CHAPTER VII
DISCUSSION

The aim of the present study was to investigate psychological factors in resilience of Kashmiri migrants. A convergent mixed method research design comprising of two independent phases of quantitative and qualitative strands, each signifying separate quantitative and qualitative implementation of research questions, data collection and analyses, was employed to meet the purpose of the study.

Phase I, comprising of quantitative strand, 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 data collection from a stratified random sample of 300 adult Kashmiri 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, and 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. t-ratios and Analysis of Variance (ANOVA) were calculated for investigating the effects of gender and groups, viz. camp and non-camp migrants on resilience and its correlates. Inter-correlation analysis was carried out to explore the relationship between various variables and to pave way for regression analysis. Finally a step-wise regression equation was formulated to identify the salient predictors of resilience.

Phase II, comprising of qualitative strand, focused on identifying core themes of resilience among Kashmiri migrants. In-depth and open-ended interviews were conducted to collect information from a purposive sample of 27 Kashmiri migrants (13 males and 14 females in the age range of 40 to 60 years) selected from the total sample of Kashmiri migrants, and inductive analysis approach was used to identify underlying themes and subthemes of resilience.

In addition to the separate quantitative and qualitative analyses, and their respective interpretations, the point of interface occurred at the discussion stage. As
advocated by Classen et al. (2007), a side-by-side comparison of results, arrived at by both quantitative and qualitative strands, was done followed by a discussion of the convergence and divergence between these two sets of findings.

This chapter, thus, provides a synthesis of study results with a focus on the mixed methods findings, and critically discusses the study implications in relation to previous literature and findings of the quantitative strand and qualitative strand to gain a better picture of resilience with reference to Kashmiri migrants and internally displaced persons at large. Conclusions are drawn on the broader and collective implications of phase I and phase II of the study. Limitations of the study are identified in retrospect and recommendations are made for practice and research in the context of forced displacement.

**Resilience and its correlates**

**Resilience, perceived stress and coping**

Resilience was expected to be negatively related with perceived stress, problem avoidance coping, wishful thinking coping, self-criticism coping, and social withdrawal coping (H1); and positively related with problem solving coping, cognitive restructuring coping, express emotion coping and social contact coping (H2).

Results of the present investigation revealed that resilience was significantly negatively related with perceived stress in the total sample of Kashmiri migrants, male Kashmiri migrants, female Kashmiri migrants, camp Kashmiri migrants, and male camp Kashmiri migrants; with problem avoidance coping, and social withdrawal coping in all the groups; with wishful thinking coping in total sample of Kashmiri migrants, female Kashmiri migrants, and non-camp Kashmiri migrants; and with self-criticism coping in all groups except female Kashmiri migrants, non-camp Kashmiri migrants, and female non-camp Kashmiri migrants.

Resilience was found to be significantly positively related with problem solving coping, cognitive restructuring coping, and social contact coping in all the groups, and with express emotion coping in all the groups except female non-camp Kashmiri migrants.

A perusal of the regression analysis revealed that resilience was significantly predicted by perceived stress in the total sample of Kashmiri migrants, male Kashmiri migrants and male camp Kashmiri migrants; by problem avoidance coping in all
groups except male Kashmiri migrants, camp Kashmiri migrants, and male camp Kashmiri migrants; by social withdrawal coping in the total sample of Kashmiri migrants, camp Kashmiri migrants, non-camp Kashmiri migrants, and male non-camp Kashmiri migrants; by wishful thinking coping in camp Kashmiri migrants; and self-criticism coping in female camp Kashmiri migrants.

Further regression analysis revealed that resilience was significantly predicted by problem solving coping in the female Kashmiri migrants, non-camp Kashmiri migrants, male non-camp Kashmiri migrants and female non-camp Kashmiri migrants; by social contact coping in the total sample; and by cognitive restructuring coping in male non-camp Kashmiri migrants.

The results partially supported hypotheses (H1 and H2) in most of the groups.

While stress, coping and resilience are distinct concepts, the relationship they have with each other is quite clear given the general trend in literature. Across cultures, generations and various stressful situations, trait and process of resilience has buffered the effect of stress. Hence the presence of one negates or lessens the presence of other (Baek, Lee, Joo. Lee. & Choi. 2010; Choi. 2006; Daining & DePanfilis. 2007; Kimhi, Hantman, Goroshit, Eshel, & Zysberg. 2012; Li. 2008; Tariq & Aslam. 2009; Ying. Wu. Lin, & Jiang. 2014).

Theory generally holds that stressors motivate efforts to cope with any environmental, social or internal demands, and with the associated emotional reactions (Lazarus, 2003; Lazarus & Folkman. 1984), but as stressors accumulate or become acute, individuals’ capacity to cope or adapt becomes overtaxed (Gunnar & Vazquez. 2006), depleting their physical and psychological resources. Nonetheless, multiple converging processes and factors tend to moderate or buffer the effects of stress and lead to resilient outcome.

First, because of an underlying sense of mastery and control, people high on resilience in the present study may have been unthreatened by stressors they knew they could handle, so they might have perceived less stress than those low on resilience (Lazarus & Folkman. 1984). Second, resilience might have protected them by inoculating them against stress because of strengths or qualities they have. Whether innate or acquired, personal dispositions like self-efficacy or characteristics
of their wider environment like social support, resilient people tend to make greater use of them for coping and fending off the impact of stress (Dohrenwend, 1998).

Further, in disaster research coping is essentially related to resilience following a wide range of severe life stressors (Benotsch et al., 2000; Lazarus & Folkman, 1984; Moos & Schaefer, 1993; Wolfe et al., 1993). In general, people who rely on approach and problem-focused strategies, and who emphasize the positive aspects of stressful situations, are more apt to attain favorable outcomes (Moos, 1993).

In a study conducted on adult victims of childhood abuse, expressing emotions and actively seeking understanding was associated with positive psychological functioning while self-defeating coping strategies such as avoidant behavior was associated with impaired psychological functioning (Runtz & Schallow, 1997). On the similar lines, engagement coping skills like active problem solving, rational reappraisal to minimize threat or cognitive restructuring, seeking social support were reported to be potentially adaptive and positively associated with resilience; and disengagement coping strategies like problem avoidance and denial, wishful thinking, blaming self and others, and social withdrawal were reported to be potentially maladaptive and negatively associated with resilient outcome (Li, 2008; Sinclair & Wallston, 2004; Smith et al., 2008; Yi, Smith, & Vitaliano, 2005, Yalim, 2007).

The association between stress, coping and resilience has been validated in studies involving at-risk populations as well. For instance, in survivors of natural disasters, Xu and He (2012) reported that seeking help, rationalization, and problem-solving coping styles were associated with adjustment and better mental health while the use of avoidance and self-blame coping styles were associated with poor mental health. In a study on immigrants, refugees, and asylum seekers who were survivors of torture, Hooberman, Rosenfeld, Rasmussen, and Keller (2010), results revealed coping as a significant moderator for resilience variables and post traumatic stress disorder. Emotion-focused coping was positively related to post traumatic stress and significantly predicted it.

The relationship between stress, coping, and resilience as depicted in the present study can be further understood in terms of the following theoretical background. Imbied in the ‘stress and coping theory’ of Lazarus and Folkman...
(1984), model of ‘life crises and personal growth’ of Moos and Schaefer (1993), and model of ‘posttraumatic growth’ by Tedeschi and Calhoun (1995), is the notion that it is the appraisal of the harm, threat, and challenge posed by a stressful situation that determines the type of coping used by an individual to deal with it, which in turn affects the outcome of the stressful situation (Lazarus & Folkman, 1984; Schaefer & Moos, 1992; Tedeschi & Calhoun, 2004). Collectively these theories hold that stressors motivate efforts to cope with behavior demands and with emotional reactions that are usually evoked by them. Thus, coping has been deemed as a mediator between stress and adaptation (e.g., Amirkhan & Greaves, 2003; Lazarus & Folkman, 1984; Lozano, Pastor, & Dolz, 2005; Sinha & Watson, 2007) such that resilience is forged as a consequence of coping (Gillespie, 2007). Devenson’s (2003) work on resilience revealed that individual’s coping style can ameliorate the effects of trauma and therefore, foster resilience. According to the author “people do not grow through adverse experience, they grow through how they choose to deal with it” (Devenson, 2003, p. 63).

Within this context, when stressful situation is appraised as within control and challenging instead of threatening, engagement coping tends to be used (e.g., Amirkhan & Greaves, 2003; Lazarus & Folkman, 1984; Lozano et al., 2005; Sinha & Watson, 2007). These active task-oriented coping strategies tend to enhance adaptation to stress by decreasing avoidance symptoms, behavioral withdrawal, and emotional disengagement (Charuvastra & Cloitre, 2008; Tiet & Huzinga, 2002) and by building on additional resilient resources like self-efficacy, social support, etc. On the other hand disengagement coping like wishful thinking and self-blame appear to be particularly predictive of distress as they lessen a persons chances of rationally evaluating a situation, increasing emotional instability, poor self-efficacy, and lessening the chances to seek support from outside resources (Folkman & Lazarus, 1985; Costa & McCrae, 1992).

Looking at the results of qualitative strand of the study, engagement coping, with focus on problem solving, positive communication with others, engaging self in community activities, looking for resources and putting them to optimal use, and reconstruction and deconstruction, emerged as important theme of resilience. Also disengagement coping strategies, including doing nothing about the situation, wishing.
things would change ‘on their own’, blaming others and maintaining distance and avoiding responsibility, emerged as a theme of resilience.

The results of the qualitative strand provide some convergence and divergence with those of quantitative data. Similarities are reported in the light of problem solving and other engagement coping strategies being an important factor which leads to resilient recovery. On the other hand, reported use of avoidance and other disengagement coping to overcome stress provides divergence from the findings of quantitative strand.

