



The association between social support and resilience of young adults of Kashmir exposed to stressful events of armed conflicts and with their background variables

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ABSTRACT

The current study examined the association of social support and background variables with resilience among young adults exposed to traumatic and stressful events of armed conflict in Kashmir, India. Data were collected from 693 participants using a multi-stage sampling method. Findings revealed that social support and gender were positively associated with resilience, whereas education, income, and maternal education were negatively associated with resilience. Moreover, feeling insecure and psychologically distressed as a result of conflict was negatively associated with resilience, whereas, perception that Kashmir conflict will be resolved was positively associated with resilience. The findings suggest fostering of resilience in this population.

KEYWORDS

Kashmir; armed conflict; trauma; young adults; social support; resilience

Introduction

Kashmir was one of the largest princely states of “British India.” During the partition of British India in 1947, it was, like other states, allowed to join Pakistan or India or remain independent. Before its autocrat, Hari Singh, or popular vote, would decide on its political future, Pakistan raiders attacked the state, and Hari Singh asked India to help him by protecting his Kingdom. India sought his accession before jumping into a war with the newly created Muslim homeland, Pakistan. Both states stopped the war and created a line of control, but they continued to claim the entire princely state. Effectively, the princely state —India controls a part of it which it calls Jammu and Kashmir, and Pakistan calls its part Azad Kashmir—has led to three wars between India and Pakistan till 1989. But since then, this conflict has taken a different shape in the Indian state of Kashmir, where insurgents started an armed movement to end

Indian rule resulting traumatic violence (Bhan, Duschinski, & Misri, 2022; Bose, 2003; Schofield, 2003).

Since 1989, the insurgents and the Indian armed forces have been fighting in Kashmir. So far, that has led to over 100,000 deaths, many wounded, many houses and schools destroyed, and other forms of violence (Bhat, 2019; Dar & Deb, 2021). Apart from this physical damage, the violence has caused serious mental damage by exposing people to diverse traumatic and stressful experiences such as firing, explosions, pellets, teargases, maltreatment, forced labor, torture, curfew, shutdown, humiliation, personal threats, death of close ones, sexual violence, and so forth since the onset of this insurgency (Bhat & Rangaiah, 2015b; Dar, 2011; Dar & Deb, 2020a, 2020b; Dar et al., 2022; de Jong et al., 2008; Deol & Ganai, 2018; Faheem, 2020; Margoob et al., 2006). One of the many groups which have been affected by these experiences is the youth. It is one group whose formative years have been shaped by these violent experiences and continue to remain with them. This traumatic exposure led to the development of various mental disorders among them (Bhat & Rangaiah, 2015b; Dar & Deb, 2020b; Deol & Ganai, 2018). Mental illness is the concept which is socially constructed meaning that different cultures, societies, groups, institutions, and professions differently conceptualize its nature and causes as well as determine what mental illness is and decide what interventions are appropriate. The violence resulting from conflict in Kashmir has left thousands of people with chronic levels of stress, which is locally known as “pareshini” or “tension” and “ghabrahat” or “nervousness” because of “halaat” or “situation.” The challenges in addressing mental illness are manifold like the misinterpretation of mental illness with black magic and supernatural forces as well as the stigma attached to it prevents affected people to seek professional help. The traditional “spiritual healer” or “peer sahab” is preferred to health professionals who uses “taweez” or “amulet” and instructs to perform “niyaaz” or “ritual aimed to cure.” If this treatment does not work then family may seek another peer sahab or eventually see a doctor in the hospital. Furthermore, it is common in Kashmiri society to adhere to treatments from a peer Sahab and a health professional, respectively, locally termed “Dawa Ti Dua Ti” or “medicine and prayer” (Hassan & Shafi, 2013; Housen et al., 2019).

It is not unique to Kashmir as generally people living in the conflict areas are vulnerable to a range of mental disorders because they are exposed to stressful experiences (Dar, 2021; Housen et al., 2017). Likewise, people in Kashmir, as in other conflict zones, develop resilience (the ability to bounce back) to deal with such stressful events. So it is essential both to understand the exposure to stressful and traumatic experiences as well as the protective mechanism that people develop to deal with such experiences (Poudel-Tandukar et al., 2019).

The main thing about adverse experiences is that they have an adverse effect on the life of exposed populations. Every exposed individual is affected but

everyone does not recover from them in the same way. Some of the exposed recover quickly and demonstrate positive changes. In other words, the ability to “bounce back” after crisis or adversity—resilience—varies among individuals (Werner & Smith, 1992). Therefore, the study of resilience in conflict hit zones is imperative to understand protective mechanisms to help people withstand in the traumatic and stressful events and to bounce back (Poudel-Tandukar et al., 2019). Many scholars have used different terminology for the primary three models of resilience which “essentially describe similar mechanisms regarding the impact of stress on quality adaptation.” These models include the “compensatory model,” “the challenge model,” and “the protective factor of immunity versus vulnerability model” (O’Leary, 1998). Regarding the compensatory model, it views resilience as a factor that neutralizes risk exposure. The compensatory factors and risk factors contribute independently toward the prediction outcome. The research study of Werner and Smith (2001) came up with four major or pivotal characteristics for young adults labeled as resilient. These are an active problem-solving approach, the ability of an individual to gain positive attention from others, a tendency of an individual to perceive experiences in a positive way even when they are suffering, and an individual’s strong reliance on faith to maintain a positive view of life. Kumpfer and Hopkins’s (1993; as cited in Ungar, 2004) study identified the factors including optimism, insight, empathy, direction or mission, self-esteem, intellectual competence, and determination and perseverance. With respect to challenge model, it hypothesizes that a risk factor can enhance an individual’s adaptation, provided it is not extremely strong. In essence, the experiences of an individual prepare them for the next challenge (O’Leary, 1998). Concerning the protective factor of the immunity versus vulnerability model, it hypothesizes that there is an interaction between risk and protection factors that reduces the probability of negative outcomes and also moderates the effects of exposure to risk (O’Leary, 1998).

