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Mental Health in the Face of Armed Conflict: Experience from Young Adults of Kashmir

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ABSTRACT

The main aim of this qualitative study was to estimate the impact of armed conflict on mental health among young adults in Kashmir. A total of 680 undergraduate and post-graduate students completed the semi-structured questionnaire covering areas like demographic information, perception about the Kashmir conflict, and its impact on health (mental and physical) and education. Results found that 99.7% of participants reported exposure to conflict, 95.4 % experienced psychological distress, 60.3% mentioned physical sickness, and 91.2% found others mental health being affected and 99.3% expressed that their education was severely affected as a result of the conflict in Kashmir. Given the potential negative impact of conflict exposure, efforts are suggested in this direction to enhance the psychological support services to address the mental health issues in this trauma-exposed population of Kashmir.

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Kashmir conflict; trauma; violence; mental health; psychological support services

Introduction

The division of the Indian subcontinent into two independent dominions of India and Pakistan has heralded an era of the dispute over Kashmir which dates back to 1947 (Bose, 2003; Ganguly, 1999). This dispute remains a bone of contention between divided nations (Bose, 2003), over which four major wars have been fought (Ganguly et al. 2019). Currently, Kashmir remains divided into three parts each governed by India, Pakistan, and China, respectively (de Jong, Ford, et al., 2008). This division affects over eight million Kashmiri people (Bhat & Rangaiah, 2015a). Until 1988, the Kashmir dispute remained an interstate affair between Pakistan and India, with the advent of liberation movement by Kashmiri militants in 1989 an armed insurgency started in Kashmir which resulted in a long cycle of violence (de Jong, Ford, et al., 2008). Research has documented that Kashmir becomes a battlefield between armed militants and Indian troops at any point of time wherein civilian population is caught in

between experiencing violence, injury (both physical and mental) and death (Bhat & Rangaiah, 2015a; Dar, 2011; Wani & Margoob, 2006). For the last 30 years, Kashmir has been subject to the violence of armed conflict which resulted in a death toll of over 100,000 people (Bhat, 2019) and enforced disappearance of more than 10,000 individuals (Bhat, 2019; Mathur, 2016). Further, over 7000 unmarked mass graves were identified in Kashmir. Furthermore, in the year 2018, 586 killings were recorded which include 267 militants, 160 civilian people, and 159 armed forces and police personnel (Bhat, 2019).

No one is immune to violence in Kashmir. A community-based survey by Medicines Sans Frontières (2015)¹ disclosed that on average, an adult in Kashmir has witnessed 7.7 traumatic events in the course of her/his life. The traumatic events reported include crossfire, round-up raids, torture, humiliation, forced labor, prolonged curfew, explosions, killings, sexual violence, maltreatment, kidnapping, firing of teargas shells and pellets (Bhat et al., 2017; Bhat & Rangaiah, 2015a, 2015b; Dar, 2011; Deol & Ganai, 2018; Kaul, 2018; Mathur, 2016; Rather, 2013).

The prolonged exposure to violence stifles an individual's psychological integrity and damages her/his sense of identity (Bhat & Rangaiah, 2015a; Das, 2007). Before the armed insurgency broke out in Kashmir, the ratio of people suffering from mental disorders was not different from its adjacent regions (Bhat & Rangaiah, 2015a; Yaswi & Haque, 2008). Since then (1989) the number of mental disorders has increased drastically in this part of the world. Hassan and Shafi (2012) reported that the number of people attending the psychiatrists was 100 per week in the 1980s which increased to 200 to 300 per day in 2012. In a recent article, Bhat and Khan (2018) disclosed that in 1989, 1700 people attended the hospital for mental health issues, which increased to 100,000 people in the year 2017. Research has reported a range of mental disorders among the people of Kashmir due to ongoing armed conflict such as anxiety (Housen et al., 2017), depression (Khan et al., 2014), post-traumatic stress disorder (Bhat & Rangaiah, 2015b; Khan et al., 2014) suicide (Ara & Ahad, 2016; de Jong, van de Kam, et al., 2008), obsessive-compulsive disorder (Dar et al., 2015), somatoform disorders (Khan et al., 2014), adjustment disorder (Chadda et al., 2007), insecurity (de Jong, van de Kam, et al., 2008), anger (Hassan et al., 2019), panic disorder (Dar et al., 2015) and substance abuse (Wani & Singh, 2017). This study is part of a larger effort to estimate the impact of prolonged armed conflict in Kashmir on the mental health of young adult students. In this article, we report the perception of Kashmir conflict and its impact on health and education of Kashmiri students exposed to the conflict.

