THE EXPERIENCES OF SIKH SPIRITUALITY
IN RELATION TO HEALTH AND WELL-BEING

by

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Abstract

The purpose of this qualitative study was exploration of the relationship between Sikh spirituality and well-being. The literature presented an overview of the relationship between social work and spirituality, the religious aspects that are correlated with well-being, and the history, practices and beliefs of the Sikh faith. The methodology included in-depth interviews of four devout Sikhs, which gave participants the opportunity to openly discuss their personal feelings about their spirituality, as it relates to their overall wellness. Member checking was utilized to ensure validity and reliability, and ethical issues were considered. Grounded theory was used to develop themes. The results revealed three main themes. The first, Promotion of Physical Health, presented data about healthy behaviours, routines and healthy boundaries of right and wrong. The second theme, Promotion of Emotional Health, discussed the benefits of prayer, and indicators of life satisfaction, such as hope and fulfillment. The last theme, Promotion of Identity, introduced the ways that Sikhs represent their identity, the pride that exists in Sikh identity, and the forms of social support available. The limitations of the research were discussed, including sample size, language barriers, and failure to explore the negative aspects of religion. Subsequent implications for practice and research led to recommendations for social workers and health care workers.
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“... [I]f you keep running, and it’s for money, and it’s for this and that ... you don’t see any hope. Or peace of mind. But the way God says ... when you get up early ... when you do a pray ... do hard work all day, just relax ... that is enough. Don’t hope for more. If ... you follow those rules, you’re living in heaven ....” (Mr. Bassi)

“... [I]f we’re going to prayers everyday, that makes you feel good, that makes you feel relaxed, and that makes ... your mind [feel] special .... [I]f you’re doing the rules, and ... if you’re not doing anything wrong with other people .... if you’re doing the prayers ... then I think that affects our health .... If all those qualities ... are in one person, then I think that’s the best health you have.” (Mrs. Sidhu)

Without religion “... life would be confused .... confused feeling in every move, in everything you’re going to do .... [I]f I don’t have any belief, it changes [my] whole world.” (Mrs. Singh)

“I feel like I have everything .... God gave me everything in my life, right? So I feel complete .... I’m incomplete without my religion, right? I feel very lucky, very very lucky for God and my Sikhism religion.” (Mrs. Gill)
CHAPTER I
INTRODUCTION

From the beginning of time, man has tried to find the answer to health and well-being for all of humankind. This exploration over thousands of years has led to numerous theories, perspectives and disciplines that attempt to define, explain and treat. Social workers have an *a priori* commitment to focus on the health and well-being of their clients, knowing that both of these concepts affect parenting, family life, and relationships, as well as overall happiness and satisfaction with life.

One aspect of life and its relationship to health and well-being is often overlooked. Spirituality has for many years been thought of by many as a separate, private sphere. Yet religions across the world, that have existed for thousands of years, claim to have beliefs and practices that not only increase health and well-being, but also prevent and protect against illness and poor physical and mental health. There are also a multitude of studies that have been conducted regarding this topic, however only a small number of religions are reflected in the research. The largest ones represented are Christian affiliations (both Protestant and Roman Catholic) and Judaism. Other religions represented are Muslim, Buddhist, Mormon and Hindu faiths. Findings from studies of these groups suggest that spirituality is definitely related to overall health and well-being.

Noticeably absent in the research was one of the major faiths that exist in the B. C. South Okanagan area --- Sikhism. For this reason, this study attempts to answer the question, *How do devout Sikhs understand their spirituality in relation to their health and well-being?*

Spirituality has various meanings, but for the purpose of this study, spirituality is defined as *the way one gives meaning to the dynamics of life, which includes the “human quest for personal meaning and mutually fulfilling relationships among people, the non human environment, and, for some, God”* (Canda, 1988, p. 243, my italics). This may include participation in a religious affiliation, which “… involves a set of organized, institutionalized beliefs and social functions as a means of spiritual expression and experience” (Caroll, 1998, p. 2, my italics). Throughout this study, spirituality and religion are used interchangeably. The research uses both terms, and involves devoutly spiritual people that belong to a particular religion. As well, though the Sikhs in this study don’t recognize the term spirituality, they describe their experiences as spiritual beings within the Sikh religion. In particular, though they didn’t recognize the term “spirituality”, when the researcher gave the interviewees the above definition, they agreed that their religiosity was
synonymous with spirituality. In essence, they gave the researcher the definitions used for the study.

The definition of health and well-being is also relevant here. This is loosely defined as positive physical and mental health. Koenig et al. (2001) provides a beautiful definition of well-being, as “... the positive side of mental health. Synonyms for well-being include happiness, joy, satisfaction, enjoyment, fulfillment, pleasure, contentment, and other indicators of a life that is full and complete” (p. 97).

Studies of religious participation frequently note the beneficial aspects of social and emotional support provided by religious organizations. Specifically, studies relate the benefits to physical health (Ironson et al., 2002; Koenig & Larson, 2001; Powell et al., 2003), of positive emotions (Levin & Ellison, 1999), including faith, hope and coping strategies (Baetz et al., 2002; Helm et al., 2000; Koenig et al., 2001; Levin, 2001; Nisbet et al., 2000), and of supportive religious systems (Koenig et al., 2001; Levin, 2001; Pargament et al., 2000) to health and well-being. In summary, the greater one’s spirituality, the greater one is likely to experience increased health benefits, longevity, supportive relationships, happiness, positive expectations, and greater well-being overall. Furthermore, most writings of the major world religions promise health and well-being if followers adhere to the teachings of their faith. Christian hymns and Sikh poems speak of the comfort, peace and joy that accompanies union with God, and there are renowned places of healing that exist for many of the world religions, such as the Ganges River for Hindus, Mecca for Muslims, Lourdes for Christians, and the old temple wall in Jerusalem for the Jews (Koenig, McCullough, & Larson, 2001, p. 56).

The Sikh faith also claims to offer health and well-being to those who follow its precepts. It also shares many of the same religious practices as those studied, all of which were related to increased health and well-being. The religious practices and beliefs of the Sikh faith have their base in the history of the religion. They include: vows that relate to bodily health and identity --- no removal of hair, no smoking or drinking, no eating of eggs or milk, and no sex outside of marriage; a daily routine of prayer, which promises wisdom, love, peace and forgiveness; public worship, greetings, and festivals which promise to promote a sense of unity and connectedness; a philosophy that stresses peace, equality, harmony, social justice, family life and moral behaviour; and a strong sense of identity, which is indicated by five articles of faith worn by Sikhs, and formed
by the beliefs and history of Sikhism.

The Sikh religion has practices and beliefs that seem to be tied to well-being, and it makes many claims to improve overall well-being, but these have not been investigated, nor is it clear if followers experience these. Therefore it is important and useful to find out from the members of the community themselves, especially because there are no studies of this particular religion and they are a growing force in the B.C. South Okanagan population statistics. The intention of this study is thus to explore the relationship between spirituality and health and well-being with members of the Sikh community in this area.

A qualitative study was chosen because almost all research to date in this area of study is quantitative, and there is a desire for a more in-depth subjective view of the relationship between spirituality and health and well-being. The reason for choosing devout Sikhs is twofold. Firstly, studies that relate the Sikh religion to health and well-being (though there is claim to such relationships in Sikh teachings) have not been found. Secondly, the Sikh population in the B.C. South Okanagan is one of the largest per capita in Canada. Providing knowledgeable and considerate service to Sikh individuals and families is becoming more of a concern to service providers. The current direction of service delivery points towards the need for community participation, including that of religious communities, in planning for the welfare of children and families.

Overview of Thesis

Chapter one presents an overview of the relationship between social work and spirituality, current literature about religious aspects that are correlated with well-being, and the history, practices and beliefs of the Sikh faith.

The second chapter presents the methodology of the study. Grounded theory is presented as the basis for data exploration and analysis. Sampling and data collection strategies are detailed, including participant data of four devout Sikhs. Ethical issues, and the concepts of reliability and validity are also explored. Lastly, the data analysis methods are laid out as they relate to the theoretical model chosen.

The third chapter is the Results section, which presents an analysis of interviewees’ responses. The three primary themes are Promotion of Physical Health, Promotion of Emotional Health, and Promotion of Identity.
Chapter four considers the current findings in light of existing literature, as well as considering the limitations of the study and its implications for social workers.

Literature Review

Throughout the years researchers have tried to determine elements of individual and social life that relate to health and well-being. Beyond diet and exercise, studies have explored the roles that social support and emotions play in regards to health and well-being. Spirituality has been one of the factors considered. Inasmuch as this study focusses on the Sikh faith, which claims to offer health and well-being to those who follow its precepts, research has not yet been conducted to confirm this. Sikhism also shares many of the same religious practices and teachings that have been found to have links to health and well-being, and ultimately, social work practice. The categories of literature reviewed include the link between spirituality and social work, religious effects on health and well-being, including physical health, positive emotions and social support, and lastly, the connection between Sikh spiritual life and well-being, with discussion of history, vows, and identity.

Spirituality and Social Work

Social work and spirituality are known to have a long history together, and there are known areas in which the duo benefits in working together.

In fact, when considering whether social work and spirituality mesh, it's important to consider the roots and goals of social work. Stroup (as cited in Nash & Stewart, 2002) indicated that: “The pioneers of the social work profession and its values were intimately connected with religious and spiritual traditions” (pp. 6-7). Spirituality offers social work insights at both micro and macro levels, that lead to personal and social changes. As well, social work and many religions share similar goals --- social justice, social care, mental and physical well-being, and sense of community.

The goal of social work is to increase the overall well-being of clients, and the direction best includes exploration of the areas of personal lives that have an influence on this sense of well-being. Fallot (1998) provided a reminder of the definition of spirituality when he addressed the role of social workers in regards to religion:

Clinicians can understand the importance of spirituality in a person’s life by emphasizing the way the person finds or constructs a sense of meaning or purpose, the way core values are enacted in everyday behavior, the way ultimate questions are asked and experiences of ultimate reality understood, the way a sense of belonging and community is expressed, or the way optimal functioning is achieved (p. 98).
In this quote, Fallot suggested that social workers can benefit by knowing that people are on a quest to find purpose, and that they should acknowledge all aspects of this in their practice. Hoogestraat and Trammel (2003) supported Fallot’s suggestion in their advice to counselors:

Each person carries a set of values and beliefs that may aid in their well-being. Spiritual and religious discussions within therapy can be essential for treatment. As therapists, we are expected to provide a safe therapeutic atmosphere for our clients. Therefore, the therapist has the responsibility to be aware of personal issues and to integrate spiritual/religious discussions (p. 413).

Social workers may well consider spirituality when they are assessing health or well-being of clients, when they are looking for helpful resources, and when they are regarding treatment plans. This addresses the strength of thorough assessments in the area of spirituality and culture. Assessments of clients are more complete when spirituality is considered, and there are alternate methods of healing that religions may offer to the mix of treatments. Fallot (1998) emphasized the importance of spiritual histories in assessment. He also promoted awareness of community resources and activities that can influence more “differentiated” and “sensitive” referrals (p. 98). A further consideration is that persons with higher levels of spirituality will benefit more from their own spiritual beliefs and practices in the area of health and well-being, than from other secular treatments or therapies that they don’t buy into as much. In fact, Nash and Stewart (2002) broadened the effect that spirituality should have on social work practice: “Spirituality influences the helping professions to take notice of spiritual matters and shapes their motivation, theory, styles and techniques of helping” (p. 63).

Nash and Stewart (2002) insisted that spirituality “spirited” a new movement in global areas of change. They stated:

... [S]pirituality’s capacity for inclusiveness and connection is now encouraging a range of people including self-help organizations, therapeutic fields and social policy analysts to join together in sharing their common goals ... a renewed dedication to social justice, ecological harmony, and empowerment of the oppressed (p. 49).

They furthermore insisted that “... wellness springs from holistic, ecological and systemic processes” (p. 49). In line with this, they further cited two other sources in support of the above claims.

Myers et al. (1991) ... suggest at our core we possess an identity/spiritual essence that is universally connected and interdependent with all things ... through their uniqueness, cultural identities and their association to a collective spiritual essence....
[O]ur spiritual link to all beings by sharing a universal core helps to identify with everyone, which in turn heightens the potential to commit oneself to universal peace, justice and humanness (Bennett 1996) (p. 57).

It could be noted that this quote has implications for multicultural social work. Commonalities and differences are used to build trust and support, which are a basis for mutual values and goals among cross-cultural services.

The above refers not only to social justice and multicultural implications, but also to holistic treatment. Fallot (1998) suggested that combination treatment of the "psychological issues", "religious concerns", and "biological causes for ... illness" may warrant the best results for overall well-being (p. 91). Social workers can be better prepared to work with the whole person within their practice by including the practices above, in addition to self-reflection and education. Social workers, in acknowledging their own spirituality, recognize the strengths and limitations that they may have, as well as the implications to their own practice. Self-reflection is important in providing meaningful, caring and respectful service to clients. Alongside this theory, social workers are receiving opportunities for competency training in religious and cultural issues. One aspect of knowledge-seeking can include the act of immersion. Fallot (1998) suggested that social workers that develop active relationships with faith communities are more understanding. As well, social workers naturally become more aware of the use of various religious techniques --- such as prayer, meditation, and rituals --- for increased health and well-being.

