CHAPTER I
INTRODUCTION

“There is no greater sorrow on earth than the loss of one’s native land.”

(Euripides, 431 B.C., as quoted by Spencer, 2006, p. 136)

Since the inception of mankind, migration has been a phenomenon due to ecological, geographical, economic, social, political, and other reasons. But in recent times, there had been socio-political upheavals in many parts of the world, which forced a large number of people to migrate from their traditional home and hearth to new resettlement areas (Kaul, 2001). Forced migration—the experience of being forced from one’s home by such factors as armed conflict, natural disasters, or persecution—currently affects millions of people worldwide (United Nations High Commission for Refugees, UNHCR, 2010).

It is estimated that 1% of world’s population has been forcibly migrated or displaced either from their home or from their home country (Ringold, Burke, & Glass, 2005). A report of United Nations High Commission for Refugees estimates that currently, there are 51.2 million individuals who have been displaced worldwide as a result of persecution, conflict, generalized violence, or human rights violations (UNHCR, 2014). Out of these, 16.7 million persons are refugees and 1.2 million are asylum seekers (UNHCR, 2014), and as of January 2014, the global figures of Internally Displaced Persons (IDPs), due to conflict and violence, have reached the mark of 33.3 million (Internal Displacement Monitoring Centre, IDMC, 2014). Further, an average of 32,200 persons per day had been reportedly forced to leave their homes and seek protection else where, such that an estimated 10.7 million individuals were newly displaced in 2013. This includes 8.2 million persons newly displaced within the borders of their own country (UNHCR, 2014).

Globally, Asia is the second largest region having internally displaced persons close to 2.8 million after Africa (12.1 million). In India itself, the conflict-induced internally displaced people are estimated to be over half a million (IDMC, 2014).
Even among the neighboring countries, the available estimates of IDPs in India, consisting of Adivasis, Bodos, Muslims, Dimasas, and Karbis in Assam, Kashmiri Pandits from Jammu and Kashmir, and Brus/Reangs from Mizoram and Tripura are quite high (Norwegian Refugee Council, NRC, 2005).

Migrant populations are extremely diverse and exhibit varied experiential trajectories of acculturation and adaptation. While migration is defined as the relatively permanent movement of persons over a significant distance (International Encyclopedia of Social Sciences, 2014), the positive or negative outcomes of this relocation depend on many factors. Koser and Martin (2011) allocate the consequences of migration to three factors—place of origin, cause of movement, time and phase of migration (e.g., emergency movement or settlement in a refugee camp v. protracted settlement). Cause of movement or relocation controllability is the person’s perception of having the choice to move or the degree of personal control associated with the movement (Bekhet, Zauszniewski, & Nakhla, 2009; Bekhet, Zauszniewski, & Wykle, 2008). Variations can be observed in terms of the time and preparation devoted by individuals to plan for the migration, as well as in their intrinsic desire, voluntary or forced, to leave their homeland, and as a result, individuals who are forcibly displaced from their homeland differ considerably from individuals who are able to plan their migration. On one hand, one’s ability to exercise personal agency, control, and autonomy with regard to migration has been associated with relocation adjustment, successful outcome, and over-all well-being (Deborah, Rutman, & Jonathan, 1988; Johnson & Hlava, 1994; Porter & Clinton, 1992; Rosen & Knafl, 2007), and on the other hand, a huge body of literature demonstrates the deleterious impact of forced migration on an individual’s development and functioning (Capezuti, Boltz, Renz, Hoffman, & Norman, 2006; Chen, Zimmerman, Sloane, & Barrick, 2007).

It is within this latter category of forcibly displaced people, that the refugees, asylum seekers, and internally displaced persons befall. With emphasis on the territorial nature of displacement, UNHCR differentiates between refugees and
internally displaced persons. While refugees are those who cross a formal national or international border for protection and/or to avoid potential harm, *Guiding Principles on Internal Displacement* (UNHCR, 1998) define internally displaced persons as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border” (UNHCR, 2008).

