

WOMEN AND CONFLICT: A CASE STUDY OF PSYCHOLOGICAL ISSUES IN HALF WIDOWS OF KASHMIR.

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ABSTRACT

It is an established fact that conflict of Kashmir has given rise to different kind's turpitudes and has touched the lives of all people in one or other way. However, the conflict has affected women folk so severely that apart from widows a new vulnerable group of women has emerged known as half widows. In this backdrop, the present study is an account to highlight various psychological problems among half widows of Kashmir. The sample of the study consisted of 120 half widows belonging to district Srinagar and Baramulla. For the purpose of gathering the information from respondents Mental Health Inventory of Davies, Sherbourne, Peterson, & Ware (1988) was used. The scale consists of 38 items which are further divided into six dimensions namely, Anxiety, Depression, Loss of Behavioral and Emotional Control, General Positive Affect, Emotional Ties and Life Satisfaction. Moreover, the scale was translated into Urdu language keeping in view the educational background of the respondents. The data collected from respondents was subjected to statistical analysis and revealed that majority of the respondents scored higher in anxiety, depression, and loss of behavioral and scored lower in emotional ties, life satisfaction and positive affect. The highlights an important fact that an empathic approach is needed to deal with this population so that they can be rehabilitated and mainstreamed. It is thus very imperative that for the effective wellbeing of the widows, they need to be properly handled by family members, friends and the society at large.

Keywords: Half Widows, Conflict, Mental Health, Depression, Life Satisfaction.

Introduction

The state of Jammu & Kashmir has also a unique history, when the topic of human rights violation and enforced disappearances is touched. Since the inception of insurgency there have been thousands of disappearances in Kashmir. The insurgency in Kashmir which began in 1989 brought forth a unique category of women known as 'half-widows'. Half-widows are the wives of the disappeared men in Kashmir, who are uncertain about the status and whereabouts of their husbands. Moreover, the sad twist is that this category of women has no legitimacy of law since they are born out of the disappeared husband (Bhattacharya, 2016). As a result, these woman relatives of the disappeared persons confront intersecting economic, social, and psychological harm in different ways than male relatives. Women experience more severe poverty and victimization when the disappeared person is the family's main or even sole breadwinner, thereby pushing these families into extreme poverty (Alvites, Alvites and Alvites, 2007). Most of the women suffer from anxiety and depression and require medication. Almost 50% of female patients suffer from Posttraumatic Stress Disorder which experts believe is due to the sudden assumption of male responsibilities, psychological trauma, reported and unreported sexual violence and the overall stressful environment which is largely contributing to the worsening mental health (Zia, 2007, 2009).

One of the major study titled 'Disappeared Persons and Conditions of their Families in Kashmir' under the supervision of Prof. Dabla surfaced lamentable convivial and psychological conditions of families of disappeared persons. The study reveals that 42% of the respondents reported experiencing

nightmares while 13.28% reported truculent behavior. In addition, the study reveals that social segregation and taboos annexed to families of disappeared persons have given elevate to health quandaries such as hyper vigilance, fallback, sleeplessness, nightmares, trauma and other emotional complications. Respondents identified an increase in diabetes, vision impairment, hearing impairment, renal and gastric quandaries besides arthritis. Further the study reveals that families of disappeared persons have been repining of irritability, muscle tension, melancholy and aggressiveness. Loss of patriarchal ascendancy has resulted in convivial disorganization, maladjustment, juvenile delinquency, crime and drug addiction (Dabla, 2012). Another study carried on the families of disappeared persons revealed psychological, physiological and mental complications among parents especially illiterate mothers who suffer from astringent level of despondence, sadness and suicidal cerebrations (Uzma & Nisar, 2013).

