

Helms and Cook (1999) use the term *visible racial ethnic group* (VREG) to collectively refer to racial and ethnic minorities who experience traumatic stress as a result of discrimination against their identity categories. In the United States, Sikhs are not only a racial (e.g., because of skin color) and ethnic (i.e., Indian heritage) minority (Joshi, 2006) but also a religious minority. As a VREG and religious minority, Sikhs encounter many macroaggressions and microaggressions (Ahluwalia & Pellettiere, 2010). Microaggressions are defined as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (Sue et al., 2007, p. 271). Such forms of aggression result in negative psychological impact. One possible psychological consequence is internalized oppression, the process by which minority group members grow to accept the negative attitudes and beliefs projected onto them by the dominant group (Szymanski, 2009). It is a systemic, pervasive prejudice that is absorbed into the fabric of minority communities at both the individual and collective levels. Based on this conceptualization of oppression, stigmatized individuals who have internalized their oppressions are more likely to cope with stigma by attributing negative experiences to themselves, linking their self-esteem to stigmas, and/or decreasing their alignment with the stigmatized group (Prilleltensky & Govnick, 1996).

The race-based traumatic stress injury model (Carter, 2007) can be applied to the experiences of Sikhs (Ahluwalia, 2011). In this model, racial harassment includes (a) hostile racism that communicates to targets their inferior status, (b) racial discrimination (i.e., avoidant racism) that helps keep dominant and target groups separate, and/or (c) discriminatory harassment (i.e., aversive hostile racism) that intends to "create distance among racial group members after a Person of Color has gained entry into an environment from which he or she was once excluded" (Carter, 2007, p. 79). This harassment and discrimination "can produce harm or injury when they have memorable impact or lasting effect or through cumulative or chronic exposure" (p. 88). Responses to race-based traumatic stress injury can range from debilitating (e.g., avoidant) to life enhancing (e.g., proactive), with all responses being seen as contextually reasonable and nonpathological. There are universal shared experiences among racial groups that experience race-based traumatic injury, but then there are also group-specific experiences related to cultural factors. For example, in the case of Sikhs, unique cultural factors related to their experiences of oppression include the impact of post-9/11 anti-Muslim backlash. In addition, Sikhs have faced specific institutionalized discrimination with respect to increased racial and religious profiling at airports and restrictions placed on turbaned men's employment in the military and police departments.

Sikhs and Intersectionality of Identities

Although, like other minority groups, Sikhs have particular collective experiences (e.g., shared cultural belief systems and experiences of oppression), individual experiences vary greatly across other identity markers (e.g., gender). Intersectionality within identities refers to the inherently entangled nature of multiple identities (Crenshaw, 1989). Although Crenshaw (1989) initially focused her work on the intersections of gender and race, over the years, intersectionality grew to consider the linked nature of additional identity categorizations such as sexual orientation, socioeconomic status, and religious affiliation, among others (e.g., Arredondo et al., 1996; Hays, 2007). Multiple minority stress (Bowleg, Huang, Brooks, Black, & Burkholder, 2003) draws attention to the challenges faced by those who occupy a minority status within more than one identity category. The multiplicative effect of discrimination experienced across identities results in a stress that is greater than the sum of its individual parts. Individuals who occupy multiple minority statuses are often forced to privilege one identity over another, which can lead to insidious trauma. According to Root (1992), insidious trauma is a

lifelong trauma caused by living with social statuses that lack power. For these reasons, multiple minority stress must be understood holistically. In the case of Sikhs, efforts to preserve cultural identity and physical safety within a toxic environment rampant with increased discrimination following the culturally defining events described earlier likely resulted in a forced prioritization of affiliation toward faith over other aspects of identity. This would have had the result of further amplifying Sikh experiences of multiple minority stress.

The Role of Community for Sikhs in the United States

The *sangat*, or community, is seen as a vital part of Sikh life. Similar to most racial and ethnic minority groups in the United States, "[m]ost often, Sikhs turn to their family, faith, and community prior to seeking out mental health services" (Ahluwalia & Pellettiere, 2010, p. 305). Therefore, it is problematic for clinicians to disregard these support systems inherent within the community. For example, some of the most common spaces for gatherings for the Sikh community in the United States are gurdwaras, community organizations, Sikh youth camps, and online communities.