Religious Effects on Health and Well-Being

The research linking religion to health and well-being has shown similar themes to literature about social and emotional support. Participants of religious organizations are exposed to suggestions about healthy living, positive messages that elicit positive emotions, and supportive systems. Research on each of these aspects linked religious affiliation and participation directly to factors that are known to correlate with overall well-being (Levin & Markides, 1985,1986, 1988; Levin & Taylor, 1998). Levin (2001) agreed that spirituality can be beneficial by saying that there are:

... many ways that religion can prevent illness and promote health and well-being. Affiliating with a religion reinforces healthy behaviours, decreasing our risk of disease. Attending services nurtures supportive relationships, buffering effects of stress and heightening our ability to cope. Worshiping and praying produce positive emotions, relaxing us and bolstering the function of our endocrine and immune systems. Adopting certain religious beliefs encourages healthy beliefs and
personality styles, motivating wise health decisions. Professing faith stimulates optimism and hopefulness, which are salutary. And ultimately, experience of a sense of the mystical can lead us into states of awareness that invoke an ability to maintain well-being or attain healing. (p. 183).

Physical Health

Physical health is influenced by messages and practice of healthy living. As well, studies that link church attendance and spiritual expression to health are discussed.

Religious participation has been found to relate to health and well-being through spiritual teachings. In 1979, Spector found that 32 of the world’s religions endorsed healthy living. Many of the major world religions have teachings related to the general protection and care of one’s body — these may include healthy diets, alcohol or tobacco restrictions, physical exercise, cleanliness laws, work and sleep suggestions, medical procedures, healing techniques, and restrictions around sexual activity. A number of studies have found a significant relationship between increased religious attendance and decreased rates of illness and death among old-order Amish, Mormons, and Seventh-Day Adventists (Hamman, Barancik, & Lilienfield, 1981; Lyon et al., 1978; McEvoy & Land, 1981; Wynder, Lemon, & Mantel, 1965). Each of these religious groups prescribed to healthy behaviours, such as those noted above, and appear to have benefitted from increased physical health and well-being.

The above may help to explain the findings of Powell and colleagues (2003), who theorized that church/service attendance may have acted as a protection against death. There was a 25 to 30 percent differential between attendees and non-attendees. They further found that weekly attendance was related to decreased cardiovascular disease. In two consecutive studies of Mexican Americans, Levin and Markides (1986, 1988) found that increased church attendance correlated with increased reports of well-being and good (or excellent) health, and decreased reports of disability and physical symptoms, and fewer days spent in bed. Steffen and friends (2001) found that increased religious commitment was related to lower blood pressure and decreased hypertension. McCullough et al. (2000) conducted a meta-analysis of 42 studies, with samples totalling nearly 126,000 people. They discovered that active religious involvement increased the chance for living longer by 29 percent.

A continuation of studies revealed further health benefits, particularly involving the immune system. Two studies were conducted with women suffering from metastatic breast cancer. The first
related that those women who gave a high rating to the importance of spiritual expression had lower cortisol levels in the evening, suggesting an increased immune functioning (Sephton et al., 2000). The second, and more recent, research studied the same population, and found that the high ratings of spirituality were related to higher numbers of white blood cells and total lymphocyte counts, suggesting another link between increased spirituality and immunity to disease (Sephton et al., 2001). A study with similar findings was conducted with HIV positive men (Ironson et al., 2002). They found that spirituality was associated with lower cortisol, which partially accounted for the relationship between spirituality and longer-term survival with HIV.

Further studies were conducted that showed links between religious involvement and other health indicators. Koenig and Larson (2001) reviewed 86 studies, and found that spiritual commitment resulted in 88% to 93% lower substance abuse among the more religious. A more recent 30-year study involving 2676 people from California was able to find another relationship between religious attendance and healthy behaviours (Strawbridge et al., 2001). Those who attended a weekly religious service were more likely to improve and maintain health behaviours. These included quitting smoking, frequently engaging in physical activity, decreasing levels of depression, having an increased number of individual personal relationships, and initiating and sustaining stable marriages.

**Positive Emotions**

This category describes the effect that religion has on well-being through promotion of positive emotions such as faith and hope, as well as coping strategies that result from spiritual involvement. A preliminary discussion of the affect of emotions on health and well-being is examined.

Among the many positive emotions, Siegel (1986) suggested that "love heals". He related this to his findings that love and forgiveness, both on the giving and receiving ends, stimulated the immune system. Experts agreed that "love is foremost among the human emotions capable of promoting and maintaining health and achieving healing" --- it has the same effect as "good food and good fitness" (Padus, 1986). While coining the term "epidemiology of love", Levin (2000) found that love was related to higher levels of self-esteem and perceived mastery, less depression and physical disorders, and higher self-assessed health overall. Though distinct from the emotion of love, Levin (2001), in his discussion of positive emotions, suggested that "optimism, hope, good
expectations, and positive mental attitude are characteristics of a healthy frame of mind, and no
doubt benefit our overall well-being” (p. 140). In line with belief in such concepts, Wong et al.
(2002) conducted a pretest-posttest study of 32 clients dealing with stressful life circumstances in
Hong Kong. They studied the effectiveness of a cognitive-behavioural group intervention, finding
significant positive changes in mental health, rational thinking, and negative and positive emotions.
This relationship is perhaps indicated by the many generations of North Americans that have been
impacted by the “power of positive thinking” (Peale, 1996).

Self-help and counselling literature reiterated the negative influence that pent-up emotions
from trauma can have on overall well-being (Pennebaker, 1990). Cohen and Rodriguez (1995)
studied the relationship between anxiety and depression, and physical disorders, finding that the
affective disorders negatively influenced health by compromising the nervous, endocrine and
immune systems. In particular, Rossi (1993) studied the chemical reactions that occurred seemingly
as a result of positive and negative thoughts, suggesting that there was indeed a scientific basis for
mind-body healing. Along these lines, Selye (1976) discovered a cause-effect relationship between
negative emotions and chemical reactions that caused severe risks to health.

Many religions claim to bestow positive emotions of peace, hope, comfort, love, joy and
happiness to their followers. Levin (2001) claimed that both the Torah and the Christian Bible
“contain passages promising health benefits to all believers” (p. 142). He continued to talk about
other religions as well:

“Buddhist, Taoist, Muslim, and Hindu sacred writings all speak to the rewards of
faithful living. Faith ... offers comfort, solace, and mitigation of suffering .... [F]aith
is a pathway to emotional equilibrium and general well-being. (p. 143).

Further studies found that religious devotion was positively related to other emotional factors that
indicated greater well-being, such as increased self-esteem (Krause & Van Tran, 1989), increased
life satisfaction and happiness (Levin & Taylor, 1998), increased emotional balance and a more
positive outlook (Levin & Ellison, 1999), and increased psychological well-being (Azhar, 1994;
Levin, Chatters, & Taylor, 1995).

Faith and Hope
This category discusses the religious effects of faith and hope, including positive attitudes
toward stress and suffering.

Faith, by most definitions, includes trust in a divine being, and hope. Koenig (1994)
suggested that there are eleven characteristics of faith that may elicit that hope, which in turn affects mental and physical health. These include “... emphasis on interpersonal relations, stress on seeking forgiveness, provision of hope for change, emphasis on forgiving others and oneself, provision of hope for healing, provision of a paradigm for suffering, provision of role models for suffering, emphasis on sense of control and self-determination, promise of life after death, promise of ready accessibility, and provision of a supportive community”. Levin (2001) proposed that “... faith benefits physical and mental health by promoting hope, optimism, and positive expectations .... [L]earned optimism, positive illusions, hope and positive mental attitudes .... influence how we perceive ourselves, function in the world, and feel, emotionally and physically” (p. 135).

Bowker (1970) focussed on the aspect of hope in the attempts of the major world religions to address and relieve suffering. He suggested that “hope” is related to psychological states that, in turn, affect the rate of recovery and disease prevention. Certain religious beliefs can promote satisfaction with one’s life and a sense that all will turn out as hoped (Levin, 2001). In the case of negative events, Koenig et al. (2001) commented: “Most religions teach that suffering should be expected, can be useful, and may be overcome. If events involving loss or change are seen as having meaning and purpose, they will be easier to bear” (p. 225). This in turn affects psychological well-being and can prevent emotional distress. Nisbet and friends (2000) conducted a large study in the U.S.A., which found that persons who did not attend religious services were four times more likely to kill themselves than were frequent religious attenders. A review of 68 studies examined the relationship of religion and suicide (Koenig and Larson, 2001). The findings revealed that there were 84 percent lower rates of suicide or more negative attitudes toward suicide among those who were religious. Koenig and Larson proposed that religion could help prevent suicide in three ways -- by enhancing self-esteem, by improving personal accountability, and by creating a sense of responsibility to God. In McCullough and Larson’s (1999) review of 80 studies, religious factors were found to contribute to lower rates of depression, aiding in the areas of prevention, coping and recovery from depression. A more recent study involving 88 psychiatric inpatients found that religious factors were related to reduced depressive symptoms, increased satisfaction with life, reduced length of hospital stays, and reduced risk of alcohol abuse (Baetz et al., 2002). As well, Helm et al. (2000), in a six-year study with almost 4000 older adults, found a link between private religious involvement and living longer.
Furthermore, religiosity has been linked to a positive outlook on life, which seems to affect depression and self-esteem. Levin et al. (1995) found that the more religious people felt they were and the higher the importance they attached to religion, the higher their psychological well-being was, and this was an even stronger determinant than age or health. Subsequently, Levin and Ellison (1999) repeated a similar study which measured subjective religiousness and other religious dimensions. They found this once again to relate to increased psychological well-being. Increased religiosity correlated with increased life satisfaction and happiness, a more positive outlook and level of emotional balance, and decreased depression. Ellison, Gay and Glass (1989) also found a positive relationship between religious devotion and life satisfaction. Krause and Van Tran (1989) studied religion in relation to self-esteem. They found that increased levels of participation in church activities, self-ratings of importance of religious beliefs, or how well belief in God helps one cope with problems, all relate to higher self-esteem than with control groups.

Religious beliefs are also related to healthy morals and practices that help to give meaning and balance to one’s life, while also affecting stress appraisals (Spector, 1996). Yates et al. (1981) studied religious beliefs of cancer patients in relation to overall well-being. They found that various indices of religious belief were related to greater life satisfaction, happiness, more positive outlook, and decrease of depression and pain. Koenig et al. (2001) related 13 studies over 29 years that found a positive correlation between religious involvement and having a sense of purpose or meaning in life (p. 100). They further added:

Besides reducing the frequency of negative life events, religion may also provide a cognitive framework that enables a healthier appraisal of those stressors that do occur. By promoting a positive and coherent worldview, religious belief and commitment help people interpret losses in a more optimistic manner that is non-threatening to the self. (p. 225).

Spiritual belief in the comfort that faith provides, namely the “faith factor”, was seen to buffer the negative effects of stress and consequently decrease the harmful effects of illness or physical disability (Idler, 1987).

Another factor that may alter stress appraisal is the occurrence of mystical experiences. These can be psychic, paranormal, or extraordinary circumstances, events that often cause life-changes. These experiences are considered within the scope of wellness, since they may often impact the spirit of a person, altering the way one makes meaning of the world around them. Three related studies showed connections between mystical experiences and well-being. Kennedy,
Kanthamani and Palmer (1994), in their study of 100 university students, found that students experiencing mystical events reported a greater sense of meaning of life (purpose and satisfaction in one’s life). As well, 91 percent of participants reported that transcendent experiences were “valuable or very valuable”. A year later, Kennedy and Kanthamani (1995) again found that paranormal experiences were related to positive changes in their lives, and the decline of negative attitudes. For many, the meaning of life changed drastically. A third study of 200 Christian students found a significant relationship between mystical experiences and feelings of oneness and connection to others, which in turn resulted in therapeutic and lasting psychological changes to wellness (Spilka, Brown, & Cassidy, 1992). In summary then, it appears that religious beliefs and thoughts both directly and indirectly relate to well-being, in that they may both reduce and buffer stress.

Coping Strategies

This concept describes the use of religious strategies to cope with the stresses of life. Discussion includes factors such as relaxation techniques, prayer, and worship.

Research shows links between religious beliefs and both health and stress-buffering behaviours. There are direct correlations between spiritual relaxation techniques (i.e. prayer, Zen, yoga, meditation) employed by various religions and the belief that these techniques aid in decreasing stress and enhancing one’s overall well-being. Benson (1975) found that the same physiological stress-reducing events occurred with all techniques --- decreased heart and breathing rates, and lowered metabolism. Regarding meditation, Kabat-Zinn and his colleagues (1992) used meditation-based stress reduction program for patients with generalized anxiety or panic disorder syndrome. The results revealed significant decreases in anxiety and depression. In another study, Kabat-Zinn et al. (1998) found the same meditation-based program to result in a faster clearing of psoriasis. Garfinkel et al. (1998) conducted a similar study using a yoga-based eight-week intervention with carpal-tunnel patients, which showed significant improvements in grip strength and reductions in pain.

Another coping mechanism used in most of the major religions is prayer (McCullough, 1995). Levin (2001) proposed that prayer can be related to divine intercession, which is thought to affect healing.

[There are] ... [p]hysiological and psychophysiological pathways by which prayer influences health.... [P]rayer may facilitate improvements in mood tone ... leading to
a state of peace and calm ... and extending into other areas of the life of the prayer-er ... [This] may lead to ... physiological changes that may promote health. (p. 17).