Similarly, enforced disappearances negatively affect women's mental health. Common reported symptoms include nightmares, anxiety, depression, guilt, anger, numbing of emotions, avoidance, constant alertness, and disturbed sleep (ICRC, 2009). While for some women the stress of a disappearance is expressed somatically as high blood pressure, chronic tiredness and chronic pain (Robins and Simno, 2010) others have reported in the form of mental impairment and lapses in memory (Gracia and Chirix, 2006). This accentuates the fact that uncertainty about the fate of the disappeared person increases stress, with family members experiencing everything from anguish over the possible death of the loved one to the hope that they may someday miraculously return alive (National Commission for Truth and Reconciliation, 1993). Other studies have reported extreme and frozen grief in the women family members of disappeared persons as they are deprived of certainty about the remains of their loved ones resulting in an inability to mourn adequately or perform grieving rituals (Blaauw, Margriet, and Virpi, 2002). This inability to grieve properly has prevented them from moving on in their life (Arnos and Maitane, 2012). Other women have learned to internalize their grief which at times has pushed them into a state of isolation (Yakinthou and Christalla, 2015). This state of frozen grief along with feeling of uncertainty among women has in many countries resulted mummification in which family members preserved the bedrooms and offices of disappeared persons just as they left them (Hamber and Brandon, 2000). In other cases, women still keep the clothing of the missing person (Hahn and Segal, 1996) and refuse to move homes in case their loved one returns (Hamber and Brandon, 2000). Physical and mental health problems, especially among women members emanating from enforced disappearances can persist if left untreated, with the potential to develop into more serious conditions. Therefore, it is opportune time that this vulnerable population needs to be sympathized and uplifted so that their lives are made easy live and proper justice is provided to them. Keeping in view the plight and agony of these women family members of disappeared persons, the present study will be an attempt to study psychological issues in half-widows with following objective:

- 1) To assess the levels of psychological issues (*anxiety, depression, loss of behavioral and emotional control, general positive affect, emotional ties and life satisfaction*) in half widows of Kashmir.

Methodology

Sample: The sample in the present study consisted of 120 half widows selected randomly from two districts of Kashmir valley namely, Srinagar and Baramulla. Initially there was no information regarding the statistics and location of half widows. So in order to reach out the population, the researchers approached an NGO namely, Association of Family Members of Disappeared persons of Kashmir (**APDP**)

headed by Parveena Ahanger. The organization provided a detailed list of those families of Kashmir whose family members were disappeared since 1989. From the respective list, the researchers selected the two districts (Srinagar and Baramulla) with the logic that as compared to other districts of Kashmir, these two districts were having highest number disappearance cases (**134 and 201**) respectively. However, a great large number of cases were removed from the lists as they were not having exact location and residential addresses for making data collection smooth and easy. Hence the final list consisted of 56 and 64 families from Baramulla and Srinagar respectively. Later Tippets random list of numbers was used to select the sample for the present study. The final inclusion criterion for the sample selection used was as:

- 1) Those women who were married at the time of disappearance of their husbands.
- 2) Those women who were having children at the time of disappearance of their husbands.
- 3) Those women who were not divorced by their husbands at the time of disappearance of their husbands.
- 4) Those women who had not re-married after the disappearance and,
- 5) Those women who were still living in the respective houses of their disappeared husbands.

Research Tools

Keeping in view the educational level of the sample group the investigator was left with two choices for collecting the information from the respondents:

- 1) To convert the standard scale into Urdu language as most of the respondents knew Urdu language.
- 2) To convert all the tool into interview schedule to get responses from the illiterate sample group.

After a thorough discussion with experts, it was decided to apply both the measures. Hence, the scale was first of all converted into Urdu language by experts keeping in consideration all technical requirements for the same. The interview schedule was also prepared for illiterate group again by consulting the experts. The scale that was converted into Urdu language and interview schedule was:

- 1) Mental Health Inventory by Davies A. R., Sherbourne, C. D., Peterson, J.R., & Ware, J. E. (1988) for assessing mental health status.

