



COVID-19 and the Sikh Community in the UK: A Qualitative Study

Gobinderjit Kaur¹ · Manpreet Kaur Basra¹

Accepted: 22 April 2022 / Published online: 14 May 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

Abstract

The COVID-19 pandemic has had, and continues to have, a significant effect on individuals worldwide, and it is clear that minority communities including the Sikh community have been particularly affected by the virus. The current study assessed the impact of the pandemic in a sample of 44 British Sikhs across 11 virtual focus groups. Three main themes emerged including making meaningful connections, struggling to adjust and the organisation of gurdwara (Sikh places of worship) in coping with the COVID-19 pandemic. Findings highlight that faith may promote collective action for collective healing especially during mass trauma, with specific insight into what this may entail for the Sikh community.

Keywords COVID-19 · Sikh · Religion · Faith · Pandemic · Faith communities

Introduction

In March 2020, it was announced that the United Kingdom (UK) would be going into a nationwide lockdown due to the spread of an infectious disease that is thought to have originated in Wuhan, China. This meant that businesses ranging from retail to food providers and educational establishments were all required to shut down followed by a 7-week long lockdown. This and subsequent local lockdowns following ‘second and third waves’ of COVID-19 have resulted in society now functioning in a very different way.

The authors are part of a registered Charity called Sikh your Mind that aims to support the Sikh community across the UK with their mental health needs.

✉ Gobinderjit Kaur
drgobinderjitkaur@outlook.com
<http://www.sikhyourmind.com>

Manpreet Kaur Basra
<http://www.sikhyourmind.com>

¹ Sikh your Mind, Registered Charity 1183752, Birmingham, UK

Current data suggest that a disproportionate number of individuals from minority communities are becoming ill and dying as a result of COVID-19. Sadly, the first 10 doctors in the UK who died from COVID-19 were from ethnic minority communities with ancestry from Asia, Africa and the Middle East (British Medical Journal, 2021). Similarly, individuals from ethnic minority communities made up 30% of intensive care populations which is higher than the number in the general population (Department of Health and Social Care, 2020) and were at an increased risk of infection with worse clinical outcomes including Intensive Treatment Unit (ITU) admission and mortality compared to White patients (Pan et al., 2020). Although anyone can become seriously unwell with COVID-19, for some the risk is higher including those who are 70 years or older, have heart disease, diabetes, kidney disease and liver disease amongst many other risk factors (National Health Service, 2020). Diabetes, a health concern prominent in minority populations particularly Asian and Black communities, was mentioned on 21% of death certificates where COVID-19 was reported (Public Health England, 2020).

Whilst it is important to consider risk factors, it is equally helpful to investigate how these communities cope and the impact on health outcomes as they are often unidentified or unreported (Davis et al., 2005). Research indicates that individuals often use spirituality and religion to cope during difficult times (Ano & Vasconcelles 2005; Koenig 2018; Pargament et al., 2001). Interestingly but perhaps unsurprisingly, interest in faith and religion has soared during the COVID-19 pandemic with Bentzen (2020) highlighting that, by March 2020, the number of internet searches for ‘prayer’ was the highest it had been in 5 years. When catastrophe strikes, people seek closeness to God and faith communities can strengthen our ability to cope in uncertain times (Pargament, 1996). Gecewicz (2020) reported that one-quarter of the American adult population say their faith has become stronger because of the pandemic and Garelli (2020) noted an increase in prayer during the pandemic. Religiosity can support with meaning-making and value orientated actions (Rosmarin & Koenig, 2020) and involves an affective bond with God. Research indicates that this attachment has a positive impact on mental health (Granqvist, 2020). Aten et al. (2019) reported that religion is a key aspect of identity that people rely upon to cope and that the relationship to religion undergoes significant changes in collective trauma (Henrich et al. 2019). How an individual perceives God and religion may also have harmful effects on mental health and trauma can introduce spiritual struggles or conflicts (Exline & Rose, 2013).

Interestingly as previous research has often cited social support and collective prayer as an important factor in the relationship between religion and mental health (Koenig, 2018), this has not been possible during the pandemic. Similarly, Dein et al. (2020) suggest there will be wide ranging impacts for religious communities during the pandemic particularly due to the lack of religious services and subsequent changes in religious habits and practices.

According to the Office of National Statistics (2020), males and females from Muslim, Jewish, Hindu and Sikh religious groups, for the period 2 March–15 May 2020, were at greater risk of a death involving COVID-19 compared with those identifying as Christian. The most recent census, in 2011, indicates that 430,000 people identified themselves as being Sikh.