Perhaps it's time to look at the research, and determine whether this is so. Gupta et al. (1997) studied 3148 adults from selected villages in India. The multivariate analysis revealed that persons involved in religious prayer or yoga were more than 70 percent less likely to have coronary artery disease. Most people have heard of miracles. Many of these occurrences are in the face of serious illness, where a loved one recovers “against all odds”. O'Regan and Hirschberg (1993) reviewed the findings of 1385 journal articles where cancer and other serious chronic diseases were found to disappear even after inadequate or no treatment. They suggested their findings were due to divine intervention --- in other words, miracles. These findings of miraculous recoveries were most often linked to prayer. One study of patients in a cardio care unit related the presence of prayer to health benefits in recovery (Byrd, 1988). Another linked private prayer to well-being, even up to eight years later (Markides, Levin & Ray, 1987). Each of these studies indicated that prayer may indeed be a factor in health and healing.

Levin (1996) found that worship elicited emotions that caused the body to withstand and prevent illness, buffer stress and increase coping skills, and recover from illness faster. Levin (2001) focused his lens on the healing power of “love”, which was related to healing of injuries or disease, and the body’s immune system. Levin suggested that “feelings of loving and being loved and forgiven” are emotional responses to public worship, which can help us respond to the everyday stresses of life (p. 90).

Social Support

Both Cobb (1976) and Thoits (1982) related social supports to the promotion of health and well-being, finding that social integration may act as a “buffering” agent against stressful situations. It appeared to have a protective influence, related to less frequency and severity of life problems, and to prevention of illness. Cornman et al. (2003) studied the elderly in Taiwan, and found that positive perceptions about support are protective of mental health. And Gellis’ (2003) two-wave longitudinal study linked nonkinship social supports to a reduction in depression scores over time. In a sample of 41 patients living with HIV/AIDS, a significant relationship was determined between social support and quality of life (Burgoyne & Renwick, 2004). Further findings revealed that strong social ties, including those found within a religious affiliation, were
related to lower death rates (Berkman and Syme, 1979). Even after taking into account the
“mortality-increasing effects” of a number of unhealthy behaviours, social ties persist as a strong
influence in longevity. Predictably, on the opposite end of the scale, research related social isolation
to decreased mental and physical health, as well as increased illness and mortality (House, Landis &
Umberson, 1988). Social integration thus appears to have a preventative and protective influence on
health and well-being, while decreased social supports seem to have the opposite effect.

Given the connection between social supports and well-being, the extent of social support in
religious attendance has been explored. Increased religious attendance has been significantly related
to increased social networks (Ellison & George, 1994; Taylor & Chatters, 1986, 1986, 1988). In
their study of elderly adults, Taylor & Chatters (1986) found that two-thirds of the participants
received their support from family members, while three-quarters solicited church members for
help. Taylor and Chatters (1986, 1988) conducted two other studies that found positive correlations
between attendance and the probability of receiving support. Their 1988 study further suggested
that higher religious attendance lessened the need for support. Further research not only supported
these findings, but also suggested that persons who participated in religious activities, whether it
was church attendance, or participation in prayer or Bible study groups, had larger social networks,
more types of support, and better quality of social relationships (Bradley, 1995; Ellison & George,
1994; Idler & Kasl, 1997a; Koenig et al., 1997). Pargament et al. (2000) found that religious
support was predictive of decreasing emotional distress cross-sectionally and longitudinally among
people coping with the stresses of the Gulf War.

McFadden and Levin (1996) described the effect of public worship and social interactions --
attachment processes that connect people to God and each other occur. These attachments elicited
feelings of love, trust and mutual interests, and these loving attachments were nurtured by further
worship with others. Furthermore, one should consider that followers of various religions are
connected to others throughout the world and across the ages through celebration of religious
festivals and anniversaries (Levin & Taylor, 1997).

Kirkpatrick and Shaver (1992) compared the personal relationship to God as similar to that
of a child-parent relationship. Their study of 213 respondents revealed that those with a secure
attachment to God saw Him as “more loving, less controlling, and less distant” than those with an
insecure attachment. Furthermore, they found that a secure attachment to God had a significant
relationship to decreased anxiety, depression and physical illness, and increased life satisfaction. Koenig et al. (2001) explained this phenomena in the following quote:

The ... religious worldview sees the universe as friendly and ... as personal. Every human is significant and plays a vital role in the great plan of the Divine .... Nothing can happen that is out of God's control. God is seen as a loving and caring father who is all-powerful, all-knowing, and ever-present .... (p. 225).

Levin (2001) suggested that a relationship with God can influence one’s life in very serious ways: “Our relationship with God influences how we get along with others, how we respond to stress, how we deal with daily events, and how we feel about ourselves” (p. 91).

Each of the aforementioned effects of physical health, positive emotions and supportive systems lead one to believe that spirituality may indeed benefit health and well-being. In summary, healthy living and other factors of religious devotion are related to positive physical health. Positive emotions that may result from religiosity, including faith, hope and access to coping behaviours, are related to the ability to deal with stress and negative cognitions, and overall psychological well-being. Religions also provide opportunities for social support, which literature relates to higher well-being.

It should be noted that the effects cited are mostly correlational, and cannot be assumed to infer causal relationships. For instance, the relationship between church attendance and positive physical health may be due to a number of factors. It was implied by the studies that religious people may adhere to healthy lifestyles. It could be asked whether religious people adhered to these lifestyles before attending church, whether heredity or healthy cognitions played a part aside from healthy living, or whether there were other factors at play. Similarly, the correlation between spirituality and positive emotions assumed that spirituality had a positive effect on emotional health, where the possibility that optimistic people are more apt to have a spiritual belief could also have been inferred. In other words, causal relationships can only be assumed in controlled experiments, of which there are none above. Regardless of this, as can be seen, there are correlations that can be inferred from the previously-mentioned studies.

Furthermore, almost all of the religious studies involve Christian and Jewish faiths. The area of research involving other major religions is largely untouched, excepting a few studies including Buddhist, Hindu and Muslim subjects. Particularly of interest is the lack, even nonexistence, of research exploring the connection between Sikh faith and health and well-being. Sikhism is
particularly relevant for study, as there has been an incredible influx of Sikh immigrants to the B.C. South Okanagan.

Sikh Spiritual Life and Well-Being

Understanding the Sikh way of life, including vows, daily rituals, beliefs, festivals and ceremonies, requires an understanding of Sikh history. Exploration involves comprehending the main aspects of Sikh religious life, namely vows and daily routine, and connectedness through Sikh identity.

History of Sikhism

At the time that Sikhism came to be, there were two major religions in the Punjab --- Hinduism and Muslim. From 1469 to 1539, Guru Nanak Dev jee proclaimed his divine revelation and originated the Sikh religion. Those who followed him were known as Sikhs, the “seekers of Truth” (Singh, 1994, p. 21). He is said to have “carried the Message of God” from 1469 to 1708, through his own actions, and that of nine other Gurus. Perhaps the best way to illustrate Sikh history is to look at the life of each of the Gurus, but before doing so, it’s helpful to understand the definition of Guru. “Gu” means darkness, and “ru” means light, with the whole word meaning “the Enlightener” (p. 30).

Guru Naanak Dev jee practiced as Guru until 1539. He “practiced equality and service of mankind” (Singh, 1994, p. 23). All people regardless of caste, sex, religion, race, or creed assembled as equals for praise and worship and meals. He travelled the land of India and beyond, “to preach his message of the brotherhood of mankind as children of the Divine Father” (p. 25). This Guru stressed purity and chastity, honesty, mercy, contentment and justice.

The second Guru, Angad Dev jee, practiced until 1552. He was known for strengthening the activities of sangat and pangat (sitting together as equals and eating free community meals), and recording the hymns and life of Guru Naanak Dev jee in Gurmukhi script. This act was monumental, in that it signified independence from the priestly class, which dominated the Sanskrit language. In other words, the people were no longer reliant on the priest to interpret written information, but were given their religion in a language they could read themselves.

Guru Amar Daas jee was the third guru until 1574. He was known to be the epitome of servitude and humbleness. It is especially important to mention that this Guru was known as “the great social reformer” (Singh, 1994, p. 36). He made accomplishments for the liberation of women
from the practices of *pardaah*, the veiling of women, and *satee*, the act of burning widows alive with their dead husbands. He also placed them in positions of religious authority, while establishing Sikh missions in 22 centres.

Guru Raam Daas jee was the fourth Naanak until 1581. He was known for building the town of Amritsar, which has since been known as the religious capital for Sikhs, and the holy Pool of Immortality.

The fifth Guru, Arjan Dev jee, acted as Guru until 1606. He was known for three main accomplishments. The first was the construction of the Golden Temple in Amritsar, the holiest shrine for Sikhs. The second was the compilation of all the hymns from the four former Gurus into the Holy Sree Guru Granth Saaheb, the Sikh Holy Book, which was spread as the Message of the Guru throughout the Panjab. And the last accomplishment was uniting of all Sikhs. Many Muslims and Hindus embraced Sikhism, and this resulted in retaliation from the ruler of the Mughal Empire, also known as the governing authority of India. The Guru was arrested, and when he refused to convert to Islam, he was tortured and executed, becoming the first martyr in Sikh history.

Furthermore, The Brahmins, otherwise known as the priestly class of Hindus, were distressed by the practice of sangat, which signified equality. The Muslim zealots thought that Sikhism presented a challenge to their goal of making India a Muslim state. Each of these groups pressured the Mughal rulers into action against the Sikh movement. Singh (1994) reports that this was a “great turning point in Sikh history; it made the Sikhs take a militant posture in defending their faith”, thus accomplishing unity among the Sikhs (p. 42).

Guru Hargobind Saaheb jee was installed as the sixth Guru at age eleven, when his father was martyred. He acted as Guru until 1644. He was quite young when he was known as masterful in using weapons and riding horses. In 1609, he built Akaal Takhat, the seat of temporal authority, facing the seat of spiritual authority in Amritsar. This synthesized the temporal and spiritual powers in Sikhism. The Mughal rulers, in the meantime, were committing all sorts of atrocities in the Panjab to force conversion to Islam, the Panjab being the province of India where most Sikhs lived. The Guru created his own government, fortified the town of Amritsar, and began organizing Sikhs into a defensive force. This was a monumental move, as Sikhs were historically peace-loving. The Emperor arrested Guru Saaheb, and the Sikhs organized around the prison demanding his release. Guru Saaheb wouldn’t leave without release of the 52 kings who had also been unjustly
imprisoned. The Emperor reluctantly agreed to release as many as could touch the Guru’s dress. In response, the Guru had a special dress made with 52 tassels on it, and he became thus known as “the Liberator” (Singh, 1994, p. 48). Though this emperor didn’t trouble the Sikhs anymore, his successor did. In 1627, the first of six attacks on the Sikhs occurred. The Sikhs consistently defeated the Mughals. It’s important to note that they never attacked, keeping their vows of love for peace, but they did fight to defend “the rights fundamental to all human beings” (p. 48).

The seventh Guru was Har Raa-e Saheb jee, and he acted until 1661. He was known to be “kindhearted” and ran a hospital for those who were ill, with free medicines. This became pivotal in relations with the Mughal force, when the Emperor’s son became seriously ill. The only medicine available was at the Guru’s hospital, and when the Emperor’s son was healed, he was eternally grateful to the Guru.

Guru Har Krishan Saheb was the eighth Guru until 1664. He was only five years, eight months old when he was installed, but even at that age was said to have the qualities of a spiritual leader. He was especially known for an incident in Delhi. There was a smallpox epidemic in the town, and it was said that as the Guru travelled around the town to help others, his simple presence healed people. Sikhs began believing that reciting his name would cure them.

The ninth Guru was Tegh Bahaadur Saheb jee until his death in 1675. He was known for his ability with the sword. The Emperor at the time was ordering the conversion of Hindus to Islam. The Hindus appealed to the Guru for protection. Guru Saheb went to Delhi, and was ordered to embrace Islam or die. To convince him, three of his disciples were tortured (sawn, boiled and burned alive), but the Guru held his ground and didn’t renounce his faith. He was publicly executed, and a statue stands as a monument of his martyrdom.

Guru Gobind Singh jee became the tenth Guru at age nine, and led the Sikhs until 1708. He was known for making Sikhism “an active movement to fight oppression and injustice” (Singh, 1994, p. 61). There were historical events leading up to this movement. Non-Muslims had no legal rights, their temples were destroyed, and they were forced into heavy fines and religious conversions. The Guru created the “Universal Brotherhood of Khalsa” in 1699. He initiated these “saint-soldiers” by giving them Ammrit, also known as the “nectar of immortality” (p. 62). The practice of Ammrit is likened to “baptism”, and once a Sikh has gone through this important Sikh practice, he is said to be a “pure Sikh” and agrees to adhere to all Sikh tenets (H. Singh Rai, 18
personal communication, October 15, 2004). He introduced democracy into religion by creating the Order of Khalsa by abolishing the distinctions of class, race, and faith. He created “a strong self-respecting community”, “Sikhs with courage and heroism”, and “a life of simplicity and hard work” (p. 62). During the Guru’s time, the Sikhs were forced into approximately twenty battles, and their attackers were defeated in almost all of them.

Before dying, the Guru installed Sree Guru Granth Saaheb, also known as the Holy Book, as the “eternal Shabad Guru”, since it contains the teachings of the Gurus and saints (Singh, 1994, p. 64). It embodied 5894 hymns from six Gurus, and 30 other authors (Muslims, Hindus, and bards). The death of Guru Gobind Singh jee resulted in a “fight for survival” from 1708 to 1766 (p. 83). The death of the Guru’s sons and the Guru himself by the hand of Wazir Khaan, the mughal ruler of this era, resulted in the Sikhs first attack in 1710, led by the command of Banda Singh Bahadur. The whole army of Mughals was destroyed, following in seven more years of victories. This resulted in the Sikhs ruling over large land masses, and having coins made in the name of two Gurus. The Panjab’s government became clean and efficient. All was going well until Bahadur’s capture in 1715. He and 740 Sikhs were driven to Delhi and executed from March to June in 1716.