A further probing into the contradictory findings of presence of disengagement coping along with engagement coping led to the following explanations in context of supporting literature.

Both engagement and disengagement coping were present in the subjects with greater dependence on engagement coping. In support of this idea, Hauser and Bowlds (1990) noted that both emotion-regulating and problem-solving coping strategies are used in almost all stressful situations. Results of the present investigation have been further supported in a qualitative study conducted by Khawaja, White, Schweitzer, and Greenslade (2008), wherein, in relation to their pre-migration, transit, and post-migration experiences, refugees reported use of a mix of coping strategies which included passive use of religious beliefs, seeking social support, and cognitive reframing to combat stress of threatening experiences during the pre-migration and transit phase, and resettlement issues during resettlement phase. Similarly, simultaneous use of positive communication, problem solving and avoidance behavior to combat stressful life situations was reported by Vandsburger et al. (2008).

The sample of Kashmiri migrants selected for qualitative data reported dependence on disengagement coping during the early phase of resettlement with gradual shift towards engagement coping. Similar results were reported by Sherwood and Liebling-Kalifani (2012) in a sample of war survivors. Subjects reported that in the initial phase they used self-blame and anger, but the coping strategies that really made them show growth were positive self-talk, hope and problem solving. Subsequently, when dealing with a major loss or trauma, it may be adaptive initially to engage in some palliative coping to deal with the loss and then later, after
emotional equilibrium is returning, to engage in more instrumental coping to deal with future plans (Stroebe, Stroebe, & Schut, 2001).

The participants of the present study indulged in wishful thinking and problem avoidance particularly when stressors were believed to be beyond personal control. The use of disengagement coping strategies by Kashmiri migrants during highly stressful situations deemed beyond personal control, as presented by the qualitative data finds its grounds in the study by Roth and Cohen (1986) wherein, avoidant coping strategy proved to be the most adaptive one in uncontrollable situations.

Moreover, coping responses that are effective with respect to one outcome may have a negative impact on another (Folkman, 1997). Christensen et al., (2002) found that coping involving planful problem solving was associated with more favorable adherence when the stressor involved a relatively controllable aspect of the context. For stressors that were less controllable, emotional self-control, a form of emotion-focused coping, was associated with more favorable adherence.

According to the findings of Leontopoulou (2006), under low adversity, avoidance coping was used; under high adversity, however both active and avoidance coping were used equally.

Qualitative analysis along with quantitative analysis implies not to value a particular form of coping without reference to the context in which it is used (Vaillant, 1977). In the current study, the adaptive qualities of coping processes need to be evaluated in the specific stressful context forced displacement. A given coping process may be effective in one situation but not in another, depending, for example, on the extent to which the situation is controllable. Further, the context is dynamic, so that what might be considered effective coping at the onset of a stressful situation may be deemed ineffective later on or vice-versa (Folkman & Lazarus, 1985).

**Resilience and health**

Resilience was expected to be negatively related with physical and psychological health symptoms in various groups.

Results of the study revealed significant negative correlations between resilience and physical health symptoms in all the groups. Resilience was also found to be negatively related to psychological health symptoms in the total sample of Kashmiri migrants, male Kashmiri migrants, and male camp Kashmiri migrants.
Regression analysis further revealed that resilience was predicted by physical health symptoms in male Kashmiri migrants, female Kashmiri migrants, non-camp Kashmiri migrants, male non-camp Kashmiri migrants and female non-camp Kashmiri migrants.

Thus the hypothesis (H₁) was upheld for physical health symptoms in all the groups and for psychological health symptoms in most of the groups.

The associations of resilience and physical and psychological health are well documented and results of the present study are in line with the previous researches (Adams, Sanders, & Auth, 2004; Felten, 2000; Hinck, 2004; Montross et al., 2006).

Humphreys (2003), for instance, reported significant negative correlation between resilience scores and ratings of health among physically and sexually abused women. As compared to participants who scored lower on resilience, women with higher levels of resilience reported fewer and less intense symptoms of physical and psychological distress such as bodily dysfunction, repeated thoughts, impulses, and actions, cognitive impairment, feelings of inadequacy and inferiority, depression, and anxiety. Wagnild (2003) found resilience to be significantly and positively related to both self-rated health and health promoting lifestyle in different samples of low and high income adults.

Also, in a sample of adult migrant women, bivariate correlations between measures of health and resilience reported significant inverse relationship. The women (23%) who perceived themselves as having a health problem reported lower levels of all strength factors, viz. less resilient resourcefulness (personal competence) and less resilient adaptability (acceptance of self and life) (Heilemann, Lee, & Kury, 2005). It has been found that those low on resilience perceived their health to be worse than those high on the construct and reported having less vitality and perceived their health to limit their role performance and resilience explained 11.9 percent of the variance in physical health and 12.1 percent of the variance in psychological health (Caltabiano & Caltabiano, 2006).

Individuals who report significant trauma and low resilience were highly symptomatic, whereas individuals who report significant trauma and high resilience had low levels of symptoms like somatic symptoms, depression and anxiety.
In a qualitative study on African migrants in Switzerland, Obrist and Buchi (2008) reported that health and the appreciation of its value emerged to be core elements of resilience to difficulties faced in migration.

Health as a predictor of resilience also emerged in a study conducted by Wells (2010). Results revealed that both physical and mental health status were correlated with resilience and higher perceived mental health status was the strongest predictor of resilience, followed by perceived physical health. These two dimensions of health contributed to 24% of the variance in resilience.

In line with the results of the present study, significant negative correlation between resilience and psychological distress were also reported by Mujeeb and Zubair (2012) in internally displaced persons in North West Frontier Province in Pakistan and by Arnetz, Rofa, Arnetz, Ventimiglia, and Jamil (2013) in Iraqi refugees in the United States.

To understand the relationship between health and resilience as depicted by the Kashmiri migrants in the present study, it is essential to be guided by an increasingly sophisticated understanding of the activation of psycho-neuro-biological systems associated with stress. “Since stress process- particularly those that unfold in social environments- have powerful effects through the brain on the body, it is imperative to understand the neurobiological process of stress reactivity, coping and recovery processes which further paves way to knowledge base of mental and physical health resiliency” (McEwen & Gianoros, 2010, p.190).

Stress mechanisms which arise from bidirectional patterns of communication between the brain and the autonomic, cardiovascular, and immune systems via neural and endocrine mechanisms underpinning cognition, experience, and behavior, are protective in that they promote short-term adaptation (allostasis). In case of prolonged and acute stressors like those associated with forced displacement, long-term dysregulation of allostasis can lead to maladaptive wear-and-tear of the body and brain (allostatic load), compromising stress resiliency and health.

However, resilient people develop unique pathways of developing physical resilience through psychological resilience in a process called toughening up (Miller.
1980; O’Leary & Ickovics, 1995). It is stated that one’s self-perception of resilience may be reflected in one’s bodily responses to stressful stimuli. Resilient people’s appraisal of the stressor in terms of low threat, increased challenge and internal control moderates its effects (Epel et al., 1998) leading to enhanced competence, adaptation, and immunity. When an individual appraises intermittent stressors as controllable, he or she may display a resilient profile of stress hormone responding—rapid cortisol responses with quick recovery, and more importantly, cortisol adaptation when faced with similar stressors over time. This stress response is in turn related to better health (Epel et al., 1998). Further, resilient individuals do not differ from their counterparts regarding the magnitude of their responses to stressors but they do recover significantly faster and tend to display less mood deterioration under stress (Mikolajczak, Roy, Luminet, & Timary, 2008). For trait resilient individuals, the experience of positive emotions is also related to accelerated speed in rebounding from cardiovascular activation generated by negative emotions (Tugade & Fredrickson, 2004). It is possible that this quick recovery provides the body with restoration time to toughen it up in preparation for additional stressor should they arise (Deinsebi, 1989) and provide the opportunity to resilient people to explore other coping possibilities (Fredrickson, 2001; Tugade, Fredrickson, & Barrett, 2004). Furthermore, several researchers have shown that resilient people were more likely to experience positive emotions (Block & Block, 1980; Masten, 2001; Ong et al., 2004), which were found to promote health and longevity (Levy, Slade, & Kasl, 2002; Giltay, Gileijnse, Zitman, Hoekstra, & Schouten, 2004) and as enumerated in a WHO paper, this health acts as ‘buffer’ or ‘resilience factor’ in high risk exposure (Levy et al., 2002).

**Resilience and social support**

It was hypothesized that resilience would be positively related with appraisal social support, self-esteem social support and belongingness social support.

Results of the quantitative strand revealed that resilience was significantly and positively related with belongingness social support in all the groups, and significantly and positively related with appraisal social support and self-esteem social support in all the groups except female non-camp Kashmiri migrants.
Further, regression analysis revealed that resilience was predicted by belongingness social support in the total sample of Kashmiri migrants, female Kashmiri migrants, camp Kashmiri migrants, non-camp Kashmiri migrants and female camp Kashmiri migrants; by self-esteem social support in male Kashmiri migrants and female Kashmiri migrants; and by appraisal social support in male non-camp Kashmiri migrants. Hence, the hypothesis (H4) was upheld for most of the groups.

Social support also emerged as an undercurrent theme of resilience in Kashmiri migrants from the qualitative analysis of data and consisted of subthemes such as supportive relations within the family including family love and cohesion, support from significant others, formal and informal support, and being an integral part of Kashmiri migrant community.

The quantitative and qualitative findings thus, converged to establish social support as an essential factor of resilience. The quantitative findings provided information about the type of social support used and the qualitative findings expanded upon it by elaborating upon the source of support and various pathways of support seeking.

Results of the present study find suitable match in the previous researches on migrant and other at-risk populations. For instance, Choi (1997) reported that belongingness social support, self-esteem social support and appraisal social support were negatively related to stress and depression in migrant population, and Holtz (1998) promoted social support in exile as a major factor to foster resilience against psychological sequelae in a cohort of refugees. McMichael and Manderson (2004) also found social support from family members as well as the wider community to be associated with increased psychological wellbeing in refugees.