Similar to refugees, internally displaced people are frequently considered as a population at great risk for mental and/or physical health problems given their history of conflict induced displacement, persecution, torture, and trauma. More than often, the survivors of pre-displacement violent conflict have had lost their family members, friends, livelihood, familiarity, and identity, and have experiences of trauma due to intimate exposure to brutality. Subsequent displacement further leaves them psychologically scarred and with the intricate network of social interaction deeply torn, they tend to undergo low-grade but long lasting mental health problems (MacDonald, 2007).

Across populations and cultures, researches have reported poor mental health outcomes and greater incidence of physical syndromes for forcibly migrated individuals as compared to voluntary migrants (Marshall, Schell, Elliot, Berthold, & Chun, 2005; Porter & Haslam, 2005; Russett, Ghobarah, & Huth, 2003; Sabin, Lopez, Nackerud, Kaiser, & Varese, 2003). They tend to exhibit relatively high levels of physical and psychological dysfunction especially during the first two years of resettlement, while serious and pervasive adjustment problems such as high levels of somatization, depression, and post traumatic stress disorder (PTSD) have been noted even many years after resettlement (Budman, Lipson, & Meleis, 1992; Chung & Kagawa-Singer, 1993; Mollica et al., 1999; Sabin et al., 2003).

Hence, individuals who have experienced internal displacement or forced migration have been identified as one particular at-risk population. While internal
displacement trauma has a plethora of potentially devastating consequences, there is also the possibility that individuals nevertheless function effectively and competently in a variety of areas (Castro & Murray, 2010; Galea et al., 2003). As a theoretical framework, resilience is useful in understanding positive outcomes in such at-risk populations. Resilience may facilitate our understanding of why certain survivors of forced exodus function adaptively and achieve positive outcomes. Such individuals who adapt and cope in spite of their traumatic experiences are an ‘untapped source of information and understanding about the processes of adaptation and resilience’ (Wilkes, 2002).

**History of the problem**

Kashmir, once known for its pristine beauty, is today hailed singularly as a land of international dispute, terrorism, violence, and constant unrest. Long time back, the valley provided abode to various communities, with Kashmiri pandits (Hindus) compromising 8% of the total populace (Digest of Statistics, 2001), all living in relative peace and harmony. However, the year 1989 shook the foundations of life in Kashmir valley, as amidst allegations of election fraudulence, a violent insurgency, initiated and buttressed by ‘anti-India’ militant groups and aimed at removal of Kashmiri pandits, broke out throughout the land (Panun Kashmir Movement, 2004). In the name of ethnic cleansing, a series of torture and atrocities were unleashed. Fields were burned, properties were forcibly taken over or demolished, pandit men were lynched, branded with hot irons, or drowned, women were raped, and children were abducted, slaughtered, or sometimes even sawed into pieces (Warikoo, 2001). In the face of inevitable death and crippled by an unprecedented crisis, thousands of pandits were uprooted and were ultimately forced to leave the land that was once ‘the source of their birth, allegiance, pride, livelihood, and their spiritual inspiration’ (Saha, 2009) and that too within a short span of one week to fortnight (Zutshi, 2002). Thus, India’s largest situation of internal displacement (Mandal, 2009) stemmed out of the challenged status quo of Kashmir (in the north-western state of Jammu and
Kashmir) between India and Pakistan, and/or between militants seeking either independence or accession to Pakistan, and Indian security forces.

It had been estimated that during the period of 1989 and 1990, approximately 95% of all Kashmiri pandits, roughly amounting to a number of 242,758-250,000 fled the valley while over 1,000 pandits were killed (Evans, 2002). Out of the 56246 families who had migrated from the valley, 34305 families, i.e., a number of 240,000 relocated in Jammu city, and 19338 i.e., around 100,000 families relocated in Delhi and 2603 in other states (Ministry of Home Affairs, Government of India, 2002; Observer Research Foundation, 2003). While majority of the migrants (56.55%) lived under their own arrangements with friends, relatives etc., and in hired accommodation, 4778 families in Jammu and 238 families in Delhi stayed in relief camps.

