CHAPTER V
METHOD

This chapter presents the methodological premise on the basis of which the study was designed i.e., the research methods and procedures that were used to evaluate the data to arrive at the research objectives. It discusses the research questions, settings, participants, research design, instrumentation, procedures, and data analyses followed by ethical considerations. The current research design, i.e., convergent mixed method design, is elaborated in relation to contribution of strengths and weaknesses of the quantitative and qualitative methods. Motivation and justification for combining the two methods is provided as an explanation for situating the study within the pragmatic paradigm of inquiry.

Mixed Methods Research Design

“Mixed methods research is the type of research in which a researcher or a team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analyses, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.”

(Johnson, Onwuegbuzie, & Turner, 2007, p.123)

To begin with, research design is a procedure for collecting, analyzing, interpreting, and reporting data in a research study. It is of paramount importance as it sets the logic which guides the decision making at various stages of the research. The aim of the present investigation was to study the psychological factors of resilience among Kashmiri migrants with reference to gender and post-displacement residential setting. To meet this objective, initially a quantitative study was undertaken. However, during data collection, a rich flow of information started pouring in, which did not find its right place in the dry isolation of numbers. A strong need to capture the intense experiences of these displaced people was felt at an early stage of the research and to do so, a second subsequent phase of qualitative analysis was designed and incorporated. Hence, within the larger frame of a mixed methods research design, the study utilized quantitative as well as qualitative approach in a near parallel
fashion While the quantitative method allowed quantification of variables and testing of hypotheses, the qualitative approach sought to understand resilience and its patterns in Kashmiri migrants in context-specific settings and to produce secondary findings that could not be arrived at by means of statistical procedures or other means of quantification alone. Both these methods aimed to contribute to the overall knowledge of resilience.

Following are the salient features of the present research design:

1. It is an emergent mixed methods design. As opposed to a fixed mixed methods design, where the use of quantitative and qualitative methods is predetermined and planned at the start of the research process and the procedures are implemented as planned, an emergent mixed methods design generally occurs when a second approach (quantitative or qualitative) is added after the study is underway because one method is found to be inadequate (Morse & Niehaus, 2009) or the second method is put to use to add value to the research findings and improve its validity (Creswell, 2013).

2. It draws impetus from the principle of ‘pragmatism’ where the notion of ‘what works’ applies to selecting the methods that work best to address a study’s problem. Question of interest plays a central role in the process of designing a mixed methods study. In the current research, emphasis was on answering the question of resilience among Kashmiri migrants and assumptions of pragmatism were well suited for guiding the merger of the two approaches into a larger understanding.

3. The decision to use a mixed methods design in the present research was also based on the need to understand the notion of resilience among Kashmiri migrants in its totality. Both quantitative and qualitative research methods had their own strengths and weaknesses. and a mixed methods study offered not just to offset their weaknesses and to draw on their respective strengths, but also allowed the use of illustration and enhancement, such that a more comprehensive account of the area of inquiry emerged with greater validity (Bryman, 2006).

4. In a mixed methods research, an important feature is the level of interaction between the quantitative and qualitative strands of the study. It is the extent to
which the two strands are kept independent and are allowed to interact with each other. According to Greene (2007), this decision is the ‘most salient and critical’. In the current study, the quantitative and qualitative strands were implemented independently, that is, the two strands were distinct and the quantitative and qualitative research questions, data collection, and data analyses were kept separate. The two strands were mixed only while drawing conclusions during the overall interpretation at the end of the study. This point of interface, also known as the integration phase (Morse & Niehaus, 2009), was marked by the use of an interactive strategy of merging, wherein the two sets of results were brought together through a combined analysis.

5. The temporal relationship between the quantitative and qualitative strands within a study is known as timing or pacing, and is often discussed in relation to the time of data collection and implementation. In the present study, a near parallel timing was used wherein, qualitative strand started in close heels of quantitative strand and culminated at about the same time.

6. Another important feature of this study is the priority given to the quantitative or qualitative methods for answering the research question. Although both the strands contributed significantly to arrive at the research objective, the study utilized a slightly higher quantitative priority where comparative emphasis was placed on the quantitative methods and the qualitative data was used to illustrate upon the quantitative findings, which is often referred to as putting ‘meat on the bones’ of ‘dry’ quantitative findings by enhancing or building upon them through qualitative augmentations (Creswell, 2013).

**Typology Development: The Convergent Parallel Design**

In lieu of the above mentioned salient features, convergent parallel design (Creswell & Plano-Clark, 2011) emerged as the most suitable typology of mixed methods research to be utilized in the present study. A convergent parallel mixed methods design (often referred to as the convergent design) is used “to obtain different but complementary data on the same topic” (Morse, 1991, p. 122), wherein the researcher uses “concurrent timing to implement the quantitative and qualitative strands during the same phase of the research process, prioritizes the methods almost
equally, and keeps the strands independent during analysis, and then mixes the results during the overall interpretation” (Creswell & Plano-Clark, 2011, p. 70).

This design was intended to bring together the differing strengths and non overlapping weaknesses of quantitative methods (large sample size, trends, generalization) with those of qualitative methods (small sample, details, depth) by directly comparing and contrasting quantitative statistical results with qualitative findings for corroboration and validation purposes (Patton, 1990). By illustrating quantitative results with qualitative findings, these two strands were synthesized to best understand the research problem of resilience in Kashmiri migrants under the ‘umbrella’ paradigm of pragmatism.

The research was conducted in two parallel phases of data collection and analyses, followed by integration (The step-by-step convergent research design is depicted in the form of Figure 5).

*Phase I* comprised of the quantitative strand. It included statements of quantitative research objectives and hypotheses, collection of quantitative data, analysis, and interpretation of quantitative results.

*Phase II* comprised of a parallel qualitative strand. It included statements of qualitative research objectives, collection of qualitative data, analysis, and interpretation of qualitative results.