Research has found that resilience brings desirable adjustment irrespective of exposure to highly stressful experiences or events (Luthar, 1993; Rutter, 1985). The nature of resilience is situational which means that the individuals’ reactions to various stressful events change over a period and don’t remain same forever (Luthar, Doemberger, & Zigler, 1993; Rutter, 1981). Also, research suggests that resilience has a protective and buffering effect on mental health, for example, resilience was found to have an inverse relationship with anxiety and depression following adversity (Arnetz, Rofa, Arnetz, Ventimiglia, & Jamil, 2013; Poudel-Tandukar et al., 2019). Sleijpen, van der Aa, Mooren, Laban, and Kleber (2019) in a study on a sample of young Dutch refugees examined the protective role of individual resilience against the exposure of potentially traumatic events.

Social support, in simple terms, has been conceptualized as the resources that are provided by other individuals to the recipient with an intention to

enhance his/her mental wellbeing (Cohen & Syme, 1985a, 1985b; Shumaker & Brownell, 1984). During the times of crisis emotional (empathy, caring, love, and trust) and instrumental (helping with household chores, transportation, finance, or physical assistance when necessary) support intensifies among the people of Kashmir from various social agents included but not limited to parents, family members, relatives, friends, teachers Mohall/village committees (voluntary committees), as well as other local and international voluntary agencies.¹ The perception of social support by empathetic disclosure and a sense of being valued highly facilitate positive psychological changes among people who have been exposed to adverse life experiences and reduce the development of psychopathology (Bhat & Rangaiah, 2015a; Schroevers, Kraaij, & Garnefski, 2011). For instance, Brailovskaia, Schönfeld, Kochetkov, and Margraf (2019) found an indirect association between social support and symptoms of stress, anxiety, and depression. In another study, Bhat and Rangaiah (2015a) disclosed a positive association between perceived social support and posttraumatic growth among youth exposed to the protracted conflict in Kashmir. Moreover, the study by Wilks (2008) revealed a moderating influence of social support on the relationship between resilience and stress that provides evidence for the protective and promotive role of social support toward resilience at times of crisis. Annan and Blattman (2006), in their research on the war-affected youth in northern Uganda, uncovered that respondents with better family connectedness and social support demonstrated better social functioning and reported lower emotional distress levels than their counterparts.

Resilience or a person's positive response in managing traumatic or adverse life experiences in their life are of great interest in addressing the mental health of people exposed to armed conflicts. The link between traumatic and stressful life experiences and poor mental health has been established by research, but research on the resilience and its association with social support and of socio-demographic variables is limited. The present study was an effort in this direction to study whether if any relationship exists between socio-demographic variables, the social support, and resilience among the young adult population living under stressful conditions marked by protracted conflict in Kashmir.

Method

Design and participants

This study has used a “cross-sectional” research design. “A sample of 800 college and university students’ aged 18–25 years was obtained by using multi-stage sampling technique. The sample was drawn during October 2018 to January 2019 from all the ten districts of Kashmir Valley for getting a

representative sample.” The recruitment of participants was carried out in the following two stages:

Stage I: In the first stage we prepared a list of colleges’ district wise and two colleges were randomly taken from each district.

Stage II: We covered both undergraduate as well as postgraduate students based on their voluntary participation during the field visit. Finally, 800 students were recruited out of which the responses of 107 students were incomplete and they were dropped from the study. The remaining 693 students (440 = undergraduate students and 253 = postgraduate students) were included for the further analysis.

Procedure

Before the initiation of data collection process, researcher obtained an approval from the concerned college and university authorities. Thereafter, students were approached in their respective institutions. The “consent form” was provided to the participants before taking part in the study, and they were requested to sign on it. The students were briefed regarding the purpose of the study as well as “their rights as participants.” Before the final data collection, mental preparedness for participation in this study was checked. The study subjects took approximately 20 minutes time to complete the questionnaire set.

Ethical considerations

The study subjects were treated by following the “ethical guidelines of APA/ICMR.” The Ethics Committee of the University concerned reviewed and approved the present study. The research subjects participated on voluntarily basis after explaining the objectives and were assured the confidentiality of the information. Additionally, research subjects were also informed to withdraw at any point of time from the study, if they were not comfortable in answering any question.

Measures

Semi-structured questionnaire

The “*Semi-structured Questionnaire*” has five sections covering areas such as (I) background information, (II) relationships with social agents, (III) perception about Kashmir problem, (IV) perception about solution of Kashmir problem, and (V) perception about media and religion. The “*Semi-structured Questionnaire’s*” face validity was checked by expert panel comprising three members of the field. Further, it was revised based on their inputs. Furthermore, it was subjected to “pilot study” and “minor changes”

were made in some questions to make them simple and eventually the questionnaire was finalized for the conduction of the process of “final data collection.” Some questions from section I, III, and IV were used for writing this article. The description of section I, III, and IV is as follows:

Section I: There are 11 items in section I which include the participant’s age, gender, educational level and place of living of young adults. For example, “*What is your gender?*”, “*What is your educational qualification*” and so on.