Sikhi, although one of the youngest religions, is the fourth largest religion in the UK (Census, 2011). Sikh roughly translates to ‘disciple’ or ‘student’ with the current living Guru being the Sri Guru Granth Sahib Ji. Sri Guru Granth Sahib Ji offers guidance on how to become one with Vaheguru (King of Kings) whilst being aware of internal and external sources of suffering. Internal sources of suffering according to Sikhi include kaam (lust), krodh (anger), moh (attachment), lobh (greed) and ahankaar (ego). Sandhu (2004) reported that the journey of spiritual realisation includes dharam (righteousness), gian (knowledge), saram (effort), kirpa (God’s grace) and sach (truth) in a world full of maya (illusion/attachment to worldly things). Sikhs believe in hukam (God’s Will/command) and that a person’s action in any given situation indicates whether one experiences dukh (sadness) or sukh (happiness). Naam Simran (meditating on God’s name), Kirat Karo (earning honestly and working hard), Vand Chakko (sharing with others irrespective of difference) is also significant to Sikhs as formalised by the first Sikh Guru, Guru Nanak Dev Ji.

Sikhs also believe in karam (past deeds) and that difficulties in this current life may represent actions from previous lives that need to be overcome. Good deeds and actions are required throughout a Sikh’s life otherwise they may return in any of the 8,400,000 forms of life (Bhangaokar & Kapadia, 2009) moving further away from being reunited with Vaheguru (King of Kings) which is the ultimate goal.

It is important to note that you can be born into a Sikh family and identify as a Sikh also known as a Sehajdhari Sikh or you can be initiated into the Khalsa (formed by the 10th Guru, Guru Gobind Singh Ji) and take amrit (ambrosial nectar) and be known as an Amritdhari Sikh.

The Current Study

The current study investigated the impact of the COVID-19 pandemic on the British Sikh community. The words religion and faith, although complex and subjective (Ögtem-Young, 2017) are used interchangeably during this paper as they have been by the participants in this study.

Methodology

Participants

Participants were recruited via social media using purposive sampling by contacting Sikh organisations across the UK. Forty-four participants were recruited across 11 focus groups between 15th July 2020 and the 19th August 2020. Any individual, aged over 18 years old, with access to the internet from the United Kingdom was able to consent to participate.

Study Design

This qualitative study design utilised focus groups with members of the Sikh community living in the UK. Focus groups are well suited to explore people's subjective experiences and attitudes and to explore the views of marginalised groups that typically would not engage in conventional interview situations (Halcomb et al., 2007). All focus groups consisted of around 2–6 participants to ensure that discussions were manageable with one experienced facilitator (GK) in each group. Smaller groups were the result of participant drop out but were still included in the data analysis. Nyumba et al. (2018) considered the use of focus group methodology and found that the number of participants per focus group ranged from 2 to 21 with a median of 10 participants. Kamerelis and Dimitriadis (2005) concluded that where there is a small potential pool of participants who are difficult to reach, researchers can facilitate a small group of between 2 and 5 participants.

An interview schedule was developed by the research team using the framework recommended by Kreuger (1998) and included open ended questions with prompts to facilitate discussion around personal experiences during the pandemic and religious or cultural practices that have played a role in responding to the pandemic. There were 6 questions in total. As suggested by Kreuger and Casey (2015), earlier questions required less response time and served as an introduction into the discussion and later questions involved more complex responses (the significance of the pandemic for them personally and the role of faith and gurdwara; Sikh places of worship).

Each group was facilitated over Zoom and ranged from 40 min to an hour and a half and participants consented both verbally and by reading and signing an electronic consent form prior to the group discussion. Baseline demographic information was also collected via an online form. All participants agreed to the discussion being audio and video recorded. The video function was used to attempt to replicate a real-life discussion. The discussions were conducted in English and Punjabi.

Data Analysis

Thematic analysis (Braun & Clarke, 2006) was employed as a framework to interpret the data collected in this study. The research team transcribed and anonymised each focus group discussion and then read through them multiple times after which they were independently blind coded. Multiple coders were used to explore the different ways of considering the data, to explore multiple assumptions or interpretations of the data in a collaborative and reflexive way (Braun & Clarke, 2019). Initial codes were then used to code all the transcripts; however, care was taken to note new codes. This process continued until no further codes were generated.

As data collection and analysis occurred concurrently recruitment stopped when there were no new codes emerging from the focus groups. Themes and

sub-themes emerged from the codes and consisted of ‘summaries of what participants said in relation to a particular topic’ (Braun et al., 2019) demonstrating shared meaning.

Results

Forty-four participants took part in the study (Table 1). Participants were mostly aged between 26 and 40 (50%) years old, female (52%) with most residing in the Midlands (48%) and were married (59%). Most participants were Sehajdhari Sikhs (55%), had English as their primary language (88%) and were University educated (59%) who lived with their children and partner (21%) and were not part of a Gurdwara committee (84%).

Three main themes emerged from the focus group discussions including meaningful connections, struggling to adjust and the organisation of gurdwara. Each theme and related sub-themes are discussed in further detail below.