Methods

Participants

Participants included 680 young adult students (male = 457 and female = 223). The sample was drawn from 19 colleges and 3 university campuses of Kashmir Valley by using a multi-stage sampling technique. The data collection was carried out between, October 2018 to January 2019. The participants were recruited in two stages which are as follows:

Stage I: A list of colleges was prepared district wise by the researchers and 2 colleges were randomly taken from each district. There are 10 districts in Kashmir since one district has only one college, the total number of colleges was 19. Three University Campuses were also covered in recruiting the participants.

Stage II: Both undergraduate and postgraduate students were covered, irrespective of their year of education in the same institution. Available students during the field visit were recruited based on voluntary participation.

Procedure

The researcher obtained approval from the college and university authorities (College principals and University Deans/Directors) before starting the process of data collection. After granting permission to carry out the data collection from the respective authorities participants were approached. Before taking part in the study, each participant was provided a copy of the consent form and requested to sign on the same. They were briefed about the study as well as their rights as study participants. The participants took 20–30 min to complete the questionnaires.

Ethical aspects

The participants were treated as per the ethical guidelines of APA/ICMR. The current work was approved by the Pondicherry University. The respondents were assured confidentiality of the information and their participation was completely voluntary.

Measures

Semi-structured questionnaire

There are five sections in the semi-structured questionnaire on issues like background information; relations with parents, family members, friends, and teachers; perception about Kashmir problem and its impact on health (mental and physical) and education; views about perceived solution of Kashmir problem and views about religion and media. Three experts in the field checked

the face validity of the semi-structured questionnaire. Based on their inputs, it was revised. Further, it was subjected to the pilot study and was made minor changes to make some of the questions simple and then it was finalized for final data collection. For writing this paper, some items from sections I and III were used. Given below is the description of each the two sections:

Section I: The section I has 9 items which include age, gender, monthly family income, place of living and so on. For example, “*What is your gender?*”, “*What is your age?*”, “*Where do you live?*”, “*What is the monthly income of your family?*”, and so on. The responses for these items were recorded as “male” or “female,” “18–20 years” or “21–25 years,” “less than 20,000 INR” or “20,000 INR and above” and “rural area” or “urban area.”

Section III: There are 12 items in section III covering areas like perception about the Kashmir conflict and its impact on health (mental and physical) and education. Some of the questions asked to participants include “*Do you feel that there is violence in Kashmir?*”, “*Do you feel psychologically distressed because of the present situation?*”, “*Do you think that your education has been affected because of the present situation in Kashmir?*” and so on. The responses were recorded in the form of “yes” or “no.” The dichotomous items were followed by open-ended items to record the qualitative data, for example, “If yes, why did you say so”

Analysis

Frequency and percentage were computed for the descriptive analysis of the data to indicate the distribution of demographic variables. Content analysis was carried out for the analysis of qualitative data. The descriptive analysis was carried out with the help of the SPSS 20.0 package.

Results

Demographic profile of the sample

A total of 680 young adult students participated in this study. Of the participants, 305 (44.9%) were 18–20 years old and the remaining 375 (55.1%) were 21–25 years old. Two-third of the respondents (67.2%) were male and the rest 223 (32.8%) were female. The monthly family income of 423 (62.2%) respondents was less than INR 20,000 and that of 257 (37.8%) participants were INR 20,000 and above. The majority of the respondents (66%) came from rural areas and the remaining 231 (34%) hailed from urban localities. Regarding the family type, 41.2% (28/680) came from joint families and 58.8% (400/680) were from nuclear families. Concerning the number of siblings, 28.1% (191/680) were a single child or had one sibling and 71.9% (489/680) had two or more siblings. An overwhelming number of the students (63.8%, 434/680) were undergraduate students and the rest

Table 1. Socio-demographic and background details of the sample ($n = 680$).