Section III: There are 26 items in section III for example, “*Do you feel insecure due to ongoing conflict?*”, “*Do you perceive College/University campus insecure?*” and so on. The responses of the participants were recorded in “yes” or “no”.

Section IV: There are 16 items in section IV for instance, “*Do you think that there will be peace in Kashmir?*”, “*Do you think that Kashmir conflict will be resolved soon?*” and so on. The participants’ responses were recorded in “yes” or “no”.

Brief resilience scale (BRS)

The “BRS developed by Smith et al. (2008)” was administered to “assess the levels of resilience of the sample.” There are six items of BRS, of these six items, three are reverse scored, the BRS has a “five point Likert scale that ranges from 1—strongly disagree to 5—strongly agree with a neutral option in the middle.” The responses of all the six items are summed to obtain the overall score in the 6–30 range. The overall score obtained is then divided by the total number of items answered which gives the “resilience score.” Higher the mean score, higher will be the resilience. Cronbach’s alpha of BRS was found in an acceptable range of 0.69 (Taber, 2018).

Multidimensional scale of perceived social support (MSPSS)

The MSPSS developed by “Zimet, Dahlem, Zimet, and Farley (1988)” was used in the present study to “assess the levels of social support among the research subjects.” This is a reliable and quick tool of assessment to measure the degree of social support, a person feels he or she receives from three different sources (family, friends, and significant others). The MSPSS comprises 12-item statements. Each item statement is rated on a “Likert scale of 7-point” with the options of responses that range from “strongly disagree” to “strongly agree.” The “scores range of MSPSS scale varies from 12 to 84.” On the MSPSS “higher scores” indicate “higher levels of perceived social support and vice versa.” Cronbach’s alpha of MSPSS was found in an acceptable range of 0.85.

Data analysis

The distribution of “socio-demographic variables, perceived social support and resilience” was carried out by descriptive analysis. Since the data were not

normally distributed non-parametric statistical tests were carried out to interpret the results meaningfully. “Mann–Whitney U test,” “Kruskal–Wallis H test,” and “Spearman’s rank-order correlation” were computed to examine the association of perceived social support and background variable with resilience. The statistical package “SPSS 20.0” was used in the current study for the analysis of data.

Results

Socio-demographic details of the sample

Table 1 shows that participants were 693 college and university students, of which majority were male (67.4%, 467/693) and 226 were female (32.6%). Of the participants, 308 were from age group of 18–20 years (44.4%) and 385 from 21 to 25 years of age (55.6%). The majority of the study subjects hailed rural areas (62.0%) and 285 from urban areas (38.0%).

Young adults’ perception about Kashmir problem and its resolution

Young adults’ perceptions about Kashmir problem and its solution was explored which depicts in Figures 1 and 2. Four items were related to the perception about Kashmir problem and the remaining two items were associated with the perceived solution of Kashmir problem.

Figure 1 indicates the young adults’ perception about Kashmir problem. Sixty percent of the respondents reported physical sickness as a result of exposure to conflict, 62.6% perceived their educational intuitions insecure, 95.5% felt insecure while living in the ongoing conflict, and 95.4% felt psychological distress because of the prevailing violent situation of Kashmir.

Figure 2 provides the young adults views about perceived solution of Kashmir problem. More than half of the participants (53.5%) felt that the

Table 1. Socio-demographic details of the sample ($N = 693$).

Variable	n (%)	Variable	n (%)
Gender		Age	
Male	467 (67.4)	18–20 years	308 (44.4)
Female	226 (32.6)	21–25 years	385 (55.6)
Native place		Educational level	
Rural	430 (62.0)	Undergraduate	440 (63.5)
Urban	263 (38.0)	Postgraduate	253 (36.5)
Monthly family income		Fathers education	
Less than 20,000 INR	459 (66.2)	Below 10th	284 (41.0)
20,000 INR and above	234 (33.8)	10th pass	169 (24.4)
Mothers education		12th pass	92 (13.2)
Below 10th	493 (71.2)	Graduation and above	148 (21.4)
10th pass	93 (13.4)		
12th pass	57 (8.2)		
Graduation and above	50 (7.2)		

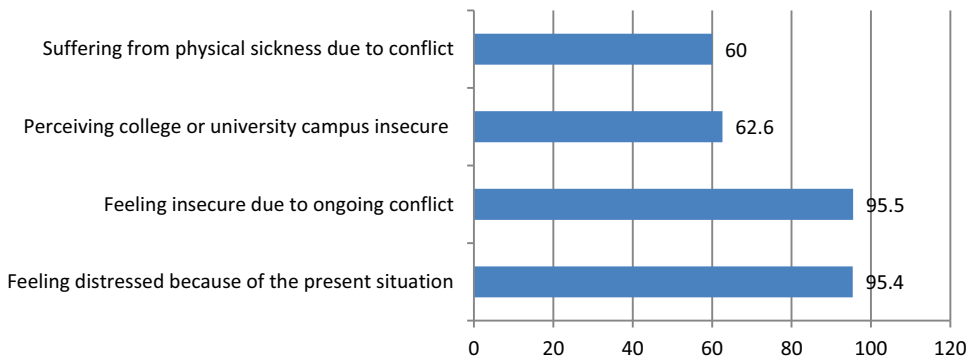


Figure 1. Perception about Kashmir problem (provided “yes” response only).

