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A CBT Analyses of Jalauddin Mughal's Tales, Losing Lives at the LoC

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Abstract

Literature reflects life and some times the stories depict the mental agony of the characters through the narration. The experiences at conflicted and occupied territories create a different picture of pain. The undertaken research analyzed the true experiences as narrated by the sufferers in Losing Lives at the LoC, at conflicted boundary of India and Pakistan using the CBT method. The findings depict that an experience of trauma can cause life time troubled thoughts. These after affects need to be cured and remedied through counselling and practical aid which seemed not feasible in the domain of Line of Control.

Introduction

Human life consists of multiple phases. The various experiences of life are a mixture of diverse feelings and emotions that end up with different understandings (Gul, R., Talat, M., Mumtaz, M., Shaheen, L. 2021).Thus, in lifetime, people confront happy, sad, traumatic, disturbing or serene experiences and memories that linger on forever. Sometimes these experiences bring pain, joy, sorrow, jubilance, and other emotions, that not only effect thoughts, but are reflected in behavior and actions too (Gul, R., Ayub, A., Mazhar, S., Uddin, S., S., Khanum, M. 2021). The experiences that ended with pain due to some conflict, like territorial, are harder to comprehend as pain itself is a complex phenomenon.

The phenomenon of persistent pain produced research of multifactorial nature that focused on aspects of pain development, conservationand its persistence. Traditionally, pain is treated as a medical spectacle that damage tissues or caused by disease. This understanding limited the everyday explanations of pain with little associationamid experience of pain and its physical findings(Bukhari, S. K. U. S., Gul, R., Bashir, T., Zakir, S., &Javed, T. 2021).Several psychological and multidimensional theories of pain are explained within the historical context of their development like behavioral, cognitive and contextual theories. The psychological approaches focused on incapacity, disposition and worth of life events to evaluatethe results by concentrating on intensity of pain. Contrarily, the functional approaches aim to reduce pain as the major treatment outcome.

The pain is caused by various events that are confronted in life. Among occurring events and conflicted occasions, some issues are so devastating and deteriorating that their effects envelope and wrap the entire cultural scenario with influencing the dignities of life and involving disastrous issues of death. These issues effect social, economic and cultural spheres too. At times, the disastrous effects are sointense that the entire routine of normal life is perplexed and trodden. These events are so devastating that the pain and disturbance they cause effect normal life and follow throughout life time. The effects hamper a normal and routine life due to mental and several physical disabilities too.

The LoC

In this context, the conflicted line of control (LoC) in state of Jammu and Kashmir, at Pakistan and India border, presents such a context which is replete with happenings and incidents that shake the normalcy of life to its core. Since the assassination of BurhanWani, the freedom fighter leader, the people on both sides of LoC faced the cruel and the most violent sufferings, killings and miseries of people (Mughal, 2019). According to AJK statistics, 28 people were killed and 172 injured in 2018 (ibid., p. 2). Women and children are found to be most prone to these disasters. In 2003, the 15-year time period of cease fire between the two countries brought back the normal routine period with resumed educational, trade and economic activities. However, with Uri attack, the worse appeared and in 2016 the bombastic attacks ended lives of 12 people. Between 2016 and 2019, the cross shelling injured, displaced and disturbed trade, education, business and routine movement (ibid., p. 3). The blasts, sharp shooters and firing tremors are routine near LoC especially at Abbasspur and Battal sectors,with burials or hospital rushing of civilians in routine. Even schools and school vans are targeted. These experiences brought countless stories and tales from the survivals who constantly bear the physical, emotional and mental

scars, who barely escaped while their loved ones could not make it. The pain lasted life time. Every individual carried a story to tell of pain. These are the civilians who are unarmed and innocent and confront the brutalities and violence for something they never committed.