Mental Health Inventory by Davies A. R., Sherbourne C.D., Peterson, J.R., & Ware, J. E. (1988). The scale consists of 38 items further divided in to six subscales, three of which are negative aspects of mental health (Anxiety, Depression and Loss of Behavioral and Emotional Control) while the three are positive aspects of mental health (General Positive Affect, Emotional Ties and Life Satisfaction) with their respective items that is, anxiety (3, 11, 13, 15, 25, 29, 32, 33, 35), depression (9, 19, 30, 36), loss of behavioral and emotional control (8, 14, 16, 18, 20, 21, 24, 27, 28), general positive affect (4, 5, 6, 7, 12, 17, 26, 31, 34, 37), emotional ties (10, 23) and life satisfaction (1). The full-length version of the Mental Health Inventory has a Cronbach alpha of .93 while the short form has an alpha of .82. In the field testing for the Multiple Sclerosis Quality of Life Inventory the Mental Health Inventory showed good convergent and discriminant validity.

Procedure of Data Collection: On the basis of information about the residences of the selected respondents of the study, the researcher approached them one by one. In order to grant the consent of the respondents, the need and purpose of the present study was explained to them under. After a brief introduction about the happenings of disappearances of their near ones, the schedules were used to get the

required information from them. It was also assured to the respondents that all their information will be kept confidential and will be only used for the purpose of research.

Statistical Measures: The responses collected from the respondents were subjected to various statistical measures by using Statistical Product and Service Solutions version 16.0 (SPSS 16.0). The main statistical techniques used for analyzing data were descriptive statistics (frequency distribution).

Results

Table 1: Frequency distribution of Anxiety of Half Widows of Kashmir (N=120).

Variable	Levels	Frequency	%age
<i>Anxiety</i>	Low	0	0%
	Average	28	23.33%
	High	92	76.66%
Total		120	100%

The above table showing the anxiety levels of half widows indicates that of the total sample of 120, none i.e. (0%) fall in the low levels of anxiety while as 28 (23.33%) fall in the average level of anxiety and 92 (76.66%) fall in the high level of anxiety. the frequency distribution is mentioned below graphically.

Table 2: Frequency distribution of Depression of Half Widows of Kashmir (N=120).

Variable	Levels	Frequency	%age
<i>Depression</i>	Low	0	0%
	Average	38	31.66%
	High	82	68.33%
Total		120	100%

The above table showing the depression levels of half widows indicates that of the total sample of 120, none i.e. (0%) fall in the low level of Depression while as 38 (31.66%) and 82 (68.33%) fall in the average and high level of depression respectively.

Table 3: Frequency distribution of Loss of Behavioral and Emotional Control of Half Widows of Kashmir (N=120).

Variable	Levels	Frequency	%age
<i>Loss of Behavioral & Emotional Control</i>	Low	0	0%
	Average	19	15.83%
	High	101	84.16%
Total		120	100%

The above table showing the levels of Loss of Behavioral and Emotional Control levels of half widows indicates that of the total sample of 120, none i.e. (0%) fall in the low level of Loss of Behavioral and Emotional Control while as 19 (15.83%) and 101 (84.16%) fall in the average and high level of Loss of Behavioral and Emotional Control respectively.

Table 4: Frequency distribution of General Positive Affect of Half Widows of Kashmir(N=120).

Variable	Levels	Frequency	%age
<i>General Positive Affect</i>	Low	24	20%
	Average	58	48.33%
	High	38	31.66%
Total		120	100%

The above table showing the levels of General Positive Affect of half widows indicates that of the total sample of 120, 24 (20%) fall in the low level of General Positive Affect while as 58 (48.33%) and 38 (31.66%) fall in the average and high level of General Positive Affect respectively.

Table 5: Frequency distribution of Emotional Ties of Half Widows of Kashmir (N=120).

Variable	Levels	Frequency	%age
<i>Emotional Ties</i>	Low	88	73.33%
	Average	29	24.16%
	High	3	2.51%
Total		120	100%

The above table showing the levels of Emotional Ties of half widows indicates that of the total sample of 120, **88 (73.33%)** fall in the low level of Emotional Ties while as **29 (24.16%)** and **3 (2.51%)** fall in the average and high level of Emotional Ties respectively.