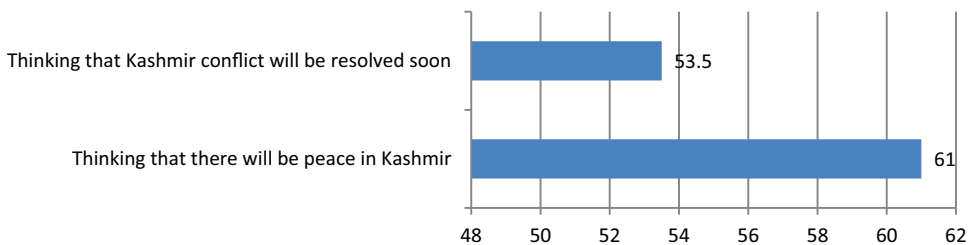


Figure 2. Perceived solution of Kashmir problem (provided “yes” response only).

Kashmir conflict will be resolved in the near future and 61% reported that there will be peace in Kashmir.

Description of resilience and social support

The mean resilience score demonstrated by the research subjects was 3.57 ($SD = 0.65$); hence, it can be interpreted that the study sample lies within the moderate range of resilience. The mean perceived social support score was found to be 66.69 ($SD = 12.40$), implying that the study subjects received moderate social support levels. The subscale with the highest mean score reported was perceived family support ($M = 23.47$, $SD = 4.80$), followed by perceived support from significant others ($M = 21.71$, $SD = 5.67$), whereas the subscale with the lowest mean score reported was perceived friends support ($M = 21.48$, $SD = 5.36$). Table 2 provides further details regarding the description of resilience and social support.

Table 2. Description of resilience and social support ($N = 693$).

Variable	Actual score range	Possible score range	Mean	SD
Resilience	1–5	1–5	3.57	0.65
Perceived social support	26–84	12–84	66.69	12.40
Family support	4.28	4.28	23.47	4.80
Friends support	4.28	4.28	21.48	5.36
Significant others support	4.28	4.28	21.71	5.67

Table 3. Correlation coefficients between social support and resilience ($N = 693$).

Variable	1	2	3	4	5
1. Resilience	–				
2. Perceived social support	.218**	–			
3. Family support	.127**	.762**	–		
4. Friends support	.237**	.774**	.382**	–	
5. Significant others support	.147**	.820**	.466**	.431**	–

Correlation coefficients between social support and resilience

Table 3 depicts the results of the correlation analysis. The results of our study revealed that perceived social support ($r = .218$) with its all three subscales that are perceived family support ($r = .127$), perceived friends support ($r = .237$) and perceived support from significant others ($r = .147$) was positively and significantly correlated with resilience.

Table 4 shows the association between socio-demographic variables and resilience. The variables which were significantly associated with resilience include gender ($U = 46,638.50$, $p < .05$), educational level ($U = 48,984.50$, $p < .01$), and monthly family income ($U = 45,918.00$, $p < .01$). With respect to gender, males (mean rank = 360.13) demonstrated significantly higher resilience than females (mean rank = 319.87). Regarding educational level undergraduate students showed higher levels of resilience (mean rank = 362.17) as compared to postgraduate students (mean rank = 320.61). Concerning family income, students from families with low income were more resilient (mean rank = 363.96) when compared with high-income families (mean rank = 313.73). The variables which were not significantly associated with resilience were age and native place.

Table 5 indicates the association of resilience with young adults' father's and mother's education. The Kruskal–Wallis “nonparametric analysis of variance test” was computed to observe significant differences, if any, in resilience

Table 4. Mann–Whitney U test results for resilience across gender, age, native place, educational level, and monthly family income ($N = 693$).

Variable	n	Mean rank	Sum of ranks	U	p
Gender				46,638.50	.013
Male	467	360.13	168,181.50		
Female	226	319.87	72,289.50		
Age				55,408.50	.137
18–20 years	308	359.60	110,757.50		
21–25 years	385	336.92	129,713.50		
Native place				54,256.00	.369
Rural	430	352.32	151,499.00		
Urban	263	338.30	88,972.00		
Educational level				48,984.50	.008
Undergraduate	440	362.17	159,355.50		
Postgraduate	253	320.61	81,115.50		
Monthly family income				45,918.00	.002
Less than 20,000 INR	459	363.96	167,058.00		
20,000 INR and above	234	313.73	73,413.00		

Table 5. Kruskal–Wallis H test results for resilience scores according to father's education and mother's education ($N = 693$).

Variable		n	Mean Rank	χ^2	df	p
Father's education	Below 10th	284	358.97	3.139	3	.371
	10th pass	169	345.27			
	12th pass	92	351.11			
	Graduation and above	148	323.45			
Mother's education	Below 10th	493	358.86	13.062	3	.005
	10th pass	93	346.73			
	12th pass	57	325.59			
	Graduation and above	50	254.93			

among the groups regarding father's and mother's education. Results disclosed that there were significant differences among the four groups of maternal education on resilience $\chi^2(3, 693) = 13.062$, $p = .005$ and no significant differences were found among the groups concerning father's education.