The Pain of Experiences

Thus, everyday experiences of pain might be the occurrences that are beyond premises of medical model explanation. This led to an awareness towards a multidimensional view of pain that include biological, psychological and social factors(Brinjikji et al., 2015).Actually, there are multiple contextual factors that can intensify pain in the environment that are processed by the brain. The Gate control theory explainedwide ranges of pain in response to multiple factors. About wide variety of pains, Wall (1979) elucidated that pain does not only indicate tissue damage or disease, but pain shaped behavior patterns too.

Psychological Theories

With the Gate control theory,a shift appeared in the understanding of pain towards a multidimensional knowledgethat was affected by biological, psychological and social factors. This attention focused on application of psychological principles to the treatment of long-term pain.

Behavioral Approach

Conventionally, these approaches treated mental health issueslike, fear and phobias with success (Wolpe, 1968). The behavioral approach was used to treat pain by incorporating psychological science (Gatchel, 1999). Behavioral therapy aimed to condition pain behaviors by using conditioning methodsfor healthy behaviors and reduction of pain (Gul, R., Kanwal, S., & Khan, S. S. 2020). This conditioning involved reinforcement for positive and for negative behavior for the termination of an unpleasant experience. Behavioral therapy systematically strengthened active engagement in meaningful activities and weakening behaviors like excessive resting or complaining.

Cognitive Approach

The behavioral approach focused behavior for an objective observation over non-observable phenomenalike emotions and thoughts. However, the clinical psychology recognized the impacts of thoughts and thinking patterns with more importance on inner, unobservable events likeviews and opinions. Thus, the multidisciplinary pain clinics focused on cognitive and behavioral approaches and emerged as CognitiveBehavioral Therapy (CBT) that widely developed clinical psychology (Gatchel, 1999).

The Cognitive-behavioral theories of pain assert that thoughts, emotions, behaviors and physical sensations are interconnected (Gul, R., Khan, S. S., Mazhar, S., & Tahir, T. 2020).The theories create a cycle that identified thoughts or behavior as potential issues that are focused accordingly. The specific thoughts or beliefs are identified as a result of persistent pain to be potentially modified with help of CBT. The cognitive processeshighlighted a relationship amid painrelated beliefs, depression, physical disability, activity and social role limitations (Gatchel, 2007). The pain catastropheis a magnified threat of an inability to cope with pain (Edwards et al., 2011). It is associated with great physical and psychosocial disfunctionsometimes after controlling the pain and depression levels. The fear of increased pain or bodily harm led to the avoidance of activity in physical and psychosocial function(Leeuw et al., 2007). It is also important to identify the self-efficacy beliefs that refer to the confidence a person has for a behavior that would create a difference to their situation (Gul, R., Khilji, G. 2021). The cognitive behavioral therapy of pain aimed to identify and change the beliefs that created trouble in a social and cultural accepted behavior that later caused pain to achieve a betterment in mood, quality of life and disability. In a study of CBT for patients with temporomandibular disorders (TMD) by Turner et al. (2017), theintervention effects were described for beliefs about pain and self-efficacy. However, in another study conducted by McCracken et al. (2007), it was unclear if the targeted treatment achieved changes in cognitive behavior by improving CBT outcome.

Physical Sensations

The pain involved physical sensations and an individual's response to this pain by triggering the "fight or flight" response (Chris et al., 2018, p. 26). This was the body's response to deal with the threat and is facilitated by nervous and the hormonal system.Persistent pain increased anxiety and agitation and could be relieved by medical help (Van et al., 2005). The chronic pain becomes a constant and inescapable source of threat. The findings by Dehghani et al. (2004)research depicted that chronic pain patients attend to sensory pain that could be damaging for health if not taken seriously. One way to attend this is through CBT that focused the patient's beliefs and opinion of pain and need a proper pain education.