Meaningful Connections

Participants spoke of making meaningful connections with families and their faith and considered the impact of technology on this. The sub-theme faith considered a number of different aspects including Sikh history, Sikh verses, hukam (God’s will) and seva (selfless service).

Family

Participants were able to spend more time with their family during the pandemic.

“For me, the actual lockdown has been pretty good...things like cooking has been a lot nicer, erm and just sitting down with the family and normally when we take time off work to spend time with the family we actually always go away somewhere and we never spend time at home cos that’s our only opportunity to go away so we didn’t have a choice of whether to stay at home.”

The COVID-19 pandemic has been helpful to realign priorities as a family.

“Actually, it gave us a lot of time to realign our family priorities and making sure we were able to commit to those priorities and actually as a family realign our diary in the day to making sure we are doing certain things together. We started going for walks everyday ...so that gradually became a habit that everyone started looking forward to.”

Faith

Participants described how they used the time during the pandemic and lockdown to learn more about Sikh history.

Table 1 Participant demographic characteristics

Characteristic	Participants	
	N	%
<i>Age</i>		
18–25	4	9
26–40	22	50
41–55	13	30
56–70	5	11
<i>Gender</i>		
Male	21	48
Female	23	52
<i>Location</i>		
London	14	32
South East	7	16
South West	1	2
Midlands	21	48
Scotland	1	2
<i>Marital status</i>		
Single	12	27
Married	26	59
Divorced	6	14
<i>Living arrangement</i>		
Partner, children and parents	4	9
Parents, siblings and grandparents	4	9
Partner, children and siblings	1	2
Partner, children and others	1	2
Children and partner	9	21
Partner and siblings	6	14
Partner and parents	4	9
Partner	6	14
Parents	2	5
Children	4	9
Alone	3	7
<i>Part of a Gurdwara Committee</i>		
Yes	7	16
No	37	84
<i>Main language spoken</i>		
English	39	88
Punjabi	3	7
Other	2	5
<i>Sikh</i>		
Amritdhari Sikh	20	45
Sehajdhari Sikh	24	55
<i>Country of Birth</i>		
England	37	84

Table 1 (continued)

Characteristic	Participants	
	N	%
India	1	2
Other	6	14
<i>Highest level of education</i>		
Secondary school	1	2
College	5	11
Bachelors	26	59
Masters	9	21
Doctorate	3	7
Total	44	100

“Even though I didn’t because of the pandemic go to the gurdwara it actually made me want to learn more about my religion, if that makes sense. I thought to myself I’ve got so much free time now...I’ve actually got time now to think what my religion, you know what Sikhi actually teaches.”

Others spoke of the inspiration gained from looking at Sikh history.

“We are a martial faith we are saint soldiers sant sipha (saint soldiers) and as such we have been a minority but we have never wavered and we are here because of the sacrifices of our predecessors and our ancestors and everything they have done and one thing that they had that kept them going no matter what was happening that they had that chardikala positive state of mind and unwavering faith and that goes all the way back to Guru Nanak Dev Ji Maharaj (founder of Sikhi) and all the way through to Guru Gobind Singh Ji Maharaj (founder of the Khalsa; initiated Sikhs and the 10th Guru).

Participants gained strength from the shabad (Sikh verses) which further contributed to a different, more adaptable perspective to the pandemic.

“We stuck up a pangti (a line from Sikh scriptures) which is pahilaa maran kabool jeevan ki chhadd aas ho sabhna kee rehnuka tau aaau hamaree paas. The line literally translates to before coming to me accept death. Because at the essence that’s what Sikhi is about you know you are going to die one day so make the most of your life. Stop being afraid of death do something with your lives and don’t live it just being afraid of it otherwise you won’t do anything and that’s exactly what lockdown was about”.

Some participants reflected on how they engaged more with their faith during the COVID-19 pandemic than they had before.

“I put Japji Sahib (Sikh morning prayer) on pretty much every morning and I’ve never done that.”

The concept of hukam (God's will) further contributed to participants being able to make sense of the pandemic.

“You know, we as a Panth (community) love Maharaj (God) from our minds but not from our hearts. If you unconditionally give your heart to Maharaj nothing can touch you. Nothing. You live in his hukam (God's will) and accept everything I have, give everything to Maharaj.”

Seva (selfless service) which is integral to the Sikh faith was discussed where participants reflected on how in helping others they were able to help themselves.

“Seva gives me a lot of satisfaction. I mean I've been doing seva since I was a very young child my family and I was heavily involved in seva. I really wanted to get involved and also it's a sense of fulfilment for me because I go there and do something and I feel that I've achieved something personally.”

Participants recognised that the provision of langar (free food made in a gurdwara) helped wider members of the community remain connected to their faith.