Firstly, quantitative and qualitative data collections were concurrent yet separate—that is, one process did not depend on the results of the other. Second, the two data sets were analyzed separately using respective quantitative and qualitative analytic procedures. Finally, the results were interpreted as to what extent and in what ways the two sets of results converged with each other, diverged from each other, related to each other (Creswell, 2013), and combined together to create a better understanding in response to the study’s overall purpose.
Figure 5. Convergent Mixed Methods Research Design

Phase I Quantitative Strand

- Identify the quantitative sample.
- Collect close-ended data with instruments.

Phase II Qualitative Strand

- Identify the qualitative sample.
- Collect open-ended data with protocols.

Analyze the quantitative data using descriptive statistics, inferential statistics, etc.

Analyze the qualitative data using specific procedures of theme development i.e., Inductive Analysis Approach.

Integration

Identify content areas represented in both the data sets.

- Summarize and interpret the separate results.
- Compare, contrast, and synthesize the results.
- Discuss to what extent and in what ways results from the two types of data converge, diverge, and relate to each other, and produce a more complete understanding.
Details of each phase of the study are presented as follows:

**Phase I: Quantitative Strand**

In the quantitative strand of the study, the theoretical concepts under investigation were operationalized into quantitative variables. It undertook to test the hypotheses such that the results were reported by means of statistics (De Vos, Strydom, Fouche, & Delport, 2002), and understanding of resilience and its correlates was moved to a quantifiable position. Resilience, as an outcome trait variable, was conceptualized as personal competence and acceptance of self and life in the wake of misfortune (Wagnild & Young, 1993).

**Sample**

On the basis of their residential accommodation in Jammu city, Kashmiri migrants were broadly divided into two categories: (i) Camp migrants and (ii) Non-camp migrants. The camp migrants were those who were living in migrant camps set up by the Government of India while non-camp migrants were living outside camps under their own arrangements including rented accommodations and compassionate adjustments. According to sources, the camp migrants constituted only 13.45 per cent of the total migrant families (Ministry of Home Affairs, Government of India, 2002).

The sample for the present study comprised of 300 adult Kashmiri Hindu migrants (150 camp migrants and 150 non-camp migrants) in the age range of 40 to 60 years. 150 camp Kashmiri migrants were further subdivided into two groups i.e., 75 male camp Kashmiri migrants and 75 female camp Kashmiri migrants. Similarly, 150 non-camp Kashmiri migrants were further subdivided into two groups i.e., 75 male non-camp Kashmiri migrants and 75 female non-camp Kashmiri migrants. While non-camp Kashmiri migrants were selected from different pockets of Jammu city, the camp migrants were selected from three major resettlement cites namely, Mishriwala, Muthi-I and Nagrota-I. Layout of sample is presented in the form of Figure 6.

A broad definition of Kashmiri migrants, encompassing those who were Hindu by religion, had a permanent residence in Kashmir prior to 1989-90, and who were forced to migrate out of Kashmir solely due to the 1989 insurgency in the Kashmir valley, was used.

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1 Under Prime Minister’s Rehabilitation & Return Package for Kashmiri migrants, camp migrants are in the process of being shifted to permanent residential flats in migrant township of Jagti on the outskirts of Jammu city (Ministry of Home Affairs, Department of J & K Affairs, 2014).
Figure 6. Layout of Sample

Total Sample of Kashmiri Migrants
\( N = 300 \)

- Camp Kashmiri Migrants
  \( n = 150 \)
  - Male Camp Kashmiri Migrants
    \( n = 75 \)
  - Female Camp Kashmiri Migrants
    \( n = 75 \)

- Non-Camp Kashmiri Migrants
  \( n = 150 \)
  - Male Non-Camp Kashmiri Migrants
    \( n = 75 \)
  - Female Non-Camp Kashmiri Migrants
    \( n = 75 \)
**Inclusion criterion:** To be included in the study, a subject had to fulfill the definition of a Kashmiri migrant. The subjects were required to be married, literate, and between 40 to 60 years of age. He/she might or might not have been a resident of a migrant camp.

**Exclusion criterion:** Subjects who did not consent to participate, were less than 40 years or more than 60 years of age, and had self-reported diagnosis of any organic brain disease or major psychiatric illness prior to migration were excluded. Also spouses of the included subjects and illiterates were excluded.

**Sampling**

The subjects were selected through stratified random sampling technique so that all the sections of the migrant society were adequately represented in the sample. It served to fulfill the inclusion and exclusion criteria and provided the advantage of homogeneity over the limitation of bias. Also, this type of control was deemed appropriate from the viewpoint of focal theme of the present study.

**Design**

The quantitative strand of the study employed a cross-sectional correlation design, wherein role of perceived stress, coping, health, social support, positive and negative affect, satisfaction with life, meaning in life, and generalized self-efficacy was investigated in relation to resilience. The study also adopted a group comparison design in order to compare resilience and its correlates across gender and groups, viz. camp and non-camp migrants. Self-report measures of the variables were used for the purpose of data collection.

The utilized design had the economy of cost and time along with reduced incidence of interviewer bias (Rosnow & Rosenthal, 1996) but was also susceptible to time-of-measurement effects (Breakwell, Hammond, & Fife-Shaw, 1993) and what De Vos et al. (2002) called ‘the perceived lack of honesty’ in participants while answering the questionnaires. However, some of the disadvantages were mitigated by the constant presence of researcher during data collection and by limiting of the duration of the entire data collection process. Consequently, the research design was found to be purposeful with regard to the research objectives and the resource constraints.
Tests and Tools

A demographics form was used to elicit information about age, gender, ethnicity, marital status, education status, occupational status, current residential status, and duration of stay in a migrant camp (Appendix A).