Similar findings have been reported by Hyman (2004) in an adult sample of childhood sexual abuse survivors, by Annan and Blattman (2006) in former Ugandan child soldiers, by Betancourt and Khan (2008) in conflict affected population, and by Hobfoll et al. (2009) in terrorism affected Jews and Arabs living in Israel. Those who had high family connectedness and social support reported lower levels of emotional distress, better social functioning and greater resilience (Smith et al., 2008; Wells, 2010).
The integral role of social support as depicted by the present study is validated by Joseph and Linley's (2005; *Organismic Valuing Process Theory* which assumes that although human beings are naturally inclined toward growth, the social environment's response to trauma can impede or facilitate growth. Positive accommodation occurs when the social environment meets individuals' needs for autonomy, competence, and relatedness. Individual differences in response to trauma are a function of whether the social environment has satisfied these needs in the past, and whether the social environment satisfies these needs in the presence of trauma (Joseph & Linley, 2005).

As an equity group, IDPs and in this case Kashmiri pandits, have all the typical acculturation needs of migrants. In addition to the acculturative stress, they bear the trauma of war or some other form of crisis leading to their displacement (physical as well as cultural) and estrangement from family and extended kin networks, which further had a detrimental impact on their psychological wellbeing and functioning (Porter & Haslam, 2005; Schweitzer et al., 2007). However, presence of significant others provide opportunities for secure attachment relationships (Bowlby, 1982) and instrumental, informational and/or emotional assistance (House & Kahn, 1985) which alleviates or reduces the effects of stress, injury or trauma (Cohen & Wills, 1985; Thoits, 1995). It has been reasoned that social support factors provide trauma exposed adults with opportunities to voice their exposure and thus process their experiences with peers, family and other adults (Hammark, Richard, Luo, Elynn, & Roy, 2004). Types of social support included being with a supportive family, belonging to one's ethnic community and building positive relationships with the wider host population (Olliff & Couch, 2005).

The results of the present study find its strength not only in supportive research, but also in theoretical premise of stress buffering model of social support (Alloway & Bebbington, 1987; Cohen & Wills, 1985). Having social network members willing to assist in problem solving and providing advice (appraisal support), to feel and become a part of a social unit (belongingness support), and favorable social comparisons (self-esteem support) during the pre-migration, transition and post-migration period of resettlement have been identified to have buffering effects against the negative effects experienced and facilitate growth (Chavis, Hogge, McMillan, & Wandersman, 1986; Correa-Velez, Gifford, & Barnett.
2010; King et al., 1998; McMillan & Chavis, 1986). It has been argued that with respect to forced displacement, for example, that supporters provide coping assistance by helping to reinterpret situational demands, that supporters’ reassurance bolster self-esteem or a sense of identity, and the supporter’s feedback and encouragement sustain a sense of mastery or competence thereby increasing the likelihood of resilience and adversarial growth (Belcourt-Dittloff, 2006; Schweitzer et al., 2007) and increased psychological well-being in refugees (Ahern, Galea, & Fernandez, 2004; Jasinkaja-Lahti, Leibkind, Jaakkola, & Reuter, 2006; Schweitzer, Melville, Steel, & Lacharez, 2006). This support is resourceful when it comes from family and significant others (Vandsburger et al., 2008; Werner, 1993).

Webb (2013) reported similar findings in a sample of 11 Rwandan refugees who have experienced trauma. Practical, informational and emotional support acted as a buffer mediating against the effects of acculturative stress and pre-migration trauma, thus leading to resilience.

It is thus implicated that different aspects of social support i.e., appraisal, belongingness, and self-esteem support contributed to resilience of Kashmiri migrants by providing for (i) self-disclosure which provides opportunities for personal reflection and contemplation, or cognitive processing, which leads to growth, (ii) received support which leads to de-burdening and making attentional resources available for cognitive processing so that one is able to move beyond coping with the distress to process and assimilate the traumatic life event and accommodate one’s life to the traumatic life event in positive ways, (iii) interpersonal growth with the help of network member, and (iv) suggestions and advice from network members about recognizing and seeking opportunities for growth (Tedeschi & Calhoun, 1995, 2004).

Some interesting findings of the present study are discussed in light of supportive literature as follows:

Family and community support had been reported to be a protective factor for refugees (Gorman, Brough, & Ramirez, 2003). These findings reverberated in the narratives of Kashmiri migrants, where cohesion and support within the family and community were deemed integral to growth. Within Indian cultural reality, family has an extended connotation in which community as well as extended tribal networks is included. It is reflective of differential views of the self: the presence of more
relational identities within the Kashmiri migrants such that their individual identity formation is likely to be highly impacted by the relational reality in which they emerge. In general, Kashmiri pandit cultural groups operate using collectivist principles (Shah, 2012), which emphasize the harmonious functioning of the group as a whole over the individual; thus, relational skills are prized, and individuals tend to rely upon the extended family and/or resiliency and risk tribe when adversity occurs (Greene, 2002, 2010; Hobfoll, 2002). A sense that one belongs and matters to others depends on the cohesiveness and homogeneity of such groups and promotes social integration and perceptions of support (Hobfoll, 2002).

Lending further support to the results of the present study, Chung, Hong, and Newbold (2013) revealed the vital role of community assistance and support to resilience promotion (via social networks, infrastructure, education, encouragement, and meaningful participation in the community by providing material and social support) in a sample of refugee women. Being understood, and having a community in which to relate their experiences, allowed these refugee women to improve upon their coping mechanisms and fostered a sense of belonging. Support from family and a welcoming environment typically encouraged resilience by promoting a positive approach to life. Similar findings about the role of social support in psychosocial adjustment and reintegration were reported by Egonsson and Lagerholm (2013) in abductees in Northern Uganda and internally displaced persons in Columbia (Pollock, 2013).

Second, there was partial confirmation for lack of association between resilience and appraisal social support, and resilience and self-esteem social support in female non-camp Kashmiri migrants in the present study in studies like those of Caltabiano and Caltabiano (2006) which revealed no significant differences between low and high resilient persons in the amount of informational and tangible support received, nor in integration support provided, but significant differences were found on emotional support, i.e., people high on resilience received greater amount of emotional support from their social networks than people low on resilience. The results were also in collaboration with Markstrom, Marshall, and Tryon’s (2000) research which did not find a relationship between resilience and social support, and Haroz, Murray, Bolton, Betancourt, and Bass (2013) among survivors of war and
displacement in Northern Uganda, wherein baseline social support was not associated with increased resilience.

Nevertheless, social support including shared vision, mutual assistance, cooperation, and attachment aid resilience and adaptation to the host society in a circular and cumulative process (Schweitzer, Melbille, Steel, & Lacherez, 2002). Conversely, if social support is missing, resilience may be lower and resettlement slower.

Conclusively, as Erikson (1995) comments that “trauma and displacement can oddly enough become the basis for community when otherwise unconnected persons “develop a form of fellowship on the strength of that common tie” (p. 186), social support in the present study gained salience as a key element, may be the key element, in resilience (American Psychological Association, 2004, p.1).

**Resilience, positive affect, and negative affect**

It was hypothesized that resilience will be positively correlated with positive affect and negatively correlated with negative affect.

Results of the quantitative strand of the study revealed that resilience was positively correlated with positive affect in all the groups and negatively correlated with negative affect in all the groups except male non-camp Kashmiri migrants.

A close examination of regression analysis reported that resilience was predicted by positive affect in all the groups except male non-camp Kashmiri migrants and by negative affect in total sample of Kashmiri migrants and female Kashmiri migrants.

Hence, the results supported the hypothesis (H) in most of the groups.

Further, qualitative analysis revealed that positive emotion regulation, which consisted of practicing positive affect, countering negative emotions, and use of humor, optimism and relaxation, emerged as a significant theme of resilience.

The results of the present study, both quantitative and qualitative, find strength and validation in theoretical and empirical evidence provided by a host of researchers over a period of time, wherein resilience has been associated with affective states in totality, discrete emotional states, and underlying neurobiological mechanisms of stress appraisal, coping, and recovery mediated by positive emotions.
For instance, Karairmak (2007, 2010) reported significant positive correlations between positive affect and three dimensions of resilience, viz. personal strengths relating to recovery, positive self-appraisals, and openness to experience.

Riolli, Savicki, and Spain (2010) revealed similar results in another at-risk population comprising of U.S. army soldiers stationed in highly tense combat and insurgency affected Baghdad and surrounding areas. Resilience was found to be positively related to positive affect and inversely related to negative affect. Further analysis revealed that the relation between resilience and psychological adjustment was mediated by positive affect and negative affect such that in traumatic stress situations, the potential positive impact of positive emotions was not completely overcome by negative appraisals or feelings.

Similar trends of positive association between resilience and positive affect, and negative association between resilience and negative affect have been reported across various situations and populations (Bonanno, 2004, 2005; Bonanno & Diminich, 2013; Burns & Anstey, 2010; Moskowitz, Folkman, & Acree, 2003; Ong Fuller-Rowell, & Bonanno, 2010; Smith et al., 2010).