Variable	<i>n</i> (%)
Age	
18–20 years	305 (44.9)
21–25 years	375 (55.1)
Monthly income	
Less than INR 20,000	423 (62.2)
INR 20,000 and above	257 (37.8)
Family Type	
Joint	280 (41.2)
Nuclear	400 (58.8)
Educational level	
Undergraduate	434 (63.8)
Postgraduate	246 (36.2)
Mothers' occupation	
Employed	65 (9.6)
House maker	615 (90.4)
Gender	
Male	457 (67.2)
Female	223 (32.8)
Native place	
Rural	449 (66.0)
Urban	231 (34.0)
No. of siblings	
1 sibling or none	191 (28.1)
2 or more siblings	489 (71.9)
Fathers' occupation	
Employed	539 (79.3)
Unemployed	141 (20.7)

36.2% (246/680) were postgraduate students. Most of the fathers (539/680) were employed whereas the majority of the mothers (615/680) were house makers (Table 1).

Table 2 shows that all the students 99.7% (678/680) felt that there is violence in Kashmir except two. The majority of the students 95.4% (649/680) reported feelings of psychological distress and a small portion of 4.6% (31/680) did not feel the same. Nearly two-thirds of the students 60.3% (410/680) reported physical sickness resulting from conflict violence and the rest 39.7% (270/680) were of the opposite views. An overwhelming number of students 91.2% (620/680) reported that psychological diseases have been developing among Kashmiri people because of the conflict of violence whereas, one-tenth of the students 8.8% (60/680) did not share the same. Close to cent percent of the students 99.3% (675/680) reported that their education has been affected because of the ongoing conflict in Kashmir except for five students. More than eight in ten students (82.4%, 560/680) had lost a year of education due to the conflict in Kashmir and the remaining 17.6% (120/680) did not lose a year.

The majority of the students were exposed to stressful and traumatic life experiences while living in the conflict-affected Kashmir. They have been exposed to the violence of conflict which has been challenging for their mental health. A large number of students reported having developed

Table 2. Exposure to Kashmir conflict and its impact on health (mental and physical) and education of young adults ($n = 680$).

Sl. No.	Statement	Mode of response	<i>n</i> (%)
01	Do you feel that there is violence in Kashmir?	Yes	678 (99.7)
		No	2 (0.3)
02	Do you feel psychologically distressed because of the present situation?	Yes	649 (95.4)
		No	31 (4.6)
03	Do you feel that you are suffering from some kind of physical sickness due to violence of conflict?	Yes	410 (60.3)
		No	270 (39.7)
04	Do you feel that people around you are developing psychological symptoms/diseases due to the ongoing conflict?	Yes	620 (91.2)
		No	60 (8.8)
05	Do you think that your education has been affected because of the present situation in Kashmir?	Yes	675 (99.3)
		No	5 (0.7)
06	Was there year loss in education because of violence in Kashmir?	Yes	560 (82.4)
		No	120 (17.6)

psychological and physical diseases due to the exposure of stressful life events such as encounters, killings, pellets and teargas shells and other violence-related experiences. The verbatim responses of students in this respect are presented here:

The frequent killings, hartals (Shutdowns), curfew, pellets, and encounters have created fear everywhere—(male university student)

There is the complexity of many problems in Kashmir and conflict is the mother of all—(male college student)

People are being killed and maimed in Kashmir—(male college student)

The violence of conflict challenges the mental health of people here—(female college student)

We cannot escape our surroundings and they definitely have an impact on us—(female university student)

The daily news regarding common people losing their lives distress us—(female university student)