Other than that, the following standardized tests and tools were used to elicit quantifiable information on various variables:

1. The Resilience Scale (Wagnild & Young, 1993)

The Resilience Scale (RS) was developed from a qualitative study among elderly women, conducted by Wagnild and Young in 1990. The purpose of the study was to identify the degree of individual resilience defined as ‘a positive personality characteristic that enhances individual adaptation’. The constant comparative method employed in the study had yielded five underlying dimensions of resilience: self-reliance, perseverance, meaningfulness, equanimity, and existential aloneness (Wagnild & Young, 1990, 1993).

The Resilience Scale consists of 25 items. Respondents are asked to state the degree to which they agree or disagree with each item, wherein all the items are scored on a 7-point Likert scale ranging from 1 (agree) to 7 (disagree). All items are worded positively and reflect accurately the verbatim statements made by participants in the original study (Wagnild & Young, 1990).

With respect to reliability, Cronbach’s alpha coefficients between .76 and .91 had been reported (Cooley, 1990; Klaas, 1989; Wagnild & Young, 1990, 1993). Over a period of time, internal reliability has been established to be satisfactory, ranging from .72 to .94 across a host of studies (Abiola & Udofia, 2011; Lundman, Strandberg, Eisemann, Gustafson, & Brulin, 2007; Wagnild, 2003, 2010; Wagnild & Collins, 2009) and test-retest correlations ranged from .67 to .90 (Choowattanapakorn, Alex, Lundman, Norberg, & Nygren, 2010; Nishi et al., 2010; Portzky, Wagnild, De Bacquer, & Audenaert, 2010).

The RS possesses a priori content validity as during the test construction, items were selected that reflected the generally accepted definitions of resilience and were drawn from interviews of people who characterized resilience (Wagnild & Young, 1993). Its validity has been further supported by significant correlations between RS scores and measures of sense of coherence and purpose in life (Nygren et al., 2010; Choowattanapakorn, Alex, Lundman, Norberg, & Nygren, 2010; Nishi et al., 2010; Portzky, Wagnild, De Bacquer, & Audenaert, 2010).
al., 2005), morale, life satisfaction, and health (Wagnild & Collins, 2009), self-esteem and social support (Nishi et al., 2010), and depression and anxiety (Abiola & Udofia, 2011).

Subsequently, RS has reported numerous applications in the literature, including sexes, different ages, and ethnic groups (Aroian & Norris, 2000; Black & Ford-Gilboe, 2004; Humphreys, 2003; Miller & Chandler, 2002; Schachman, Lee, & Lederman, 2004; Wagnild, 2003; Wagnild & Collins, 2009) and is deemed as best to study resilience by Ahern, Kiehl, Sole, and Byers (2006).

In India Resilience Scale has been used by Jude, Maria, Miriam, and Prince (2013), Mehrotra and Chaddha (2013), and Sood, Bakhshi, and Devi (2013).

RS has been chosen as the appropriate measure of resilience for this study on the basis of its established psychometric properties, relevance to the scope of the study, and its validation on the general population and adults. It should be noted that the current study makes use of a single-factor solution of Resilience Scale (Ahern et al., 2006; Nishi et al., 2010; Resnick & Inguito, 2011; Wagnild, 2003, 2009; Wagnild & Young, 1993).

2. **Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983)**

   Perceived Stress Scale (PSS) is a 14-item scale that measures the degree to which situations in one’s life are appraised as unpredictable, uncontrollable, overloading, and hence, stressful. Respondents are required to indicate their feelings and thoughts during the last month, along a 5-point Likert response format ranging from ‘never, almost never, sometimes, fairly often to very often’. The scale consists of an equal number of positive and negative worded items, distributed randomly throughout the questionnaire.

   An extensive body of research has supported the reliability and validity of PSS. Coefficient alpha reliability for the PSS emerged to be .84 to .89 (Cohen et al., 1983; Lee. 2012; Mitchell, Crane, & Kim, 2008; Ramirez & Hernandez. 2007; Remor. 2006). The test-retest reliability coefficient has been found to be .85 for a two day interval and .55 when retesting was done after six weeks (Cohen et al., 1983), and .73 for one month (Remor. 2006). Validity of PSS has been supported by significant correlations between PSS scores and measures of physical symptomatology, depression, and social anxiety (Cohen et al., 1983); distress and anxiety (Remor.
2006); depression and emotional exhaustion (Ramirez & Hernandez, 2007); and mental and physical health symptoms (Mitchell et al., 2008).

Recommended for examining the role of non-specific appraised stress in the etiology of disease and behavioral disorders, and as an outcome measure of experienced levels of stress (Cohen et al., 1983). PSS has been used with an increasing degree of regularity in a variety of samples (Remor, 2000; Roberti, Harrington, & Storch, 2006; Segal, Collidge, & Cahill O’Rilley, 2008).


3. Coping Strategies Inventory (Tobin, Holroyd, Reynolds, & Wigal, 1989)

Coping Strategies Inventory (CSI) is a self-report measure designed to assess the strategies that an individual uses to cope with a specific life stressor (Carey, Kalra, Carey, Halperin, & Richards, 1993). The format of CSI is borrowed from the Ways of Coping Checklist (Lazarus & Folkman, 1984) and its factor structure supports a hierarchical relationship between the subscales. Using Wherry’s hierarchical factor analysis program (Wherry, 1984), a total of 14 subscales i.e., 8 primary factors, 4 secondary factors, and 2 tertiary factors were obtained.

**Primary Subscales** At the primary level, the factor structure includes eight coping strategies. These are as follows:

- **Problem Solving** Behavioral and cognitive strategies designed to eliminate the source of stress by changing the stressful situation.

- **Cognitive Restructuring** Cognitive strategies that alter the meaning of the stressful transaction so that it is less threatening, is examined for its positive aspects, is viewed from a new perspective, etc.

- **Express Emotions** Releasing and expressing emotions.

- **Social Support** Seeking emotional support from people, one’s family and one’s friends.
Problem Avoidance
Denial of problems and the avoidance of thoughts or actions about the stressful event.

Wishful Thinking
Cognitive strategies that reflect an inability or reluctance to reframe or symbolically alter the situation. The items involve hoping and wishing that things could be better.