Gurdwaras

Although they are religious places, gurdwaras are primarily community spaces where the sangat gathers. Most Sikhs have a dedicated space in their home, often a prayer room, where they have a *Guru Granth Sahib*. Praying alone and being among the sangat are considered equally vital to the spiritual well-being of Sikhs. The gurdwara has always been seen as a gathering place, with prayer services, singing of *shabads* (hymns), *katha* (religious stories), and serving of *prasad* (blessed sweet). After the prayers, individuals sit down to have *langar* (meal served from the community kitchen) together that is made and served by the sangat. Although some members will attend only a portion of the services, a trip to the gurdwara can easily be a half-day event. In addition to the religious services, gurdwaras in the United States often have a school (e.g., Khalsa School, similar to Sunday school for Christians) for children and adolescents that teaches them Punjabi, Sikh history, musical instruments (e.g., *harmonium, tabla*), the singing of hymns, and cultural aspects (e.g., *bhangra* dance). Gurdwaras also serve as the site for community announcements, children's speech competitions, and other community-based activities. More recently, gurdwaras have begun to have

lectures on mental health issues (e.g., on depression), health fairs that screen and educate the community about medical conditions (e.g., diabetes), and speakers to discuss issues such as coping with bullying in schools.

Community Organizations

Although community spaces (e.g., gurdwaras) have always been important in Sikh communities, after 9/11 and the resulting backlash, Sikh community organizations have grown in importance and prominence. Three such community organizations are United Sikhs, the Sikh Coalition, and the Sikh American Legal Defense and Education Fund, with offices throughout the United States and internationally. These organizations have extensive websites with information and resources for Sikhs and non-Sikhs alike. Some towns or cities with large Sikh populations have community centers. For example, in Queens, New York, United Sikhs runs an after-school youth program where school children can get tutoring and homework assistance.

Sikh Camps

For many decades in the United States, there have been Sikh youth camps held at different points throughout the year in gurdwaras and campsites. Sikh camps are similar in nature to other camps, such as those for Jewish and Muslim youth, which help strengthen and provide support for cultural and religious identities. The Sikh camps include religious practice and education (e.g., what the gurdwaras and Sunday schools have) over a sustained time. Some also have sports and other activities, such as swimming and archery, in addition to cultural activities. Camps can be held for a weekend or as long as a month. These camps are cultural immersion experiences for Sikh youth, most of whom are culturally and religiously isolated in their everyday lives (e.g., the only or one of the few Sikhs in their school and towns). These culture camps allow these youth to be around other Sikhs and gain not only knowledge but also pride in their religion and identities, which are often mistaken and/or disparaged in mainstream culture.

Online Communities

In her discussion on Internet dialogue, Barrier (2006) suggests that media, both print and online, have played a critical role in building a sense of Sikh community, memorializing historical accounts of shared experiences of trauma among Sikhs, and mobilizing and sustaining particular Sikh agendas.

The advent of online chat rooms, discussion groups, list servers, and community forums, such as Facebook, occurred after 1984 and solidified emerging notions of Sikh identity, providing a platform for unify resources to strengthen the geographically scattered community.

Barrier (2006) explains that online spaces enable Sikhs to test value systems and reflect on the manner in which the events of partition, 1984, and 9/11 shape Sikh communities. As of 2006, the Yahoo Internet directory listed more than 1,800 Sikh websites and more than 200 Sikh discussion groups, such as "Khalistan," "Punjab News," and "Sikh News Discussion." Comprising members across the globe with up to 1,000 members each, these groups often champion particular causes, including militarism or an opposing call for peace; comment on immediate crises such as the French ban on all religious clothing or the Gujarat killings of Muslims in 2002, which were reminiscent of the 1984 Delhi riots and the Sikh genocide; discuss experiences of discrimination; and/or reflect on Sikh identities and values systems. Diverse opinions result in vibrant debate, and discussions revolving around post-9/11 discrimination against Sikhs often catalyze reflection by older generation Sikhs on the trauma of partition and 1984. In such discussions, Sikh elders often highlight the similarities and differences in experiences of backlash across their history of multiple communal traumas. Counseling psychologists can gain knowledge from and build on the aforementioned resources that the Sikh community has created in the United States.

Guidelines for Practitioners

For religion to be integrated into practice, counseling psychologists must increase their cultural knowledge with respect to diverse religious practices, be attuned to integral aspects of the client's experience, increase their comfort with exploring their clients' religious beliefs, and work to ensure that their personal religious beliefs, or lack thereof, are not imposed on clients (Genia, 1994). In the same way that the risk of imposed religious beliefs exists within practice, psychologists must be aware of the potentially negative impact that their lack of religious belief (when it results in a lack of understanding or bias) or religious ignorance may have on clients (Schulte et al., 2002).

The complexity of Sikh cultural history and current experiences of ostracism highlight the necessity of nuanced, culturally competent psychological support. The case of Sikhs in the United States points to the importance of the community–individual interplay in psychological treatment. This section outlines recommendations for practitioners to work effectively with Sikh

Americans. We begin with an overview of participatory action research (PAR) and suggest that this may be helpful in framing approaches to clinical practice with Sikhs. A PAR framework can enable clinicians to understand and adopt a collaborative stance in practice. Then, we recommend general guidelines for individual- and community-level interventions, initiating a discussion of knowledge, awareness, and skills needed for clinicians to work with Sikhs.