Specifically in Jammu city, the relief camps were located at Battal Ballian (385 families), Jheri (265 families), Mishriwala (681 families), Muthi-I (490 families), Muthi-II (486 families), Purkhoo-I (404 families), Purkhoo-II (250 families), Purkhoo-III (916 families), Nagrota-I (402 families), Nagrota-II (97 families), Nagrota-III (104 families). In Delhi, 238 families lived in various camps at Hauz Rani, Bapu Dham, Moti Nagar, Palika Bazar, and Baljeet Nagar (Ministry of Home Affairs, Government of India, 2002).

With respect to displacement status of Kashmiri pandits, the term ‘migrant’ under the category of forced unplanned migration is used by the Government of India to represent them (Ellis & Khan, 2003; Saha, 2009). However, as the Kashmiri pandits fit into the definition of internally displaced people provided by the Guiding Principles on Internal Displacement (UNCHR, 1998), the International Humanitarian Community recognized the Pandits as ‘Internally Displaced People’ (IDPs) i.e., people who had fled their homes under the threat of violence yet remained within the borders of their original country (IDMC, 2006).
Post displacement life

The sufferings of Kashmiri migrants didn’t end with their escape from the conflict-driven valley. The trauma of forced exodus and the exposure to an alien and hostile environment were further compounded by the problems of acclimatization, acculturation, lack of financial, health, and social status, and loss of social network (Madhosh, 2001; Raina, 1994). These findings were especially true in case of migrants who were forced to live under pitiable conditions in the camps (Chowdhary, 2002), wherein camps are defined as temporary tented cities, supplied wholly from the outside (Black, 1998).

They had been housed in tents or one-room tenements of about 100 square feet, living on petty doles, bereft of basic amenities like drinking water, drainage and sewerage, absence of proper lavatory facilities, poor housing, squalid quarters, over-crowding, extremes of climate, lack of healthcare facilities, and joblessness (Chowdhury, 1994; Dewan, 1994; Saha, 2009). Others had been on the move in search of shelter and livelihood, and had been living a nomadic existence. Unprecedented changes in the health dimensions and a sharp rise in the physical and psychological health illnesses had been reported in these set of migrants especially those related to cardiac conditions and neurological disturbances. Premature ageing and premature death, unnatural death, high incidence of serious and potentially fatal diseases, affliction with multiple disease syndromes, premature menopause and reduced fertility span, diminished libido, and lack of desire to live had been commonly observed (Chowdhary, 2002), along with widespread depression, anxiety disorders, phobias and panic attacks, post-traumatic disorders, neurosis, sleep disorders, and psychosis (Dhingra, Manhas, & Thakur, 2005; Marshall, 1999). As compared to controls, Kashmiri migrants had significantly higher prevalence of depression, and PTSD (Banal et al., 2010; Margoob et al., 2006). The migrants were also at greater risk of developing generalized anxiety disorder due to problems of adjusting to a new culture, feeling of inferiority, alienation, and breakdown of social fabric of the migrants (Banal et al., 2010).
Yet, despite such considerable risk and vulnerability, evidence is emerging that a considerable proportion of Kashmiri migrants continue to thrive and achieve adaptive outcomes. For instance, it has been found that Kashmiri pandit migrants have been able to retain their high literacy and high female status in the new habitats. Quite contrary to the national scenario, the overall sex ratio of Kashmiri migrants is highly in favor of females (Banal et al., 2010). Hence, it calls for the researchers to study what protective factors are at play in this resilient group of people.

**Formulation of the Research Problem**

Migration is a hard and heartless matter in terms of ‘what is abandoned in the homeland and what is usurped in the new one’, and in terms of survival of identity, so much so that it is considered as one of life’s major transitions (Shah, 2012). The process of migration is extensive, difficult, stressful, and in a lot of cases, traumatic. The review of studies on spatial mobility during the last few decades affirms that migration has achieved the status equal to any other population problem (IDMC, 2014). Adjusting to a new life, in a new community and environment, provides many challenges and requires many sacrifices including ambiguity, acculturation, and resettlement (Willgerodt, Miller, & Mc Elmurry, 2002; Williams & Berry, 1991). Migration disrupts every aspect of an individual’s life, resulting in the need to restructure one’s way of looking at the world as well as meaning making of the whole situation (Parkes, 1971; Santos, Bohon, & Sanchez-Sosa, 1998).