To begin with, Folkman and Moskowitz (2000), note that “positive affect has significant adaptational functions in the coping process, it (is) important to understand how it is generated and sustained in the context of stress” (p. 650). To this effect, the revised Stress and Coping Theory (Folkman, 1997, 2008; Lazarus & Folkman, 1984) postulates that appraisal of an event as threatening, harmful, or challenging is associated with affect which further prompts coping, resulting in negative affect in response to threat or harm, and a mix of positive and negative affect in response to challenge. If the event is resolved favorably, it leads to a positive affective state and if the event is resolved unfavorably or if it is unresolved, it leads to a negative affective state and the coping process continues through reappraisal and another round of coping. The negative affect associated with unfavorable resolution motivates meaning-focused coping processes comprising of goal-directed, problem-focused coping, and values-based positive reappraisal. These coping processes result in positive affect, which provides a psychological time-out and sustains ongoing coping efforts (Folkman, 2008; Lazarus, Kanner, & Folkman, 1980). Thus, by facilitating the processing of self related information (Reed & Aspinwall, 1998), positive affect, in turn, leads to positive reappraisal, goal-directed, problem-focused work, and helps to cope with bereavement and traumatic experiences (Keltner & Bonanno, 1997) by
infusing ordinary as well as adverse events with meaning as a means of coping (Folkman & Moskowitz, 2000b).

Following suite, coping researchers have emphasized the utility of positive emotions as a buffer in stressful contexts (Folkman & Moskowitz, 2000a). For instance, positive coping strategies, such as positive reappraisal, problem-focused coping, and infusing ordinary events with positive meaning have been associated with the occurrence and maintenance of positive affect (Folkman & Moskowitz, 2000b), and to predict increase in psychological wellbeing and health (Affleck & Tennen, 1996).

Dunkley, Ma, Lee, Preacher, and Zuroff (2014) have further advanced that disengagement coping patterns consisting of distinct appraisals (e.g., event stress) and coping strategies (e.g., avoidant coping) tend to operate when the individual typically experiences daily increases in negative affect and drops in positive affect. On the other hand, engagement coping patterns comprising of distinct appraisals (e.g., perceived social support) and coping strategies (e.g., problem-focused coping) have been linked to compensatory experiences of daily positive affect (Dunkley et al., 2014).

Lending further support to the underlying association between resilience and positive emotions are the ‘distinct yet complementary adaptive functions, and cognitive and physiological effects of positive and negative emotions’ as proposed by the Broaden-and-Build Theory (Fredrickson, 2001). This theory posits that in contrast to the specific action tendencies and narrowing of thought–action repertoires associated with negative emotions, experience of positive emotions broaden one’s thought–action repertoire by expanding the range of cognitions and behaviors beyond the immediate stress that come to mind and allow creative approaches to coping. These broadened mindsets, in turn, build and rebuild an individual’s physical, intellectual, and social resources, successfully regulate their negative emotional experiences, and fuel psychological resilience (Fredrickson & Branigan, 2005; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). It is further proposed that over time and with repeated experiences of positive emotions, a style of such broad-minded coping might tend to become habitual which acts as a durable personal resource and functions as a reserve that can be drawn on later to help people bounce back from a wide range of future adversities, thereby triggering upward spirals towards greater well-being and human flourishing (Fredrickson & Joiner, 2002).
In case of exposure to acute stressors like September 11, 2001, Fredrickson, Tugade, Waugh, and Larkin (2003) reported that while non-resilient individuals reported depletion of psychological resources in the face of crisis, resilient individuals tend to thrive showing a paradoxical increase in their psychological resources, and this thriving was reportedly mediated by the experience of positive emotions. Also, experiences of positive emotions, like gratefulness for being alive or for knowing that loved ones are safe, tended to act as a buffer against depression and supported the development of psychological coping resources against crisis (Fredrickson et al., 2003).

Similarly, Tugade and Fredrickson (2004) reported that compared with low-resilience individuals, high-resilient individuals reported greater positive emotionality and appraised the stressful task as less threatening and more challenging. Resilience was associated with increase in discrete positive emotions of eagerness, excitement, happiness and interest, and it was found that positive emotions mediated the effect of resilience on positive-meaning finding.

Also in line with the Broaden-and-Build Theory, positive emotions, reportedly, appear to have a unique ability to physiologically down-regulate lingering negative emotions i.e., the positive emotions tend to ‘undo’ the lingering cardiovascular after-effects of negative emotions. (Fredrickson & Levenson, 1998) by distracting people’s attention from negative emotions (Fredrickson et al., 2003) and thus, reducing negative physiological arousal such as hypertension or increased heart rate such that among those exposed to a threat condition, higher resilience has been associated with shorter durations of cardiovascular reactivity and quick recovery mediated by positive emotions (Tugade & Fredrickson, 2004).

Underlying neuro-biological evidence like hemispheric EEG coupled with behavioral observations further illustrates the association between resilience and affective states through the main physiological stress response mechanism i.e., Hypothalamus-Pituitary-Adrenal (HPA) axis reactivity under stress (Buckner, Mezzacappa, & Beardslee, 2003; Curtis & Cicchetti, 2007; Friborg, Hjemdal, Rosenvinge, & Martinussen, 2006). Studies by Mikolajczak, Roy, Luminet, and Timar (2008), and Waugh, Fredrickson, and Taylor (2008) had revealed that in response to stress, negative affect increases which further leads to increase in cortisol secretion and positive affect leads to decrease in cortisol secretion during recovery. However, highly resilient individuals tend to display less mood deterioration (i.e. less
increase in negative affect) and also secrete less cortisol overall than their less resilient peers. Also, resilient people readily recovered from negative emotions and exhibited more complete affective recovery as compared to those low on resilience, and thus maintain their well-being (Mikolajczak et al., 2008).

Lastly, the Dynamic Model of Affect (DMA) (Reich, Zautra, & Davis, 2003; Zautra, Johnson, & Davis, 2005) posits that daily experiences of positive emotion is important for the regulation of negative emotions especially under higher stress conditions (Potter, Zautra, & Reich, 2000). It has been reported that under low stress conditions, relative independent existence of positive and negative affect leads to maximum gains in information due to low cognitive demands and wider range of environmental clues. On the other hand, under highly stressful conditions a strong inverse correlation between positive and negative affect is implicated as the cognitive capacity tends to be taxed, attention is narrowed, and the complexity of affective information is decreased (Ong, Bergeman, Bisconti, & Wallace, 2006; Zautra, Johnson, & Davis, 2005). Positive emotions reportedly interrupt the ongoing stress response, mediate stress recovery, and accelerate adaptation (Moskowitz, Folkman & Acree, 2003; Ong et al., 2006). Using the DMA as a theoretical model, researchers have also found that experiences of positive emotions are useful for coping, especially on days when one experiences elevated levels of stress (Ong, Bergeman, & Bisconti, 2004; Zautra et al., 2005).

Specifically with respect to the results of the qualitative strand of the present study, DMA demonstrates the beneficial function of emotional regulation (self-generated positive emotions in the midst of negative affect) for resilient individuals in the aftermath of aversive life events. Researchers report that resilient individuals demonstrate weaker positive-to-negative affect correlations and this greater emotional complexity predicted successful outcomes in the advent of traumatic experiences (Coifman, Bonanno, & Rafaeli, 2007).

Studies further show that as components of positive emotional regulation, resilient individuals have a greater capacity to distinguish between pleasant and unpleasant feeling states called emotional differentiation and emotional flexibility, i.e., the ability to respond flexibly to changing emotional circumstances (Ong & Bergeman, 2004). Recent evidence also suggests that beyond naturalistic experience of positive and negative emotions, more resilient people are better able to strategically
enhance both positive and negative emotional experiences than are their less resilient counterparts (Feder, Nestler, Westphal, & Charney, 2010).

Equal support has been provided by Wolin and Wolin (1993) through field studies and laboratory experiments, which report that compared with their low resilient counterparts, resilient people appear to be able to more flexibly match their emotional responses to the frequently changing emotional stimuli and appear to be better able than their low-resilient counterparts to either switch or maintain their emotional responses depending on whether the emotional context changes. Thus, resilient people exhibited positive emotional regulation in response to frequently changing stressful emotional stimuli and across multiple modalities of emotional responding.

Also, with regard to results of qualitative analysis, it was found that Kashmiri migrants made active use of positive emotions like humor, optimism, and relaxation to overcome stress. These findings are in line with empirical evidence that suggests that high-resilient people proactively cultivate their positive emotionality by strategically eliciting positive emotions through the use of humor (Masten, 1999; Werner & Smith, 1992; Wolin & Wolin, 1993), relaxation techniques (Demos, 1989; Wolin & Wolin, 1993), and optimistic thinking (Kumpfer, 1999).

In the literature, humor has been identified to be protective against acute stress (Cameron, Ungar, & Liebenberg, 2007; Southwick & Charney, 2012), and as a form of active coping contributing to resilience not only because of it’s capability for alleviating tension and but also for its ability to attract social support (Vaillant, 1992). Especially in the context of migration and post-displacement life, humor has been seen as imperative to adjustment to the new culture and thriving in the face of acculturative stress (Southwick & Charney, 2012).

Similarly, the cognitive construct of optimism has been reported to act as a potential pathway to resilience. Individuals who hold optimistic views have been reported to practice positive self-appraisals and greater life satisfaction which, in turn, may facilitate resilience (Luthans, Vogelgesang, & Lester, 2006). Other important findings indicate that hopeful individuals are likely to experience positive emotions, as stressed in Hope Theory (Snyder et al., 1991) as optimism leads to positive emotions which require striving toward to attain specific goals and generate resilience (Karairmak, 2007).
Taken as a whole, findings of the present study find support in the functional properties of positive emotions which reportedly tend to strengthen resistance to stress by affording greater access to positive emotional resources (Ong & Bergemen, 2004; Tugade, Fredrickson, & Barrett 2004), and provide a momentary respite from ongoing stressful experiences (Folkman & Moskowitz, 2000a; Zautra et al., 2005), and thus establish the integral role of positive emotions in resilience.

Resilience and Satisfaction with Life

With respect to satisfaction with life, it was hypothesized that resilience will be positively associated with it.

Results of the study revealed that resilience was positively correlated with satisfaction with life in all the groups except female Kashmiri migrants, non-camp Kashmiri migrants and female non-camp Kashmiri migrants.