Research Approaches Inform Practice

Practitioners are often isolated from the religious communities they serve. The danger in this isolation is a lack of understanding of the normative experiences within these communities. PAR is one research approach that can help practitioners work together with the Sikh community to better serve its mental health needs.

PAR is a methodology rooted in communal self-reflective inquiry in which researchers and participants work together to understand and address issues affecting themselves, their families, and their communities (Brydon-Miller, 1997). "Essentially, PAR is an approach to research in which local perspectives, needs, and knowledge are prioritized through collaborations with community members throughout the research process" (Smith, Rosenzweig, & Schmidt, 2010, p. 1116). The traditional hierarchical role of researcher as objective authority is challenged through the expectation that researchers and participants conduct a continual process of critical inquiry into their respective levels of social, economic, and political capital/privilege. Researchers commit to work with disenfranchised communities experiencing structural oppression to collaboratively produce positive social change. In recent years, counseling psychologists have called for an integration of the PAR approach in both research and clinical practice (Kidd & Kral, 2005; Ponterotto, 2005) and have emphasized its alignment with social justice (Kidd & Kral, 2005).

According to Brydon-Miller (1997), the fundamental tenets of PAR can be summarized in the following manner. First, research takes place within traditionally marginalized communities and research topics originate from community voices. Attention is continually given to the identification of structural roots of oppression and methods to achieve positive social change. Last, PAR must be understood as a simultaneous process of research, education, and action in which all participants contribute and are fundamentally changed by the project.

In working with Sikh communities in particular, PAR offers a useful framework within which to situate clinical efforts. As a double minority, Sikhs persist as a largely misunderstood community. Unlike some other minority groups who have recently gained some visibility in the field, Sikhs have been and continue to be relatively invisible within mainstream counseling psychology. This is evidenced by the lack of research regarding the cultural practices and mental health needs of this group within the field. For these reasons, we believe community-based research may be a fundamental first step in establishing rapport and gaining access to the mental health needs of this community. Prior to attempting to provide psychological support to this population, it is important that practitioners begin establishing presence and a sense of cultural familiarity by learning the community's history and attending community events and meetings. By offering to work with community members to address the needs they deem pressing, practitioners will not only establish trust but also gain a deeper insight into the existing mental health issues and relevant coping mechanisms.

The integration of rapport building, the establishment of consistent community presence, research, and participatory and collaborative interventions are particularly relevant to Sikh communities. By using PAR, counseling psychologists can "examine the larger sociocultural contexts that underlie individual problems and to use interventions that facilitate social action and empowerment with participatory strategies" (Kidd & Kral, 2005, p. 192). When using PAR with Sikhs, the clinician learns about mental health issues that are relevant in the community from the diverse voices of the community. In the treatment process, in addition to the client's presenting problem, the clinician also pays continued attention to the current sociopolitical climate as well as the history of Sikhs in the United States and India. The treatment process may, as a result, include social justice and advocacy efforts for the client and the community.

Recommendations for Community- and Individual-Level Interventions

As with any cultural group, when working with the Sikh community, there is no simple formula for what will make a competent practitioner. There are, however, ways in which practitioners can work with Sikh individuals and their community to better promote mental health. We identify these recommendations as knowledge, awareness, and skills and interventions. In the following discussion, we provide general recommendations with examples of specific interventions to assist practitioners to work with Sikhs. Although

some of these recommendations may appear similar to those discussed in other literature focusing on the provision of culturally competent psychological services for minority groups, readers are directed to consider how these recommendations may be contextualized given the history and contemporary challenges outlined above.

Knowledge

Despite the existence of research regarding some religious minority groups within counseling psychology literature, Sikhs remain largely invisible. In light of this fact, increased knowledge regarding the culture and history may be one of the most critical and useful interventions for counseling psychologists as the basis for effective work with this population. Practitioners are advised to gain general knowledge of Sikhs and to develop an understanding of Sikh values, beliefs, and symbols. Because Sikhs are largely misunderstood within the larger population, demonstration of the practitioner's knowledge of the community and its history and values can facilitate the development of trust in the counseling relationship as well as guide culturally appropriate interventions.

Gain general knowledge of Sikhs. Practitioners should approach the community with a baseline level of understanding of Sikh history, including the impact of previous community-level trauma, and their experiences in the United States, including current negative stereotypes about Sikhs within mainstream culture and among Indian Americans. This background knowledge will help clinicians to build rapport. As a group that holds minority status and a history of discrimination both within mainstream Indian and American populations, Sikhs may be accustomed to cultural lack of awareness on the part of others of their traditions, histories, or belief systems. A perfunctory understanding of these issues will facilitate practitioners' efforts to navigate this initial barrier.