Table 6: Frequency distribution of Life Satisfaction of Half Widows of Kashmir (N=120).

Variable	Levels	Frequency	%age
<i>Life Satisfaction</i>	Low	101	84.16%
	Average	18	15%
	High	1	0.83%
Total		120	100%

The above table showing the levels of Life Satisfaction of half widows indicates that of the total sample of 120, **101 (84.16%)** fall in the low level of Life Satisfaction while as **18 (15%)** and **1 (0.83%)** fall in the average and high level of Life Satisfaction respectively.

Discussion

The present study was aimed to assess the psychological issues of half widows of Kashmir. The frequency method showed that of the total sample (120), majority of respondents scored higher in anxiety, depression and loss of behavioral and emotional control. This indicated that there is the evidence of grave psychological issues prevailing among half widows. The results of the study also revealed that there is the absence of life satisfaction, emotional ties and positive affect in half widows. These results are substantiated by the results of Uzma & Nazir, (2013) who revealed that female folk of the family members of disappeared persons show an aggravated levels of depression with more suicidal and sadness thoughts. Similar results were found in a landmark study, which highlighted that majority of family members of

disappeared persons especially women suffer from high level of psychological and physical problems including irritability, muscle tension, melancholy, aggressiveness, drug addiction, hyperactive vigilance, fallback, sleeplessness, nightmares, trauma and other emotional complications (Dabla, 2012). The above results are also in congruence with results of Goldberg, Breckenridge & Sheikh (2003) who found higher levels of depression and anxiety in family survivors of conflict. The studies of Amoran, (2005) and Abdallah and Ogbeide, (2002) have also concluded that a higher rate of mental illness exists among the half widows. Even a study conducted by Chen, Bierhals, Prigerson, Kasl, Mazure and Jacobs (1999) concluded that half widows had higher mean levels of traumatic grief, depressive and anxiety symptoms. Hence, enforced disappearances negatively affect women's mental health. Common reported symptoms include nightmares, anxiety, depression, guilt, anger, numbing of emotions, avoidance, constant alertness, and disturbed sleep. For many women, the stress of a disappearance is also expressed somatically as high blood pressure, chronic tiredness, and chronic pain. It can be said that women in general and half widows in particular experience of conflict disproportionately as compared to men and suffer psychologically in terms of trauma, depression, abuses and shouldering of family responsibilities alone in the absence of male counterpart.

While some early researchers linked the psychological challenges faced by families of the disappeared to post-traumatic stress disorder (PTSD), a more opportune description is that women and other family members are dealing with "ambiguous loss." The ambiguous loss model apperceives that the source of stress for families of the disappeared is external and perpetual, differing greatly from PTSD, which stems from discrete earlier traumatic experiences. Others have framed the psychological impact of enforced disappearances on half widows as frozen, interrupted, or perplexed grief. Unlike those whose near ones were killed outright through state violence, relatives of the vanished are deprived of certainty and the remains of their doted ones; they, ergo, feel unable to adequately mourn or perform grieving rituals. For example, Argentinean women reported that their inability to grieve averted them from moving on with their lives. Women in Lebanon reported that they had to internalize their grief and "become vigorous like a man," which at times led to feelings of isolation (Polly Dewhirst and Amrita Kapur, 2015).

Conclusion

The present study aimed to study psychological issues among half widows of Kashmir revealed a very miserable picture of the respondents. Therefore it is the time for government, non-governmental organization, social activists and academicians to highlight the plight of these widows and provide necessary recommendations for mainstreaming them once again in the socio, economic and political set up so that they can live a dignified life. Moreover, the government needs to take responsibility of these widows and takes initiatives to rehabilitate them. Proper provisions for psychological treatment should be available for the half widows suffering for psychological issues. The children need to be provided educational and economic security so that they can uplift themselves in the future.

References

- Abdallah, D., and Ogbeide, D.O. (2002). Prevalence of mental illness among Saudi adult primary care patients in Central Saudi Arabia. *Saudi Medical Journal*. 23(6):721-724.

