

Insurgency has Generated a State of Mental Trauma in Kashmir

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Abstract

In the current paper an effort has been made to study the negative consequences of insurgency on population of Kashmir. As we already know that Jammu and Kashmir is under the grip of political unrest since 1989 onwards, which caused disturbing rise in psychological health disorders. The constant unrest and violence has developed a state of anxiety, fear and tension among the people of state especially among the inhabitants of Kashmir valley. Due to unending unrest there has been a shocking rise in Mental Health Problems and trauma linked cases which put negative impact on overall health conditions of the residents of valley.

Keywords: Insurgency, Mental trauma, Kashmir.

1. Introduction

There is no doubt that the word 'Insurgency' has come to symbolize a state of lawlessness and armed revolt against the state. The important element associated with the phenomenon is the fact that neither are the insurgents, organizations granted any formal recognition within the state structure, nor are their means of expression of dissent recognized as legal and legitimate. On the other hand, the insurgent bodies also do not recognize the state as in any way a lawfully constituted body; and hence they have no hesitation in denying its legitimacy. Therefore, the entire process of an interaction between the two is represented by mutual antagonism, or mutual violence. The root point in this discourse is the question of 'legitimacy' and 'illegitimacy' of their mutually exclusive existence in the fabric of polity, except the occasional violent contacts and confrontations. (Battacharjee, 2007)

Bard O'Neill: "A struggle between a non-ruling group and the ruling authorities in which the non-ruling group deliberately uses political assets (e.g. organizational expertise, propaganda and demonstrations) and violence to destabilize, reformulate, or sustain the basis of legitimacy of one or more aspects of politics".

2. Objectives

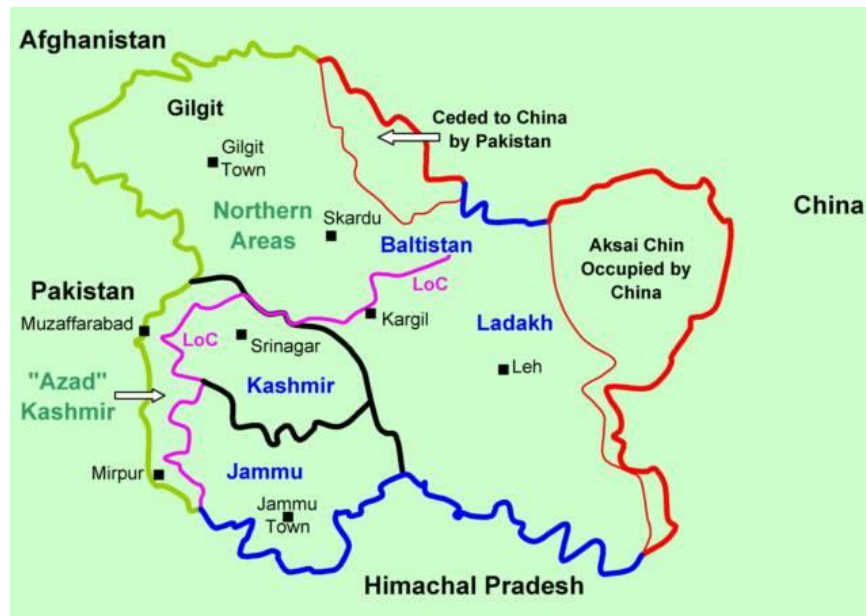
To analyze that insurgency has created a state of mental trauma in Kashmir.

3. Methodology

The facts for the current study has been compiled from secondary sources. Official records of Government of Jammu and Kashmir, journals, newspapers, books, published and unpublished works and many search engines have also been used.

4. Kashmir Insurgency

Kashmir is located in the northern part of Indian subcontinent. The word 'Kashmir' generally describes the valley just to the south of the westernmost end of the Himalayan range. Politically the word Kashmir consists a much greater area which includes the areas of Jammu, Kashmir and Ladakh. The main vale of Kashmir is fairly low and very productive, bounded by glorious mountains and nourished by numerous streams rolling down from adjoining valleys. It is also known as one of the most fabulous and gorgeous destinations in the world. Srinagar the earliest capital lies near the Dal Lake and is renowned for its waterways and house boats. From time to time Srinagar acted as an ideal summer capital for many foreign subjugators and Invaders. Just the external side of the city the attractive Shalimar gardens are located which were shaped by Jahangir the ruler in 1619.