Regression analysis also revealed that resilience was strongly predicted by satisfaction with life in the total sample of Kashmiri migrants, non-camp Kashmiri migrants and female non-camp Kashmiri migrants.

The hypothesis (H6) was partially supported.

A host of studies in the well-being literature tend to provide valence and support to the findings of the present study. Resilience has been reported to be positively associated with life satisfaction across a wide variety of populations like high exposure survivors of terrorist attacks (Fredrickson, Tugade, Waugh, & Larkin, 2003), bereaved adults (O’Rourke, 2004; Rossi, Bisconti, & Bergeman, 2007), and across life span, gender, and cultures (Hammer & Good, 2010; Lees, 2009; Singh & Yu, 2010; Yu & Zhang, 2007).

Results of the present study find support in the moderator hypothesis proposed by Rossi et al. (2007). In the wake of misfortunes, life satisfaction has been reported to reduce the negative effects of stress on resilience by acting as a moderator between the two. This relation becomes more profound in case of high stress situations (i.e., high-stress, high-resilient individuals tend to report greater life satisfaction than high-stress, low-resilient individuals) and tends to be ‘protective stabilizing’ and ‘protective reactive’ (Windle, Woods, & Markland, 2010).
Also, it is probable that life satisfaction exerts an indirect effect on resilience through a network of correlates of resilience and well-being. For instance, in a longitudinal study Kjeldstadli et al. (2006) found that those who reported stable high life satisfaction scored lower on the personality trait vulnerability and high on trait resilience, were more likely to cope with stress by using a problem focused approach and seeking social support, and were less likely to turn to wishful thinking.

Similarly, Karairmak (2007) reported that when exposed to trauma and its associated sequelae, individuals high on satisfaction with life reported use of greater personal strengths relating to recovery, positive self-appraisals and openness to experience thereby constructing significant pathways from life satisfaction to resilience.

An interesting anomaly also emerged in the results. The correlation analysis did not show any significant correlations between resilience and satisfaction with life in non-camp Kashmiri migrants and female non-camp Kashmiri migrants, but when placed in stepwise regression analysis alongside other related variables, satisfaction with life emerged as a significant negative predictor of resilience. For this particular result, it should be noted that correlation coefficient just measures the linear dependence between two variables and it’s not controlling for the fact that other variables might be involved in the relationship as well. Other variables were significantly correlated with the outcome variables of resilience as well as satisfaction with life, such that these predictors were correlated depicting multi-collinearity. A potential explanation for this phenomenon is offered by causal theory as satisfaction with life and resilience are independent in bivariate correlation analysis but show dependence in stepwise regression analysis, conditioned on other predictor variables which acted as colliders and confounders (Gelman, 2011; Greenland, 2003; Pearl, 2009).

The curious result of a study by Cohn, Fredrickson, Brown, Mikels, and Convaw (2009) provides an illustration to this finding in which the authors assessed a sample of adults twice on daily positive and negative emotions, resilience and life satisfaction over a gap of 18 months. Resilience and life satisfaction were not correlated at either time point but change in resilience predicted change in life satisfaction. Further, it was found that another variable of positive affect led to change in life satisfaction but via resilience only.
Resilience and meaning in life

It was hypothesized that resilience will be positively associated with meaning in life-presence and negatively associated with meaning in life-search.

Results of the quantitative strand revealed that resilience was significantly positively associated with meaning in life-presence in all the groups. It was significantly negatively correlated with meaning in life-search in all groups except non-camp Kashmiri migrants, female camp Kashmiri migrants, male camp Kashmiri migrants and female non-camp Kashmiri migrants.

A perusal of the regression analysis further revealed that resilience was predicted by meaning in life-presence in male non-camp migrants and female non-camp migrants.

The hypothesis \((H_7)\) was supported for meaning in life-presence in all the groups and partially upheld for meaning in life-search in some groups.

Results of the qualitative strand also revealed meaning in life to be a significant theme contributing to resilience among Kashmiri migrants.

In line with present study’s finding of negative association between resilience and meaning in life-search, Davis, Wortman, Lehman, and Silver (2000) reported that resilient individuals tend to not search for meaning in life, whereas chronically grieved individuals tend to search for but not find meaning in life. Consequent studies had provided for similar evidence (Bonanno, Wortman, & Nesse, 2004; Steger & Frazier, 2006). While adaptation has been better for those who were able to find some meaning, a prolonged and unsuccessful search for meaning has been linked with poorer adjustment (Silver, Boon, & Stones, 1983; Wright et al., 2007).

Further providing credence to the results of the present study, presence of meaning in life has been found to be associated with resilience and subsequent positive outcomes in a host of studies on general as well as trauma affected populations including forcibly displaced people (Broadman, Blalock, & Button, 2007; Fredrickson et al., 2003; Nygren et al., 2005; Smith, 2006; Smith et al., 2008).

As proposed by Janoff-Bulman (1992), traumatic events such as forced migration often shatter an individual’s existing schemas, deeply affecting his or her sense of purpose and meaning, and thereby initiating a new meaning-making process.
(Park & Folkman, 1997). This meaning-making process tends to act as a coping resource (Lazarus & Folkman, 1984), and includes appraisal and re-appraisal of a person’s situational meaning and global meaning of life. Such appraisals further influence the number and types of coping responses an individual might use, and if successful this process allows for assimilation and finding benefits from the traumatic event (such as personal strength) or change in existing life meaning to address the stressful event. While finding meaning in life tends to become a part of ‘healing process’ leading to growth and resilient outcome (Calhoun & Tedeschi, 2006), a failure to find meaning tends to be self-deprecating (Zoellner & Maercker, 2006).

For instance, Schweitzer et al. (2007) found that meaning in life emerged as a significant coping strategy throughout the pre-migration, transit and post-migration periods in a sample of 13 resettled Sudanese refugees. It has been reported to lower lifetime trauma load, post trauma stress and fear, and predict resilient recovery (Alim et al., 2008; Kashdan & Kane, 2011; Updegraff, Silver, & Holman, 2008).

A further evidence for proximal mechanism by which meaning in life may afford protection from negative events and confer resilience as in the present sample, was provided by Schaefer et al. (2013). It has been proposed that greater meaning in life predicted better recovery from negative stimuli through an enhanced automatic emotion regulation after negative emotional provocation, suggesting that feeling purpose and meaning in one’s life most likely contributed to a more healthful and adaptive regulation of negative emotional responses in the face of trauma and by increasing positive affect (Alex, 2010; Feder et al., 2012; Kashdan & Kane, 2011; Kiang & Fulingi, 2009).

Convergent upon the results of the quantitative strand, meaning in life emerged as a major theme of resilience in Kashmiri migrants. Depth to the knowledge of association between resilience and meaning in life was added by the richness of data provided by qualitative data, wherein, not only value of meaning in life was upheld but illustrations of its sources like religious guiding and faith, compassion, and self as an agency of discovery of meaning were also provided.

Concurrent to the results of qualitative strand, Rossi (1993) noted that the meaning people ascribe to their lives and their ultimate reason for it was strongly
associated with resilience in displaced people. It acted as an underlying motivating factor, spurring them on amidst traumatic events of the journey.

Religion as a multi-dimensional construct, which included beliefs, practices (private & communal), provided meaning to one’s life, and in this respect a deeper meaning to adversity, that in itself could instill serenity rather than unrelenting questions and frustration in unexplainable circumstances. It has been found that for many individuals, religious or spiritual beliefs and practices provide a framework that facilitates recovery and meaning finding after traumatic or highly stressful experiences (Pargament. Smith. Koenig. & Perez. 1998) and provide guidance and inspiration in times of stress (Vandsburger et al., 2008). Among trauma stricken Kashmiri migrants, religion and faith appeared to give a glimmer of hope for redemption, ‘if not in this life, then in the after life’ (Shah, 2012).

Kashmiri migrants also reported to have gained meaning in their lives by adopting compassion and altruism towards those who were facing similar situations or worse. It generated a sense of satisfaction and something to look forward to when personal loss was huge. By virtue of empathy and helping others, they could challenge their own despair and engage in civic duties, caring for others, living as a good person, leaving a good legacy and fulfillment as pathways to resilience (Wong, 2011).

Searching within was also seen as an agency for meaning making and associated resilience. As Frankl (1959, 1984) has consistently emphasized that meaning is discovered more than created, and for good reason, discovery of meaning in the present study involved soul searching, awakening, or enlightenment about how one ought to live. It also meant discovering hidden talents in oneself, significance in mundane activities, and more important, one’s sense of calling and mission (Calhoun & Tedeschi, 1998).

Concluding, experiences of great loss can violate dimensions of global meaning that allows for a needed sense of cohesiveness and purpose in life (Park, 2003), and it is through the power of meaning for human life in the face of overwhelming suffering (Frankl, 1984), that one’s existential well-being is maintained. The belief that life has meaning, hope for a better future or afterlife, and related convictions and attitudes appear to sustain resilience motivation and efforts to
adapt or survive in the context of extreme adversity in the present sample (Masten & Wright, 2010) and appears to provide the psychological environment appropriate for engaging with traumatic experiences in a functional and adaptive way e.g. by motivating individuals to persevere with their action despite the level of environmental threat (Holland, Currier, & Neimeyer; 2014; Rossi, 1993; Wagnild, 2010).

**Resilience and generalized self-efficacy**

It was hypothesized that resilience will be positively related with generalized self-efficacy.

Results of the present study revealed that resilience was significantly positively related with generalized self-efficacy in all the groups except male non-camp Kashmiri migrants.

A perusal of regression analysis revealed that resilience was predicted by generalized self-efficacy in the total sample of Kashmiri migrants, male Kashmiri migrants, camp Kashmiri migrants, male camp Kashmiri migrants, and male non-camp Kashmiri migrants.

The hypothesis \( H_0 \) was accepted for most of the groups.