In order to observe which maternal educational groups differ significantly on resilience, "pair wise post-hoc Mann–Whitney U tests" were conducted with Bonferroni correction ($0.05/6 = 0.0083$) to verify the difference between four maternal educational groups. Results revealed significant differences between youth whose mothers studied up to 10th class and those with graduation and above educated mother's ($U = 8665.00$, $p = .001 < 0.0083$) on resilience. A significant difference was also found between the youth whose mothers were 10th class pass and those whose mothers studied graduation and above ($U = 1678.00$, $p = .006 < 0.0083$) on resilience. Thus, the young adults whose mothers studied graduation and above demonstrated lower levels of resilience than those whose mothers were 10th pass and less, respectively (Table 6).

An effort was made to examine the impact of young adults' "perception about Kashmir problem and its solution" on their resilience capacity (See table

Table 6. Post-hoc Mann–Whitney U tests of resilience according to mother's education ($N = 693$).

Comparing group	n	Mean rank	Sum of ranks	U	p
Group 1: (below 10th)	493	295.20	145,531.50	22,088.50	.575
Group 2: (10th pass)	93	284.51	26,459.50		
Total	586				
Group 1: (below 10th)	493	278.24	137,174.50	12,697.50	.232
Group 3: (12th pass)	57	251.76	14,350.50		
Total	550				
Group 1: (below 10th)	493	279.42	137,756.00	8665.00	.001
Group 4: (graduation and above)	50	198.80	9940.00		
Total	543				
Group 2: (10th pass)	93	77.26	7185.50	2486.50	.523
Group 3: (12th pass)	57	72.62	4139.50		
Total	150				
Group 2: (10th pass)	93	78.96	7343.00	1678.00	.006
Group 4: (graduation and above)	50	59.06	2953.00		
Total	143				
Group 3: (12th pass)	57	59.20	3374.50	1128.50	.063
Group 4: (graduation and above)	50	48.07	2403.50		
Total	107				

Table 7. Mann–Whitney *U* test results of resilience according to young adults' perception about Kashmir problem and its perceived solution (*N* = 693).

Item no.	Item	Mode of response	<i>n</i>	Mean rank	Sum of ranks	<i>U</i>	<i>P</i>
01	Feeling distressed because of the present situation	Yes	661	342.60	226,457.00	7666.00	.008
		No	32	437.94	14,014.00		
02	Feeling insecure due to ongoing conflict	Yes	662	344.02	227,741.00	8288.00	.069
		No	31	410.65	12,730.00		
03	Perceiving college or university campus insecure	Yes	434	353.96	153,620.00	53,181.00	.234
		No	259	335.33	86,851.00		
04	Suffering from physical sickness due to conflict	Yes	416	352.53	146,650.50	55,317.50	.371
		No	277	338.70	93,820.50		
05	Thinking that there will be peace in Kashmir	Yes	423	342.75	144,982.00	55,306.00	.482
		No	270	353.66	95,489.00		
06	Thinking that Kashmir conflict will be resolved soon	Yes	371	361.58	134,147.00	54,321.00	.039
		No	322	330.20	106,324.00		

7). The results revealed that perception of Kashmir problem was negatively and significantly associated with resilience in the first two items that are feeling psychologically distressed ($U = 7666.00$, $p < .01$) and insecure ($U = 51,054.00$, $p < .05$) as a result of conflict. Youth who felt psychologically distressed were less resilient (mean rank = 342.60) than those who did not feel psychologically distressed while living in Kashmir conflict (mean rank = 437.94). Young adults who felt insecure due to the ongoing conflicts demonstrated lower rates of resilience (mean rank = 327.12) when compared with their counterparts who did not feel insecure (mean rank = 358.86). Further, the results disclosed that perceived solution of Kashmir problem was found positively and significantly associated with resilience in second item that is feeling that Kashmir conflict will be resolved soon ($U = 54,321.00$, $p < .05$). Young adults who felt that Kashmir conflict will be resolved soon were more resilient (mean rank = 361.58) than those who did not feel so (mean rank = 330.20).

Discussion

The present study is able to achieve its objective by examining the association of social support and background variables with resilience among young adult research participants exposed to traumatic stress resulting from conflict situation events in Kashmir. The study's findings disclosed that participants reported moderate levels of resilience and perceived social support. Further, perceived social support subscales, including friends' support, family support, and support from significant others were positively associated with resilience. This finding is consistent with the earlier findings involving the perceived levels of social support to resilience in the face of adversity (Annan & Blattman, 2006). Wilks (2008) found that family and friends' support were associated with greater resilience. Research indicates that when perceived social support levels increase, individuals' ability to adapt in traumatic and

stressful situations also increases (Bhat & Rangaiah, 2015a; Siriwardhana, Abas, Siribaddana, Sumathipala, & Stewart, 2015). The current study's findings provide evidence that social support helps foster resilience when in a crisis or adversity. The Kashmiri society is pluralistic, which inculcates in its people a sense of brotherhood and harmony, thereby making them socially well connected and their culture cohesive. This feature of the Kashmiri community during adverse situations results in greater support for the people, making them resilient (Kaw, 2010).

Resilience was found positively related with gender but negatively associated with monthly family income, educational level, and mother's education. The findings indicated that male respondents were more resilient in comparison to their female counterpart. Consistent with the findings of present study research has come up with the findings that males demonstrated greater levels of resilience in comparison to female counterparts when in adversity (Peltonen, Qouta, Diab, & Punamäki, 2014). Similarly, Falavarjani and Yeh (2019) found that males were more resilient and demonstrated higher stress tolerance than females. The more resilience among male respondents could be due to the Kashmiri culture, where males are more outgoing than females and utilize more social resources than females. Hence, males have higher skills to bounce back from adverse situations than females.