“One of the biggest things I'm sure others would agree, for our community and the bezurg (elders) getting langar in a way was a connection to their Guru. Through the Langar they were receiving from the gurughar (Guru's house) they were feeling that they were saying I was still getting darshan (blessed vision) from their Guru even though they couldn't physically go matha tek (bow down) and go see them.”

Connecting with the community via seva however also meant an increased awareness of the hardships that exist.

“We found a lot of disturbing truths within our community. Recently we had a Mata Ji (elderly woman) who was being abused by her son and girlfriend and the rest of the siblings and family were not aware of it. She felt that if anything happened to her at least he was here to look after her but what he was actually doing was mentally and physically torturing her and we called the Police and got Social Services involved and she has been moved to safety.”

Others felt that this seva also means that Government inadequacies are managed with volunteer organisations serving the community need.

“Sikhi is fantastic when it teaches us about volunteering and stuff but often I find it also gives the government a reason not to provide particular services. So you know in reality, you look at the work that a lot of Sikh communities are doing, we're doing it because of government failures, we're doing it because those vulnerable people that we're working with aren't being provided for in different ways and they are falling in between the cracks of a system.”

Technology

Technology played a significant part in allowing participants to stay connected to one another.

“It sounds silly but playing Fifa in one team together when we have nothing else to do, you’re part of playing online, part of a community, talking to each other and that’s helpful in itself.”

Virtual spaces were used to offer support to community groups.

“We run a youth club every Friday night and as a household we do kirtan (songs of God’s praise) every Thursday night. As a Youth Club we cater to 10 to 17 year olds and as soon as the lockdown happened we set up a zoom call and checked on them individually and do something simple like play Cahoot. You know, very simple, to make sure they are okay.”

Technology was used by all generations to remain connected.

“My mum has learnt how to use Whatsapp and is actually phoning her friends and having a conversation and she has asked me how to do the foursome so they’re having a cup of tea and so it’s actually a good thing as well.”

Struggling to Adjust

A further theme involved the impact on wellbeing and the generational differences in relation to coping during the COVID-19 pandemic.

Well-Being

Participants described initial reactions of uncertainty and shock in making sense of the pandemic and the impact on their mental-health and well-being.

“In terms of covid itself, erm, at the start it was kind of the impact of the uncertainty about it. I think watching the news constantly even if I wasn’t watching it myself people, family members, kind of hearing it all the time, like just waiting for the next update kind of thing every hour or so. When it first started it was having quite an impact on just mental health kind of deteriorating and just not feeling good myself.”

Participants also considered the impact on well-being following gurdwara closures.

“I found it a bit strange because you know like from the gurdwara perspective I was never accustomed to the belief that the gurdwara could ever close. Babaji (Sri Guru Granth Sahib Ji) is there 24hrs a day and they’re actually there for our needs to receive that as something that’s closed was very very alien to me. I was in a bit of disbelief because Babaji is there to save us and where else can we go for refuge other than the gurdwara.”

Other participants felt anxious at finding their way through with little support, especially those with businesses.

“But my experience during covid is very tied to my parent’s shops. Non-essential retail people putting up screens, people wearing masks. But for us, we kind

of had to learn as we went along. We were one of the few essential shops still up. It was very much like, oh my God, everyone's at risk and I felt really panicked."

Generational Differences

Participants spoke of the COVID-19 pandemic particularly affecting the youth and elderly. For the youth, there were fewer restrictions in terms of the need to shield, not being able to attend educational establishments however contributed to difficulties in motivation, whilst the elderly and international students were affected by the lack of community connection and support with housing and financial resource issues, respectively.

"The youth their education has just paused and a lot of kids haven't got that support that they can do home schooling at the level they need."

Worries of the mental health of students during the pandemic was discussed.

"I work in a school and have so many children that are suffering with their mental health. I was quite worried about them and how they're going to manage'.

A further intersection for the youth were those who were international students and faced further difficulties with little or no family support.

"There were a couple of gurdwara that shut their doors and we had a young girl a student from India that, students were another category that got screwed they were booted out of their houses, they couldn't afford tuition fees etc quite a sizeable number of people. Now most of them have flown back to India however at that point for the first couple of weeks we had them travelling from Manchester from up north down to us in Southall because all the gurdwara up there were physically shut they literally had nowhere to go. These people had no family no money nowhere to live."

Gurdwara closures also had an impact on the elderly Sikh community as arguably this is where most spent their time.

"Yeah so a lot of the elder community within Wolverhampton especially they er love the gurughar (Guru's house) they go there all the time. They have ladies sangeet kirtan (songs of God's praise) once a week as well and so we know for them it was definitely hard. But at the same time it was weird because they wanted to go but they knew how much of a risk it was."

When lockdown had eased there was a sense of fear and anxiety in leaving the house and reconnecting with gurdwara.