Self-Criticism
Blaming oneself for the situation and finding faults within.

Social Withdrawal
Withdrawing from family and friends, especially with regard to one's emotional reaction to the stressor.

Secondary Subscales
At the secondary level, individual coping strategies are organized into two types of problem-focused and two types of emotion-focused coping activities. Following are the four second order factors:

Problem Engagement
Items from the problem solving and cognitive restructuring factors load together on a single secondary factor, problem engagement, indicating that both the coping strategies are intimately intertwined in efforts to manage stressful situations.

Problem Disengagement
Wishful thinking and problem avoidance load together on a single secondary factor, problem disengagement, indicating that both coping strategies are employed in efforts to avoid confronting stressful situations.

Emotional Engagement
Express emotion and social support items load together on a single factor, emotion engagement, indicating that both coping strategies play a role in managing emotional reactions to a stressor.

Emotional Disengagement
It consists of self criticism and social withdrawal factors loaded together, indicating that both the coping strategies are employed in efforts to avoid emotional confrontation and reactions to a stressor.

Tertiary Subscales
At the tertiary level, coping strategies are broadly categorized into two basic approaches to manage stressful situations—engagement and disengagement.
**Engagement** It is a higher order coping strategy, comprising of problem solving, cognitive restructuring, express emotion, and social support, in which an individual engages in active efforts to control, manage, or change stressful circumstances as well as to manage emotional responses to the stressor. It involves attempts to manage both problem and emotion focused aspects of the stressful person-environment transaction.

**Disengagement** It consists of problem avoidance, wishful thinking, self-criticism, and social withdrawal, and is likely to disengage the individual from the person-environment transaction. Thoughts about the situation are avoided, behaviors that might change the situation are not initiated, and wishful thoughts and fantasies draw attention away from the stressor.

CSI consists of 72 items. Each of the eight primary subscales comprise of 9 items and respondents are required to indicate their responses along a 5-point Likert format, ranging from ‘not at all, a little, somewhat, much, to very much’.

CSI has reported good internal reliability and good test-retest reliability (Carey et al., 1993). Alpha reliability coefficients for the scale ranged from .72 to .94 for the primary subscales, .81 to .92 for the secondary subscales, and .89 to .90 for the tertiary subscales. The two week test-retest reliability coefficient was found to range from .67 to .81 for the primary subscales, .69 to .82 for the secondary subscales, and .78 to .79 for the tertiary subscales (Tobin et al., 1989). Similarly, satisfactory reliability coefficients ranging from .30 to .91 had been reported by Spelten, Smith, Totterdell, Barton, and Folkard (1993), Cook and Heppner (1997), and Garcia, Franco, and Martínez (2007).

Validity of the scale has been confirmed by its ability to differentiate between neurotic and normal sample (Tobin, Holroyd, & Reynolds, 1984), headache sufferers and normal populace (Holroyd & Lazarus, 1982), and depressed and non-depressed sample (Tobin et al., 1989). Previous research also has found sufficient support for wider use (Littleton, Hosreley, John, & Nelson, 2007) and cross-situational consistency of CSI (Carver & Scheier, 1994; Terry, 1994; Wadsworth & Compas, 2002).
In India, CSI has been used by Maini (2001) and Wong, Kim, and Tran (2010).

4. **Adult Health Checklist (Forgays & Forgays, 1993)**

   Adult Health Checklist (AHC) is a self-report device, comprising of 26 health complaints/illnesses that happen at least once in a while to many individuals. The scale provides a total score for somatic complaints as well as subscales for respiratory gastrointestinal, menstrual problems, and neuro-vegetative indicators of depression, such as fatigue, change in appetite, and sleep difficulty.

   The respondents are required to indicate the frequency and intensity of each illness in the past six months. Frequency of each illness is rated along a 6-point Likert response scale, ranging from ‘does not happen at all’ to ‘happens all the time’. For indicating the intensity, respondents rate each illness along a 4-point Likert scale, ranging from ‘does not bother me, not a problem, to bothers me a lot when happens’. Further respondents are also required to specify whether they underwent ‘medical care’, that is, if they visited a doctor for the illness.

   Although not used very extensively, this measure has been used in studies with Italian adolescents and adults (Forgays, Forgays, Bonaiuto, & Wrzesniewski, 1993), appropriately translated, back-translated, and then reviewed by bilingual educators from the U.S. and Italy. AHC has been validated across cultures and gender (Forgays, Richards, Forgays, & Siyan, 1999), wherein, somatization was found to be significantly correlated to anger and dysfunctionality in both men and women students from universities of Australia, India, and the US, and to stress in young mothers (Forgays & Forgays, 1993). Further, concurrent validity of AHC was established by Forgays, Ottoway, Guarino, and D’Allesio (2001) as illness measured by AHC was significantly correlated with stress and dysfunctionality.

   In India, AHC has been used by Maini (2001). The author reported test-retest reliability of AHC (r = .71) for a period of two weeks. In the present study, test-retest reliability was reported to be r = .79 (for 2 weeks) and r = .73 (for 1 month).

5. **General Health Questionnaire (Goldberg & Williams, 1988)**

   General Health Questionnaire (GHQ) is widely used all over the world to determine psychological load and overload, as well as general mental state (Werneke, 2010).
Goldberg, Yalcin, & Ustin, 2000). Various GHQ versions are in practice including questionnaires of 12, 28, 30, and 60 items. GHQ-12 is one of the most popular and shortest versions of the inquiry which is often used as a means to state psychological distress (Patel, Pereira, & Mann, 1998; Piccinelli & Simon, 1997). Falling in line with previous researches (Corti, 1994; Lesage, Martens-Resende, Deschamps, & Berjot, 2011; Rajabi & Hashemi, 2009), the present study makes use of GHQ-12 as a unidimensional measure of psychological morbidity.