- Alvites, Elena, A., and Lucía, A. S. (2007). “Mujer y Violencia Política. Notas Sobre el Impacto del Conflicto Armado Interno Peruano,” *Feminismo/s* 9 (2007): 121–137.
- Amoran, O.E., Lawoyin T.O and Oni O.O (2005). Risk factors associated with mental illness in Oyo State, Nigeria: A Community based study. *Annals of General Psychiatry*. 4(19) 2005.
- Arnoso and Maitane (2012). Mujeres jujeñas y sobrevivientes: narrativas del pasado represivo argentino (1976–1983), consecuencias psicosociales y creencias acerca de la reparación”, *Revista Mexicana de Ciencias Políticas y Sociales* 57(214) (2012): 141–161.
- Blaauw, Margriet, and Lähteenmäki, V. (2002). “‘Denial and silence’ or ‘acknowledgement and disclosure,’” *International Review of the Red Cross* 84(848) (2002): 768-779.
- Chen, J.H., Bierhals, A.J., Prigerson, H.G., Kasl, S.V., Mazure C.M. and Jacobs S (1999). Gender differences in the effects of bereavement-related psychological distress in health outcomes. *Psychol Med*.
- Dabla, B. A. (2012). Disappeared Persons and Conditions of their Families in Kashmir. News Update: Wednesday, November 28, 2012 Kashmir Times. www.kashmirtimes.com.
- Davies, A. R., Sherbourne, C. D., Peterson, J. R., & Ware. J. E. (1988). *Scoring manual: Adult health status and patient satisfaction measures* used in RAND'S Health Insurance Experiment. Santa Monica, CA: RAND Corporation.
- Dewhirst, P and Kapur, A. (2015). The Disappeared and Invisible: Revealing the Enduring Impact of Enforced Disappearance on Women. *Annual Report, The United Nations International Center for Transitional Justice* (2015).
- García, O.N., and Chirix (2006). “La lucha de las mujeres mayas kaqchiqueles por la recuperación de la memoria de los desaparecidos,” *Aquí Estamos* 2(4) (2006): 31-43.
- Goldberg, G. H., Breckenridge, J. H. & Sheikh, J. I. (2003). Age differences in symptoms of depression and anxiety: examining behavioral medicine outpatients. *Journal of Behavioral Medicine*. 26(2):119-132.
- Hahn, H., and L. Segal. *Khulumani* (1996). *Speak Out!* Digital Video. 1996. South Africa: Centre for the Study of Violence and Reconciliation.
- Hamber and Brandon (2000). “Repairing the Irreparable: dealing with the double-binds of making reparations for crimes of the past,” *Ethnicity & Health* 5(3/4) (2000): 215–226.
- International Committee of the Red Cross (ICRC), 2009. ‘*Families of Missing Persons in Nepal: A Study of Their Needs*’, April (2009).
- National Commission for Truth and Reconciliation. “Report of the Chilean National Commission on Truth and Reconciliation,” 1993.
- Rashid, U., & Wani, N. A. (2013). The Level of Depression among Parents of Disappeared Children: a Quest of Some Psycho-Social Adjustment. *International Journal of Innovative Research and Development*, 2(6)236-254.
- Robins and Simon (2010). “Ambiguous loss in a non-Western context: Families of the disappeared in post-conflict Nepal,” *Family Relations* 59 (2010): 256.
- Yakinthou and Christalla (2015). “Living with the Shadows of the Past: The Impact of Disappearance on Wives of the Missing in Lebanon,” 2015.
- Zia, (2007). Kashmiri Women: Concerns, Milestones & Solutions, Kashmir Affairs, Accessed on 27th November 2009, at www.kashmiraffairs.org/Zia_Ather_Kashmiri_women.html.

Zia, A. (2009). Women in Search for the Disappeared in Kashmir. Human Rights Fellowship Summer 2009. Department of Anthropology, UC Irvine.