"My mother-in-law was someone who would go to the gurdwara every day and just the fear, the overwhelming fear. She has asthma and not having that support from the gurdwara being able to see people erm I think definitely the older generation found it a lot more challenging."

The Organisation of Gurdwara

The final theme centred around the organisation of gurdwara and included three sub-themes; communication, committees and the future of gurdwara.

Communication

Participants spoke of the communication offered to the Sikh community during the COVID-19 pandemic.

“Our local gurdwara was really good because they released a really good like a document when they were allowed to open, what was expected of people in English and Panjabi like what you need to wear, what you can do, what you can’t do and they released kind of videos that were circulated through What-sapp amongst like my gran’s peers.”

Whilst some participants expressed a belief that the Sikh community were not represented in communication with the government task groups regarding the dissemination of COVID-19 safety information and that gurdwara could have been more active in ensuring a voice.

“I mean even the key government groups they had interfaith groups and there were no Sikh representatives on the government groups. For our government anyway. I thought, hang on, there’s no one in that group that speaks Panjabi, or is having any need to say “by the way, this also needs to be in Panjabi and do you know there’s a massive elderly population? I feel like there was a real disconnect there. I felt like the gurdwara could have done a lot more to fight our corner.”

Gurdwara Committees

As some participants were part of a gurdwara committee, they were able to share their experiences throughout the pandemic, highlighting the many challenges.

“Yes so its been a tough time erm having to manage a gurdwara at a time when you have to restrict people from coming in which is totally the opposite of what gurdwara management is because you are trying to run a space that is open to all. Then trying to find a new way forward under COVID its er been quite a stressful time for our committee.”

Other committee members held strong views about how gurdwara should have managed during the pandemic and the impact of closing their doors completely therefore not allowing anyone to offer any seva (selfless service) to the wider community.

“They should never have shut their doors, they should never have locked up and gone home, they failed our community quite frankly. Sadly it’s embarrass-

ing it's also shown those that run it don't really believe in it. That's what it means, at the hardest point in our lives the place you go to get salvation has shut its doors on you it has a massive impact on people."

Participants discussed the predominantly elderly membership in gurdwara committees and the challenges as a result of this.

"I've seen it first-hand where the elders are sort of reluctant to hand over the responsibility to the younger generation and I think as a result you know moving forward it's not gonna you know the consequences aren't good really to be honest."

The Future

Participants voiced the need for changes to gurdwara in order for better service provision for the community but recognising that this is a whole community effort not just the responsibility of a few people.

"We've got to individually but also collectively in our local communities and in our gurughars (Guru's house) start giving it some serious thoughts about how do we run our gurdwara. I think committees have got to give it some serious thinking and get the sangat engaged but also you know the purpose of serving the local community."

Social support is required and gurdwara would be ideally situated to provide it. There were a number of ideas including regular support groups, counselling, befriending and a buddy system.

"Feels like there is no connection between the sangat that attend and the people who are running the gurdwara...ideally I would like to think that's when you contact someone from the gurdwara so something that we've spoken about but never been able to implement is having that kind of support service in the gurdwara to speak to a counsellor you can speak to you know it doesn't have to be someone well it would be good to have someone qualified but just someone say their field is Gurmat (Guru's way/wisdom) for example where they have knowledge where they can support someone spiritually."

Discussion

This study investigated the impact of the COVID-19 pandemic on the Sikh community in the UK. Whilst participants discussed the struggles in adjusting to the pandemic, a significant theme centred around meaningful connection to their faith via Sikh history, shabad (Sikh hymns), considering hukam (God's will) and seva (free food made in a gurdwara). This mirrors findings from the USA, concluding that faith became stronger for 24% of respondents with only 2% reporting it was weaker during the pandemic (Gecewicz, 2020). Participants were able to find a sense of meaning and purpose during the pandemic (Rosmarin et al., 2011). Interestingly,

this study recruited similar numbers of Sehajdhari and Amritdhari Sikhs and found that regardless of initiation, faith was considered by all (in this research) during the pandemic. Although 84% of the world's population (Karam et al., 2015) identifies with a religion or faith, many organisations omit the role of faith and spirituality in their work with communities which is likely to disregard a core part of someone's identity.

Participants in this study spoke of the shabad (God's Word) and hukam (God's will) denoting acceptance of whatever God decides including death. Sikhs are taught to consider death regularly in order to re-evaluate life and the purpose of this lifetime. 'To reach your true home after you die you must conquer death whilst you are still alive' (Sri Guru Granth Sahib Ji, 1705a Ang, 21) and that 'those who see pain and pleasure as one finds peace' (Sri Guru Granth Sahib Ji, 1705c Ang 57). Death anxiety and death avoidance have been positively associated with COVID-19 anxiety (Spitzenstatter & Schnell, 2020). Nayar and Sandhu (2020) have considered how the Sikh holy scriptures such as Sukhmani Sahib (prayer written by the 5th Guru, Guru Arjan Dev Ji) shares pragmatic teachings which improve the physical, mental, spiritual and emotional well-being of the individual. Reciting simran (bringing your mind to the attention of God's name), listening to kirtan (songs of God's praise), engaging in seva (selfless service) or reading paath (Sikh holy scriptures) can promote well-being. 'In the midst of this world, do seva' (Sri Guru Granth Sahib Ji, 1705b Ang, 26).