Moreover, the findings showed that higher education was associated with lower resilience levels. This finding corroborates with the results of previous research that people with higher education are more vulnerable to psychopathology and demonstrate lower resilience capacity in situations marked by the violence of armed conflict (Alemi et al., 2018; Housen et al., 2017). Bonanno, Galea, Bucciarelli, and Vlahov (2007) provided further evidence that in their study participants with higher education demonstrated lower resilience as compared to their counterparts. Further, higher family income was related to lower resilience levels among young adult research participants living in Kashmir. This finding is in concordance with the findings of earlier scholarly work that despite high family income individuals demonstrate low resilience capacity to adapt to stressful environment which challenges their coping mechanism (Ma, Xia, & Lin, 2019). In the same line, Wells (2012) reported that participants with low family income demonstrated higher resilience levels. The inverse relation of resilience with household income might be because of the exposure of stressful life experiences of conflict that dominates all aspects of life in Kashmiri including good economic conditions (Dar & Deb, 2020a). Furthermore, higher maternal education levels of respondents were found to be associated with lower levels of resilience. Although educated parents create a favorable home environment and build strong and caring relations with children, they might lack the necessary expertise to develop effective coping skills to withstand trauma, specifically in the context of armed conflict (McMahon, Creaven, & Gallagher, 2020).

The association between resilience and young adults' perceptions about Kashmir problem and its solution uncovered some interesting findings. The majority of respondents felt insecure, distressed, and physically sick because of the ongoing conflict situation in Kashmir. More than half of the respondents were hopeful that Kashmir conflict will be resolved which in turn bring peace in the near future. The respondents who felt distressed and insecure because of the exposure to stressful experience of conflict demonstrated lower resilience when compared with their counterparts. This is in concordance with the previous findings that distress and insecurity caused by the adversity results in decreased resilience (Mujeeb & Zubair, 2012). An inverse association between psychological distress and resilience among the survivors of terrorist attacks was revealed by the research (Bonanno, 2006). Interestingly, the respondents who had a hope that the Kashmir conflict will be resolved showed higher resilience than their hopeless counterparts. The findings remain consistent with earlier studies that have studied the link between hope and resilience in areas affected by conflict violence. For example, Eggerman and Panter-Brick (2010) found that participants with higher hope in the conflict-torn Afghanistan reported greater resilience capacity. With special reference to the findings of the resilience of our study, they resonate with the existing literature emphasizing the need to identify what social policies will improve people's living conditions and develop among them hope and resilience (Canvin, Marttila, Burstrom, & Whitehead, 2009).

Limitations

The findings of this study are not free from limitations. This study used a "cross-sectional" research design wherein the causal relationships could not be validated. Next, the study utilized self-reported measures of "brief resilience scale" and "multidimensional scale of perceived social support" for the estimation of resilience and social support. Other limitations include only college or university students participated in the study. The findings of the study should not be generalized to the entire population of the Kashmir and other populations because the sample was drawn from students going to colleges and universities only. Given the limitations, future studies should include younger as well as older age groups. In addition, people involved in diverse professions and backgrounds such as school students, teachers, research scholars, lawyers, and businessmen should be included in future studies in order to understand this phenomenon in a better way.

Implications

The study speaks about the sensitization of female gender, highly educated youth, and youth from high-income families as well as those whose mothers have higher

education in the context of Kashmir. There is a need to provide assistance to young adults to help them to develop resilience in the conflict-torn Kashmir to withstand in the trauma-exposed environment. Authorities need to organize programs in Kashmir and make necessary arrangements for people to develop necessary skills among them to foster resilience. The study recommends programs to sensitize the people in line with the importance of resilience and social support, more specifically, those vulnerable to mental health disorders due to the exposure of stressful conflict events and lack of support from and lower resilience capacity.

Conclusion

The participants reported moderate levels of resilience and social support. A positive association between resilience and social support was found, including its subscales of family and friends support and support from significant others. Gender was found positively associated to resilience in which being male was related to the greater levels of participants' resilience. On the contrary, higher education, monthly family income, and maternal education were associated negatively to the resilience. Moreover, feelings of insecurity and distress as a result of conflict in Kashmir was negatively associated with resilience, whereas, feelings of hope that Kashmir conflict will be resolved were positively associated with resilience. Given the potential positive association of perceived solution of Kashmir conflict and social support with resilience, accordingly efforts are suggested to enhance the social support facilities especially and develop feelings of hope among the affected individuals. Further, sensitization concerning the importance of resilience, hope, and social support among the individuals residing in areas affected by conflict could help them to withstand during and after the exposure to adverse life experiences and to move toward positive growth.