When I see my future and the future of Kashmir, there is only misery which is unbearable—(male university student)

Sometimes I feel helpless when caught in unrest—(male university student)

Due to teargas smoke, I have developed throat problem and heart problems—(male college student)

I am having difficulty in vision and chest pain after pellets hit my eyes and chest—(male university student)

An overwhelming number of students reported that many diseases have developed among the people of Kashmir such as depression, phobia, PTSD, insecurity, worry, hypertension, heart problems, etc because of the ongoing conflict violence in Kashmir. For example,

People have got a phobia of some normal things (e.g. sounds of opening or closing of doors and windows, crowds, the voice of children in the playground, etc) that something untoward has happened—(female university student)

People suffer from many diseases like depression, PTSD, suffocation, heart problems, chest problems due to intense violence—(male university student)

Every family in Kashmir is affected by the conflict in one or the other way and mental disorders such as PTSD are increasing day by day—(male university student)

If a child leaves for school or college in the morning, there is no guarantee that he will come back alive, such is the gravity of the situation which leads to psychological distress among people—(male college student)

My parents are worried about us which has caused hypertension to them—(female university student)

People losing their family members suffer a lot of mental pain—(female college student)

Almost all the students expressed that education has been seriously affected by conflict situations in Kashmir and there was a year loss as disclosed by eighty percent of the students. There has been frequent suspension of schools and colleges, delay in exams as well as incomplete syllabus resulting from the violence of conflict. Following are some of the verbatim responses regarding the negative impact of conflict on education:

Proper education remains far apart and suspended because of the dangerous situation in Kashmir—(male college student)

Our two-year course takes three years to complete—(female university student)

I believe we the students are victims of this conflict and in Kashmir, there is frequent violence which leads us to devastation—(male university student)

Education has been adversely affected by the violence in Kashmir because schools and colleges remain closed most often—(male university student)

There is suspension of classes mostly due to ongoing conflict in Kashmir which lead to the loss of two years of our academics—(female college student)

I joined undergraduate course in 2015, now it is 2019 and I have still two semesters left. Few of my class mates who left Kashmir for studies outside in different universities of India, are now on the verge of completing their PG (post-graduation) degrees. It is distressing while thinking about our career and education when there are regular protests, strikes and curfews lasting for months—(male college student)

Discussion

The main objective of the present study was to estimate the impact of armed conflict on the mental health of young adults in Kashmir. In this context we found that Kashmiri youth has been exposed to the multitude of stressful events such as encounters between militants and security forces, violent protests resulted in exposure to teargas shells, pellets and killings, prolonged shutdowns, etc. These events have challenged their mental as well as physical health. Moreover, education has been found adversely hit by the conflict in Kashmir.

The findings of our study showed that the mental health of Kashmiri people especially the younger generation has been adversely affected by the ongoing conflict. Participants reported being mentally affected and indicated that people, in general, are the victims of mental disorders in the valley of Kashmir. Earlier research has found a higher prevalence of mental disorders among the Kashmiri people such as PTSD, depression, anxiety, insecurity and so on (Bhat & Rangaiah, 2015b; de Jong, van de Kam, et al., 2008; Housen et al., 2017).

Further, the findings disclosed that Kashmiri youth has been highly exposed to traumatic events like pellet injuries and teargas shells which have affected their physical health. Defected vision, throat infection, heart problems, and chest pain are the common complaints reported. This is in congruence with the earlier studies that exposure to pellets, teargas, and other explosives cause serious physical problems (Bhat, 2019; Bhat et al., 2017; Bhat & Rangaiah, 2015b; Deol & Ganai, 2018).

Furthermore, we found that education was the worst hit in Kashmir because of the violence caused by the ongoing conflict. Educational institutions remain closed most often which has resulted in the loss of educational year/years of the students and poor academic output. Previous research has confirmed the negative effects of conflict situations on education in the conflict-hit Kashmir (Ganie & Din, 2015; Hassan, 2012).