A further theme centred on gurdwara and how they functioned during the pandemic as well as hopes for the future. Discussion around the role of gurdwara is worth considering further particularly for the elderly. Given that the elderly was identified as a group that was likely to spend more time at the gurdwara but were at more risk from COVID-19, they felt even more vulnerable when gurdwara were open and they could attend. Koenig (2020) considered how religious faith is often an important resource for older adults' well-being. Wildman et al. (2020) reported that most religious groups are able to be more creative in reaching their congregations by delivering online religious services. However, whilst religious worship could be conducted in different ways, what was missing was being in the company of others. So, whilst the elderly may also be more vulnerable to the COVID-19 virus, they are also likely to experience indirect consequences of social isolation, reduced access to support as a result of places of worship being closed. One way this was mediated in the Sikh community according to this study was through seva (selfless service) of langar (free food) and the connection that provided. Koenig (2020) shared that reaching out and supporting others can be an effective way to cope with difficulties and is something that is found across different faiths.

Several participants also spoke of how seva was necessary in order to support communities in need and due to a lack of statutory service availability. The Sikh faith has a vision of interconnectedness which is exemplified at the start of the Sri Guru Granth Sahib Ji, the Sikh Scriptures—'Ik Oankar'. There is only One and this is central to Sikh ideology (Kaur, 2014). These religious beliefs and practices, including seva (selfless service), connecting with shabad (God's word) and hukam (God's will) when considered in relation to the COVID-19 pandemic can therefore

also been seen as healing interventions which arguably reduced the risk of negative coping in the Sikh community.

As well as older adults, there was a narrative present indicating that international students also struggled more than others during the COVID-19 pandemic. Lai et al. (2020) investigated the mental health impact of the pandemic on international students and concluded that there is a need for more appropriate support for this population of students.

When considering gurdwara further, participants highlighted the need for gurdwara to reconsider their organisational structure and increase their community support. Whilst there are examples of UK gurdwara offering psychosocial support including day care centres for the elderly and disabled, this is not widespread or clearly identifiable unless you have local knowledge. Faith-based organisations, those that derive inspiration and guidance from the teachings of their faith, are increasingly becoming essential partners in taking care of the needs of their local communities especially when mainstream services are strained. It is noteworthy to mention that The English Heritage (2010) has recommended that England's places of worship need to be dynamic, with communication at the centre to enable partnerships with funders to offer more holistic support to congregations. There is however no information available regarding equivalent thoughts or recommendations in Sikh places of worship.

Given the importance of expanding knowledge on how minority communities have coped during the COVID-19 pandemic, this research identifies that faith, which encourages connection at an individual and collective level, may mitigate the negative effects of adversity. Olson et al. (2020) shared that in thinking about the impact of COVID-19 on vulnerable communities, it is critical to consider ways to best utilise and mobilise strengths and resources already present within communities to promote post-traumatic growth. Posttraumatic growth includes 5 domains: development of deeper relationships, openness to new possibilities, a greater sense of personal strength, a stronger sense of spirituality, and a greater appreciation of life.

Study Limitations

Given the nature of this pandemic, this study was carried out remotely which meant that participants were required to have access to technology and the internet which is likely to contribute to recruitment bias. Furthermore, those with access to technology may be more privileged and, in this study, most had attended University, and therefore may be at an advantage in terms of their coping resources during adverse experiences. Smith and Judd (2020) wrote about the power of privilege in the pandemic, with the most vulnerable including people from low socio-economic backgrounds being impacted the most.

Although the number of male and female, Sehajdhari and Amritdhari Sikh participants were similar, the lack of negative religious coping reported may be as most participants were recruited via organisations guided by the Sikh faith.

The semi-structured interview was not piloted prior to use and although every effort was made to ensure that questions were clear and unbiased to allow participants to share their experiences openly, validity would have been enhanced via the use of a pilot. Nevertheless, the study makes an important contribution to the literature at a time when the whole world is coping with a shared state of crisis.

Acknowledgements The authors thank every participant that agreed to share their views in the focus groups. The authors thank the Sikh your Mind team for their contributions to this research; including Gurvinder Kaur Jalf, Gurminder Kaur Khalsa, Katerina Kumari, Kirandeep Kaur Nagra, Jessica Sandhu, Hetashi Bawa, Pavandeep Singh, Satbinder Kaur Bhogal, Sukbinder Bilkhu, Darshan Kaur, Gurvinder Singh Lawana, Rakhveer Singh Khalsa, Maninderjit Singh Brar, Harmeet Kaur Bharya and Amandeep Kaur.