This instrument asks whether the respondent has experienced a particular symptom or behavior recently while focusing on two major areas—the inability to carry out normal functions and the appearance of new and distressing experiences. Each item is rated on a 4-point Likert scale ranging from ‘less than usual, no more than usual, rather more than usual, to much more than usual’.

Internal consistency has been reported in a range of studies using Cronbach’s alpha, with correlations ranging from .76 to .94 (Lesage et al., 2011; Yusoff, Rahim, & Yacoob, 2009). Item-total correlation ranged from .22 to .74 (Rajabi & Hashemi, 2009). Analysis used during the development of GHQ-12 ensured that it had good content validity (Goldberg & Huxley, 1980). Its validity is further established by correlating it with measures of global quality of life ($r = -0.56$; Montazeri et al., 2003).

Since its inception in 1988, GHQ-12 has been used in many countries and languages (Doi & Minowa, 2003; Hu, Stewart-Brown, Liz, & Weich, 2007; Montazeri et al., 2003; Werneke et al., 2000; Yusoff et al., 2009).

In India GHQ-12 has been used by Mattoo, Handa, Kaur, Gupta, and Malhotra (2001), Mohammad and Nair (2011), Sinha (2012), Guan et al. (2013), and Tripathi (2013).

6. **Interpersonal Support Evaluation Scale (Cohen, Mermelstein, Kamarck, & Hoherman, 1985)**

The Interpersonal Support Evaluation Scale (ISEL) is a self-report measure, designed for the assessment of the perceived availability of four types of social support, namely, tangible support, appraisal support, self-esteem support, and belongingness support (Sarason, Sarason, Shearin, & Peirce, 1987). However, in lieu
of the objectives of the study, only three types of social support had been assessed, namely, appraisal support, self-esteem support, and belongingness support.

Appraisal Support  
It measures perceived availability of someone to talk to about one’s problems i.e., having support network members willing to assist in problem solving and providing advice.

Belongingness Support  
It measures the perceived availability of people one can do things with. It allows a person to feel and become a part of a social unit.

Self-esteem Support  
It refers to favorable comparisons with others regarding self-worth, such as viewing oneself as being more satisfied with life than most people are with theirs. It measures as to how highly an individual rates him/herself.

Hence, ISEL scale used is a 36-item questionnaire comprising of three 12-item subscales. The items are counter balanced for desirability with half of the items being positive statements and the other half being negative statements. Respondents are required to rate their responses in either ‘probably true’ or ‘probably false’ dichotomous format. Higher scores on the ISEL indicate higher levels of social support.

The ISEL is widely used and is considered a reliable and valid measure of social support. Adequate internal reliability has been reported for the four subscales .77 to .92 (Cohen et al., 1985). .45 to .75 (Delistamati et al., 2006). .67 to .89 (Kamau, Olson, Zipp, & Clark, 2011; Mendoza, Mamsel, Perales, Zavier, & Gonzalez-Carbera, 2012). Longitudinal stability of ISEL subscales was further established over time periods of two-months and a year for appraisal support (.54 to .62), belongingness support (.45 to .72), and self-esteem support (.43 to .63) (Pierce et al., 2000).

Validity data for the ISEL has been provided by a host of studies (for e.g., Cohen et al., 1985; Heitzmann & Kaplan, 1988; Sarason et al., 1987). ISEL scores were positively associated with other measures of social support and self-efficacy, and
negatively associated with measures of social anxiety, psychological and physical symptomatology, loneliness, and perceived stress (Mendoza et al., 2012).

The ISEL has been widely used and has a consistent reputation for affirming the stress-buffering model (Uchino, Holt-Lunstad, & Flinders, 2001; Wills, 1991; Wills & Filer, 2000).

In India, ISEL has been used by Maini (2001), Mishra and Shyam (2005), Nagananda, Sengupta, Rehman, Santhosh, and Anand (2012), and Muzamil, Khan, and Shirazi (2013).

7. **Positive Affect and Negative Affect Scales (Watson, Clark, & Tellegen, 1988)**

The Positive Affect and Negative Affect Scales (PANAS) is a 20-item self-report scale that measures the two dominant and relatively independent dimensions of affect, that is, positive affect and negative affect. Briefly, Positive Affect (PA) reflects the extent to which a person feels enthusiastic, active, and alert. On the other hand, Negative Affect (NA) is a general dimension of subjective distress and unpleasurable engagement that subsumes a variety of aversive mood states.

The PANAS consist of 10 items from the Positive Affect subscale (active, alert, attentive, determined, enthusiastic, excited, inspired, interested, proud, and strong) and 10 items from the Negative Affect subscale (afraid, ashamed, distressed, guilty, hostile, irritable, jittery, nervous, scared, and upset). These positive and negative affect items are distributed randomly throughout the questionnaire. Respondents can be asked to rate the extent to which they have experienced each particular emotion within a specified time period with the following seven temporal instructions: at the moment, today, past few days, week, past few weeks, year, or general with reference to a 5-point scale. The scale points are: 1 ‘very slightly or not at all’, 2 ‘a little’, 3 ‘moderately’, 4 ‘quite a bit’ and 5 ‘very much’. In the current study, the time frame adopted was ‘past year’.

The PANAS scales are highly internally consistent, largely uncorrelated, and stable over time (Watson et al., 1988). The alpha reliabilities are all acceptably high, ranging from .87 to .89 for the PA scale and .85 to .91 for the NA scale (Crawford & Henry, 2004; Lim, Yu, Kim, & Kim, 2010). It is also noteworthy that the
PANAS scales exhibit a significant level of stability in every time frame thus exhibiting relatively high test-retest reliabilities ranging from .84 to .90 (Lim et al., 2010; Watson et al., 1988).

The external validity of PANAS has been established by significant correlations with measures of related constructs. While PA showed positive correlation with measures of life satisfaction and negative correlations with scales of depression, anxiety, and stress, NA showed positive correlation with measures of depression, anxiety, and stress (Watson et al., 1988; Crawford & Henry, 2004).