Therefore, it is evident from the above discussion that the ongoing armed conflict in Kashmir has adversely affected the mental and physical health of Kashmiri people in addition to career growth.

Implications

The findings of this study highlight the need to ensure mental health services in Kashmir, specifically in the educational settings to identify and manage mental health disorders in youth. Further, the study offers insights about the adverse conditions of life of traumatized people living in Kashmir which might be helpful for the local administration and other voluntary organizations to understand effective ways to devise and implement best intervention programs for maximizing protective factors of mental health and minimizing its risk factors.

Limitations

The generalization of the findings of the present study may be restricted to an extent because of certain potential limitations. First, the study covered only undergraduate and postgraduate students in the age range of 18–25 years. Second, out of college and university students could not be

covered. Third, students from all religious communities could not be covered since they were not available. Fourth, data collected from the students were based on self-report only. Finally, the study did not include case studies and/or in-depth data collection methods for cross-checking of information provided through a semi-structured questionnaire method only.

Conclusion

It is thus concluded that the ongoing armed conflict in Kashmir adversely affected the mental as well as physical health of young adult students. At the same time, a large number of students expressed that their education was badly affected by the continuous conflicts in Kashmir. Given the potentially negative impact of conflict on mental health, efforts are suggested in this direction to enhance the mental health support services for the understudied population. Further, the formulation of programs at institutional and community levels are imperative for identifying and managing mental health issues in the trauma-exposed population of Kashmir.

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Disclosure statement

There is no conflict of interest involved in this work.

Note

1. https://www.msfindia.in/sites/default/files/2016-10/kashmir_mental_health_survey_report_2015_for_web.pdf

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References

- Ara, S., & Ahad, R. (2016). Depression and suicidal ideation among older adults of Kashmir. *The International Journal of Indian Psychology*, 3(2), 136–145.
- Bhat, R. H., & Khan, S. M. (2018). Mental health issues in Kashmir valley: An overview. *Archives of Mental Health*, 19(2), 95–96. https://doi.org/10.4103/AMH.AMH_9_18
- Bhat, R. M., & Rangaiah, B. (2015a). The impact of conflict exposure and social support on posttraumatic growth among the young adults in Kashmir. *Cogent Psychology*, 2(1), 1000077. <https://doi.org/10.1080/23311908.2014.1000077>
- Bhat, R. M., & Rangaiah, B. (2015b). Exposure to armed conflict and prevalence of posttraumatic stress symptoms among young adults in Kashmir, India. *Journal of Aggression, Maltreatment & Trauma*, 24(7), 740–752. <https://doi.org/10.1080/10926771.2015.1062449>
- Bhat, S. A. (2019). The Kashmir conflict and human rights. *Race and Class*, 61(1), 77–86.
- Bhat, T. A., Bhat, A. A., Sofi, A. H., Ahmad, I., & Gulzar, A. (2017). Musculoskeletal pellet gun injuries; report from a conflict zone. *International Journal of Research in Orthopaedics*, 3(5), 944–950. <https://doi.org/10.18203/issn.2455-4510.IntJResOrthop20173616>
- Bose, S. (2003). *Kashmir: Roots of conflict, paths to peace*. Harvard University Press.
- Chadda, R. K., Malhotra, A., Kaw, N., Singh, J., & Sethi, H. (2007). Mental health problems following the 2005 earthquake in Kashmir: Findings of community-run clinics. *Prehospital and Disaster Medicine*, 22(6), 541–545. <https://doi.org/10.1017/S1049023X00005409>
- Dar, F. A. (2011). *Living in a pressure cooker situation: A needs assessment of youth in India-administered Kashmir*. Conciliation Resources.
- Dar, M. M., Hussain, S. K., Qadri, S., Hussain, S. S., & Fatima, S. S. (2015). Prevalence and pattern of psychiatric morbidity among children living in orphanages of Kashmir. *International Journal of Health Sciences and Research*, 5(11), 53–60.
- Das, V. (2007). *Life and words: Violence and the descent into the ordinary*. University of California Press.
- de Jong, K., Ford, N., van de Kam, S., Lokuge, K., Fromm, S., van Galen, R., ... Kleber, R. (2008). Conflict in the Indian Kashmir Valley I: Exposure to violence. *Conflict and Health*, 2(1), 10–16. <https://doi.org/10.1186/1752-1505-2-11>
- de Jong, K., van de Kam, S., Ford, N., Lokuge, K., Fromm, S., van Galen, R., ... Kleber, R. (2008). Conflict in the Indian Kashmir Valley II: Psychosocial impact. *Conflict and Health*, 2(1), 11–18. <https://doi.org/10.1186/1752-1505-2-11>
- Deol, S. S., & Ganai, R. A. (2018). Custodial violence in Kashmir by the Indian Security Forces: A spontaneous consequence or a deliberate counter-insurgency policy? *International Journal of Criminal Justice Sciences*, 13(2), 370–384.
- Ganguly, S. (1999). *The crisis in Kashmir: Portents of war, hopes of peace*. Cambridge University Press.
- Ganguly, S., Smetana, M., Abdullah, S., & Karmazin, A. (2019). India, Pakistan, and the Kashmir dispute: Unpacking the dynamics of a South Asian frozen conflict. *Asia Europe Journal*, 17(1), 129–143. <https://doi.org/10.1007/s10308-018-0526-5>
- Ganie, R. A., & Din, T. M. U. (2015). Impact of insurgency on education in Kashmir. *Journal of Education and Practice*, 6(1), 82–84.
- Hassan, A. (2012). Impact of the conflict situation on education in Kashmir (a sociological study). *Studies of Changing Societies: comparative and Interdisciplinary Focus*, 1(5), 121–134.
- Hassan, A., & Shafi, A. (2012). Attitude towards mental illness in Kashmir. *International NGO Journal*, 7(4), 73–77.