Funding No funding was received to assist with the preparation of this study.

Declarations

Conflict of Interest The authors have no conflicts of interest.

Availability of Data and Material Focus group transcripts are available.

References

- Ano, G., & Vasconcelles, E. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61*, 461–480. <https://doi.org/10.1002/jclp.20049>
- Bentzen, J. (2020). In Crisis, We Pray: Religiosity and the COVID-19 Pandemic. *CEPR Discussion Paper No. DP14824*. Available at SSRN: <https://ssrn.com/abstract=3615587>.
- Aten, J., Smith, W., Davis, E., Van Tongeren D., Hook, J., Davis, D., Davis, D., & Hill, P. (2019). The psychological study of religion and spirituality in a disaster context: A systematic review. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*, 597–613. <https://doi.org/10.1037/tra0000431>
- Bhangaokar, R., & Kapadia, S. (2009). At the interface of ‘Dharma’ and ‘Karma’: Interpreting moral discourse in India. *Psychological Studies, 54*, 96–108. <https://doi.org/10.1007/s12646-009-0018-1>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*, 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., Clarke, V., Hayfield, N., Terry, G. (2019). *Answers to frequently asked questions about thematic analysis*. Retrieved from <https://cdn.auckland.ac.nz/assets/psych/about/our-research/documents/Answers%20to%20frequently%20asked%20questions%20about%20thematic%20analysis%20April%202019.Pdf>
- British Medical Journal. (2021). Remembering the UK doctors who have died of COVID-19. Retrieved from <https://www.bmj.com/covid-memorial>
- Census (2011). Exploring religion in England and Wales: February 2020. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/exploringreligioninenglandandwales/february2020>
- Davis, R., Cook, D., & Cohen, L. (2005). A community resilience approach to reducing ethnic and racial disparities in health. *American Journal of Public Health, 95*(12), 2168–2173.
- Dein, S., Loewenthal, K., Lewis, C., & Pargament, K. (2020). COVID-19, mental health and religion: An agenda for future research. *Mental Health, Religion & Culture, 23*, 1–9. <https://doi.org/10.1080/13674676.2020.1768725>