The above mentioned results find immense empirical evidence in the resiliency research and seem to support Kumpfer’s (1999) proposal that self-efficacy is one of the factors that contributes to the development of resilience. Significant positive association between resilience and self-efficacy had been reported in a host of studies among disabled adults (Bassiri, Hooshman, & Ismaeili, 2006), community-dwelling elderly (Caltabiano & Caltabiano, 2006), across gender (Gillespie, 2007), in different types of stressful situations such as relational, work, academic as well as in general situations (Li, 2008), and across different age groups (Patricia, 2010).

Parallels in trauma affected population have also been reported. For instance, Sulaiman-Hill and Thompson (2012) found self-efficacy to be negatively related with psychological distress and positively with personal well-being in former refugees from Afghanistan and the Kurdish regions of Iraq and Iran. Similarly, Pooley, Cohen, O’Connor, and Taylor (2012) found that in the aftermath of natural disasters people who reported higher self-efficacy, scored low on stress, used more emotionally focused coping and reported resilience and growth.
In order to understand the association between resilience and self-efficacy, it should be noted that resilience as an ability to bounce back following a stressful situation is deeply affected by one’s sense of control over the environment and perseverance in responding to stress and failure, as epitomized by one’s self-efficacy (Bandura, 1999, 2002). Researchers have theorized that both control and perseverance are related to resilience and associated coping processes, such that individuals who perceive themselves as able to exercise a certain amount of control over their environment and self-regulate are likely to persevere longer in adverse situations, reject negative thoughts, and demonstrate competence in the face of extreme adversity and improved psychosocial functioning following stressful periods. Individuals with greater self-efficacious beliefs apparently perceive themselves as having greater self-control, which further moderates the relationship between stressors and wellbeing (Jex, Bliese, Buzzell, & Primeasu, 2001; Schaubroeck, Lam, & Xie, 2000).

Cody (2013), for instance, reported that in the event of a negative life change, self-efficacy positively predicted resilience and tended to mediate the effects of negative life change through stress appraisal process. People who experienced higher self-efficacious beliefs reported greater resilience and also admitted that they felt themselves able to cope with novelty and associated stress in various domains of human functioning, and reported lesser depressive symptoms.

An internal locus of control also contribute to the belief that problems can be solved as a result of one’s efforts, which generally leads to more effective coping strategies. People high on self-efficacy most likely use active, problem focused coping and people low on self-efficacy use passive, avoidant emotion focused coping (Li, 2008; Patricia, 2010).

It is probable that in the present sample of Kashmiri migrants, self-efficacy served to develop resilience through process-focused progression, an internal locus of control and perseverance motivation (Bandura & Locke, 2003).

**Gender Differences in resilience and its correlates**

One of the objectives of the current study was to investigate gender differences in resilience and its correlates among the Kashmiri migrants. It was hypothesized that males as compared to females would be higher on resilience.
problem solving coping, cognitive restructuring coping, problem avoidance coping, wishful thinking, appraisal social support, self-esteem social support, belongingness social support, positive affect, satisfaction with life, meaning in life-presence and generalized self-efficacy. Females, on the other hand, were expected to be higher on perceived stress, express emotion coping, social support coping, self-criticism coping, social withdrawal coping, physical health symptoms, psychological health symptoms, negative affect, and meaning in life-search as compared to males.

Analysis of variance revealed significant effects of gender on resilience, perceived stress, problem solving coping, cognitive restructuring coping, express emotion coping, social support coping, wishful thinking coping, physical health symptoms, psychological health symptoms, appraisal social support, self-esteem social support, positive affect, satisfaction with life, and generalized self-efficacy.

An examination of t-ratios revealed that as compared to female Kashmiri migrants, male Kashmiri migrants scored significantly higher on resilience, problem-solving coping, cognitive restructuring coping, appraisal social support, positive affect, and generalized self-efficacy, while female Kashmiri migrants scored significantly higher on perceived stress, express emotion coping, social support coping, wishful thinking coping, physical health symptoms, psychological health symptoms, self-esteem social support, and satisfaction with life.

These trends in gender differences were observed across camp and non-camp migrants as well.

Within camp migrants, male camp Kashmiri migrants scored significantly higher on cognitive restructuring coping, appraisal social support, and belongingness social support, while female camp Kashmiri migrants scored significantly higher on perceived stress, social support coping, wishful thinking coping, physical health symptoms, psychological health symptoms, and satisfaction with life.

Within non-camp Kashmiri migrants, male non-camp Kashmiri migrants scored significantly higher on resilience, cognitive restructuring coping, social withdrawal coping, positive affect, and generalized self-efficacy, while female non-camp Kashmiri migrants scored significantly higher on perceived stress, social support coping, wishful thinking coping, physical health symptoms, and psychological health symptoms.
Hence, the hypotheses (H₉ and H₁₀) were supported for most of the variables.

Lending support to the results of the present study, feminist scholars and resiliency researchers have highlighted significant gender differences in susceptibility to, and protection from situations of risks (Turner, Norman, & Zung, 1995). Several studies suggest that among men and women experiencing the same traumatic events, there are more psychological sequelae of the traumatic experiences among women (Breslau, Chilcoat, Kessler, Peterson, & Lucia, 1999; Brewin, Andrews, & Valentine, 2000; Kessler, Sonnega, Bromat, Hughes, & Nelson, 1995). Gender differences, first in the psychological reaction to the same events and second in the severity of events experienced, may account for the high prevalence of mental health problems and low resilience after traumatic event experiences among women (Kessler et al., 1995; Breslau et al., 1999).

These differences between males and females are further accentuated in at-risk populations like refugees and internally displaced persons. As highlighted in the literature, majority of world’s displaced population comprises of women and children (UNHCR, 2009). Women have been reported to be more vulnerable to gender-based discrimination, exploitation, rape, molestation, and violence, and are at risk not only in the communities from which they flee, but also in their adopted homelands and while en route from their homeland to the place of refuge. Other than the trauma of forced exodus, women are additionally burdened with the responsibility of survival of their children and other family members, and for the preservation of their cultural heritage (Brautigan, 1996). They are deemed at least twice as vulnerable as compared to men (North, 1999) and are often unable to call for help, press charges, or seek justice. In the name of honor or for the fear of out casting, their voices are suppressed or go unnoticed (Norris et al., 2002).

**Resilience, Stress and Coping**

Consistent with the trend of gender differences as shown by the present study, a host of studies reported males to score relatively higher on resilience than females (Hanninen & Aro, 1996; Naser & Sandman, 2000). Among trauma affected populations, women have been shown to be at greater risk than men (Breslau et al., 1999; Mancini & Bonanno, 2009), increasing the likelihood of women to have PTSD by almost six times more than men (Solomon, Gelkoff, & Bliech, 2005), and reducing
the resilient outcome by half (Bonanno et al., 2007; Lee, 2012). With regard to components of resilience also, men were reported to score significantly higher on resilience, acceptance of life and self, and personal competence as compared to their female counterparts (Portzky, Wagnild, Bacquer, & Audenaert, 2010).

A burgeoning research on gender differences in stress and coping assessed following various traumatic events suggest that differences in men’s and women’s levels of perceived stress and coping might account for their differential posttraumatic responses and resilience.

In line with the current finding of higher stress levels in females, Ahern et al. (2004), and Palmieri, Canetti-Nisim, Galea, Johnson, and Hobfoll (2008) found that the aggregate levels of stress were significantly higher for women than for men. It has been reasoned that in the wake of traumatic events, males reported fewer psychosocial stressors than females (Shepperd & Kashani, 1991). Also, women tend to be more socially sensitive and showed greater signs of stress than men (Cross, Nicholas, Gobble, & Frank, 1993).

With relation to gender differences in coping reported in the current study, a host of studies provide evidence. In general, findings suggested that females favored social support seeking, emotion-focused, and avoidant coping strategies relative to males (e.g., Pearlin & Schoolder, 1978; Ptacek, Smith, & Dodge, 1994; Stone & Neal, 1984; Thompson, 1998), whereas, males underestimated the stressful life events (Gavranidou & Rosner, 2003) and appeared to favor release of stress release through other problem focused activities (e.g., Bird & Harris, 1990; Karanci, Alkan, Askit, Sucuoglu, & Blata, 1999). Specifically, women display wishful thinking and self-blaming for the worse outcomes following traumatic experiences (Wolfe et al., 1993).

The greater use of problem-focused coping in males and emotion-focused coping in females as shown in the present study finds its roots in gender differences in acute stress reactions and its cognitive appraisal. As compared to men, women tend to perceive a situation as threatening, and endorse more loss of personal control, as a result instead of combating the situation, they tend to use emotion-focused coping. On the other hand, men report greater self-efficacy and personal control, and instead of perceiving a situation as threatening, they find it challenging. As a result, they tend to focus on problem solving coping (Ollie, Langeland, Draijer, & Gersons, 2007).
Such difference also applied in the way male and female coped with daily hassles or adversities (Ptacek et al., 1994). Women tended to use emotion-focused coping strategies such as crying, seeking emotional support and rumination, aiming at altering their emotion responses; while men tended to use problem-focused or instrumental method to handle difficulties and engaging in activities (Angst et al. 2002; Kelly, Tyrka, Price, & Carpenter, 2008; Patricia, 2010).

**Health**

Significant gender differences were observed with respect to health such that female Kashmiri migrants scored higher on both physical and psychological health symptoms than male Kashmiri migrants. These study findings were in line with previously cited differences in statistics on physical and psychological distress rates across gender.

For instance, in a community cohort of Vietnamese refugees, Hauff and Vaglum (1995) reported that female gender was identified as predictor of psychopathology. Females were four times more likely to develop chronic distress than males and also showed poorer recovery from natural and other disasters. Specifically, females tended to exhibit more cardiac and vascular symptoms.