Sikhism can simply be a religious identity, but for many it is a way of life (Ahluwalia & Pellettiere, 2010). Using varied sources that provide contextualized information, including books, films, Sikh advocacy groups, Sikh clinicians, and religious institutions, clinicians can obtain multiple perspectives on the Sikh experience (Ahluwalia & Zaman, 2009). In addition to informational materials, getting involved with, or, at the least, speaking with different community representatives or organizations is also important. Some examples of such opportunities include attending Sikh religious services, taking part in community meetings, and joining open Sikh communities online, among others.

Develop understanding of Sikh values, beliefs, and symbols. It is important to understand and respect the meaning of both cultural and religious markers of faith. As mentioned earlier, the *Guru Granth Sahib* and symbols such as the five Ks (Ahluwalia & Pellettiere, 2010) are central to the religion. For example, if a child is being told to remove his or her kara in gym class, a passenger is told to remove his or her turban at an airport, or an employee is told he or she cannot wear his or her kirpan to work, clinicians' work includes having the knowledge of these markers, conveying their understanding of the importance of them, and using them in their work. In addition, it is important to consider clothing (e.g., salwar kameez) and head coverings (e.g., patka, turban) given the depth of meaning these represent. For example, it is important for clinicians to understand that the turban is something that is a matter of pride, considered to be something very private, and therefore is not to be removed by anyone other than the wearer (Ahluwalia & Zaman, 2009). It may also be important to be aware that these are visible symbols of clients' identity and faith, whereas others may use these representations as a reason to subject the wearer with hostility.

Clinicians must also pay attention to individual within-group differences with respect to physical demonstrations of a Sikh client's faith. For example, although the five Ks are religious symbols that are religiously prescribed, there are Sikhs who cut their hair, may exhibit all or none of the five Ks, and vary according to their identification, experience of Sikhism, and current climate (Ahluwalia & Zaman, 2009). "In an intolerant climate, it can be challenging for a Sikh man to maintain all the visible identity markers (e.g., turban), but there are potential repercussions of giving up these markers (i.e., the potential ease, burden, alienation, identity fracturing)" (Ahluwalia & Pellettiere, 2010, p. 312).

Clinicians and researchers working with the Sikh community would do well to recognize the role of hukam and karma as well as heroism and martyrdom in working with Sikhs. The basic idea reflected in hukam is that all the experiences of one's life are the result of what is deemed divine will. Within this framework, positive karma is built when walking in agreement with hukam and negative karma is built when walking in opposition to hukam. A culturally appropriate conceptualization and intervention necessitates that practitioners understand how their Sikh clients make meaning of their life experiences through this particular lens of hukam and karma. The cultural values of heroism and martyrdom must also be considered when working with Sikh clients. As explained in earlier sections, in the face of oppression, many Sikhs are socialized to value self-sacrifice and the development of internal strength through faith and family to cope with and fight against injustice. This may contribute to a reluctance to seek external support during times of distress. Clinicians may be able to work with the reluctance

within the framework of Sikh values by advocating therapy as a method of increasing internal strength through self-help.

Awareness

When working with clients, clinicians are encouraged to explore their own identities and make self-awareness a priority (Hays, 2007). This section of recommendations focuses on counseling psychologists commitment to increasing their self-knowledge and awareness of themselves as individuals and practitioners. In addition, it is important for clinicians to gain awareness of Sikh clients' understanding of their own racial, cultural, and religious identities, as well as their existing community coping mechanisms.

Know thyself: Build self-awareness and self-knowledge. Consistent with the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* of the American Psychological Association (2002), practitioners should consider their own identities, values, and beliefs. Practitioners should engage in a process of self-reflection to fully assess their own stereotypes and assumptions regarding Sikh clients as well as how their own values will affect multiculturally competent practice. One example of an awareness-raising activity would be to monitor popular media the clinician is exposed to in his or her personal life, consider how Sikhs may be portrayed, and reflect on how this may influence his or her underlying assumptions. Another area of reflection includes a practitioner's beliefs about religion, how religion manifests in his or her life, and how it shapes his or her thoughts, feelings, and behaviors. For example, if the practitioner does not convey visible signs of his or her religious or spiritual beliefs, what assumptions might he or she make about clients who do exhibit such signs?

It is important for practitioners to know and work on their own biases and stereotypes about the community they are working with. In addition, it is helpful to remain cognizant of assumptions that community members may hold (e.g., about mental health practitioners, mental illness stigma, and non-Sikhs). As individuals with multiple minority identities, Sikhs may be vigilant about reading verbal and nonverbal cues when in a therapeutic relationship. Previous experiences of aggression may lead Sikhs to develop an acute sensitivity toward identifying negative and/or discriminatory assumptions held by clinicians. It would be important for a clinician to acknowledge the reality of these experiences and open up a discussion around the differences in identity and experiences and how that can affect trust and rapport.