Specifically in context of internal displaced persons or those who are forced to migrate against their will, pre-displacement isolation accompanied by physical and/or psychological trauma is well documented. The displacement, thus caused, is often accompanied by exposure to violence and human rights violations (Sudan, 2010) and has adverse effects. Vulnerabilities in case of forced migrants comprise of physical and mental weaknesses, defenselessness, unprotectedness, fragility and exposure to undesirable conditions/ factors, and lack of access to health and social services (Chatterjee, 2006). Other factors which tend to challenge resilience in displaced people have also been identified in the literature. These included- language and
cultural barriers, racism and discrimination, and labeling or trauma stories (Hutchinson & Dorsett, 2012). Despite the afore mentioned commonalities in the experience of displacement, variability exists in terms of the nature of political turbulence prior to displacement, the length of time of displacement, sources of support, the social and economic conditions in which displaced persons are located, and the demographic characteristics of the displaced population.

Resilience theory provides a useful framework for understanding the experience of forced migration (Castro & Murray, 2010). Within this context, resilience is defined as positive adaptation to the stressors and challenges of migration, that is, an outcome that develops from persistent efforts at coping with the multiple and often chronic stressors encountered during the pre-displacement phase and within the new environment.

A Sequential Model of Adaptation for Migrants (Castro & Murray, 2010) has been outlined that includes precipitating and environmental factors (within one’s homeland and within the new host community) that present specific challenges in the process of migration, and subsequent adaptive coping (Figure 1).

This model serves as a one of the guiding frameworks for the formulation of the research problem by integrating components of both the migration theory and resilience theory (Castro & Murray, 2010). It suggests culturally adaptive short- and long-term pathways to resilient outcomes following migration with reference to the diverse contexts and circumstances in which these forms of cultural adaptation can occur.

The process of migration begins while the person is still in his/her homeland. In case of displaced persons, this period is marked by lack of intent to migrate, catastrophic pre-displacement conditions, fear for life and property, and finally the decision to evacuate without any prior preparation. The migration context can be voluntary or involuntary, planned or unplanned, and may involve movement within one’s home country or across international borders depending upon the triggering event for displacement, usually some level of trauma (Thomas & Thomas, 2004).
Figure 1. A Sequential Model of Adaptation for Migrants. Adapted from Castro and Murray (2010)
The resettlement experience is affected by socio-political climate, assimilation in the host community, resettlement challenges like language barriers, navigation of new cultural landscapes, changes in social networks and supports, and the logistical details of securing lodging, food, and other basic necessities (Padilla, Cervantes, Maldonado, & Garcia, 1988). Internal displacement may end quickly or last generations, depending on the pre-flight cause (Mooney, 2005). The post-flight phase of displacement, if prolonged and accompanied by continuing and/or increased adversity can have detrimental impacts on physical and mental health (Porter & Haslam, 2005). On the other hand, the likelihood of positive adaptation is influenced by factors that facilitate the migrant’s integration into the new society or environment, as well as other factors that aid in the acquisition of new cultural competencies, including acquiring new knowledge about cultural and social customs, learning new occupational skills and linguistic skills, establishing new networks of neighbors, acquaintances, friends, and others who can offer social support, coping resources, and differential perceptions of life circumstances (Castro & Murray, 2010; Christopher & Aroian, 1998). Protective factors within ‘resilience’ as a concept are likely to be many and varied. These factors tend to co-exist in the pre and post displacement periods, and are conducive to positive outcome of migration, acculturation, and alienation processes (Abramson, Stehling-Ariza, Garfield, & Redlener, 2008; Netuveli, Wiggins, Montgomery, Hildon, & Blane, 2008; Siriwardhana & Stewart, 2013).

Further, resilience is an inferential and contextual construct that requires two major kinds of judgements (Masten, 1999, 2001; Masten & Coatsworth, 1995, 1998).