- Department of Health and Social Care. Corporate report: BAME Communities Advisory Group report and recommendation. Retrieved from <https://www.gov.uk/government/publications/social-care-sector-covid-19-support-taskforce-report-on-first-phase-of-covid-19-pandemic/bame-communities-advisory-group-report-and-recommendations>
- Exline, J., & Rose, E. (2013). Religious and spiritual struggles. In *Handbook of the Psychology of Religion and Spirituality* (pp. 379–398). Guilford Press.
- Garelli, F. (2020). Virus e religiosità degli Italiani [The virus and the religiosity of the Italians]. *Settimana News*. Retrieved April 2 from <http://www.settimananews.it/chiesa/virus-religiosita-degli-italiani/>
- Granqvist, P. (2020). *Attachment in Religion and Spirituality: A Wider View*. Guilford Publications.
- Gecewicz, C. (2020). *Few Americans say their house of worship is open but quarter say their faith has grown amid pandemic*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2020/04/30/few-americans-say-their-house-of-worship-is-open-but-a-quarter-say-their-religious-faith-has-grown-amid-pandemic/>
- Halcomb, E., Gholizadeh, L., DiGiacomo, M., Phillips, J., & Davidson, P. (2007). Literature review: Considerations in undertaking focus group research with culturally and linguistically diverse groups. *Journal of Clinical Nursing*, 16, 1000–1111. <https://doi.org/10.1111/j.1365-2702.2006.01760.x>
- Henrich, J., Bauer, M., Cassar, A., Chytilová, J., & Purzycki, B. (2019). War increases religiosity. *Nature Human Behaviour*, 3, 129–135. <https://doi.org/10.1038/s41562-018-0512-3>
- Kamerelis, G., & Dimitriadis, G. (2005). Focus groups: Strategic articulations of pedagogy, politics and inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (pp. 887–907). Sage Publications Ltd.
- Karam, A., Clague, J., Marshall, K., & Olivier, J. (2015). The view from above: Faith and health. *The Lancet*, 386(10005), e22–e24. [https://doi.org/10.1016/S0140-6736\(15\)61036-4](https://doi.org/10.1016/S0140-6736(15)61036-4)
- Kaur, S. (2014). Equality of women in Sikh ideology. *The Journal of Social Sciences Research*, 6, 1000–1003. <https://doi.org/10.24297/jssr.v6i2.3468>
- Koenig, H. (2018). *Religion and Mental Health: Research and Clinical Applications*. Elsevier.
- Koenig, H. (2020). Maintaining health and well-being by putting faith into action during the covid-19 pandemic. *Journal of Religion and Health*, 59, 2205–2214. <https://doi.org/10.1007/s10943-020-01035-2>
- Kreuger, R., & Casey, M. (2015). *Focus Groups: A Practical Guide for Applied Research*. Sage Publishing.
- Kreuger, R. (1998). *Developing Questions for Focus Groups*. Sage Publishing.
- Lai, A., Lee, L., Wang, M., Feng, Y., Lai, T., Ho, L., Lam, V., Ip, M., & Lam, T. (2020). Mental health impacts of the COVID-19 pandemic on international university students, related stressors and coping strategies. *Frontiers in Psychiatry*, 11, 1082. <https://doi.org/10.3389/fpsyg.2020.584240>
- National Health Service (2020). Who is at high risk from coronavirus (COVID-19). Retrieved in 2020 from <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/>
- Nayar, K., & Sandhu, J. (2020). *The Sikh View on Happiness*. Bloomsbury Press.
- Nyumba, T., Wilson, K., Derrick, C., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Qualitative Methods for Eliciting Judgements for Decision Making*, 9, 20–32. <https://doi.org/10.1111/2041-210X.12860>
- Office for National Statistics. (2020). Ethnicity and national identity in England and Wales. Office for National Statistics. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyreligiousgroupenglandandwales/2marchto15may2020>
- Ögtem-Young, Ö. (2017). Faith resilience: Everyday experiences. *Societies*, 8(1), 10.
- Olson, K., Shanafelt, T., & Southwick, S. (2020). Pandemic-driven posttraumatic growth for organizations and individuals. *The Journal of the American Medical Association*, 324, 1829–1830. <https://doi.org/10.1001/jama.2020.20275>
- Pan, D., Sze, S., Minhas, J., Bangash, M., Pareek, N., Divall, P., Williams, C., Oggionih, M., Squire, I., Nellums, L., Hanif, W., Khuntik, K., & Pareeka, M. (2020). The impact of ethnicity on clinical outcomes in COVID-19: A systematic review. *Eclinical Medicine*. <https://doi.org/10.1016/j.eclinm.2020.100404>
- Pargament, K., Tarakeshwar, N., Ellison, C., & Wulff, B. (2001). Religious coping among the religious: The relationships between religious coping and well-being in a national sample of Presbyterian clergy, elders, and members. *Journal for the Scientific Study of Religion*, 40(3), 497–513.

- Public Health England (2020). Department of Health and Social Care. Wellington House, London, England.
- Rosmarin, D., & Koenig, H. (2020). *Handbook of Spirituality*. Elsevier.
- Rosmarin, D., Pirutinsky, S., Auerbach, R., & Björgvinsson, T. (2011). Incorporating spiritual beliefs into a cognitive model of worry. *Journal of Clinical Psychology, 67*, 691–700. <https://doi.org/10.1002/jclp.20798>
- Sandhu, J. (2004). The Sikh model of the person, suffering, and healing: Implications for counselors. *International Journal of the Advancement of Counselling, 26*, 33–46. <https://doi.org/10.1023/B:ADCO.0000021548.68706.18>
- Smith, J., & Judd, J. (2020). COVID-19: Vulnerability and the power of privilege in a pandemic. *Health Promotion Professionals: Official Journal of Australian Association of Health Promotion Professionals, 31*, 158–160.
- Spitzenstatter, D., & Schnell, T. (2020). The existential dimeson of the pandemic: Death attitudes, personal worldview and coronavirus anxiety. *Death studies. https://doi.org/10.1080/07481187.2020.1848944*
- Sri Guru Granth Sahib Ji* (1705a), Ang 21. Retrieved from <http://srigranth.org/servlet/gurbani.gurbani?Action=Page&Param=21&english=t&id=865#l865>
- Sri Guru Granth Sahib Ji* (1705b) Ang 26. Retrieved from <http://srigranth.org/servlet/gurbani.gurbani?Action=Page&g=1&h=1&r=1&t=1&p=0&k=0&Param=26>
- Sri Guru Granth Sahib Ji* (1705c). Ang 57. Retrieved from <http://srigranth.org/servlet/gurbani.gurbani?Action=Page&g=1&h=1&r=1&t=1&p=0&k=0&Param=57>
- The English Heritage (2010). *Heritage at Risk*. Retrieved from <https://historicengland.org.uk/images-books/publications/har-2010-report/har-report-2010/>
- Wildman, W., Bulbulia, J., Sosis, R., & Schjoedt, U. (2020). Religion and the COVID-19 pandemic. *Religion, Brain & Behaviour, 10*, 115–117. <https://doi.org/10.1080/2153599X.2020.1749339>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.