This was followed by relentless persecution of the Sikhs, to the point that they were forced to leave their homes and family lives, and to steal to survive. Singh (1994) relates about how “they became professional soldiers. Their home was the horse-back ... and their targets of attack the government treasuries and the stocked provisions of the rich” (p. 88). In 1727, with the reign of a new emperor, deaths increased further when a Muslim holy war (a “Jehaad”) was proclaimed against the Sikhs and hundreds were butchered every day (p. 88). This led to the “small holocaust” of 1746, where 10,000 Sikhs were massacred, and the “major holocaust” of 1762, where 20,000 Sikhs were slaughtered. The Sikhs holiest shrine in Amritsar was destroyed. After this, the Sikhs began attacks against cities notorious for Sikh killings. They “ransacked the country, punished their age-old enemies, and established military posts everywhere” (p. 97). In 1766, Abdaala came to the Panjab to eliminate the Khalsa power and exterminate the Sikhs. They were unable to solicit the help of the citizens by this time, because even the Muslims of the Panjab were happy with the rule of the Sikhs.

From 1767 to 1839, the Sikhs virtually ruled the Panjab. They had established up to eleven
states by this time, but the territories were often at war with each other. These conflicts were not conducive to true peace, and a leader was needed to reunite Sikhs once again. Maharaja Ranjit Singh was such a leader. He reunited the state leaders to combine forces aimed to reestablish the Afghan empire in India. Singh (1994) describes the contribution of the Maharaja: “Evaluating the contributions of Maharajah Ranjit Singh, one may say that the sikh power rose to its zenith and political dominance in Panjab under the Maharaja” (p. 106). He ruled for 40 years, and “under his rule, people enjoyed peace, and freedom from religious bigotry, fanaticism, and persecution” (p. 108). He illustrated his belief in equality by hiring foreigners, Muslims, Hindus, and Buddhists for his armies. Unfortunately, by so doing, the Maharaja caused the enslavement of the Sikh people after his death, by having placed non-Sikhs in seats of authority. Killings and enslavements occurred over the years 1839 to 1849.

From 1849 to 1947, the British infiltrated the Sikh territory. This resulted in reforms that destroyed most of what the Sikhs had accomplished, especially in the area of equality of caste and gender. When India was partitioned, the Sikhs were for the most part given the area known as the Indian Panjab. When independence was declared for India in 1947, the Sikhs joined India, in a pact with the Hindu leaders. Oppression of the Sikhs heightened in 1947, and reached its peak in 1984, when Prime Minister Indira Gandhi ordered the attack of the Golden Temple. Many Sikhs, in belief that the persecutions were a mode of extinction and in response to relaxed immigration policies, moved to the West after World War I. Since 1984, the Sikhs have become especially active in the social life of their new homelands, ensuring that their identity is known and valued for its moral and ethical standards (Sethi, 1998).

This history indicates that throughout the time of the Gurus, there was bloodshed and martyrdom for the faith. Each Guru shared his strengths in peace and war, wisdom and justice, causing followers of the Sikh faith to rise from a strong belief in harmony to a militant defense of Sikhism, which continues to be part of their identity. The history provides a context for understanding why Sikh routines, vows, unity and identity occur and are important in the Sikh person’s balance of life.

**Vows and Daily Routine**

Sikh writings claim that the vows taken by a devout Sikh, also known as the Khalsa Code of Conduct. There are four basic vows which each devout Sikh takes at the time of receiving Ammrit:
he/she will never remove any hair from his/her body; he/she will never use tobacco, drugs or
libations; he/she will not eat eggs or meat; and he/she will never have sexual relations outside of
wedded life. Each of these is related to the belief that one’s body is a gift from God, and should be
nurtured and protected. Long hair protects the thinking area of the body. Intoxicants harm one’s
body, and muddle one’s brain. Meat and eggs are thought of as decomposing flesh, and the killing
of an innocent animal is believed to be wrong. The last vow, that sex is intended for married couples
and procreation, not self-indulgent pleasure, relates to moral beliefs and that fact that diseases that
can be spread through promiscuity (Singh, 1994). Each of these vows can be understood as an
argument for healthy living, as well as to a spiritual moral belief about the sanctity of a God-given
body.

Prayer and meditation are also part of the daily routine of Sikh life. Singh (1994) relates
that a “true Sikh” recites seven Baanees --- prayers --- throughout the day. Five are recited in the
morning and two in the evening. A Sikh begins and ends the day in prayer. In order to continue this
communion with God throughout the day, a true Sikh also recites Waheguru (prayers to God) as
much through the day as possible, even while performing his/her job in the world. Meditation, also
known as “simran”, involves sitting and focussing with God while saying one’s mantra (repetitive
stanza that helps one focus on God). H. Singh Rai (personal communication, October 15, 2004)
says that this meditation is important for each evening, since it focuses one’s mind away from
materialism and the world’s problems, and towards God. He suggests that when one meditates in
the Sikh way, he opens his body and heart to God. When a person retires at night, she has peace of
mind, because through simran she has closed her holes to the world and can then go to bed without
any worries. These prayers and meditations are promised by Guru to instill favour --- thus wisdom,
love, forgiveness and peace --- to those who cite them daily.

These positive behaviours have been linked to health and well-being, either directly or
indirectly. The following theme is also believed to increase well-being through social integration
and forgiveness.

**Connectedness Through Sikh Identity**

Sikhs meet and leave each other with the Khalsa greeting: “Khalsa, the Pure One, is of
Waheguru, the Wonderful Lord” (Singh, 1994, p. 145). This greeting is related to the concepts of
forgiveness and unity. It implies that everything happens as a result of God’s will, that each person
belongs to Him, and that everything that is owned by people is a gift from God. When Sikhs utter the Khalsa greeting, they are basically retelling the entire philosophy of Sikhism. This includes the shedding of egotism and self-love. Sikhs, when greeting in this way, are reminded that there should be no divisions between them because they are all one in the True God. This relates to the concept of connection and forgiveness. Also, H. Singh Rai (personal communication, October 15, 2004) talks about the five naturally-occurring negative feelings we need to shed, in order to have healthy relationships with God and others. These are lust, anger, pride, greediness, and obsession.

Public worship is another aspect of connectedness. It is suggested that public attendance to Gurdwara (the Sikh temple) produces a “sense of unity” and “a blissful state” (Singh, 1994, p. 167). H. Singh Rai (personal communication, October 15, 2004) mentions that there are four doors in each of four directions (north, east, south, and west) in every Sikh temple. The meaning is that anybody is welcome. Traditionally, there were four religions from which the Holy Book was written --- Sikhism, Hinduism, Muslim, and Christianity. Singh Rai further states that the fifth guru said that all the religions should come to the center of the temple and all worship one God together. There is generally no fixed day for worship, and Sikhs are encouraged to attend the temple as much as possible. When services are held, they generally consist of songs, recitations, meditation and prayers, and a liturgy near the end (Cole & Sambhi, 1995). As with other religious affiliations, public worship is a time to be together, to glean the strength that comes from social integration and support systems, and to enjoy the sense of community and union, all while communing with the “True Lord”.

The annual Sikh festivals also claim to connect Sikhs to others locally and worldwide (Cole & Sambhi, 1993, 1995). There are three main Sikh festivals and three anniversaries celebrated throughout the year. These often include some combination of parades, music, prayers, speakers and competitions. Each of the above festivals includes different modes and locations of gathering, but Sikhs congregate together across the world and time together, and a sense of local and worldwide connection and identity are often experienced.

Sikhs can be identified by their dress, another form of connectedness among this religious group. The Khalsa suggests that the five articles worn by devout Sikhs are indicative of faith and identity, and claim to relate to health and well-being. The five outward articles are: kes, kanghaa, karaa, kachhairaa, and kirpaan. All five worn together are thought to exhibit a Sikh’s identity to
others, and a sense of pride and identity with one’s self. The *kes* is the turban or hair-covering that is worn by both males and females, to protect the head, in which the brain is stored. As well, it keeps the hair cleaner, by protecting it from the dust that exists in the air. The *kanghaa* is the comb used to clean and tidy the hair, while also removing dead hair. The *karaa* is a steel/iron bracelet that has two purposes: a weapon and a denotation of identity. H. Singh Rai (personal communication, October 15, 2004) suggests that it is worn on the right hand, because when one uses his hand, he’ll see the bracelet and be reminded that he should do no wrong. The *kachhairaa* is underwear that covers more than everyday underwear, thus protecting from sexual desires, and that allows more comfort for work and recreation. The last article, the *kirpaan*, is a small sword that is worn on the person, reminding the Sikh of his/her identity as a fighter against oppression and a follower of a just and sovereign God. “Kirpa” means “to help others” and “an” means “to protect one’s honour” (H. Singh Rai, personal communication, October 15, 2004). Each of these articles are seen to have links to the Sikh identity and positive affirmations, as well as some having direct links to health and well-being.

The Khalsa Code of Conduct also stresses kindness and defense of others, especially of those who are oppressed, as being a very basic and essential part of Sikh identity. This includes ethics of medical and social care, and social justice. The very basis of Sikhism relates to the concept of social justice --- that of equality of all races, religions, genders, and abilities. The Sikhs, especially originally, believed in the concept of peace and harmony. Through years of persecution, they began to fight for freedom and identity, and have now continued to fight for the oppressed in society. By doing so, they always have food available in Sikh temples, they are taught to care for the disabled and underprivileged, and many of them have entered the political sphere where policy-making and resource-funding occurs. They promote evangelism in hopes that the Western world will also learn and adopt their beliefs of justice and peace, and experience the tranquility that comes as a result of equality (Singh, 1982, pp. 5-6).

There are varying degrees to which individuals conform to Sikh vows and way of life. In light of the many claims related to wellness that Sikhism professes, further study in health and well-being is necessary, especially in relation to Sikh spirituality. Of course, one cannot be sure that there will be similar results, as there may be differences between the religions that have not been explored at present, and may become apparent within the research study. As mentioned, the lack of
research regarding the Sikh religion in this area of study is also important.

**Summary**

Spiritual participation, whether public or private, appears to offer the healthy messages and behaviours that promote physical health, an arena for positive emotions, and social supports, that may promote well-being. One religion that remains unstudied in this realm is Sikhism. Most studies have depicted quantitative data. A subjective qualitative view of Sikh personal spirituality could succeed to fill some gaps of knowledge, such as an understanding of how and why religion affects health for this population.
CHAPTER II
METHODOLOGY

This chapter presents the theoretical orientation of the present study. Sampling, participant information, data collection, ethical issues, reliability and validity, and data analysis are also presented in turn.

Theoretical Orientation

Constructivist grounded theory was chosen as the methodological approach for this study (Charmaz, 2003). Grounded theory is unlike deductive theories, in that it begins without many presuppositions, and starts with information from experiences — in this case, interviews. The data is analyzed, given a name (coded), and a theory is generated to explain the data. In other words, the samples and data are expected to contribute to theoretical understanding. This theory allows the interviewee’s information to define the categories of data. Concepts of coding, memo-writing, the constant comparison method, saturation, and theoretical sampling all have their basis from grounded theory. In this research, grounded theory was not used in the full extent. The inability to reach saturation (due to the sample size) limited the ability to reach any theoretical understanding.

Grounded theory was chosen for its fit to the purpose of the study. Pronouncements of Sikh writings, and demonstrated links between religion and well-being, suggested a relationship between Sikhism and well-being. However, evidence for Sikh adherents regarding their perception of the link between their spirituality and their well-being was lacking. Given the exploratory nature of the present study, constructivist grounded theory was deemed appropriate.

This study was conducted from a qualitative stance, and started out with few assumptions. Themes were extracted from the data. Charmaz (2003) stated: “... a constructivist approach recognizes that the categories, concepts, and theoretical level of an analysis emerge from the researcher’s interactions within the field and questions about the data” (p. 271). In grounded theory, the analysis of data is a product of the interviews, however the results are interpreted by the researcher. In other words, the findings are influenced by the interaction between the researcher and the interviewee, and between the researcher and the data itself.

Sampling

English-speaking, devout Sikh adults were the population sought through snowball sampling. Recruitment through such one-to-one contact was designed to help interviewees feel that
their privacy and confidentiality were more secure, given that spirituality is such a private sphere. The study consisted of four interviewees, who were selected based on their voluntary decision to participate. The researcher understood devoutness to mean that the interviewees felt that their religion was important to them, and that they practiced their religion to the degree that they would consider themselves devout. This was confirmed in the data. English-speaking interviewees were also chosen for simplicity, and to eliminate the possibility of faulty interpretations by a third-party translator. By ruling out Punjabi-speaking Sikhs, the sample may have been limited because many Sikhs are Punjabi-speaking, and not able to speak English.

Participants

The four interviewees were given pseudonyms. The first interviewee, Mrs. Singh, was in her late thirties, and a married mother of two children, both school-aged. She was employed and lived with her husband and his parents and sibling in a rural orchard setting. Mrs. Gill was in her late twenties. She was married, employed, and lived with her spouse and toddler in a rural setting. Mrs. Sidhu was in her late twenties. She was an employed newlywed with no children at the time, living in an urban setting. Mr. Bassi was in his late thirties. He had a self-owned business, was single, and lived with his parents, brother, and brother’s family in a rural orchard setting. All of the interviewees appeared to be of average to upper middle class income status. As well, three out of four interviewees appeared to have some form of post-secondary education. Two were employed in the medical field, and the male had a self-owned business and was well-spoken. All four interviewees were immigrants from India. As well, all appeared to be healthy and able-bodied.