The first judgment addresses the threat side of the inference. Individuals are not considered resilient if there has never been a significant threat to their development; there must be current or past hazards judged to have the potential to derail normative development i.e., a demonstrable risk. In many cases, risks are actuarially based predictors of undesirable outcomes drawn from evidence that this status or condition is statistically associated with higher probability of a ‘bad’ outcome of the future (Kraemer et al., 1997; Masten & Garmezy, 1985). Many risk
factors, ranging from status variables such as biological child of a parent with schizophrenia or low socioeconomic status to direct measures of exposure to maltreatment or violence, are well-established statistical predictors of subsequent developmental problems, either specific or a broad spectrum of difficulties (Masten & Wright, 1998; Masten & Garmezy, 1985). With regard to internal displacement, risk factors include atrocities experienced directly or witnessed during armed conflict like sexual violence, the death or disappearance of family and friends, or the use of force and torture by a repressive regime (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008; Pope & Garcia-Peltoniemi, 1991). Additionally, living in resettlement camps and post-migration stressors like learning a new language and culture, adjusting to new gender and familial roles, accessing services, and learning new skills (Akinsulure-Smith, 2009; Blanch, 2008; Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002; Sue & Sue, 2008) tend to have serious and devastating consequences for their physical, psychological, and psychosocial functioning (Keyes, 2000; Porter & Haslam, 2005; Sue & Sue, 2008).

The second judgment involved is the positive adaptation or developmental outcome despite the traumatic event and is collectively known as protective factors, which contribute to the development of resilience (Brooks, 1994) and increase the functioning of an individual even under conditions of unfavorable and traumatic events. These protective factors include personal factors like positive affectivity (Tugade & Fredrickson, 2004), satisfaction with life (O’Rourke, 2004), and environmental factors like family and community support (Schweitzer, Greenslade, & Kagee, 2007) in general as well as internally displaced persons.

The mass migration following 1989 insurgency in Kashmir valley has been coupled with psychosocial problems of multiple dimensions (Dhingra et al., 2005; Muju, 1992; Raina, 1994). Exposure to terrorism, forced migration, lack of privacy, lack of basic facilities, and inability to maintain socio-cultural identity have proved to be risk factors yet a percentage of this community of Kashmiri migrants have succeeded in maintaining their mental equilibrium, adapting themselves to the new
facets of life and some of them have even excelled in their respective fields through varied pathways including individual’s pattern of responding to stress, quality of key relationships, and the level of social support around the stressful period (Abramson et al., 2008; Netuveli et al., 2008). Hence, the current research problem has been formulated in the context of forced migration as a potential risk factor within the ‘risk and protective factors’ paradigm.

Relevance of the study

Although the experiences of migration can be as diverse as the peoples of the world, the study of migration is a valuable endeavor because new knowledge from these immigration studies can benefit hundreds of millions of migrants and refugees throughout the world. The present study assumes significance as part of an exercise to understand the emerging pattern of resilience as developed by migrant segment of population displaced from their original habitat due to politico-ethnic compulsions.

Clearly, individuals who are forcibly displaced from their homeland differ considerably from individuals who are able to plan their migration. Therefore, internally displaced people are frequently considered as a population at great risk for mental and/or health problems with deleterious factors typically precipitating migration, as well as by the social disadvantages which follow such as problems with food, shelter, education, healthcare, finances, employment and discrimination (Bhugra, 2004; Porter & Haslam, 2005). Thus, IDPs can benefit greatly from programs and policies that provide protection, safety, and social supports when resettling into a new country (Davidson, Murray, & Schweitzer, 2008; Porter & Haslam 2005).

It is becoming increasingly evident that internal displacement is one of the most pressing humanitarian problems faced by the global community (Kunder, 1999) and “though internal displacement is not a new phenomenon, the current scale of the problem is unparalleled” (Pollock 2013, p. 8). Hence, the study of ‘resilience’ warrants relevance in the context of Kashmiri migrants and internally displaced people at large (Almedom et al., 2005; Siriwardhana & Stewart, 2013).