Note

1. <https://www.giveindia.org/all-ngos/jammu-and-kashmir/srinagar/>

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References

- Alemi, Q., Stempel, C., Koga, P. M., Montgomery, S., Smith, V., Sandhu, G., . . . Requejo, J. (2018). Risk and protective factors associated with the mental health of young adults in Kabul, Afghanistan. *BMC Psychiatry*, 18(1), 71–82. doi:10.1186/s12888-018-1648-4
- Annan, J., & Blattman, C. (2006). *The psychological resilience of youth in Northern Uganda: Survey of war affected youth, research brief 2*. Kampala, Uganda: Survey for War Affected Youth.
- Arnetz, J., Rofa, Y., Arnetz, B., Ventimiglia, M., & Jamil, H. (2013). Resilience as a protective factor against the development of psychopathology among refugees. *Journal of Nervous and Mental Disease*, 201, 167–172. doi:10.1097/NMD.0b013e3182848afe
- Bhan, M., Duschinski, H., & Misri, D. (Eds.). (2022). *Routledge handbook of critical Kashmir studies*. Taylor & Francis.
- Bhat, S. A. (2019). The Kashmir conflict and human rights. *Race & Class*, 61(1), 77–86. doi:10.1177/0306396819850988
- 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. doi: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 and Trauma*, 24(7), 740–752. doi:10.1080/10926771.2015.1062449
- Bonanno, G. A. (2006). Grief, trauma, and resilience. In E. K. Rynearson (Ed.), *Violent death: Resilience and intervention beyond the crisis* (pp. 31–46). New York: Routledge.
- Bonanno, G. A., Galea, S., Bucchiarelli, A., & Vlahov, D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of Consulting and Clinical Psychology*, 75(5), 671–682. doi:10.1037/0022-006X.75.5.671
- Bose, S. (2003). *Kashmir: Roots of conflict, paths to peace*. Harvard University Press.
- Brailovskaia, J., Schönfeld, P., Kochetkov, Y., & Margraf, J. (2019). What does migration mean to us? USA and Russia: Relationship between migration, resilience, social support, happiness, life satisfaction, depression, anxiety and stress. *Current Psychology*, 38(2), 421–431. doi:10.1007/s12144-017-9627-3
- Canvin, K., Marttila, A., Burstrom, B., & Whitehead, M. (2009). Tales of the unexpected? Hidden resilience in poor households in Britain. *Social Science & Medicine*, 69(2), 238–245. doi:10.1016/j.socscimed.2009.05.009
- Cohen, S., & Syme, S. L. (1985a). Issues in the study and application of social support. In S. Cohen & S. L. Syme (Eds.), *Social support and health* (pp. 3–22). Orlando: Academic Press.
- Cohen, & Syme, S. L. (Eds.). (1985b). *Social support and health* (pp. 3–22). Orlando: Academic Press.
- Dar, F. A. (2011). *Living in a pressure cooker situation—a needs assessment of youth in India-administered Kashmir*. London, United Kingdom: Conciliation Resources.
- Dar, A. A. (2021). The relationship of risk and protective factors with mental health among the youth in Kashmir. *International Journal of Behavioral Sciences*, 15(3), 201–206.
- Dar, A. A., & Deb, S. (2020a). Mental health in the face of armed conflict: Experience from young adults of Kashmir. *Journal of Loss and Trauma*, 1–11. doi:10.1080/15325024.2020.1739367
- Dar, A. A., & Deb, S. (2020b). The volatile situation in Kashmir and its impact on the mental health of common people. In S. Deb, G. Subhalakshmi, & K. Chakraborti (Eds.), *Upholding*

- justice: Social, psychological and legal perspectives* (pp. 152–168). New York: Routledge. doi:[10.4324/9780429324086](https://doi.org/10.4324/9780429324086)
- Dar, A. A., & Deb, S. (2021). Prevalence of trauma among young adults exposed to stressful events of armed conflicts in South Asia: Experiences from Kashmir. *Psychological Trauma: Theory, Research, Practice, and Policy*, Advance online publication [10.1037/tra0001045](https://doi.org/10.1037/tra0001045)
- Dar, A. A., Deb, S., Malik, M. H., Khan, W., Haroon, A. P., Ahsan, A., . . . Qasim, M. (2022). Prevalence of adverse childhood experiences (ACEs) among young adults of Kashmir. *Child Abuse & Neglect*, 134, 105876. doi:[10.1016/j.chiabu.2022.105876](https://doi.org/10.1016/j.chiabu.2022.105876)
- 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. doi:[10.1186/1752-1505-2-11](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.
- Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine*, 71(1), 71–83. doi:[10.1016/j.socscimed.2010.03.023](https://doi.org/10.1016/j.socscimed.2010.03.023)
- Faheem, F. (2020). Women, family and the everyday struggle facing conflicts 1: A case of Kashmir. In B. Devi Prasad, S. Juvva, & M. Naya (Eds.), *The contemporary Indian family* (pp. 129–143). Routledge India. doi:[10.4324/9781003057796](https://doi.org/10.4324/9781003057796)
- Falavarjani, M. F., & Yeh, C. J. (2019). Optimism and distress tolerance in the social adjustment of nurses: Examining resilience as a mediator and gender as a moderator. *Journal of Research in Nursing*, 1744987119839102.
- Hassan, A., & Shafi, A. (2013). Impact of conflict situation on mental health in Srinagar, Kashmir. *Bangladesh e-Journal of Sociology*, 10(1), 101–126.
- Housen, T., Ara, S., Shah, A., Shah, S., Lenglet, A., & Pintaldi, G. (2019). Dua Ti Dawa Ti: Understanding psychological distress in the ten districts of the Kashmir Valley and community mental health service needs. *Conflict and Health*, 13(1), 1–11. doi:[10.1186/s13031-019-0243-8](https://doi.org/10.1186/s13031-019-0243-8)
- 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. doi:[10.1136/bmjgh-2017-000419](https://doi.org/10.1136/bmjgh-2017-000419)
- Kaw, M. A. (2010). Central Asian contribution to Kashmir's tradition of religio-cultural pluralism. *Central Asiatic Journal*, 54(2), 237–255.
- Luthar, S. S. (1993). Annotation: Methodological and conceptual issues in research on childhood resilience. *Journal of Child Psychology and Psychiatry*, 34(4), 441–453. doi:[10.1111/j.1469-7610.1993.tb01030.x](https://doi.org/10.1111/j.1469-7610.1993.tb01030.x)
- Luthar, S. S., Doemberger, C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study of inner-city adolescents. *Development and Psychopathology*, 5, 703–718. doi:[10.1017/S0954579400006246](https://doi.org/10.1017/S0954579400006246)
- Margoob, A. M., Firdosi, M. M., Banal, R., Khan, A. Y., Malik, Y. A., Ahmad, S. A., . . . Shah, M. S. (2006). Community prevalence of trauma in South Asia—experience from Kashmir. *JK Practitioner*, 13, S14–S17.
- Ma, Z., Xia, Y., & Lin, Z. (2019). Curvilinear relationship between disaster exposure and psychological growth: 10 years after the Wenchuan earthquake. *Psychiatry Research*, 274, 280–286. doi:[10.1016/j.psychres.2019.02.032](https://doi.org/10.1016/j.psychres.2019.02.032)
- McMahon, G., Creaven, A. M., & Gallagher, S. (2020). Stressful life events and adolescent well-being: The role of parent and peer relationships. *Stress and Health*. doi:[10.1002/smi.2923](https://doi.org/10.1002/smi.2923)