Data Collection

Data was collected by the use of qualitative face-to-face semi-structured interviews. Open-ended questions provided an opportunity for devout Sikhs to share personal views of their own spirituality and its relationship to health and well-being (See Appendix A). The interviews were audio recorded and transcribed by the researcher. One interview was conducted on each interviewee, and the length of each was between 45 and 70 minutes. Interviews were conducted in the comfort of interviewees’ homes, in anticipation that this environment would be the most private and comfortable for the interviewee.

Ethical Issues

Each interviewee’s “freedom of choice” was valued throughout the study. Beginning with
the recruitment practice, personal autonomy of research volunteers was recognized. Snowball sampling was thought to protect interviewees from feeling coerced into participating. An invitation from a friend might have allowed refusal more readily than from a stranger. Furthermore, interviewees read information about the study in the initial letter of contact and the informed consent. The letters and the interviewer informed them that their participation would be voluntary, and that there would be no repercussions should they choose not to participate. Interviewees had full knowledge of the potential risks, the time required for participation, the potential benefits to them and others, the chosen setting, the focus of the study, and the type of data collection technique. They knew that they had every right to withdraw from the study at any time.

Informed consent was obtained by the interviewer before the first interview. Furthermore, each interviewee’s input was requested at two points after the interview: interviewees were asked to read the transcripts of the audiotaped interview, to determine accuracy; and, interviewees were invited to have a copy of the summarized findings from the study and invited to provide input.

Interviewees received a gift (a value under $15) as a token of appreciation following completion of the interviewing process. They were not aware of this gift at the time that they decided to participate, in order to avoid any feelings of coercion.

Confidentiality was maintained as much as possible. Interviewees were informed of the parameters of confidentiality, given the nature of the small spiritual community that existed. Interviewees knew ahead of time where their information might be used, and that pseudonyms would be used for their names. They were also given the knowledge that their audiotapes and transcripts will be kept in a locked area, and that access to the data would only be available to the researcher and faculty advisor, research course instructor, and the interviewee. The data would also only be shared without identifying information to others.

Interviewees were all advised that they could receive a copy of the final report upon request. All interviewees had access to and the opportunity to review, clarify and edit their own transcripts. Interviewees were also aware that they could obtain further information regarding the study particulars from the researcher and thesis advisor. As well, interviewees were made aware of the name and number of who to contact if they were concerned about their rights as interviewees.

Reflexivity

The researcher identified herself as a Christian. This resulted in beliefs and attitudes that
corresponded quite often with that of the interviewees. The researcher made special care to recognize this by refraining from using her similar beliefs to lead the data collection, and recognizing their role in interpreting the findings. The Results section was carefully set out to include only data from the interviewees, without interpretation from the researcher, though it was formerly mentioned that grounded theory recognizes that the researcher and interviewees combine their realities in the processes of research.

Reliability and Validity

Each interview was audiotaped and transcribed. In order to check the reliability of the transcription, interviewees were invited to read it for accuracy. Two interviewees remarked that they agreed with the transcription. The other two indicated that they preferred to trust that the transcription was accurate. Using a post-modernist constructivist view, there are many truths and realities. As a result, interviewees are thought to have one reality, researchers another, both which are important for the overall knowledge base. It is recognized that a combined reality was the most likely outcome in the analysis of data, since researcher and interviewee interacted with each other in the interview process. Validity was thus measured by member checking. Member checking involved invitations for the interviewees to check the researcher’s analysis for accuracy --- in other words, determining whether the analysis was a good representation of the interviewee’s reality. Only one interviewee gave comments about data analysis. She indicated that the analysis was an accurate depiction of her experience.

Data Analysis

The data analysis methods were determined largely by the theoretical framework, constructivist grounded theory, making sense of data by examining it in light of what the interviewees and researcher made of it. The use of coding and memo-writing were used. In coding, patterns and themes were identified in the data, and then organized categorically. The researcher was forced to remain focused on the interviewees’ realities, by virtue of remaining true to the categories to which the data itself professed. Coding and re-coding occurred as data and theory emerged. Memo-writing simply implied that the researcher wrote down any thoughts that occurred during data collection and analysis, aiding the researcher in later categorizing and interpreting the data. Codes and categories were grouped and compared.
CHAPTER III
RESULTS

Three main themes are evident in the data. The first of these is called Promotion of Physical Health, which includes the two subthemes of Healthy Behaviours and Healthy Boundaries. The second theme from the data is directly related to most religions and is named Promotion of Emotional Health. Within this theme are discussions on Benefits of Prayer and Life Satisfaction. The last theme is Promotion of Identity with “Proud to be Sikh” and Social Support being the two subthemes.

Promotion of Physical Health

The theme relating to physical health became evident immediately within each interview. Each interviewee spoke about the healthy behaviours and boundaries that they experienced as a result of their religion.

Healthy Behaviours

This subtheme presents information that arose from the data, including Sikh diet suggestions, restrictions regarding sex, cleanliness laws, and physical labour.

All interviewees mentioned dietary restrictions, though each adhered to them in different degrees. Mr. Bassi and Mrs. Gill were strict vegetarians, while the other two interviewees ate meat or eggs sometimes. Most vegetarians would likely agree that a vegetarian diet has its health benefits, though it is necessary to apply diets appropriately to ensure that protein levels are maintained. Diet is therefore important to healthy living, but the denial of meat and eggs does not necessarily mean that a healthy diet is being followed.

There was mention in the interviews that sexual relations should only occur with one’s spouse. Only two of the interviewees mentioned marriage and fidelity. Mr. Bassi briefly mentioned that one should only “sleep” with one’s spouse and no one else. He stated that this rule, along with all of God’s rules, are for the “health” of His people. Mrs. Sidhu also mimicked similar thoughts about marriage and fidelity. This data relates to the risks of disease that are known to accompany promiscuity. Fidelity is therefore seen as another healthy behaviour.

There are also laws related to cleanliness in the Khalsa. There is a comb for keeping ones hair clean, and the turban, which also performs the same activity. Mr. Bassi in particular firmly adhered to the rules about covering one’s hair. There were suggestions that a daily shower or bath
is important as well, again relating the need for cleanliness and healthiness of one’s body. Another referral to cleanliness and fear of disease was the sharing of food or drink. Mrs. Sidhu related that “pure” Sikhs do not share their personal plate of food with anyone, or their glass with anyone. This can easily be related to health, in that there are known diseases that have been spread by food being handled by infected persons. This adherence to cleanliness seems most directly related to well-being.

One last aspect of healthy living is related to “working the land”. Mr. Bassi and Mrs. Sidhu both related that this is part of the Sikh way of life. This aspect of physical work in orchards, vineyards and ground crops implies physical exertion, which normally enhances one’s physical fitness.

Healthy Boundaries

Each of the above pieces of Sikh life are related in one way or another to the guidelines and/or routines that are apparent in the lives of the interviewees. This subtheme is a product of the data, that speaks to the importance of a set of rules that help one know how they should behave, what is right and wrong, and what events help to constitute a healthy daily schedule.

All of the interviewees mentioned routine and/or clear indications of right and wrong as important aspects of their spirituality. Mrs. Singh didn’t clearly outline what that routine was, though she did indicate that “routine” was paramount to her overall well-being. Mrs. Singh related routine to beliefs of right and wrong, which indicates that she strongly relied on parameters for behaviour. This seems to imply that the Khalsa affected her routine somewhat, OR that clear boundaries of right and wrong were her meaning of routine.

Mrs. Gill, on the other hand, laid out her routine quite clearly. It included meals without eggs or meat, morning and evening prayers, a daily trip to the temple for meditation and a look at the holy book, and apparel that covered her body. It might have also included work, as she was on a shift schedule. She indicated her necessity for routine by saying: “I always do my praying. I can leave my housework ... but if I leave my prayer ... I feel I’m missing something always” (p. 9, 268-270). She further described her feelings in the following excerpt:

I tell you when I do ... the morning shift, right? I don’t have time to pray to God, right? So like, so all day I feel like I haven’t done anything. That ... centers me right? Totally, right?... If I don’t go the Gurdwara, all day I keep wondering, I haven’t done something today.... [T]hat’s a part of my life too. Like, it has to be done everyday, right? So like, like when I get up, I do it right? If I don’t, then I just feel ... totally
frustrated (p.9, 260-265).

Attending the temple and daily prayer seemed to be a compulsion for Mrs. Gill, a necessity for peace of mind.

Mrs. Sidhu also mimicked this same feeling: “Like, it’s when you start the prayers everyday, and you miss one day. The whole day, uh, I’m having the feelings like I missed something...” (p. 6, 74a-b). Prayer was obviously one of the important elements of her routine.

Mrs. Sidhu and Mr. Bassi agreed that routine implies that one gets up early, takes a shower and prays. Also, one should end the evening in prayer. There is some sense of structure to the day. Both interviewees also talked about having a busy life, and that following their routine was not always feasible, similar to Mrs. Gill’s sentiments.

Mrs. Sidhu voiced a similar sentiment to that of Mrs. Singh, in that she valued the ability to have clear boundaries that were “simple”. As aforementioned, she spoke of how her religion is “different” from others, and is the “nicest” religion because it is “easy to follow”. However, Mrs. Sidhu was the only interviewee that clearly stated that having definite boundaries is directly related to health. She said:

... (If you’re doing the rules, and ... if you’re not doing anything wrong with other people ..., then I think that affects our health too. It belongs to a good health. If ... all those qualities ... are in one person, then I think that’s the best health you have (p. 7, 76a-f).

Mr. Bassi somewhat agreed with this in his explanations of the rules that God had given him. He implied that God has given rules because He knows what is healthiest for people. He also suggested that people without religion don’t have a sense of direction for their lives: “Like ..., until once you commit to a religion, then you don’t know what’s good and what’s bad” (p. 8, 79a-c).

He went on to explain how this influences one’s direction in life:

... (Y)our life is totally sane.... you know which way to go. Even you go at the wrong way, but at least you, you know that, that that’s not the way you should go (p. 8, 79a, 81a-b).

It would seem that the common consensus between all interviewees is that their religion gives clear boundaries for right and wrong, and that both the rules and the routines that accompany them are important to everyday functioning in one way or another. One of the rules that the Khalsa obviously clearly stresses as important is daily prayer, which is seen to influence the next theme.
Promotion of Emotional Health

This theme speaks to the benefits of an active prayer life, and the satisfaction, sense of hope and fulfillment that occur for devout Sikhs as a result of their religion.

Prayer Benefits

This subtheme presents three main benefits of prayer: a sense of peace and calm, a connection to God, and hope that one’s needs will be met.

Mrs. Gill placed “prayer”, “belief in God” and going to the temple as the highest forms of devoutness, ones which she exercised daily. This feeling seemed to vary somewhat from one interviewee to the other. Mrs. Singh didn’t mention prayer at all. Mrs. Sidhu and Mr. Bassi seemed to relate to prayer in much the same way as Mrs. Gill, but each had a different emphasis on the importance of prayer. Prayer was considered to fulfill an inner need for their emotional and/or spiritual health. Mr. Bassi simply mentioned it as a good way to start the day, by giving one a chance to thank God and ask Him to help one’s self or others for which he cares.

Mrs. Sidhu said that prayer made her feel “good”, and that she felt like she had “missed something” if she didn’t start a day with prayer. She also stated: “...if we’re going to prayers everyday, that makes you feel good, that makes you feel relaxed, and that makes you feel all that your mind is special” (p. 7, 74c-d). One could assume that if one’s “mind” is “special”, one is in a positive frame of mind, and perhaps feels optimistic about life.

Mrs. Gill added that prayer can result in escape from negative thoughts and stress. Mrs. Gill illustrated how prayer influenced her when she was over-stressed.

Yes, when uh I feel like uh kind of of uh overwhelmed, right, or like pressured or something right. So then I pray to God .... I feel so relaxed, right? Like I’m talking to somebody, right? Yes, like sometimes you’re so like stressed out, right? And you hate things so much. So you say to God, ‘It’s all in Your hands. Whatever You will do You will do for good.’ So ... after that, I’m relaxed.... all the pressure comes out. (p. 5, 139-144).

Prayer was described as a way to connect to God. Mrs. Gill said that when she prayed, God was right there with her, likened as a Friend. She continued to impress this point by saying:

... I can ask Him, like uh, talk to Him. Like sometimes it seems like God is sitting beside me, and I’m talking to Him. Yeah, like it’s your own vision. Like, or you are in your own thinking right? So like uh, like its your own, like so even I can see God.... (p. 5, 147-149).

The concept of fulfilling needs leads to the other point of prayer, that of hope. Both Mrs.
Sidhu and Mr. Bassi referred to prayer as a way of asking God to “help”, but they didn’t really give any details. Mrs. Gill consistently linked prayer to asking and receiving. She made it obvious that she believed that God gave her her son and that he was a gift from God, by repeating this belief numerous times in her interview. The following excerpt is just one example:

So I thought maybe I can’t have a baby. This, this was the time when I started believing in God. I, I started praying to God, right? So like uh, I ask it from God, and God gave me a beautiful son. That’s when I really started, right, like believing in God. Yeah. I went to a Sikh temple every day. Now I tell everybody, we should pray to God. Sometimes some people are so sad in their life. They don’t get what they want, right? Then I tell them if you ask from God, with a belief, respect, and love right, you will get everything what you want. So like, when he was born, I was so happy, right? So like, so I said like I ask it from God, so that’s why I like them and got it, and God gave me what I wanted, right? Yeah (p. 5,127-135).