Behaviors

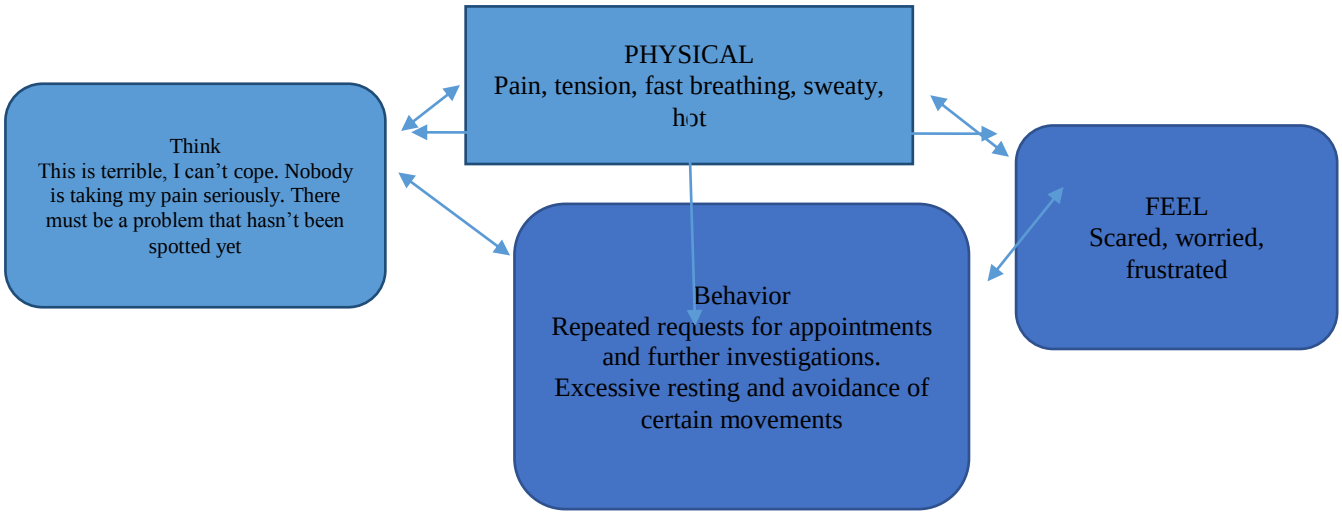
The CBT lays importance on coping skills and strategies for constant pain. A range of skills like relaxation, activity management, and precise exercises are recommended (Kotiranta, 2014). Though, CBT has good outcomes for pain management, mechanisms behind this improvement are vague (McCracken &Eccleston, 2003). The cognitive behavioral therapies focused on of thoughts, rationally challenging thoughts that were termed as "dysfunctional" or "irrational" and created psychological distress (Brinjikji et al., 2015, p. 27). Thus, coping with pain and similar ideas with new techniques of changing thoughts is an adaptive functioning. McCracken and Eccelston (2003) found that worries about pain is divided into four categories: the pain

experience thatkeeps on hurting; the disability for confrontation; medical uncertainty;and negative effect. McCracken and Eccleston asserted that acceptance of chronic pain produced less pain, reduced disability, less anxiety, improvement in daily activities and better employment chances.Thus, the psychological flexibility meant willingness to remain in contact with present moment experience, whether difficult or unpleasant(Gul, R., Khan, S. S., & Akhtar, S. 2020). Experiential avoidance is an unwillingness to connect to internal thoughts, feelings and physical sensations that are painful or uncomfortable. Eifert and Heffner (2003) compared acceptance versus control strategies, and found that acceptance-based strategies led to less catastrophic thoughts, and less fear. Feldner et al. (2006) depicted that the ones who used experiential avoidance to cope to an aversive task confronted lowpain endurance and tolerance.

Focus of Therapy

The psychological theory is applied for persistent pain through psychological angleand reduced the risk that patients felt to be disbelieved. Several psychological and social factors influenced pain, but that pain reduction was not the target of treatment(Gul, R., & Rafique, M. 2017). This rationale allowed patients to considerchanges within their control to improve life, whether or not pain can be reduced. CBT target a range of factors that could maintain the state of pain. Thus, explicitly targeting a reduction in pain improved mood and ability to engage in valued life through an understanding of pain.