The PANAS scales have also shown excellent psychometric properties across different cultures, ages, and samples (Allik & Realo, 1997; Crawford & Henry, 2004; Gencoz, 2000; Hilleras, Jorm, Herlitz, & Winblad, 1998; Pires, Filgueiras, Ribas, & Santana, 2013; Singh & Yu, 2010; Terracciano, McCrae, & Costa, 2003).

In India, PANAS has been used by Pandey and Srivastava (2008), Bhatt (2011), Narasimhan, Nagaratha, and Nagendra (2011), and Nath and Pradhan (2012).

8. Satisfaction With Life Scale (Diener, Emmons, Larson, & Griffin, 1985)

The Satisfaction With Life Scale (SWLS) had been developed as a self-report measure to assess a person’s global judgment of life satisfaction, which is theoretically predicted to depend on a comparison of life’s circumstances to one’s standards. It measures life satisfaction as a conscious cognitive judgment of one’s life in which the criterions of comparison are up to the person (Pavot & Diener, 1993).

SWLS is a five-item scale assessing positive cognitive appraisals of life in general with items, for example, ‘In most ways my life is close to my ideal’, ‘I am satisfied with my life’. The items of the scale are global rather than specific in nature, allowing the respondents to weigh domains of their lives in terms of their own values while arriving at the global judgment of life satisfaction. The items have a 7-point rating scale, ranging from ‘strongly agree’ to ‘strongly disagree’.

The scale has demonstrated strong internal and temporal reliability (Diener et al., 1985). Alpha reliability for the scale was reported to be ranging from .78 to .87.
(Matt, 2008; Pavot, Diener, Colvin, & Sandvik, 1991; Steger & Kashdan, 2007). The test-retest reliabilities of the scale were found to be .83 (two weeks, Pavot et al., 1991), .84 (one month, Pavot et al., 1991), .69 to .82 (two months, Wu, Chen, & Tsai, 2009), .40 to .41 (four months, Steger & Kashdan, 2007; Wu et al., 2009), .47 (six months, Wu et al., 2009), .84 (two years, Magnus et al., 1993), and .54 (four years, Pavot & Diener, 1993).

SWLS has demonstrated convergent and discriminant validity, relating positively to measures of well-being, purpose in life, positive affect, self-esteem, social support, and quality of life, and negatively with measures of distress, hopelessness, suicide ideation, and depression (Diener et al., 1985; Durak, Senol-Durak, & Gencoz, 2010; Rao & Mehrotra, 2006; Vera-Villarroel, Urzua, Pavez, Celic-Atenas, & Silva, 2012).

During the 25 years since its inception, SWLS has been used in around 4,000 studies across different cultures, ages, and populations (Arrindell, Heesink, & Feijii, 1999; Atienza, Pons, Balaguer, & Garcia-Merita, 2000; Sachs, 2004; Vittersø, Biswas-Deiner, & Deiner, 2005).


9. **Meaning in Life Questionnaire (Steger & Frazier, 2006)**

The Meaning in Life Questionnaire (MLQ) is a self-report measure of the sense made of, and significance felt regarding the nature of one’s being and existence (Steger & Frazier, 2006). This definition represents an effort to encompass all of the major definitions of meaning and allows respondents to use their own criterion for meaning. Exploratory factor analysis of MLQ has identified underlying two independent factors, labeled Presence of Meaning and Search for Meaning (Steger & Frazier, 2006).

**Presence of Meaning in Life** measures the subjective sense that one’s life is meaningful.

**Search for Meaning in Life** measures the drive and orientation toward finding meaning in one’s life.
The Meaning in Life-Presence (MLQ-P) and the Meaning in Life-Search (MLQ-S) subscales, each containing five items, are rated from 1 (Absolutely True) to 7 (Absolutely Untrue).

Research has supported a moderate, inverse relation between the presence of and search for meaning in life, both concurrently and longitudinally over a period of time (Steger, Frazier, Oishi, & Keller, 2006). Thus many people simultaneously feel their lives to be meaningful and also search for meaning (Steger & Kashdan, 2007; Steger & Shin, 2010).

The MLQ has demonstrated good reliability and stability, as well as robust structural validity. Reliability coefficients ranged from .81 to .88 for MLQ-P and .83 to .92 for MLQ-S; scores came out to be stable with test-retest stability coefficients of .80 for MLQ-P and .68 for MLQ-S over a period of two-weeks, .70 for MLQ-P and .73 for MLQ-S over a period of one month, and .41 for MLQ-P and .50 for MLQ-S over a period of 13-months. Across the life span, MLQ-P was positively correlated with life satisfaction, subjective happiness, and positive affect, and negatively correlated with negative affect and depression. Similarly, across the life span, MLQ-S was negatively correlated with life satisfaction, subjective happiness, and positive affect, and positively correlated with negative affect and depression (Steger, Kashdan, Sullivan, & Lorentz, 2008; Steger, Oishi, & Kashdan, 2009; Steger & Shin, 2010).

MLQ has gathered impressive psychometric support since its development and research with this measure is expanding to include greater diversity in terms of age and nationality (Schulenberg, Strack, & Buchanan, 2011; Tamas & Barna, 2012).

In India, MLQ has been used by Singh and Choubisa (2009), Dogra, Basu, and Das (2011), and Latha, Sahana, Mariella, Subbannayya, and Asha (2013).


The Generalized Self-Efficacy Scale (GSES) aims at measuring a broad and stable sense of personal competence to deal effectively with a no
A variety of stressful situations (Schwarzer, 1992; Schwarzer, Mueller, & Greenglass, 1999). A typical item is, ‘Thanks to my resourcefulness, I can handle unforeseen situations’. Possible responses are scored on a 4-point Likert scale ranging from ‘not at all true, hardly true, moderately true, to exactly true’.