The state is at present divided between three countries, Pakistan holds the control over northwest portion (Northern Areas and Azad Kashmir), India views these areas as “Pakistan-occupied Kashmir” (POK). India holds its grip on the central and southern portion (Jammu and Kashmir), and the People’s Republic of China holds the northeastern portion (Aksai Chin). India has never legally recognized the agreement of the areas claimed by Pakistan and China, Pakistan looks the whole Kashmir area as an undecided region, and does not recognize India’s right over the area to be true.

Occupier	Area	Population	Muslim	Hindu	Buddhist	Other
Pakistan	Northern Areas	3 million	99%	—	—	1
	Azad Kashmir		99%	—	—	1
India	Jammu	9 million	30%	66%	—	4%
	Ladakh		46%	—	50%	4%
	Kashmir Valley		95%	4%	—	1
China	Aksai Chin	—	—	—	—	—

Source: Statistics from the BBC in Depth report

Jammu and Kashmir is a well-known territorial clash between India and Pakistan and most of the western made maps use a dotted line to demarcate states undefined borders. Kashmir is much more than a dispute over real estate, a matter of national prestige, or a threat to Indian secularism. If the country continues to remain desensitized to the human tragedy that is Kashmir with lakhs of persons became refugees in their own land and to the mounting toll of precious human lives, then the very existence of India as a civilized entity will be gravely threatened (Puri, 2012).

4.1. Impact of Insurgency on Domestic lives of People

Efforts to peacefully settle down the age-old dispute between India and Pakistan over Kashmir remain ineffective. The clash resulted an armed rebellion in Kashmir in 1989, and thousands of lives became the victim of this long-lasting conflict and the conflict also led two countries (India and Pakistan) to three complete and one low intensity war, and continue to threaten the peace and security situation in South Asia (c-r.org).

The origin of Kashmir conflict dates back to 1947 and erupted in December 1989 when Indian troops launched a ruthless suppression on growing violence by insurgent groups primarily in Muslim Kashmir valley. The suppression was viewed as harshness against civilians, which include the shooting on defenseless demonstrations, civilian genocide and summary executions of captives. At the same time the insurgent groups who achieved arms and training from Pakistan, carried out their attacks, murdering and threatening of Hindu occupants in valley, abductions and shootings of government officials, civil servants and alleged informers and carried out sabotage and terror campaigns. During the beginning of conflict, nearly 6,000, and maybe double that number, have been killed by both sides and almost one lakh (100,000) Hindus, have escaped from the valley due to insecurity reasons (Human Rights Watch and Physicians for Human Rights, 1993).

Below table highlight the incidents and Fatalities from 1988-2017.

Year	Incidents	Civilians	Security Force Personnel	Terrorists	Total
1988	390	29	1	1	31
1989	2154	79	13	0	92
1990	3905	862	132	183	1177
1991	3122	594	185	614	1393
1992	4971	859	177	873	1909
1993	4457	1023	216	1328	2567
1994	4484	1012	236	1651	2899
1995	4479	1161	297	1338	2796
1996	4224	1333	376	1194	2903
1997	3004	840	355	1177	2372
1998	2993	877	339	1045	2261
1999	2938	799	555	1184	2538
2000	2835	842	638	1808	3288
2001	3278	1067	590	2850	4507
2002	NA	839	469	1714	3022
2003	NA	658	338	1546	2542
2004	NA	534	325	951	1810
2005	NA	521	218	1000	1739
2006	NA	349	168	599	1116
2007	NA	164	121	492	777
2008	NA	69	90	382	541
2009	NA	55	78	242	375
2010	NA	36	69	270	375
2011	NA	34	30	119	183
2012	NA	16	17	84	117
2013	NA	20	61	100	181
2014	NA	32	51	110	193
2015	NA	20	41	113	174
2016	NA	14	88	165	267
2017	NA	57	83	218	358
Total*	47234	14795	6357	23351	44503

Source: Figures are gathered from news reports and are provisional (satp.org).