- Mujeeb, A., & Zubair, A. (2012). Resilience, stress, anxiety and depression among internally displaced persons affected by armed conflict. *Pakistan Journal of Social and Clinical Psychology*, 9(3), 20–26.
- O’Leary, V. E. (1998). Strength in the face of adversity: Individual and social thriving. *Journal of Social Issues*, 54(2), 425–446. doi:[10.1111/j.1540-4560.1998.tb01228.x](https://doi.org/10.1111/j.1540-4560.1998.tb01228.x)
- Peltonen, K., Qouta, S., Diab, M., & Punamäki, R. L. (2014). Resilience among children in war: The role of multilevel social factors. *Traumatology*, 20(4), 232–240. doi:[10.1037/h0099830](https://doi.org/10.1037/h0099830)
- Poudel-Tandukar, K., Chandler, G. E., Jacelon, C. S., Gautam, B., Bertone-Johnson, E. R., & Hollon, S. D. (2019). Resilience and anxiety or depression among resettled Bhutanese adults in the United States. *International Journal of Social Psychiatry*, 0020764019862312.
- Rutter, M. (1981). Stress, coping and development: Some issues and some questions. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 22(4), 323–356. doi:[10.1111/j.1469-7610.1981.tb00560.x](https://doi.org/10.1111/j.1469-7610.1981.tb00560.x)
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598–611. doi:[10.1192/bjp.147.6.598](https://doi.org/10.1192/bjp.147.6.598)
- Schofield, V. (2003). Kashmir in conflict: India, Pakistan and the unending war. In *London: IB Tauris*.
- Schroever, M. J., Kraaij, V., & Garnefski, N. (2011). Cancer patients’ experience of positive and negative changes due to the illness: Relationships with psychological well-being, coping, and goal reengagement. *Psycho-Oncology*, 20(2), 165–172. doi:[10.1002/pon.1718](https://doi.org/10.1002/pon.1718)
- Shumaker, S. A., & Brownell, A. (1984). Toward a theory of social support: Closing conceptual gaps. *Journal of Social Issues*, 40(4), 11–36. doi:[10.1111/j.1540-4560.1984.tb01105.x](https://doi.org/10.1111/j.1540-4560.1984.tb01105.x)
- Siriwardhana, C., Abas, M., Siribaddana, S., Sumathipala, A., & Stewart, R. (2015). Dynamics of resilience in forced migration: A 1-year follow-up study of longitudinal associations with mental health in a conflict-affected, ethnic Muslim population. *BMJ Open*, 5(2), e006000. doi:[10.1136/bmjopen-2014-006000](https://doi.org/10.1136/bmjopen-2014-006000)
- Sleijpen, M., van der Aa, N., Mooren, T., Laban, C. J., & Kleber, R. J. (2019). The moderating role of individual resilience in refugee and Dutch adolescents after trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(7), 732–742. doi:[10.1037/tra0000450](https://doi.org/10.1037/tra0000450)
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194–200. doi:[10.1080/10705500802222972](https://doi.org/10.1080/10705500802222972)
- Taber, K. S. (2018). The use of Cronbach’s alpha when developing and reporting research instruments in science education. *Research in Science Education*, 48(6), 1273–1296. doi:[10.1007/s11165-016-9602-2](https://doi.org/10.1007/s11165-016-9602-2)
- Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society*, 35(3), 341–365. doi:[10.1177/0044118X03257030](https://doi.org/10.1177/0044118X03257030)
- Wells, M. (2012). Resilience in older adults living in rural, suburban, and urban areas. *Online Journal of Rural Nursing and Health Care*, 10(2), 45–54. doi:[10.14574/ojrnhc.v10i2.55](https://doi.org/10.14574/ojrnhc.v10i2.55)
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. Ithaca: New York University Press.
- Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. New York, NY: Cornell University Press.
- Wilks, S. E. (2008). Resilience amid academic stress: The moderating impact of social support among social work students. *Advances in Social Work*, 9(2), 106–125. doi:[10.18060/51](https://doi.org/10.18060/51)
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30–41. doi:[10.1207/s15327752jpa5201_2](https://doi.org/10.1207/s15327752jpa5201_2)