GSES has proved itself as a universally acceptable and psychometrically robust measure of self-efficacy with applicability across diverse cultures and population samples. In a meta-analysis on a sample consisting of 19,120 persons (12 to 94 years) from 25 different countries, Scholz, Gutierrez-Dona, Sud, and Schwarzer (2002) tested the psychometric properties of GSES. Item-total correlations ranged from .75 to .91. Internal consistency for the total sample came out to be .86. Unidimensionality of the scale was confirmed for each of the 25 subsamples and total sample. The results replicated the findings from an earlier study based on 13 nations (Schwarzer & Born, 1997) and a later study by Luszczynska, Scholz, and Schwarzer (2005). Evidence of validity has been established by significant correlations with measures of positive affect, satisfaction with life, negative affect, and other relevant variables (Leganger, Kraft, & Roysamb, 2000; Love, Moore, & Hensing, 2011; Scholz et al., 2002).

In India, GSES has been used by Kaur (2007), Sahu and Rath (2003), Sharma (2005), Kumar and Lal (2006), Bala (2007), Hoabam (2007), Biswas (2008), Dhaliwal (2010), Srikala and Kumar (2010), and Rath and Mishra (2013).

Procedure

Since the Kashmiri migrants (camp and non-camp) were scattered in different pockets throughout the city of Jammu, a systematic physical scanning of the total area of Jammu was done with the help of a map of Jammu to locate settlements of major concentrations of Kashmiri migrants. Subjects were contacted personally and requested to volunteer for participation in the research. Firstly, rapport was established with each subject in order to elicit reliable and authentic information. They were assured that the data or any information given by them would be kept confidential and be used for research purposes only. Most of the data was collected through structured questionnaires. The subjects were administered the demographics form along with the test measures mentioned beforehand.
The entire set of questionnaires and demographics form took approximately 30-40 minutes to complete. All the participants were assessed individually to ensure greater comfort to them and to see to that the questionnaires were filled up genuinely and completely. Any query regarding the meaning of test items was clarified and breakaway procedures were discussed prior to the session. To further maintain confidentiality, questionnaires were coded, i.e., each participant was allocated a unique identification number.

Data was collected over a time span of eight months.

**Data Analysis**

Scoring for all the given tests was done as per the instructions provided in the scoring manuals of the tests.

The raw scores were then tabulated and subjected to various statistical analyses. Keeping in view the aims of the study, statistical analyses were employed as follows:

1. To examine the nature of frequency distributions on different measures, the following scores were obtained – mean, standard deviation, skewness, and kurtosis.
2. $t$-ratios and Analysis of Variance (ANOVA) were calculated for analyzing the effects of gender and groups, viz. camp and non-camp migrants.
3. Inter-correlation analysis was carried out to explore the relationship between variables and to pave way for regression analysis.
4. Step-wise regression equation involving one measure of resilience was formulated to identify its salient predictors.

**Phase II Qualitative Strand**

Qualitative research design focuses on the understanding of a phenomenon within its context, rather than making inferences based on statistical analysis (Ericksön & Gutierrez, 2002). It often provides data that are descriptive and explanatory in nature, and results are given in narrative form (Creswell, 2003). The objective of this phase of study was to identify core themes of resilience among
Kashmiri migrants. In contrast to quantitative method, which lacks flexibility, the less rigid format of qualitative research allowed the study to evolve according to the data as it was recorded.

Sample

Qualitative data for the present study was drawn from 27 Kashmiri migrants (13 males and 14 females in the age range of 40 to 60 years) from the total sample of Kashmiri migrants. While the phenomena of forced exodus and post-displacement stress were common in all the participants and formed the canvas of the research, the range of associated trauma was diverse in terms of incidences of molestation, rape, exposure to violence, perceived threat to personal integrity, and loss of property and loved ones. The qualitative component of the current study promoted these kinds of participants as of prime interest for their contribution towards maximum variation in responses, and was of great value in capturing the core experiences and central as well as shared dimensions of resilience in internal displacement (Patton, 2002).

The decision of sample size was based on integration of two premises. Firstly, the adequate minimum range of sample was based on priori power analysis as proposed by Onwuegbuzie and Collins (2007). In the present design sample size of 27 was deemed ideal and above the recommended size of 12 participants, and enhanced the likelihood of obtaining significant results (Polit & Beck, 2004). Secondly, the maximum size of the sample was based on the concept of theoretical saturation (Strauss & Corbin, 1998). Although there was always a possibility to continually add detail and description by adding further data, further intake was stopped when the categories were saturated and new information did not add much in terms of explanation and elaboration (Strauss & Corbin, 1998).

Sampling

Selecting the right sample is integral to arriving at valid and meaningful results in qualitative research as it involves the collection of information on which decisions can be based and conclusions can be drawn (Moule & Hek, 2011). Consequently, the technique of purposive sampling as described by Creswell (2005) and Patton (2002) was used to choose a small groups of individuals who were most
likely to be knowledgeable and informative about the phenomenon of interest (McMillan & Schumacher, 2001), thereby allowing the researcher to understand and learn about issues of paramount importance (Merriam, 2009). This form of sampling was used to draw the representative sample based on two schemes: intensity and convenience (Onwuegbuzie & Collins, 2007). Participants were identified based on their intense traumatic experience of forced exodus. Their convenience and willingness to further participate and elicit information also played a major role in their selection.

**Tools of Data Collection**

Focus of this strand of research was detailed information, hence in-depth and open-ended interviews aimed at answering the research question were employed to collect direct verbal form of primary data from research participants. As O’Leary (2010) puts it, “Interviews are a method of data collection which involve researchers seeking open-ended answers related to a number of questions, topic areas, or themes” (p. 194), these act as basic fact-finding interactions where one individual asks questions while another responds. The interviews had special valence in this study as they facilitated the exploration of the experiences of the subjects in their own setting in a quest for the disclosure of all possible meanings of resilience to them, and also enabled the researcher to enter the perspective of the persons being interviewed (Patton, 2002; Seidman, 1998).