Similar trends in gender differences in physical and psychological health were reported in other studies (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Cardozo et al., 2004; Steptoe, O’Donnell, Badrick, Kumari, & Marmot, 2008), and more specifically in Kashmiri migrants by Banal et al. (2010), in a study on 300 Kashmiri migrant families residing in Muthi camp of Jammu region, wherein females constituted 50% of the study population and had a higher prevalence of psychiatric disorders as compared to males (37.3% in females and 32% in males).

Researchers explain these gender differences in displaced populations in relation to specific needs and greater vulnerabilities of displaced women (Chatterjee, 2006). The most common cause for such health problems have been reported to be physical and sexual violence perpetuated on women and the associated psychological and physical stress (NRC, 2005). The resultant morbidity included several cases of polymenorrhea (shortened menstrual cycles), dysmenorrhea (painful menses) and menstrual irregularity, nutrition syndromes, incidence of tuberculosis, renal stones, renal failure and asthma along with evident high lifetime prevalence of all disorders.
especially PTSD, major depressive disorder, and phobias in women (Khaled, 2008; NRC, 2005; Samaddar, 2003).

The higher prevalence of health problems in females have also been attributed to associated factors like greater susceptibility to stress, and overdependence on ineffective emotion focused coping, like wishful thinking (Ayazi, Lien, Eide, Swartz, & Haufl, 2014; Chatterjee, 2006; Kundu & Kanitkar, 2002; Shepperd & Kashani, 1991; Smith et al., 2010). The characteristic responses of women have been reported to be feelings of sadness, loneliness, and hopelessness and crying easily, accompanied by self-blame and feelings of guilt while males complained very frequently of sleeping problems, poor concentration, nervousness and irritability, and inability to trust others (Khaled, 2008).

Social support

Male Kashmiri migrants showed greater score on appraisal social support and belongingness social support while female Kashmiri migrants scored higher on self-esteem social support. These results find support in studies like those of King et al. (1998) and Araya, Chotai, Komproe, and de Jong (2007).

These differences in dominance of one kind of support in males and another kind of support in females, as reported in the present study, can be attributed to gender differences in the perceived importance of social relationships and social support for mental health. General population studies suggest that social supports and networks may be more important for women’s mental health (Bultmann, Kant, van dan Brandt, & Kasl, 2002; Kawachi & Berkman, 2001) and they derive greater sense of competence and a better view of themselves through the number and quality of their social ties, hence they reported greater use of self-esteem social support in the present study. On the other hand, appraisal support, i.e., having social network members willing to assist in problem solving and providing advice has been deemed essential in men, given their focus on problem solving coping (Araya et al., 2007).

Positive affect and negative affect

Results of the present study reported no significant gender differences on negative affect but male Kashmiri migrants scored significantly higher on positive affect as compared to female Kashmiri migrants.
These findings had been supported in previous studies. For instance, Mroczek and Kolarz (1998) found that being female was negatively correlated with positive affect and positively associated with negative affect. Also female gender negatively predicted positive affect. Similar results were reported by Smith et al. (2010), wherein resilience emerged as significant predictor of less negative affect and more positive affect, and it was inversely related to female gender for positive affect, i.e., female gender was related to less positive affect.

These differences can be understood in terms of the social roles filled by women and men (Eagly & Wood, 1989) i.e., skills and attitudes and expected gender roles in the society at large as well as among internally displaced people. While women play major victims to human rights violations, they are also expected to be emotionally more sensitive, be more attuned to actual emotional experiences than men and at the same time play caregivers role to their families. As a result, women tend to succumb to negative emotions, report more extreme levels of fear, sadness, and less joy than men (Balswick & Avertt, 1977; Fujita, Frank, Diener, & Sandwick, 1991; Ruble, 1983).

**Satisfaction with Life**

Close inspection of t-ratios and analysis of variance further revealed significant gender differences in the scores of satisfaction with life. Females scored relatively higher on satisfaction with life as compared to males and this result contradicts the hypothesis that males will score significantly higher than females on satisfaction with life.

The present results find support in empirical work of Coke (1992) among older adults and Arrindell and Heesink (1999) among young adults wherein compared to males, females scored significantly higher on satisfaction with life. Females’ participation in self-rated religiosity, high levels of family role involvement, and ability to seek satisfaction from relationships and social support can be regarded as the reasons for these differences (Coke, 1992; Ma & Huebner, 2008).

**Meaning in Life**

No significant gender differences were found in meaning in life-presence and meaning in life-search in the present study, which are in congruence with previous researches of Steger et al. (2006), and Kiang and Iulinti (2009).
Generalized self-efficacy

Significant effects of gender were observed on the scores of generalized self-efficacy via t-ratios and ANOVA, such that on an average, male Kashmiri migrants scored higher on generalized self-efficacy than female Kashmiri migrants. Studies of Pompili et al. (2007), Li and Yang (2009), and D’Amico et al. (2013) have reported similar trends in scores of generalized self-efficacy in context of gender.

Researchers attribute these differences to the reportedly higher levels of personal competence and sense of control experienced by men (Friborg et al., 2006), and low sense of safety and self-competency problems in women, especially in context of traumatic events (Solomon et al., 2005).

Group Differences in resilience and its correlates

With respect to groups, it was expected that there will be significant differences between camp and non-camp migrants on resilience, perceived stress, problem solving coping, cognitive restructuring coping, express emotion coping, social support coping, problem avoidance coping, wishful thinking coping, self-criticism coping, social withdrawal coping, physical health symptoms, psychological health symptoms, appraisal social support, self-esteem social support, belongingness social support, positive affect, negative affect, satisfaction with life, meaning in life-presence, meaning in life-search, and generalized self-efficacy.

Analysis of variance revealed significant effect of groups, viz. camp Kashmiri migrants and non-camp Kashmiri migrants on the variables of resilience, perceived stress, social support coping, problem avoidance coping, social withdrawal coping, physical health symptoms, psychological health symptoms, appraisal social support, belongingness social support, positive affect, negative affect, satisfaction with life, meaning in life-presence, meaning in life-search, and generalized self-efficacy.

T-ratios revealed that as compared to non-camp Kashmiri migrants, camp Kashmiri migrants scored significantly higher on perceived stress, problem avoidance coping, social withdrawal coping, physical health symptoms, psychological health symptoms, and negative affect, and scored significantly lower on resilience, social support coping, appraisal social support, belongingness social support, and generalized self-efficacy.
These trends in group differences were observed across males and females.

Within male gender, t-ratios revealed that as compared to male non-camp Kashmiri migrants, male camp Kashmiri migrants scored significantly higher on perceived stress, problem avoidance coping, physical health symptoms, and negative affect, and scored significantly lower on resilience, social support coping, appraisal social support, positive affect, and generalized self-efficacy.

Within female gender, t-ratios revealed that as compared to female non-camp Kashmiri migrants, female camp Kashmiri migrants scored significantly higher on perceived stress, problem avoidance coping, social withdrawal coping, physical health symptoms, psychological health symptoms, and negative affect, and scored significantly lower on resilience, appraisal social support, and belongingness social support.

Hence, the results supported the hypothesis ($H_1$) for most of the variables.

In order to understand the above mentioned differences in male and non-camp migrants, it’s essential to shift focus from the obvious commonalities of trauma and forced displacement that these two groups shared during the 1989-90 insurgency and to include appreciation of marked differences in the composition, living conditions and associated stressors which were contingent upon life in post-migration resettlement camps.

To begin with, it is imperative to remind oneself of the sudden and unannounced nature of displacement of Kashmiri pandits in 1989. Over a period of time ranging from a week to a fortnight, majority of the displaced took place (Tremblay, 1997). Houses were burnt down, properties were forcibly taken over and in the midst of rapes, kidnappings, and killings people left their homeland with whatever little they could manage to take with them. Due to the intense military activities, they were forced to leave their movable and immovable property without any chance of disposal.

These displaced migrants were accommodated in either shift huts provided by the government or sought sanctuary by relatives and friends in other parts ...
of the country (Bhat, 2008), and in the present context- Jammu city. Over a period of
time, a proportion of these Kashmiri migrants eventually moved out of resettlement
camps with the help of state and central government into self-owned independent
accommodations; employment led to financial self-sufficiency and placed them in
relatively better position to take care of themselves. Thus privileged with basic
facilities like electricity, sanitation, healthcare, and education, they comprised the
non-camp migrant population. Meanwhile the temporary hutsments converted into
clusters of one-room tenements and became a permanent feature on the surface of the
city. A substantial number of Kashmiri migrants remained a part of these camps, and
hence were called camp migrants.

Thus, the social status of camp migrants typified them as a disadvantaged
group with increased probability of more negative events and ongoing strains; and the
stress literature indicates that members of a disadvantaged social group are especially
vulnerable or emotionally reactive to stressors (Thoits, 1995). When compared at
similar levels or intensities of stress experience, they exhibit higher psychological
distress than their higher-status counterparts.

Further, research on psychosocial well-being among forcibly displaced people
advocates attention on the associated stressful social and material conditions caused
or worsened by resettlement such as poverty, malnutrition, displacement into
overcrowded and impoverished camps, loss of social and material support, and the
struggle for survival of these groups (Boothby, Strang, & Wessells, 2006; Wessells &
Monteiro, 2004).