Gain awareness of how Sikhs define their respective cultures. As stated earlier, counseling psychologists need to recognize the experience of being a double

or multiple minority for Sikhs and the resulting internal and external experience of that status. Sikhs in the United States, for example, have to navigate dominant American culture, Indian American culture, and Sikh American culture, not to mention their bicultural identity when abroad (Ahluwalia & Pellettiere, 2010; Ahluwalia & Zaman, 2009), and this can manifest in a variety of ways, such as compartmentalization of identities and/or increased vigilance.

Some clients will have experienced particular historical events that have caused trauma and have been integrated into their identity and relationships. It is important for practitioners to ask questions regarding family history, historical dates and events, and intergenerational acculturation issues to fully understand the clients' experience and how they identify. Sikhs, like Indian Muslims, may or may not feel a strong connection with Indian identity (i.e., because of 1984). It is important not to assume what clients will feel, how strongly they may identify with a particular identity, or what that identity may mean to them. Instead, practitioners should inquire into clients' feelings with respect to an Indian American identity and affiliation. This is particularly important given the multiple minority status mentioned above.

In addition, practitioners must be sensitive to Sikh clients' multiple and overlapping social and political contexts outside of cultural identity. Clinicians should pay attention to existing strengths within clients and evaluate potential resources and problems in the context of socioeconomic and political challenges, such as poverty and immigration status. It can be helpful to use a framework that includes all identities (e.g., personal dimensions of identity—Arredondo et al., 1996; ADDRESSING framework—Hays, 2007). This will ensure a holistic approach to working with Sikh clients that does not place their particular struggles within a false vacuum, free of the impact of other social, economic, and political forces.

Increase awareness of existing community coping skills. Sikhs rely on their families, religion, and community in times of need, and counseling and psychotherapy are often a last resort (Ahluwalia & Pellettiere, 2010). For many Sikhs, there is a sense of shame surrounding mental health issues (Ahluwalia & Zaman, 2009), so clients may be reluctant to speak about them. Sikh clients may also be reluctant to speak about other concerns that are religiously or culturally prohibited. As stated earlier, when Sikhs are in distress, they often turn to the Sikh scriptures and/or family and community (Ahluwalia & Pellettiere, 2010). In addition to the scriptures, *simran* (remembering God) and *seva* (community service) are central to Sikhism. Still, it is important to understand that although some Sikhs after 9/11 turned to religion for support, other Sikhs turned away from it and may have experienced a loss of identity

(Ahluwalia & Pellettiere, 2010). This pattern may be seen more generally as well in that in a time of distress, Sikhs may turn away from or turn to religion. "For some Sikhs, *simran* and *seva* have not been enough to combat the effects of discrimination. . . . They feel disconnected from their spiritual self and have a 'crisis of faith'" (Ahluwalia & Zaman, 2009, p. 474). Because of the oppression that Sikhs experience in the United States, mental health issues (e.g., depression, anxiety) that are a result of discrimination can be misattributed, by either clinician or client, to an internal struggle that one may have with the religion. Thus, as with any group that experiences internalized oppression, both discrimination and internal struggles (e.g., crisis of faith) can contribute to mental health issues. For example, in a study of Sikh men's experiences, Ahluwalia and Pellettiere (2010) found that Sikh men were likely to cope with discrimination by (a) using social support and religion as resources, (b) educating others (e.g., Ambassador of Sikhism), (c) practicing seva, or giving back through community service, (d) having visibility in a variety of professions, and (e) not responding to hate with hate. For example, after 9/11, many Sikhs coped by engaging in seva, taxi drivers provided free taxi service for volunteers on and after 9/11, community groups held vigils, individuals donated blood, and others engaged in a variety of acts of service (Ahluwalia & Zaman, 2009). To work effectively with Sikhs, practitioners should not only increase their awareness of these community-based coping mechanisms but also build on such mechanisms in treatment. In other words, before introducing mainstream Western psychological tools, practitioners may benefit from employing mechanisms that are indigenous to Sikh communities (e.g., seva, simran).

Skills/Interventions

Although knowledge and awareness are foundational, culturally appropriate skills and interventions are essential in working with Sikhs. Skills that clinicians can engage in include validation of experiences, exploration of the role of religion in the presenting problem, and an engagement in community-level interventions.

Validate experiences. Oftentimes, members of the mainstream dominant culture (or even minorities who are non-Sikh) may negate the reality that Sikhs have experienced oppression since 9/11. More problematically, some people perceive the backlash as justifiable anger by the dominant groups toward nondominant groups (e.g., Muslims, Sikhs). Therefore, clients must perceive an empathic understanding and validation from clinicians with respect to their repeated experiences of intolerance and discrimination. This

is necessary in navigating the initial hesitance and doubt clinicians may encounter when working with Sikhs. Specifically, practitioners should validate experiences of racial and religious profiling at airports, jobs, and schools and individual acts of oppression, including physical, verbal, and nonverbal attacks (Ahluwalia & Pellettiere, 2010; Sikh Coalition, n.d.;). Self-examination of the practitioners' beliefs about these acts of institutionalized discrimination may be particularly relevant here. For example, explanations of airport screening as necessary to increased air safety may negate the experience of systematic racial profiling for Sikh clients.