The interview was organized with the aim of answering the research question: What are the undercurrent themes of resilience among Kashmiri migrants? To this end the following sub questions were posed: What strategies or ways of recovery were or are still being used by you to get back to normal ways of life? What are the resources which acted as protective factors or helped you get back to normal life post-displacement? Can you list the strengths or positives in yourself or your social situation? (Appendix B).

**Procedure**

Pertinent information about the scientific impetus of the research and sensitivity of some questions was verbally given to the prospective participants before
the onset of data collection. Emphasis on the voluntary nature of participation was placed. All interviews were conducted with the written consent of the person being interviewed (Appendix C).

One interview occurred with each participant which lasted for approximately one hour, covered in one session and in some cases two sessions. Prior appointments were made with participants to interview them at their convenient time. Confidentiality was assured to all participants, both verbally and in writing. These interviews were conducted in private, either at participant’s home or community centre. All the interviews were tape recorded and at the same time field notes were also taken. The digitally recorded interviews were later transcribed. In case of regional languages being used by the participants, verbatim translations were made in English for comparing notes and to avoid ambiguity. The interviews conducted for this study allowed for in-depth responses from participants, check for clarification of responses, and establishment of rapport with the participants (Fraenkel & Wallen, 2006; Morgan, 2007), and also helped to ‘construct as complete a picture as possible from the words and experiences of the participant’ (Morgan, 2007). At the completion of interviewing, data was summarized in a draft copy and respondents were given the opportunity to immediately correct errors of fact or challenge interpretations. Finally, the participants were de-briefed and their concerns were discussed.

The interviews were conducted over a period of five months.

**Data Analysis**

Inductive Analysis Approach was used to organize and analyze the data collected so far from interviews. Thomas (2006) describes this approach as one that uses detailed readings of raw data to derive concepts, themes, or a model through interpretations made from the raw data by the evaluator or researcher. It is based on recurrent similarities and dissimilarities, wherein underlying themes and issues are recognized. The primary purpose of the inductive approach was to allow research findings to emerge from the frequent, dominant, or significant themes inherent in raw data, without the restraints imposed by structured methodologies (Strauss & Corbin, 1998).
Four social sciences’ experts were requested to act as coders along with the primary researcher. Each participant was given a unique identification number to maintain anonymity. All the responses/comments were divided into units of thought; each unit represented only one concept or idea (Rodwell, 1998). What followed next was a systematic pattern of looking for themes and sub-themes, patterns of similarities and dissimilarities, and/or any other information that might emerge. Unitized data was shared by coders with each other wherein similarities and differences were discussed. For the research question, each unit was systematically sorted and categorized into mutually exclusive categories called themes. These categories were unique and exhaustive of the data set (Lincoln & Guba, 1985, 2000). Units for which there was no consensus among the coders were discarded. Number of units per category/theme was tabulated to provide a prevalence score. Accordingly, the data collated from these interviews was organized in to what Maxwell and Delaney (2004) considers broader themes and issues. Further analysis of the data helped to identify additional themes and subthemes, and the findings were reported accordingly. Constant comparison and reflexivity was practiced to ensure that the interview data directly supported the analysis of the research question. Transcripts were read and reread vertically as well as horizontally to reduce the overlap and redundancy among the categories. In addition, analysis of themes was filtered through the resilience framework to seek the missing appreciation of human resilience replicated in Kashmiri migrants.

**Integration**

The results of quantitative and qualitative strands were carefully and thoroughly analyzed separately, and merged together while interpreting the data. It involved identifying core areas represented in the data sets followed by comparison, contrast, and/or synthesis of the results. Overall, the quantitative and qualitative analyses presented some common results. The integration of these components, despite the differences in their paradigmatic bases, yielded complementary information by providing feedback to each other.

**Ethical Considerations**

According to the British Psychological Society’s Code of Ethics and Conduct, “Research ethics refer to the moral principles guiding research from its inception.
through to completion and publication of results” (2010, p.5). These are essential guidelines which clarify the conditions under which psychological research should take place.

The conduct of present research was guided by General principles (Ethical Principles of Psychologists and Code of Conduct. American Psychological Association, 2010 Amendments): beneficence and non-maleficence, fidelity and responsibility, integrity, justice, and respect for people’s rights and dignity (p. 3-4). No form of harm or exploitation was foreseen in this study, as the information sought was not physically or mentally taxing. Given that quantitative data collection took approximately 30-40 minutes per session to complete, presumably it did not cause undue physical discomfort or fatigue. In case of any discomfort, data collection session was broken and redeemed as and when convenient for the participant. In case of qualitative interviews, the focus was on recollection of the positive aspects and strengths, so that it did not produce any undue distress in the interviewee. Also, it is believed that given the nature of the study, it may even have been a cathartic experience for them. Maintenance of trust between researcher and subjects, and respect for the participants were deemed essential throughout the research process. Personal experiences of the subjects were treated with highest reverence: special care was taken to maintain their integrity and dignity by treating them fairly and respecting their rights. As a primary obligation, privacy of the subjects was maintained via confidentiality and anonymity. One-to-one data collection was done in private settings, information gathered was designated with identification codes instead of personal information, and lastly data was analyzed in aggregate form.

In addition, Ethical Standards for Research and Publication (Ethical Principles of Psychologists and Code of Conduct. APA. 2010 Amendments, clause 8) were strictly adhered to. Informed consent to research and informed consent for recording voices were obtained at the onset of both quantitative and qualitative strands of the research. Participants were explained the nature, purpose and duration of the research, and their rights (voluntary participation and right to withdraw) in local languages both orally and in writing. Participation of a prospective subject was validated only after
he/she gave his/her consent in writing by duly signing the informed consent form. Lastly, participants were debriefed about the nature, results, and conclusions of the study. Efforts were made to ensure removal of any misconceptions so that participants retained the same state of mind in which they entered the research process.