4.2. Insurgency and Mental Trauma

Globally, mental health disorders are the chief causes of illness and disability. Mental illness leads to declined productivity and also put adverse impact on the quality of life of affected individuals and their families. Yearly, over 450 million people, globally experience mental health disorders, but only few get access to medical services. Besides this the populations suffering from armed conflict experience cerebral, psychological, social and traumatic issues. During the past few decades huge ratio of mental illness in the Kashmir Valley has been witnessed by mental health practitioners (msfindia.in).

Armed revolt has put serious impact for the whole state and especially for the occupants of Valley irrespective of their age, sex, caste, faith or livelihood. All have experienced the impact of armed conflict at varying degree in state as well as in valley. All phases i.e. social, commercial and political get affected to a great extent due to constant armed struggle in Kashmir. Same is the condition of health aspect of society and more predominantly the mental health has worsened to a great extent due to ongoing armed struggle (Bhat and Moorthy, 2016).

The constant violence, insecurity and poor future perspective put heavy pressure on the naturally coping mechanism of the people of Kashmir. Lot of people in the state especially in valley became the victims of stress, psychological issues, nervousness and post-traumatic disorder. Mental health specialists in the summer capital of state 'Srinagar' experienced that there has been a surprising rise in the number of tension and trauma linked cases in Kashmir valley and these issues have also given rise to general health issues like diabetes, cardiac issues and hypertension. There is an alarming rise in the past decade in number of cases related to trauma. It is shocking that the state of Jammu and Kashmir, where the insurgency is raging, has maximum rate of suicides also. Mental disorders amongst men and women have shown a worrying rise when compared to pre-insurgency days in 1989.

Number of patients who visited valley's only psychiatric hospital at Rainawari

Year	Number of patients
1985	775
1989	1,700
1994	18000
1996	20,000
1999	35,000
2001	38,000
2002	45,000
2003	50,000
2005	70,000
2006	82,000

Records from the outpatient department of Srinagar's Hospital for psychiatric Diseases showed that in the 1980s nearly 100 people were visiting for treatment in a week, currently 200 to 300 peoples suffering from such kind of problem visit Psychiatric Hospital on weekly basis. Before the rise of violence certain mental health disorders, which were unfamiliar to Kashmir, have shown an unbelievable existence after conflict. One such disorder namely Post Traumatic Stress Disorder (PTSD) became common in the valley. No incident of this kind was reported in early 1990s, this type of disorder was absolutely unknown in Kashmir valley before insurgency as the circumstances were nonviolent, but now 15 to 20 percent patients in outpatient department (OPD) are victims of this type mental disorder. The treatment for this mental condition is challenging in a situation like Kashmir and the patients suffering from such disease needs a nonviolent situation, which Kashmir still cannot afford. In SKIMS, one of the urban hospitals, above 200 people were investigated with organ phosphorus poisoning. The male-female calculation here is the similar as in SMHS. According to a study conducted by Dr. G M Malik, Professor in the Department of Medicine, SMHS hospital, a random sample of 164 Para-suicide cases showed that 114 were females (69.51 per cent) and 50 (30.49 per cent) males. The horror, tension, trauma and uncertainty prevailing in the state are the chief causes behind the rise in suicides (Mushtaq and Fatima, 2016).

5. Conclusion

The state of Jammu and Kashmir in past as well as in current is confronting with several challenges and the question here arises how to manage these obstacles in order to maintain stability in the state especially in valley. No doubt insurgency is regarded as one of the key factor which alter the peace in the region and create several health disorders, among them Post Traumatic Stress Disorder (PTSD) became very popular and people of state especially residents of valley were completely unaware about such kind of mental disorder before insurgency. It is difficult for the patients suffering from such kind of disorder to get cured in a condition like Kashmir as these patients need a peaceful environment which Kashmir still cannot provide. Mental health specialists in the state argued that there has been a surprising rise in the number of stress and trauma related cases in the state especially in the Kashmir valley and these problems have also given rise to overall health issues. In order to tackle with these problems, we have to study the issues thoroughly which gave birth to such kind of health disorders. By addressing the core issues would help us to shape up the better future of state.

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