Explore the role of religion in presenting problem. When considering the client's presenting problem, it is important to consider how it would be understood from a Sikh perspective, either in discussion with the client or in consultation with colleagues, religious leaders, and Sikh organizations (Ahluwalia & Zaman, 2009). At the beginning of their work together, the clinician may explore whether or not the client's presenting concern is related to religious and/or cultural expectations (Ahluwalia & Zaman, 2009). This reflects recommendations of other multicultural social justice literature that assert the importance of working collaboratively and understanding how clients and communities conceptualize their concerns and circumstances (e.g., Toporek, Lewis, & Crethar, 2009). By adopting an affirmative counseling approach in which the counseling psychologist openly recognizes the importance of religious identity and enables clients to determine the level to which religion is integrated into treatment, the counseling process may proceed more effectively (Schlosser, Foley, Stein, & Holmwood, 2009). This includes enabling clients and communities to struggle with religious identity while affirming their capacity to define themselves (Schlosser, Ali, Ackerman, & Dewey, 2009).

Engage in community-level interventions. There are a number of ways counseling psychologists can use the Sikh community and community-level interventions to better understand and serve the individual needs of their clients. Community-level activities support the work one does with individuals. Drawing on the PAR approach, practitioners can establish a collaborative presence in communities before and during interventions at group, family, and/or individual levels by getting to know the community, serving the mental health needs at the community level, and advocating on behalf of the community.

Get to know the Sikh community. In addition to learning about Sikhs through texts and journal articles, it is important to get connected to Sikh community informants and/or community organizations and to stay informed about relevant events and issues. It can be helpful for practitioners to join online Sikh communities, with permission of the community, to stay abreast of current

conversations, concerns, and issues and as a space within which to ask for resources. For example, email alerts can be a useful way to stay connected to current local, national, and international issues.

Counseling psychologists working with Sikh clients can better serve their clients if they engage in community outreach, participate in community events, and build alliances with Sikh community leaders to increase knowledge, communication, and trust between mental health professionals and Sikh communities. It is important to physically visit gurdwaras and community centers to learn about the community in vivo. Another benefit of nonclinical involvement is that the clinician is able to know and experience the range of Sikh individuals rather than only a skewed perception of the community that can result from engaging with only individuals who are seeking help. Attending community meetings, gatherings, and festivals allows the practitioner to have a deeper understanding of religious values, customs, and rituals. Also, it allows the clinician to be around the community in their space, which will increase comfort both on the part of the clinician and on the part of the community. It is also important to be familiar with the extent of the local Sikh community to which the client may have access. For example, in some regions, there may be a large and diverse Sikh community available, whereas in other communities the client may need to rely on distant relationships if there are few Sikhs in the local community.

Serve mental health needs of community as a whole. Initial efforts to serve mental health needs may best be engaged through psychoeducational and prevention efforts at the community level. By volunteering to serve community needs, practitioners can gain awareness of current concerns and offer relevant resources. Culturally appropriate psychoeducation is essential as an intervention and as a precursor to other interventions. It is useful for counseling psychologists to offer to facilitate community meetings that address immediate concerns voiced by the community (e.g., parents' concerns about school-based bullying, workplace discrimination). This process can enable them to better understand and gain access to individual, couple, and family mental health concerns. In addition, Sikh community groups may benefit from psychoeducational workshops focused on defining basic mental health problems (e.g., depression, anxiety) as well as the impact of discrimination on mental health (e.g., internalized oppression). As noted above, PAR methods can provide useful guidelines for initiating and implementing this approach. Likewise, literature on prevention in counseling psychology is also relevant and can guide the practitioner with concrete strategies (e.g., Hage et al., 2007).

Advocate for the community. Advocacy interventions that are appropriate for counseling psychologists may include outreach with local law enforcement and mainstream communities to provide education regarding Sikh communities and the mental health issues they face resulting from discrimination and xenophobia. Counseling psychologists may also extend this advocacy to the policy level, working with local area politicians to ensure the safety and civil rights of Sikhs are protected given practitioners' knowledge of contemporary issues and the prevailing political climate in the United States and how this affects the Sikh community. It is advisable that psychologists collaborate with the Sikh community (e.g., as participants, advisors, or consultants) on any advocacy taken on the community's behalf (Toporek et al., 2009). Policy-level interventions may also include working on a smaller scale with local organizations and employers to raise awareness of administrative policies that may be insensitive to Sikhs (e.g., dress code policies that prohibit women from wearing chunis or men from wearing turbans).