Figure 1 An example of a cognitive behavioral formulation of persistent pain. Thecontext is the understanding of pain culturally, through sociodemographic features, reply of friends and colleagues byChris et al. (2018), p. 26:



METHODOLOGY

This portion discusses the theoretical framework of Cognitive behavioral theory and the method of Cognitive behavioral therapy (CBT) that aimed to reduce psychologicaldistress by exploring and addressing the integration of thoughts, feelings and behaviors to the existing problem.

Three assumptions create CBT: Tracing emotions and behaviors; tracing psychological distress; modifying psychological distress by modifying the faulty cognitions and behavior (Teater, 2013). Thus, CBT can aid to alter and substitute the existing thoughts, feelings and behaviors with positivity and acceptability that would ultimately solve and presentproblem (Teater, 2010).CBT is implemented in three stages: assessment; interventionand evaluation (Teater, 2010). Assessment explores how thoughts, feelings and behaviors contribute to existence of the problem in sphere of frequency, intensity and duration. It explores the activated event,the belief or attitude that is developed as a result of that event; and lastly, the consequences that emerge through behaviorand emotionalreactions. The assessment stage selects a certain relevant intervention that rested on thethoughts, feelings or behaviors that bring change (Payne and Donaghy,2010). It is further elucidated by O'Donohue(2003) that the evaluation stage identifiedchanges that occurred with intensity, frequency and duration of thoughts, feelings and behaviors, so the problem diminished from pre- to post-intervention.

CBT combined behavioral and cognitive therapies.Behavioral therapy focused problematic andundesirable behaviors and replaced them with more acceptable positive behaviors, through desirable consequences and reinforcers (Gul, R., & Reba, A. 2017; Sharf, 2012). Cognitive therapy traced the behavioral and emotive aspects that are crucial to address psychological distress(Teater, 2010).Cognitive therapy traces the beliefs or schemas that effect the thought process. Thus, the Cognitive behavioral therapy admits that behaviors and

cognitions are equally important to psychological distress through thoughts, feelings, and behaviors.CBT caters the individuals with psychological distress and are able and willing to explore how their thoughts, feelings and behaviors arecontributing to the problem. Thus, they aim to modify their thoughts, feelings and behaviors to share and ease pain to some extent. The CBT approach can be adapted to fit various culture and environment (Teater, 2010).

Data Collection

For the present study, the undertaken selected tales from Jalauddin Mughal's tales, *Losing Lives at the LoC*(2019) are analyzed using the CBT approachthat explored the causes and effects of behavior. For the purpose, initially ABC Functional analysis technique is used which is designed to gather evidence related to factors that enhance understanding about a specific problematic behavior (antecedents), and the factors with specific result (consequences) from the behavior. Thence, the ABC Functional Analysis worksheet includes 3 steps: 1. Identifying Behavior, the problematic behavior that needs to be analyzed. Then identifying Antecedents, which are the factors that lead to the identified behavior. And lastly, identifying Consequences, which are the outcome of the identified behavior, both negative and positive consequences from the recognized behavior.

After initially identifying the behavior and its consequences, the analysis is elaborated through the Extended Case Formulation which is a case conceptualization worksheet for a shared understanding of the client's presenting problem. The four "P's" of case formulation predisposing, precipitating, perpetuating, and protective factors, help organizing the factors that development and maintain the problem. Thence, an analysis of thoughts, feelings, behaviors, and physical sensations help in connecting core beliefs that lead to particular behavior.

Additionally, for the detection of theme of pain the text of the tales is selected and analyzed.

Data AnalysisProcedure

For analysis of textual data, the selected excerpts are analyzed using the ABC technique of CBT analysis and later the data is further extended into evaluation through Extended Case Formulation Worksheet adapted from Ackerman, C. E. (2020) (see appendix 1 and 2).