She spoke about the physical things that God has given her through prayer, such as a “good” “nice” husband, a good job, and a “beautiful son”. She related about how she had gone to a palm-reader, who told her that she would not be able to conceive, because someone had put something in her food. She also stated that she was under tremendous pressure as a result. She was unable to conceive for a year, her in-laws expected a grandchild, her husband would have grounds to find another wife if she couldn’t give him a child, and her life would be “screwed”.

This speaks to the issue of hope. Mrs. Gill, in desperation, turned to prayer, in the hope that God would grant her wish. She claimed that her belief in God and prayer began after hearing that she couldn’t conceive, and strengthened after the hope for a son became a reality. She and her husband both started praying and going to temple more often, and both stopped eating eggs and meat in response to having their son and to their increased faith. She seemed to indicate that her son was simply proof that God can provide anything that is asked for.

Prayer was obviously seen by the interviewees as a source of comfort, connection to God and hope. The theme of hope is present also in the next subtheme, which speaks to the satisfaction and fulfillment one can experience as a Sikh.

Life Satisfaction

This subtheme arises from the data that relates to the security one feels in hoping that there is an afterlife or “heaven”, hope that the world is cared for by a just and caring God, and to the fulfillment that the Sikh religion provides.

This section arose from the mention of life after death, and how the interviewees related their
present lives and behaviours to the future. Only three of the interviewees talked about the issues surrounding the topic of death. Each representation suggested a hope for a hereafter. Mrs. Sidhu simply mentioned that the “body” dies in death, not the “soul” (p. 17, 192b-c). Mr. Bassi talked about re-creation, and spoke about how he is living in “heaven” now because he has his religion and doesn’t have to wait for death to enjoy heaven. Mrs. Gill was very descriptive about death, mentioning heaven and how her earthly behaviours would affect her when she died.

When you die. When you go to the heavens. That’s what they tell us in our, like Khalsa. So when we die, then it’s counted later on, right? So like uh, then our God will ask me there about all your good things you did .... (p. 4, 102-104).

It’s apparent in these passages that good deeds “count” towards something in the afterlife, and present a hope for a life after death.

A second theme of hope is that of God’s control in the world. In other words, the interviewees presented the hope that a caring and powerful God would tend to the world and control it in a just way. This was illustrated by Mrs. Gill:

... I feel like whatever we do in our life, whatever we like, we are moving, we are breathing, it’s all in His order. Yeah. Nothing moves. Not even a leaf moves, until he orders it. Yeah. That’s what I believe. Yeah (p. 6, 166-168).

It might seem frightening to think that one’s life is in the hands of an unknown God. However, it might be wise to remember that God was seen as a friend, not an unknown entity. His control seemed to bring a sense of peace to Mrs. Gill, perhaps by providing an explanation for the order of things, and/or the knowledge that a supreme being is in charge, someone that she said “never does anything wrong” (p. 7, 206). Mr. Bassi also spoke about not needing to “fear” for anything, which is also a tenet of Sikh religion. He expressed that he firmly trusted that God would provide, and described an experience he had as proof.

... I trust God will help you anyways. You know ... like if you’re trying to be faithful, and trying to help others, God will come.... He’s always there. That’s what I found out.... One time I lost everything ... my business, everything. But, you know, I didn’t go panic. I just thought, ‘maybe that’s what God wants’, you know. Maybe, maybe the things we had, you know, they were no good to us anyways.... so it’s just maybe better to trust.... I imagine that’s the way God wants it. And maybe there’s a ... good cause that’s behind the whole thing.... It turned around in 6 months.... And we ... made just whatever we lost in two years. And now, you know, things are going up and up and up (p. 9, 85e-m, 87, 89a-b, 91, 93a-b).

Similar to Mrs. Gill, God’s control provides a sense of security for Mr. Bassi. The details of God’s control is further explored in the data. “... (U)ntil He orders you, until He tells you to do it,
you can’t (Mrs. Gill, p. 6, 163-164). God is in control of every move, every breath, of all things, including all people, which is similar to religious beliefs of the Jews and Christians. In full context, God may be controlling the earth as a parent does with a child, not only showing love and concern and care in listening and giving what His children would need, but also controlling and guiding their environment for their safety and well-being. Security in knowing one is taken care of is one indication of life satisfaction.

Lastly, fulfillment in life is important for life satisfaction, a subtheme of emotional health. When the interviewees were describing the importance of the Sikh religion in fulfilling their lives, they made some contrasting statements that helped to illustrate how fulfilled their lives were with religion. Life with religion was described as “complete” and “centered”. Mrs. Gill related several emotional benefits of her spirituality, including that of being “happy”, “centred” and at “peace”. She also said:

I feel that my life can be complete. Now I feel like I have everything. Like, God gave me everything in my life, right. So I feel complete... I’m incomplete without my religion, right? I feel very lucky, very very lucky for God and my Sikhism religion (p. 6, 174-177).

Mrs. Singh agreed that a religion, “any religion”, is important for all people to have. Mr. Bassi used diametrically opposed terms to describe life with religion versus life without religion, namely “heaven” and “hell”. This contrast is brought to life through his words:

You try to ... walk more than you can handle, then you find, you find it’s gonna be hard. That’s what life is like. You know, if you keep running, and it’s for money, and it’s for this and that, that’s the time you got tired. You ... know, you don’t see any hope. Or peace of mind. But the way God says, you know, when you get up early, ... when you do a pray, ... do hard work all day, just relax, ... that is enough. Don’t hope for more. If ... you follow those rules, you’re living in heaven anyways (p. 16, 155a-g).

... (T)he way I’m living here, you know like, this is way better than heaven. If you live your life, the way that God tell you to live. You know ... it happens right here (p. 15, 151d-f).

... (W)henever you go beyond ... those conditions, that’s the time you find the world is hell .... the whole thing’s hell (p. 16, 153a-b).

All of the interviewees had a hard time imagining life without their religion, but did express the lack of life fulfillment and direction that they envisioned might be the case.

Confused. Very confused. Like ... life would be confused .... Like confused feelings in every move, in everything you’re going to do, like, if I don’t have any belief. It changes whole world (Mrs. Gill, p. 5, 110-113).
Sometimes that’s what I think ... what will I do without God, right? If I have to ask something from God, like cause then I think, how can people get things if they don’t ask ...? I feel that my life can be complete. Now I feel like I have everything. Like, God gave me everything in my life, right. So I feel complete.... I’m incomplete without my religion, right? (Mrs. Singh, p. 6, 172-176).

(F)orgetting our religion is really hard. I don’t think it’s going to work. It’s going to be, uh, bad night here for me if somebody can come and ask me to leave my religious .... (Mrs. Sidhu, p. 10, 116a-c).

I don’t think it’s going to be a good life without Sikhism. Because there’s so much good things in Sikhism ... to believe in.... (Mrs. Sidhu, p. 9, 108a-c).

Each of the interviewees, in their own way, demonstrated that life without religion would be seen as a negative experience to them, while their lives with religion were emotionally beneficial, in that they were fulfilled and “complete”.

Promotion of Identity

This theme speaks to the sense of identity, pride and the freedom that Sikhs enjoy, as well as the social support that is inherent to Sikh identity.

“Proud to be Sikh”

This subtheme presents the ways in which Sikhs identify themselves, the pride they feel in expressing their Sikhism, and the freedom of choice that they enjoy as a result of belonging to the Sikh faith.

Each interviewee identified him/herself as a devout Sikh. Every one of them dressed in some way that identified them as Sikh. All three women dressed in the pants and dress that covered their skin, and Mr. Bassi wore the turban, and adorned his uncut beard. All of them wore the iron bracelet on their right hands. Mr. Bassi suggested that the iron bracelet has a deeper meaning of identity:

... (I)t’s just to remind you ... whenever you’re doing something wrong with your hand, it will come in front of you.... It reminds me that ... the promise you made with ... God. You’re breaking it (p. 2, 14a-b, 16a-b).

The bracelet reminded him of his identity as a follower of God’s laws.

This information leads to a further consequence of external identity, which Mr. Bassi again illustrated:

... (Y)ou try to stay away from bad things. So, you know, if somebody else does it,
who knows who they are.... But once you’re properly dressed, then everybody going to identify you. You know he’s a Sikh.... You’re representing ... your religion ... or your identity.... You always try to keep things nice, you know, like in accordance with your religion (p. 13, 133d-g, 135a-c).

Identifying one’s self as Sikh appears to increase one’s responsibility as a representative of the Sikh faith.

Each interviewee recognized that being Sikh, and pride in being Sikh, was important to them:

I’m very lucky I’m born in Sikhism religion (Mrs. Gill, p. 1,3);

I think it’s the most ... nicest religion I have. I think that I believe that this is the most ... different of religions, and it’s easy to follow ... the rules all the time (Mrs. Sidhu, p. 5, 58a-c);

... I’m proud, proud to be a Sikh.... I never had a problem. Wearing a turban, wearing a beard .... (Mr. Bassi, p. 5, 54c-g).

Being proud of one’s self, of one’s identity, is very important again for self-image and consequently emotional well-being. Mr. Bassi further suggested that congruence, being true to one’s self, is important to self-worth:

I never try to be ashamed .... Wherever I go, you know, I try to be proud.... that’s what I am, and that’s what I’m gonna be. That is my identity, you know (p. 12, 125a-c).

Freedom of choice was also expressed as important to each interviewee. The concept of “choice” and “no force” was prevalent in all of the interviews, though the actual terms were used often and directly only in two interviews. Especially for Mrs. Gill, the ability to “choose” was paramount, in that she related a sense of freedom as a result. This theme of choice is relevant to the Sikh tenets that identify one as a Sikh. The Sikh rules were known by each of the interviewees, but they expressed appreciation for the freedom to choose which ones they would abide by, and which ones they would discard. Religion was not seen as a burden, there was little guilt expressed, and flexibility was apparent. Included in this was the ability to examine the beliefs of other religions, as Mr. Bassi described:

... we try to tell them that we have this as our religion, and I’m already committed. But if there’s a good thing, I’ll, I’ll adopt those.... So, so if you try to tell me something that’s take me closer to God, I’ll take your advice (p. 14, 141c-f).

Just listen to others. Give them some advice. Take some advice. If, if that fits your schedule, you know, do it. You know like, if that’s your lifestyle, and it helps you to get closer to God or ... try to do, do the things you’re doing better (p. 14, 145h-k).
People are encouraged to seek the best ways of living their lives, while at the same time respecting others’ opinions and choices.

**Social Support**

This section talks about the social support that Sikhs experience in their relationships through the temple and family members, and also the social support they bestow on others through their belief in the need for kindness towards others.

The concept of “support” was obvious when Mrs. Gill told about her experiences with others. When she spoke about her spiritual relationships with others, each relationship she spoke about was in relation to how devout the people were in her life, how they supported her by going to temple with her and praying with her. Mrs. Gill told of her aunt and uncle who lived nearby, her parents and brother who lived in India, and her husband and son. She also described how...

... When you go to Sikh temple nothing helps you better. There are lots of people there. So ... everybody hang in there and eat, right? So they always say prayers to God in the Gurdwara. Nobody can keep you from there. God will take you there (p. 3, 89-92).

She seemed to relate going to the temple with the support she received through social integration.

Mrs. Sidhu also mentioned the temple as a place to go to, to meet other Sikhs and to eat together. She talked about it being a place that is “always open” and “free”. “Anybody can go there” (p. 13, 153b, 159). It seemed important for Mrs. Sidhu to be able to meet other Sikhs at the temple, but also to be able to go anytime. She also talked affectionately about her family members that were fellow Sikhs. All of these were opportunities for social integration, but the temple was also considered a place for sanctuary and private prayer.

All interviewees agreed that people should be nice and helpful to others, and that this is a “good deed” of the Khalsa that benefits themselves and others. Mrs. Singh said, “If I do the good things, it ... always benefits me. In living, studying, in behaving with other people. And being a social better, like being ... socialized” (P. 4, 98-99). Though she related this to the Khalsa, she also denied that this was simply an act of spirituality by answering the following question “So, can you give me some examples of how you might act towards others because of your Sikh faith?” She answered, “No, because of my being human being, humanity” (p. 3, 67), and:

... [T]his is my mentality from my childhood, right?... I think it doesn’t matter like how, what religions you are in. It depends on how we are raised, and we are behaved (p. 4, 103-104, 105-106).
She claimed that how one behaves towards others is also affected by “culture” and “personality” (p. 4,104). She went on to say that how people behave towards others affects “how they think of us”, but it may or may not affect their “belief” (p. 4, 89-92).

Mrs. Gill beautifully described how one should treat people and why.

... [S]o even I can see God and you, if you want to, right? It’s right inside of me. That’s what they teach us. We should see a God in everybody.... God is inside of everybody, so that’s what we shouldn’t hate anybody, right? We should love everybody. We should respect, we shouldn’t fight. But sometimes we can’t follow all those things in the real life, right? Right? You can’t be that perfect. (p. 5, 149-153).

Mrs. Gill indicated that her spirituality helped her love everyone and see God in them, though she seemed to realize that she failed to do this at times. Her words mentioned respect and love, which she referred to three other times together with “belief” in her interview. It seems clear that since the concepts of respect, love, and belief are taught to Sikhs, they might well be listed in the Khalsa as the ideal combination for relationships.