Conclusion

In this article, we discuss the historical, social, and political context that influences the experiences of Sikhs as a minority religious community whose mental health needs have been underserved. Although American Psychological Association (2002) guidelines regarding multicultural competence have called for increased recognition of religion as an integral aspect of cultural competency, and a number of counseling psychologists have begun paving the way for increased religious awareness in treatment, religious minorities remain largely marginalized within mainstream psychology. Given the social location of the Sikh community in the United States, there are specific issues and concerns that are important for practitioners to address. Counseling psychology, with its long-standing commitment to culturally competent care, social justice, and community-based interventions, provides the necessary foundation on which to design treatment for this population.

In this article, we emphasize the importance of understanding the cultural and historical context of this community to build trust and competence in serving its members. Sikhs are uniquely situated as a religious minority within their ancestral homeland, India, and as a religious, ethnic, and racial minority in the United States. Sikhs have been a target of systemic discrimination in both India and the United States, which has contributed to intergenerational trauma. Awareness of this history is one of the critical components of effective treatment for this population.

It is important to focus on not only current practitioners but also the future of our profession. Training programs in counseling psychology need to increase the knowledge base (e.g., texts, immersion experiences) regarding the religion, along with other identities, as important components that shape clients' culture and experiences. It is important that counseling psychology trainees be encouraged to explore their own religious affiliation and background, what it means to them, and how it can shape who they are as clinicians. Furthermore, increased skills in working with Sikh individuals as well as the community are essential.

The case of Sikhs provides a useful lens to understanding the role of community-level interventions both as an entry point to individual-level psychological treatment and as a way to serve the larger communal-level concerns. An integration of both community- and individual-level interventions can provide an avenue for culturally appropriate and comprehensive treatment. Helping minority communities gain access to culturally appropriate services enables counseling psychologists to serve mental health needs of individuals and fulfill their commitment to social justice.

Declaration of Conflicting Interests

Funding

References

Ahluwalia, M. K. (2002). The selfways of Indian-American women. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 1607. Retrieved from http://search.proquest.com/docview/619950951?accountid=12536

Ahluwalia, M. K. (2011). Holding my breath: The experience of being Sikh after 9/11. *Traumatology, 17*(3), 39-44.

Ahluwalia, M. K. (2012). *Keeping faith during a hopeless time*. Unpublished manuscript.

Ahluwalia, M. K., & Pellettiere, L. A. (2010). Sikh Men post-9/11: Misidentification, discrimination, and coping. *Asian American Journal of Psychology, 1*(4), 303-314.

Ahluwalia, M. K., & Zaman, N. (2009). Counseling Muslims and Sikhs in a post-9/11 world. In J. G. Ponterotto, M. Casas, L. A. Suzuki, & C. Alexander (Eds.), *Handbook of multicultural counseling* (3rd ed., pp. 467-478). Thousand Oaks, CA: Sage Publications, Inc.

Ali, S. R., Liu, W., & Humedian, M. (2004). Islam 101: Understanding the religion and therapy implications. *Professional Psychology: Research and Practice*, 35, 635-642.

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. Retrieved from http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx

Arora, K. S. K. (2009). Breaking the silence: The impact of political violence on Sikh diaspora. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 7263. Retrieved from http://search.proquest.com/docview/7552081 81?accountid=12536

Arredondo, P., Toporek, R., Brown, S., Jones, J., Locke, D., Sanchez, J., & Stadler, H. (1996). Operationalization of multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 24*(1), 42-78.

Banchu, P. (1991). Ethnicity constructed and reconstructed: The role of Sikh women in cultural elaboration and educational decision-making in Britain. *Gender & Education, 3*(1), 45-61.

Barrier, N. G. (2006). Trauma and memory within the Sikh diaspora: Internet dialogue. *Sikh Formations, 2*(1), 33-56.

Bishop, D. R. (1992). Religious values as cross-cultural issues in counseling. *Counseling and Values, 36*(3), 179-191.

Bowleg, L., Huang, J., Brooks, K., Black, A., & Burkholder, G. (2003). Triple jeopardy and beyond: Multiple minority stress and resilience among Black lesbians. *Journal of Lesbian Studies, 7*(4), 87-108.

Brass, P. R. (2006). Victims, heroes or martyrs: Partition and the problem of memorialization in contemporary Sikh history. *Sikh Formations, 2*(1), 17-31.

Brydon-Miller, M. (1997). Participatory action research: Psychology and social change. *Journal of Social Issues, 53*(4), 657-666.

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35,* 13-105. doi:10.1177/0011000006292033

Chilana, R. S. (2005). Sikhism: Building a basic collection on Sikh religion and culture. *Reference & User Services Quarterly, 45*, 108-116.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1989,* 139-167.