- Hassan, M., Khan, W., & Bhat, B. (2019). Anger expression as a predictor of mental health among school students of Kashmir valley. *Open Journal of Psychiatry & Allied Sciences*, 10(1), 15–18. <https://doi.org/10.5958/2394-2061.2019.00004.1>
- Housen, T., Lenglet, A., Ariti, C., Shah, S., Shah, H., Ara, S., ... Pintaldi, G. (2017). Prevalence of anxiety, depression and post-traumatic stress disorder in the Kashmir Valley. *BMJ Global Health*, 2(4), e000419. <https://doi.org/10.1136/bmjgh-2017-000419>
- Kaul, N. (2018). India's obsession with Kashmir: Democracy, gender, (anti-)nationalism. *Feminist Review*, 119(1), 126–143. <https://doi.org/10.1057/s41305-018-0123-x>
- Khan, A. W., Khan, H. A., Wani, Z. A., Dangroo, S. A., Shah, M. S., Hassan, N., & Iqbal, A. (2014). Psychiatric morbidity among chronic low back ache pateints in conflict zone of Kashmir. *International Journal of Health Sciences and Research*, 4(1), 149–154.
- Mathur, S. (2016). *The human toll of the Kashmir conflict: Grief and courage in a south Asian borderland*. Palgrave Macmillan.
- Rather, A. F. (2013). Armed conflicts in J&K and its impact on society: A case study of Kashmir Valley. *International Journal of Scientific and Research Publications*, 3(2), 1–3.
- Wani, I. A., & Singh, B. (2017). Mental health and cannabis abusers of Kashmir Valley. *Journal of Psychology and Psychotherapy*, 7(2), 297. <https://doi.org/10.4172/2161-0487.1000297>
- Wani, Z. A., & Margoob, M. A. (2006). Family study of adult PTSD patients in south Asia: Experiences from Kashmir. *JK-Practitioner*, 13(1), 61–64.
- Yaswi, A., & Haque, A. (2008). Prevalance of PTSD symptoms and depression and level of coping among the victims of the Kashmir conflict. *Journal of Loss and Trauma*, 13(5), 471–480. <https://doi.org/10.1080/15325020802171441>