Mr. Bassi seemed to agree that everyone should expect the best of people, and perhaps believe that they might have something to offer:

I basically respect even the non-people from the Sikh.... our think is ‘Well, this is a better than me’. They probably have better ... attitudes than me. So, I never try to turn anybody down that is not Sikh (p. 6, 63a-c).

Mrs. Sidhu mimicked this sentiment when she talked about treating people as equals. She mentioned the social equality aspect of the Sikh religion, both when she related the history of the Sikh religion, and in the following quote:

In our Holy Book, in our religion, we believe in each and every single caste, whether it’s the lower caste, whether it’s the higher caste. It doesn’t matter, just to belong. Each single person is uh equal (p. 14, 163d-g).

She clarified this further in agreeing that there is equality in gender, religion, culture, power and income levels. She also explained, as part of her history lesson, that Sikhism was formed to abolish the caste system, and that the Holy Book is a combination of beliefs from Hinduism, Muslim, and Christianity religions.

Mrs. Sidhu further described helpfulness, respect and caring as a major component of the Sikh religion:

Like being Sikh is ... you don’t have to do bad things to the other people .... (J)ust
be kind to the other peoples.... If ever somebody need any help, you just ... be very happy to help.... (I)f somebody is doing something wrong, it’s going to be ... a good thing to be there to stop that.... (Y)ou’re not ... allowed to do any harm to anybody
(p. 4, 50a-g).

She went as far as denoting it as a way of identifying Sikhs by saying:

... (A)ll the Indians I met have a quality to help other people. And that affects everybody if you have a nice quality. And I guess most of the peoples have nice qualities. All the Sikhs, all the Sikhs (p. 7, 80e-i).

One might have noticed that Mrs. Sidhu mentioned that if you are “nice”, it benefits others. One could assume that people are more positively affected if others are nice to them, as opposed to being indifferent or even mean. She also seemed to imply that she receives benefits as a Sikh person, because she knows and befriends other Sikhs, which is beneficial because “all” Sikh people are kindhearted, and she also will then reap the positive effects of this. Treating people with respect and kindness, avoiding harm to others, and trying to help in any way, all seem to be seen as a benefit to the people receiving the bonus, as well as to the ones that are doling out the kudos.

Summary

This chapter spoke to the results in terms of categories that made sense of the data. Under Promotion of Physical Health, the strengths of healthy living, and healthy boundaries and routines were discussed. The second theme, Promotion of Emotional Health, included discussion of the prayer benefits and satisfaction of life that the interviewees’ experienced. The last theme, Promotion of Identity, spoke to the pride and social support experienced by Sikhs. Each theme and subtheme was illustrated by the actual data, in the form of quotes.
CHAPTER IV
DISCUSSION

The data seems to indicate three main themes, as mentioned in the Results section. The first is Promotion of Physical Health, including the subthemes of Healthy Behaviours and Healthy Boundaries. The second theme is Promotion of Emotional Health, with the subheadings of Prayer Benefits and Life Satisfaction. The last theme is Promotion of Identity with “Proud to be Sikh” and Social Support being the main subthemes.

The perceived benefit to health of each theme is discussed. The findings corroborate with some of the existing literature. This chapter also explores the limitations of the study and social work implications for practice and research.

Promotion of Physical Health

This theme is related to the healthy behaviours, boundaries and routines that are promoted by the Sikh religion, and their relationship to the question of well-being.

Everyday physical aspects of healthy living, such as diet, dress, cleanliness and routine were inherent in the expectations of the Sikh doctrine, the Khalsa code of conduct. These findings support associations found in previous studies of Mormons, Amish and Seventh Day Adventists, regarding diet and restrictions of alcohol, smoking and sexual activities in religious organizations, between these activities and physical health (Hamman et al., 1981; Lyon et al., 1978; McEvoy & Land, 1981; Wynder et al., 1965).

Diet was found to be important to Sikhs and diet is one area of healthy living that is definitely related to physical well-being. However, Sikh prescriptions of vegetarianism may not be more healthy than other diets, as other sources would refute this (Health Canada’s Food Guide to Healthy Eating, 2005). In contrast, given that sexual activity could result in sexually transmitted diseases, monogamous relationships have considerably less risk than those with unknown or multiple partners (BC Healthguide, 2000; Canadian Public Health Association, 1995). This is also in relation to the common knowledge that there are many diseases, some fatal and some harmful, that can occur during sexual activity, regardless of the protection used (Good Housekeeping Family Health and Medical Guide, 1980; Schoub, 1999). The findings seemed to concur that the interviewees do indeed abstain from sexual activities outside of marriage.

Cleanliness, including daily showers, and cleanliness of hair and body, was clearly denoted
as part of the Khalsa way. Health practitioners would agree that cleanliness is important to physical health, and that there are many health problems can be prevented to some degree by keeping clean, including viruses, acne, body odor, and tooth decay (BC Healthguide, 2000; Tkac, 1991). A reminder that infections are avoided through sterilization of tools when surgeries are performed, and the common cold, flu germs, and the like, are lessened by simply washing one’s hands, is warranted. This category brings up some questions in how cleanliness came to be so important to the Sikh religion. One theory might be that part of the cleanliness issue is related to the country and surroundings that were a reality for the people of the Punjab. The area is hot, dry, overpopulated, and also wracked with disease. This combination of features would make sense for a stringent cleanliness routine to stave off illness.

The last link to physical health is the physical labour that was cited as important to Sikh life. One interviewee inferred that he was very busy during the high season for fruit, as he was an orchardist. Farm life does generally involve very hard physical labour. In fact, some of the specific farm activities are cited as physical fitness activities (BC Healthguide, 2000). During the busy season, farmers generally start working at 5:00 in the morning and end at 8:00 at night, with short breaks for meals and water in between. They go to bed exhausted but fulfilled each night, knowing that they accomplished a great deal in one day. Such work can help one have an appreciation for the labour that goes into the simple things that are used everyday, at the same time as building a strong work ethic. Another point to remember about farm labour is that it involves seasonal stress. The work involves the longest hours and most strenuous work at harvest time, but this stress is diminished to almost nothing in the winter months, when the trees or vines are dormant.

Healthy living produces health benefits that ultimately affect overall well-being. Adherence to prescribed vows of healthy living varies among Sikhs, and this difference appears to be related to levels of devoutness. This concurs with studies that find associations between increased church attendance or religious commitment, healthy lifestyles, and overall well-being (Ironson et al., 2002; Kabat-Zinn et al., 1998; Koenig & Larson, 2001; Levin, 2001; McCullough et al., 2000; Sephton et al., 2000, 2001; Steffen et al., 2001; Strawbridge et al., 2001).

The Healthy Boundaries subtheme relates to the routines and boundaries of acceptable behaviour that is inherent in the Sikh faith, as mentioned in the findings. The knowledge that the world makes sense in some way is exhibited in the acknowledgement of a definite right and wrong,
that there are parameters to behaviour and definite consequences in relation to those parameters. Healthy boundaries seem to be important for life to feel “complete”. There is a sense of restlessness without routine, like being outside of one’s comfort zone. There are benefits to routine, such as the comfort already mentioned, and the definitive idea of what one’s beliefs truly are, causing little need to further search for answers to the meaning of life.

The limitations of the findings in this theme are explored. One could surmise that there could be a negative side to routine and definite rights and wrongs in life. Firm routines could become too rigid, not allowing any flexibility, and thus enhancing the likelihood of stress. When discussing various aspects of routine, including going to temple, showering, and daily prayers, interviewees indicated that they felt like they were “missing something” all day. This suggests that not adhering to a certain degree of the Khalsa could cause anxiety, which is known to affect health and well-being (Cohen & Rodriguez, 1995; Pennebaker, 1990; Selye, 1976).

Promotion of Emotional Health

This theme describes benefits of prayer, and the satisfaction, hope and fulfillment that devout Sikhs experience through their religion.

Prayer seemed important to the interviewees, with emotional benefits cited as the reward. The feelings of relaxation, peace, emotional well-being, and positivity are consistent with the studies regarding prayer (Ellison et al., 1989; Levin and Taylor, 1998; Markides et al., 1987). The results suggested that prayer provides three main purposes: a connection to God, a sense of peace and calm, and hope that one’s needs will be met. Each of these points are interrelated in that they all affect emotional health.

Firstly, interviewees reported that prayer produced a sense of peace and relaxation. Emotional benefits occurred through prayer as a form of meditation. This accords with the importance of meditation and prayer in finding one’s focus and thus attaining true fulfillment, as shared by a former Sikh priest (H. Singh Rai, personal communication, October 15, 2004).

The second point of prayer relates to the relationship with God that one feels while praying. The data suggested that through prayer one has access to a friend. Interviewees suggested that through prayer God gives Sikh people the opportunity to air feelings and to experience the listening ear of a concerned and caring confidante. Prayer speaks to a real relationship with God. It became the way that interviewees talked to their friend, all the while being listened to and cared about.
Connection to an ever-present friend can be seen as a positive influence on well-being. Loneliness and the need for a silent counsellor in times of strife can be eliminated or minimized by the presence of such a person.

Lastly, prayer appeared to affect well-being by providing the hopefulness that prayer would be an answer to people’s desires and needs. In particular, one interviewee related about her experience, involving the inability to conceive and the ultimate gift of a son after prayer to God. She made it abundantly clear that she related her belief and growth in faith to her son. Her experience, though unique in content, is consistent with the findings of three earlier-cited studies that explored the effects of mystical experiences (Kennedy and Kanthamani, 1995; Kennedy et al., 1994; Spilka et al., 1992). In these studies, mystical experiences were found to be beneficial, and to increase feelings of connection, hope and psychological wellness. It seems that major events can move one towards faith in a supreme being to fulfill needs, as it did for this interviewee, as well as increasing faith and consequently mental wellness.

The data suggested a second subtheme under Promotion of Emotional Health that addressed hope for the future, comfort, life satisfaction and fulfillment. It should be noted that these concepts are used as synonyms for well-being, as it is defined in the Introduction.

When speaking about the future, the data referred to life after death. Reference to the hereafter leads one to ask what it really involves, especially since there was little agreement among the interviewees. One priest, seen as an expert on Sikh teachings, talked about reincarnation, similar to one interviewee’s thoughts on how faithful Sikhs are “re-created”, the result depending on their good deeds before death (H. Singh Rai, personal communication, October 15, 2004). Another interviewee was definite about the hereafter — there is a heaven and some sort of reward for good deeds. She was knowledgeable about it, stated it as a fact that has been taught to her, and her belief in it gave her hope and assurance that it would indeed happen for her. One could surmise that if there is a sense of peace in the knowledge that there is a heavenly place to go to (or another life after death), there should also be comfort in knowing that loved ones that have died are also in that wonderful place.

Previously cited research related feelings of hope to increased well-being. Levin (2001) proposed that faith influences the feelings of hope, which in turn influences how we view ourselves, function in our environment, and feel emotionally and physically. Matthews (1998) further
supported this in finding that faith, including trust in God and hope, promotes an increased quality of life and well-being. The data appeared to relate total trust that God's control is "good" and "right", and that He knows what is best for us. This comfort exuded peace to the interviewees, a sense of comfort that only those who experience it could understand. This peace emanated from a feeling of expectation that everything would turn out for the best, a faith that promoted hope and optimism.

The interviewees referred to the fulfillment they experienced with their religion, and unhappiness and misery without it. One theory which considers the data may be that religion helps Sikh people to have self-discipline, which then helps them avoid the temptations and pitfalls of loose living, which can lead to dissatisfaction and misery. Religion may influence healthier relationships and therefore a more positive outlook on life. When stating that life with religion is "complete", the interviewees implied that they didn't need to seek for more. In other words, their lives were fulfilled. This thought is supported by quotes from two Sikh priests, who talked about having fulfilled lives (H. Singh and H. Singh Rai, personal communications, October 15, 2004). They said that a focus on God can lead to a simple, orderly life that is completely fulfilled. Research also links religion to a sense of fulfillment and several components of well-being. The emotional benefits of religiosity, including greater life satisfaction and happiness, and prevention of psychological distress (Levin, 2001; Levin and Taylor, 1998). This research is consistent with the following concepts stated by the interviewees--- "lucky", "centered", "happy", "complete", at "peace" and "good". The literature presented all concepts as indicators of life satisfaction and positive mental health (Levin, 2001; Levin & Ellison, 1999). Other studies also found that increased spirituality resulted in increased levels of the mentioned states of well-being (Krause and Van Tran, 1989; Levin et al.,1995) It appears that the relationship between Sikh spirituality and well-being may have some consistencies with studies of other religions in this area.

Promotion of Identity

Both outward and inward indications of identity with devout Sikhs were reported. Firstly, there was a sense of pride that was shown by displaying one's Sikhness in dress, food, or other forms of adherence that are obvious. They made their faith and their beliefs abundantly apparent through their outward appearance. They expressed pride, not shame. The pride that was displayed by the interviewees seemed healthy --- it allowed openness to difference and respect for others, as
well as an awareness of one’s true self.

The results denoted that another factor about being identified is that one is seen as a representative of the faith they “dress” for. This might encourage and support a Sikh person in adhering to the tenets of the faith. Various items of dress were deemed as reminders that God wants a Sikh to behave accordingly. One obvious example is the steel bracelet, which the interviewees and the literature stated is a reminder of Sikh identity and tenets. This could be further illustrated by analyzing the Neighborhood Watch program. The knowledge that one’s neighbours might be watching acts as a deterrent to bad behaviour and encouragement for positive behaviour.