Fouad, N. A., Gerstein, L. H., & Toporek, R. L. (2006). Social justice and counseling psychology in context. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Isreal (Eds.), *Handbook for social justice in counseling psychology: Leadership, vision, and action* (pp. 1-16). Thousand Oaks, CA: Sage Publications, Inc.

Genia, V. (1994). Secular psychotherapists and religious clients: Professional considerations and recommendations. *Journal of Counseling and Development, 72*(4), 395-398.

Hage, S. M., Romano, J. L., Conyne, R. K., Kenny, M., Matthews, C., Schwartz, J. P., & Waldo, M. (2007). Best practice guidelines on prevention practice, research, training, and social advocacy for psychologists. *The Counseling Psychologist, 35*(4), 493-566. doi:10.1177/0011000006291411

Haque, C. E. (1995). The dilemma of "nationhood" and religion: A survey and critique of studies on population displacement resulting from the partition of the Indian subcontinent. *Journal of Refugee Studies, 8*(2), 185-209.

Hardgrave, R. L., Jr. (1985). India in 1984: Confrontation, assassination, and succession. *Asian Survey, 25*(2), 131-144.

Hays, P. (2007). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd ed.). Washington, DC: American Psychological Association.

Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Needham Heights, MA: Allyn & Bacon.

Joshi, K. Y. (2006). The racialization of Hinduism, Islam, and Sikhism in the United States. *Equity and Excellence in Education, 39*(3), 211-226.

Kidd, S. A., & Kral, M. J. (2005). Practicing participatory action research. *Journal of Counseling Psychology, 52*(2), 187-195.

Leifker, D. (2006). Investigating anti-Sikh discrimination in a post 9/11 world. *Sikh Spectrum*. Retrieved from http://www.sikhspectrum.com/112006/denise.htm

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136.

Ponterotto, J. G., Suzuki, L. A., Casas, J. M., & Alexander, C. M. (2009). *Handbook of multicultural counseling* (3rd ed.). Thousand Oaks, CA: Sage.

Prilleltensky, I., & Govnick, L. (1996). Politics change, oppression remains: On the psychology and politics of oppression. *Political Psychology, 17*, 127-148.

Root, M. P. P. (1992). Reconstructing the impact of trauma on personality. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 229-265). New York, NY: Guilford Press.

Schlosser, L. Z., Ali, S. R., Ackerman, S. R., & Dewey, J. J. H. (2009). Religion, ethnicity, culture, way of life: Jews, Muslims, and multicultural counseling. *Counseling and Values, 54*(1), 48-64.

Schlosser, L. Z., Foley, P. F., Stein, E. P., & Holmwood, J. R. (2009). Why does counseling psychology exclude religion? A content analysis and methodological critique. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (3rd ed., pp. 453-466). Thousand Oaks, CA: Sage Publications, Inc.

Schulte, D. L., Skinner, T. A., & Claibom, C. D. (2002). Religious and spiritual issues in counseling psychology training. *The Counseling Psychologist, 30*(1), 118-134.

Sikh Coalition. (n.d.). *Resolution on hate crimes against Sikh-Americans.* Retrieved from www.sikhcoalition.org/CongressionalBriefingPacket.pdf

Singh, S. P. (2004). Caring for Sikh patients wearing a kirpan (traditional small sword): Cultural sensitivity and safety issues. *Psychiatric Bulletin, 28*, 93-95. doi:10.1192/pb.28.3.93

Smith, L., Rosenzweig, L., & Schmidt, M. (2010). Best practices in the reporting of participatory action research: Embracing both the forest and the trees. *The Counseling Psychologist, 38*(8), 1115-1138. doi:10.1177/0011000010376416

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286. doi:10.1037/0003-066X.62.4.271

Szymanski, D. (2009). Examining the relationship between multiple internalized oppressions and African American lesbian, gay, bisexual, and questioning persons' self-esteem and psychological distress. *Journal of Counseling Psychology, 56*(1), 110-118.

Takaki, R. (1998). *Strangers from a different shore*. New York, NY: Little, Brown.

Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling and Development, 87*, 260-268.

United Sikhs (n.d.). *About Sikhs*. Retrieved from http://unitedsikhs.org/aboutsikhs.php

Author Biographies

Muninder K. Ahluwalia, PhD, is an associate professor in the Counseling Program at Montclair State University in Montclair, New Jersey. She has served as program chair for the Society of Counseling Psychology (Division 17) of the American Psychological Association, finance officer and board member of the Asian American Psychological Association, and maintains a diversity consultation practice. Her teaching and research interests include multicultural counseling, intersecting identities, issues of racism and discrimination, the Sikh community, and methodological issues in qualitative research.

Anjali Alimchandani, MPP, is a fourth year doctoral student in the Counseling Psychology Program at New York University. Her scholarship is related to culturally competent practice and the use of psychology as a tool to promote social justice.