Forced migration in itself is a traumatic event but beyond its obvious profound
effects, it also generates or exacerbates a host of highly stressful conditions or daily
stressors as mentioned above. Psychosocial framework places great emphasis on
precisely these daily stressors that are missing from the essential trauma-focused
model to the extent that the psychological impact of forced displacement has been
seen to operate largely or wholly through the stressful social and material conditions it
creates (Miller & Rasmussen, 2010). Several studies, in settings as diverse as
Afghanistan (Panter-Brick, Eggerman, Mojadidi, & McDade, 2008), Sri Lanka
(Fernando, Miller, & Berger, in press), Lebanon (Farhood et al., 1993), Algeria (de
Jong et al., 2004), the West Bank (al-Krenawi, Lev-Wiesel, & Sehwail, 2007) and Pakistan (Mujeeb & Zubair, 2012), have now examined the role of daily stressors in helping to explain differences in rates of psychological distress so often found among at-risk internally displaced people and refugees. For instance, in the Miller et al. (2008) study, locally salient daily stressors including overcrowded housing, poverty, unemployment, the security situation, violence in the home, poor health, air pollution, and traffic congestion making public transportation extremely difficult were associated with higher levels of depression, anxiety, functional impairment, and general distress in camp refugees.

Horn (2009) in a study of residents of four camps for internally displaced Ugandans, found that camps residents struggled with the fundamental issues of food, health and poverty, which were perceived to stem primarily from the way the camps were structured and resourced. Camp residents often tend to show dissatisfaction with relief services such as clean water, sanitation, compatible shelter, firewood and schools (Musa & Hamid, 2010) and label camps to be replete with risk factors for well-being problems such as poverty, disruption of family structure, family violence, food insecurity, and other chronic stressors that had an deteriorating effect on growth and development (Meyer, Murray, Puffer, Larsen, & Bolton, 2013).

In a study conducted by Mujeeb and Zubair (2012) on internally displaced persons in Pakistan, owing to internal armed conflict between Pakistani Armed Forces and Taliban forces in North West Frontier Province, the authors presented a contrast in the living conditions and associated psycho-social factors in participants recruited from two different residential accommodations, a resettlement camp in Islamabad and a non-camp residential area in Rawalpindi, Pakistan. Results revealed that in comparison to non-camp migrants, camp migrants reported significantly lower levels of resilience and higher levels of stress, anxiety, and depression. Also it was found that internally displaced persons in migrant camps reported lower levels of social support. These differences in psycho-social factors were found to be rooted in differences in living environment and facilities provided at both places. In non-camp setting, the displaced persons were placed in villas where they were provided with all the basic necessities of life like water, food, and education, etc. People in this
subgroup were able to maintain relative self-sustenance and derived support from some resourceful persons of their community; and they faced fewer difficulties during their stay. On the other hand, displaced persons who were placed in camps were living in miserable conditions. Most of the people belonged to lower socio-economic conditions and were not financially resourceful. They were accommodated in temporary camps by locality members who provided them with food and limited necessities of life, hence exhibiting total dependence on these members who were voluntarily helping them. Their miserable hand-to-mouth conditions were reportedly the contributory factors in increasing their depression, anxiety, and stress.

The dismal conditions of refugee and displacement camps reported worldwide have been mirrored in the resettlement camps of Kashmiri migrants. For camp Kashmiri migrants, forced migration had led them to geographical areas grossly incomparable to their original habitation in terms of weather conditions and assets available (Zutshi, 2002). From luxurious open houses, they had been forced to live in temporary hutments and in subhuman conditions of camps under immense economic, social and emotional trauma, sometimes without jobs or any form of compensation (Dewar, 1994; Raina, 1994).

A report by the South Asia Human Rights Documentation Centre in 1994 described the conditions in the camps as abysmal (SAHRDC, 1994). According to a study conducted by Dhingra et al. (2005) at Muthi, one of the migrant camps in Jammu it was found that camp Kashmiri migrants were residing in congested rather suffocating living quarters, where families irrespective of size were crammed into single room accommodations and moreover, no financial assistance was provided to these displaced families for purchase of basic commodities. Those living in camps had limited relief and were found to be dependent on government resources for meeting their needs (Dhingra & Arora, 2003), and the camps lacked sanitation, water, electricity and had little or no access to medical facilities (NRC, 2005).

It is this constellation of daily stressors, which come as by-products of camp life, that account for greater variance in symptomatology and psychological wellbeing among camp and non-camp migrants (Ellis, MacDonald, Lincoln, & Cabral, 2008; Gorst-Unsworth & Goldenberg, 1998; Montgomery, 2008; Steel et al., 2009).
Health

In line with the results of present study, living in migrant camps has not only been strongly associated with but also predicted higher degree of physical and psychological health problems (Pappas & Bilanakis, 1997; Reppesgaard, 1997; Thabet & Vostanis, 1998). Living in camp internment coupled with post-migration stressful events had been identified as risk factors responsible for such trends (Fenta, Hyman, & Noh, 2004).

With reference to Kashmiri migrants living in camps, Chatterjee (2006) reported that the causal factors consisting of overcrowded living conditions which facilitated increased transmission of infectious diseases, poor nutritional status and consequent lowered immunity due to lack of food before, during and after displacement, inadequate quantities and quality of water to sustain health and allow personal hygiene, poor environmental sanitation and inadequate shelter were related to the incidence of physical and psychological disorders.

Also regular stress exposure maintains the stress response system (specifically the sympathetic nervous system and the hypothalamic-pituitary adrenal axis) in a state of continuous activation, which in turn has been linked (via the effects of prolonged exposure to epinephrine, norepinephrine, and glucocorticoids) to increased risk of both physical and emotional health symptoms (Christopher, 2000; Gunnar & Quevedo, 2007; Sapolsky, 2004).

Stress, Coping, Social Support, and Self-efficacy

Prevalence of comparatively higher levels of stress and maladaptive coping strategies like problem avoidance and social withdrawal in camp migrants as compared to non-camp migrants has its probable roots in the myriad of social disadvantages and cumulative daily stressors faced by camp migrants, which according to literature were at least as powerful as actual exposure to the trauma in predicting symptoms of distress (Clayer, Bookless-Pratz. & McFarlane, 1985; Fernando et al. (in press): McFarlane, 1995).

Thabet and Vostanis (2000), and Sapolsky (2004) have proposed that distally experienced forced migration may be highly traumatic in the immediate wake of the
exposure, but no longer be experienced as traumatic during assessments conducted after a significant period of time has passed. However, daily stressors represent ongoing and often chronic threats to psychological well-being; therefore, their effects are likely to continue being felt even with the passing of time. Because of their chronicity, daily stressors may gradually erode people’s coping resources and increase their stress levels thereby leading to decreased overall resilience (Kubiak, 2005).

Also, these daily stressors gain greater negative effect, partially as noxious stimuli that are largely beyond people’s control and hence are appraised as highly stressful. Lack of a coherently organized physical environment, structural and functional powerlessness, social marginalization and isolation, the destruction of social networks, and the resulting loss of social and material support, alienation, and lack of control experienced by camp migrants are deemed particularly responsible for greater use of disengagement coping, poor perceived social support, and low levels of self-efficacy (Zautra et al., 2008).

Further, studies probing the link between different indicators of social capital and health outcomes (Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Veenstra et al., 2005) and research empirically examining the ‘mosaic’ of community risk and protective factors continue to highlight the critical influence of ‘place’ on individuals (Fitzpatrick & La Gory, 2003). There is a complex and variable matrix of capacities that communities rely on to enhance the physical, mental, and financial outcomes of their constituents and the individual consequences of developing greater social and human capital (Macintyre, Ellaway, & Cummins, 2002; Rappaport & Seidman, 2000; Sampson, Morenoff, & Gannon-Rowley, 2002; Subramanian, 2004; Subramanian, Jones, & Duncan, 2003), but these structures of ‘hope’ were absent in resettlement camps. Their absence coupled with presence of subhuman living conditions, and struggles of daily living thus accounted for their poor adjustment and distress as and when compared to their better-off counterparts.

Thus, within the ‘risk and protective factors’ paradigm, the convergent mixed method design of the present study offered some divergence and convergence in findings from quantitative and qualitative strands.
Results of the quantitative strand revealed significant positive association between resilience and different forms of social support (appraisal, belongingness, and self-esteem). While, these forms of social support emerged as predictors of resilience in most of the groups, social support also emerged as an undercurrent theme of resilience in Kashmiri migrants from the qualitative analysis of data. The quantitative and qualitative findings thus, converged to establish social support as an essential factor of resilience. The quantitative findings provided information about the association of resilience with type of social support used and the qualitative findings expanded upon it by elaborating upon the sources of support (e.g., supportive relations within the family including family love and cohesion, support from significant others) and various pathways of support seeking (e.g., being an integral part of Kashmiri migrant community).

Further, presence of meaning in life was reported to be positively associated with resilience and emerged as a predictor. Convergent upon the results of the quantitative strand, meaning in life emerged as a major theme of resilience in Kashmiri migrants. While quantitative analysis provided information about directional relationship between resilience and meaning in life, qualitative analysis elaborated upon its sources like religious guiding and faith, compassion, and self as an agency of discovery of meaning.

Results of the quantitative strand of the study revealed that resilience was positively related with positive affect and negatively related with negative affect; qualitative analysis revealed that participants who exhibited resilience reported practicing positive affect, countering negative emotions, and positive emotion regulation through use of humor, optimism, and relaxation.

With respect to coping, the results of the qualitative strand provided some convergence and divergence with those of quantitative data. Similarities are reported in the light of problem solving and other engagement coping strategies being an important factor leading to resilient recovery, reported use of avoidance and other disengagement coping to overcome stress provided divergence from the findings of quantitative strand. Both engagement and disengagement coping were present in the subjects with greater dependence on engagement coping. The sample of Kashmiri
migrants selected for qualitative data reported dependence on disengagement coping during the early phase of resettlement with gradual shift towards engagement coping. The participants indulged in wishful thinking and problem avoidance particularly when stressors were believed to be beyond personal control. Hence, it seems imperative that the adaptive qualities of coping processes need to be evaluated in the specific stressful context forced displacement. A given coping process may be effective in one situation but not in another, depending, for example, on the extent to which the situation is controllable. Further, the context is dynamic (Folkman & Lazarus, 1984), so that what might be considered effective coping at the outset of a stressful situation may be deemed ineffective later on or vice-versa.