The interviewees shared that an added feature of identity is that they become connected to other Sikhs through their Sikh behaviours, including the apparel they adorn. This commonality also becomes apparent in the rules of the temple (i.e. covering one’s head, removing shoes, and sitting on the floor as equals). Even strangers must adhere to each of these rules.

The second subtheme refers to the social cohesion aspect of Sikhism. In particular, the temple is not just the religious hub of the Sikh religion, but also the social center, as was clear in the data. The research uncovered a relationship between social support and well-being (Taylor and Chatters, 1986, 1988). Ellison and George (1994) found that increased church attendance resulted in increased social networks of non-family. It would appear from the findings that this is only partially true for Sikhs. Contrary to the data, the interviewees relied heavily on family, one naming only family, though this doesn’t preclude them from having other supports. Interviewees’ statements about the benefits of temple attendance can be compared with the studies that affirm this in other religions (Cornman et al., 2003; Cummings & Cockerham, 2004; Gellis, 2003; Windle & Woods, 2004). One could surmise that these same benefits would likely be the case for all Sikhs who attend the temple, and that those who attend more may benefit more. The interviewees implied that when attending the Gurdwara, the temple, they experienced support and acceptance, and the confidence that if they needed help, they would receive it at the temple. It seems to be similar to a security blanket, a comfortable safe place to go to, a home. This speaks to the connection that occurs through the temple. While living out one’s faith at the temple, there is provision for spiritual, social and physical needs. One illustration of this is the special evening that occurs on occasion: each family is connected to each other through readings, speakers, food and a phoning circle, and everyone is welcome.
Interviewees indicated that it was necessary to their faith or “humanity” to be respectful and helpful to all others, to stand up for those who need it. One interviewee stated that “Indians” are “always kind”, and Sikh standards indicate that helpfulness and respect of others is inherent in the Khalsa way (Singh, 1982, 1994). Giving aid to others and defending the weak can help people grow in maturity and social skills, and should always make people feel good about their intentions and actions. All of these components are ingredients for well-being.

Limitations of the Study

The limitations of the study, including sample size, sample characteristics, language barriers, and the interview guide are presented in this section.

The first limitation was the small sample size of only four interviewees. This limited the ability to speak to emerging theory and to generalize the findings to a larger population. Numbers may have been limited by the method of recruitment, in that snowball sampling was not the most effective method to use for recruiting this population. Sikh people were reluctant to refer their friends or family, often a fairly closed system, to the researcher. All three subsequent interviews were a result of the initial interviewee. The use of third-party recruitment, either through the Sikh temple or a local multicultural agency, who often hire settlement workers to work within the Indo-Canadian community (most often the Sikh temple again), may have provided a larger sample.

Secondly, the sample was limited in its characteristics. Namely, the sample consisted of four interviewees who were in their 20’s and 30’s, all from a similar socioeconomic background, and all immigrants. All seemed healthy and fairly well-educated. As well, are were originally from rural orchard settings. This limited the scope of the information that could be obtained. In other words, the input from a young, healthy, educated Sikh immigrant that is not experiencing poverty, may be quite different from a Sikh person that experiences the opposite of any of these features.

A further limitation was the language barrier that existed with all four interviewees. Though all could speak English fairly fluently, there were various terms that were foreign. Some examples include the words “spirituality”, “well-being”, and “boundaries”. This was not a huge barrier, but did cause some insecurity about whether the assumed definition of a term was similar to the interviewee’s definition. The terminology and questions used seemed to imply to the interviewees that they needed to educate about Sikh ways, rather than simply expose their own views on the actual question of the study. This caused the focus to be away from health and well-being at times,
and towards the actual tenets of the religion.

The last limitation was the interview guide. There were two main issues. Firstly, the interview guide may have been formed to shape the answers given. A prime example of this was the question, "5. How does your spirituality fulfill your needs [benefit you personally]?” Such a question leads the interviewee to answer positively. In other words, there was a lack of exploration of the negative effects of Sikh spirituality. One cannot deny that religion has been used as a weapon, or a form of control over others. Religious fanaticism has occurred, and there are occasions where people have gone mad, or harmed themselves or others as a result of irrational religious beliefs. Recognition of the instances of mental illness, death and physical distress that accompanied religious beliefs and practices is important. These instances are relatively rare, and this study did not seem to have results that warranted further investigation into the negative aspects of religion. Open-ended questions allowed positive or negative responses, but no negative responses were elicited. However, there was no further exploration of how religion affected well-being negatively. Interviewees views in this regard, therefore, were not thoroughly explored, although limitations of their perspectives were noted. A second limitation about the interview guide was that there was silence from the interviewees about how their Sikh spirituality affected their physical health. Though the interview guide did ask about issues regarding daily life, and there were probes regarding diet and physical health, there were not any questions that directly asked how interviewees might have physically benefitted from their Sikh spiritualities.

Implications for Social Work

The following implications for social work practice and research can also be seen as worthy recommendations for health care workers, particularly because this study has focussed on spirituality as it relates to health.

Social Work Practice

The findings imply recommendations for direct social work practice. Social work and spirituality have a long-standing history and many common interests (Nash & Stewart, 2002). This lays the groundwork for the relationship between social workers and faith communities, including Sikh faith communities. The findings specifically gave examples of how faith and religiosity are central to the well-being of those who were interviewed. In acknowledgement of this, social workers need to consider spiritual assessments, in line with the general assessment of needs that are done in
casework. If spirituality is so central to the lives of Sikh people, it is necessary to explore a number of ways that this may interfere with or enhance well-being. Some sample queries may include: How does your Sikhism affect how you parent?; How does your Sikhism help you?; Does being a Sikh cause problems for you or your family? How?; and, How do you think your religion or temple can benefit you or your family? This is just an beginning set of questions to consider.

Once assessments are complete, the question of treatment or intervention needs exploration. The literature speaks to the necessity to acknowledge spirituality in multicultural social work (Bennett, as cited in Nash & Stewart, 2002). In relation to Sikh clients, it is also extremely important to remember how the commonalities and differences can be used to build trust and support. These are simply a base on with cross-cultural services can be delivered with mutual values and goals. The holistic look at treatment, as with assessment, is seen as important to social work, particularly in view of the importance of religion to Sikh people (Fallot, 1998). Social workers need to form contacts within the temple or multicultural society providing settlement services to Sikh persons. One step further might include accompanying the settlement worker to the temple in order to be a known face, in the case that any congregational members become clients.

A further goal in intervention is to look at the resources that currently exist within the temple and multicultural agencies. The temple may have counselling services that are congruent with the Sikh beliefs, parenting groups, self-help or support services that may aid Sikh people with mental or physical challenges, daycare services, and the like.

In regards to planning and assessment, social workers could also benefit by including Sikh advocates in conferences with families. Clients can be empowered to express their needs more clearly. The wealth of information that is available when looking at all perspectives is seen as a strength. As well, further resources that are available in the community may be explored and analyzed. Lastly, many Indo-Canadian people do not speak English, and may require this person as an interpreter. This brings up the added note that social workers will need to be aware of reliable interpreters that they can access.

In summary, social work practice is based on relationships. Within the scope of assessment, treatment and referral, social workers need to be aware of the Sikh people they serve, including the importance of religion in their lives.

*Social Work Research*
There were numerous questions that arose from the present research that could invoke further areas of study.

Firstly, the findings related that restrictions from the use of alcohol, drugs, and sexual activity outside of marriage is important to the Sikh way of life. This brings to question how much some of these activities are hidden. In other words, how much is drug and alcohol abuse happening behind closed doors? One has to wonder, when there have been so many incidences of drug possessions, bar brawls, and the like, among Indo-Canadian individuals in the locale of study. Of course one must consider that among all religions, there are various degrees of adherence to one’s faith (i.e. there are criminals in all faiths). It could be proposed, however, that there may be an added shame to admitting an addiction when one is a Sikh, or in any religion that adheres to certain statutes. Such reluctance to admit a problem simply decreases the likelihood of treatment, thus increasing the likelihood of harm to health and well-being. Therefore various research in this area could be considered.

Secondly, discussion about healthy behaviours brings up further queries in regards to health. One can easily wonder how much devoutness, thus adherence to each tenet of the Khalsa, is related to level of health and well-being. Interviewees have inferred that healthy living differs from Sikh to Sikh. This seems to be linked to the level of devoutness that each Sikh displays. Therefore one might ask, “Does the more devout person, the one that adheres to the Khalsa more strenuously, enjoy more health benefits as a result?” It would stand to reason that this would be the case. As well, the cited literature relates increased church attendance to increased health. It has become evident that the more purely devout someone is, the more Sikh tenets they adhere to. And therefore, belief that Sikh tenets are related to health causes belief that the more devoutly a Sikh follows such tenets, the more healthy he or she will be. Another question might ask, “In what other areas would devoutness be most beneficial?” Some examples for study might be among the spiritual activities of prayer, meditation and temple attendance.

A third area of inquiry that could be considered is the Canadianization that is occurring among Indo-Canadian immigrants, in relation to the discussion of healthy boundaries. The boundaries or rules that have been established over hundreds of years in the Sikh faith are questioned in the liberal nation that Punjabi people are now living in. The generations that have been born in Canada are experiencing different values to their Sikh culture, depending of course on how
much they are exposed to Canadian social settings. One question that could be considered for study is: How is the Sikh religion congruent (or not) with current Canadian morals, and how does this relate to well-being?

Fourthly, the area of routine and boundaries introduces another area of inquiry. In the results, boundaries were found to be healthy in that they provide one a sense of knowledge of right and wrong, and thus a comfort zone, which enhances well-being. Consequently, when boundaries become inflexible and rigid, they are capable of producing anxiety, leading to stress-related illnesses and decreased well-being. It would be interesting to explore the relationship between rigid tenets and flexible ones in regards to well-being and psychological unhealth.

The fifth area of research results from discussion on the hereafter and life after death. In the data, good deeds were seen as the pathway to “heaven” or a better re-created life. If this is so, it might be interesting to find out how one can know whether he or she has done enough. It seems that every devout Sikh is motivated to seek God’s favour. How much does this create stress for the Sikh person? Likewise, is there a way to feel that one is “good” enough to feel at peace and satisfied?

The sixth discussion is about the peace that comes from knowing that God is in control. Data related that it is comforting to know that a loving God, whom you trust to do no wrong, who “does all for good”, and who protects all those who have Him in them, is in control of the world. It would be interesting to explore how much Sikhs believe in karma. In other words, do they believe that they have control over nothing? Is there a sense of fatalism? Or is it simply trust? And ultimately, how does this affect well-being?

A seventh point involves social support. When speaking of healthy relationships, we know that support networks are positive for health and well-being, and that Sikh people benefit from social networks by virtue of their religion. However, the research does not speak to how the caring person that delivers the support benefits. The interviewees make mention of how help and kindness to others is important for them. We could therefore surmise that it is beneficial for them, in that it feels good to help others, and it helps their social and ego development. But it would be helpful to have research supporting such a theory.

The eighth area of discussion speaks to the importance of a pride in Sikh identity. The research relating the importance of a sense of identity and pride for well-being was not thoroughly
explored. It would be interesting to establish whether there has been research in this area in religious spheres. This could then be related to a study on Sikh pride in particular.

Lastly, the limitations of the present study imply recommendations for similar research. Future researchers could do well to consider larger and more varied sample sizes to ensure generalizability by utilizing a broader recruitment method as well as theoretical sampling. The terminology will need to be considered in the interviews. As well, the interview guide could be adjusted to avoid leading questions and consider asking unasked questions to elicit further information.

Conclusion

This research paper implies that social workers must holistically assess all other aspects of the person that are intertwined with the spiritual self, including the health and well-being of the person. The data presented the ways in which Sikh spirituality promotes physical health, emotional health, and identity, all aspects of well-being. Limitations of the study, as well as specific implications for social work practice and research among Sikhs were explored.

Perhaps the most appropriate way to summarize the relationship between spirituality and well-being, is to consider the words of Levin (2001):

As we have seen, the most personal aspects of our spiritual life have a direct impact on the workings of our body and mind. How we connect to God or the divine, when and where we worship, how and how often we pray --- these issues have implications for our happiness and life satisfaction, our ability to physically function, and our capability of coping with life changes, especially as we grow old.... Our relationship with God influences how we get along with others, how we respond to stress, how we deal with daily events, and how we feel about ourselves (p. 91).

In response to this, it is important that social workers recognize the importance of spirituality in the lives of their Sikh clients, that they are aware of their own spiritual selves, and that they acknowledge the resources that are available within faith communities for their Sikh clients.
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APPENDIX A

INTERVIEW GUIDE

GETTING STARTED
1. You have described yourself as a devout Sikh. Can you tell me what that means to you?

EXPLORING SIKH SPIRITUALITY AND HEALTH AND WELL-BEING
2. How does your spirituality affect your daily life?
   (Probes: prayer, meditation, religious ceremonies, eating habits, clothing worn, routines)
3. How does it affect the way you think and feel about yourself?
   (Probes: body, health, sense of purpose, hope for the future, self-esteem)
4. How does it affect the way you think and feel about others?
   (Probes: family, friends, fellow Sikhs, others)
5. How does your spirituality fulfill your needs [benefit you personally]?
   (Probes: social needs, resources, positive messages)
6. Can you describe a life-changing event that occurred to you? [may have to give an example --- “for instance ....”]
   (Probe: type of change, type of event)
7. What would your life be like without your religion?

CONCLUSION
7. Given all that you’ve told me, can you summarize how your spirituality has affected your overall well-being?
   [Probes: health, overall life]