About the Book

The author, Jalaluddin Mughal, is a photographer, author, social worker and member of a leading and premier think tank of AJK, Policy and Research Forum (PRF) that worked to present real incidents and sufferings of the victims and for their welfare and wellbeing. The tales in *Losing Lives at the LoC* (2019) are true stories and personal accounts of people from all walks of life and different backgrounds, and all experienced various levels of pain by either being brutally injured or losing lives of the dearest and nearest ones due to blasts and shelling.

DATA ANALYSIS

Keeping in view the essentials of ABC technique and later the Extended Case Formulation Worksheet, the text of the narrations are analyzed keeping in view to highlight the pain in light of CBT theory. It is also focused to present a case keeping alignment of the sequence as presented in worksheets. This would lead to a valid comprehension of life time pain that haunts the sufferers throughout their lifetime. The step by step following of the pattern presented in worksheets add to the profundity of identifying the psychological intensity of experience of pain and agony.

Story no 1

Three graves in a row

This story is told be 67-year-old retired school teacher, Sheikh Mushtaq, at Fatehpur village, District Heveli. Mushtaq lost two sons and 22-year-old daughter in firing which hurdled them down defenseless and lost in chaos when the whole family had reunited for Eid celebrations. Mushtaq says that they were all taken by darkness and when he regained senses, he found himself in hospital wrapped in bandages and unable to move due to a mortal splinter stuck in brain. While his two sons and wife took care in the hospital, he kept on asking for the other two sons and daughter. He was told they were being treated for injuries too. After three months, on his return home, his wife showed him the three graves of his children, whose funeral he did not attend.

Work sheet number 1, ABC of CBT

Antecedents: "the formidable sound of firing encompassed us, leaving us all stunned and stagnant, unable to form any coherent thought or decisions (Mughal, 2019, p. 4)

Behavior: How unfortunate did I have to be (p. 5)

Consequences: now I have been left with two sons and three graves in a row

Work sheet number 2, finding the four P's

The problematic situation is identified as losing the children to death and three simultaneously. So, while identifying automatic thoughts came as, "the formidable sound of firing…" (p. 4). Next, the automatic thoughts reflected situation beyond control and accompanied with painful experience. The emotions of pain, regret and hopelessness appeared as Mushtaq said, "Not four months ago, I had four living and breathing sons and a beautiful, almost graduated daughter but now…" (p. 5). The physical sensations appeared as, "…the growing foreboding pit in my stomach…" (p. 5). Mushtaq behaved as a result PositivePsychology.com 2 Part B 7. Clarify the presenting problem 8. He felt something bigger and terrible was coming ahead as he witnessed his

wife's, "sorrowful eyes and grief-striken face…" (p. 5). Theearly painful experiencecontributed to the pain that development with time. Thus,Mushtaq's most central dysfunctional beliefs about the presenting problem appeared as, "I too wanted to live in denial for as long as I could" (p. 5).The courage and power to narrate the whole incident identifies the determination to cope with these core belief(s) of pain and agony. The core beliefs perpetuate the behavior too. There are some factors that can help to deal with the behavior like admitting to share and allowing to publish the heart broken and soul torn tale. This behavior would perhaps break the perpetuating cycle. And this act is believed to shake the world out of slumber about the reality of brutality happening in LoC. Mushtaq does not want others to experience the pain he did with his family which once assembled for eid and now there was only, "damaged house" (p. 5).

Story No. 2

Dreams disabled

This story is narrated by 29-year-oldRaja Suhail Khan who lived at Keran, Neelam Valley. That day the entire family assembled to finalize his upcoming wedding when suddenly they were caught by shelling. While trying to help the women and children, a mortar dropped on the roof of the house and no later darkness enveloped them all. Three days later he found himself hospitalized and paralyzed. A killer splinter hit his brain and damaged the nerves. The incident disabled him to work thus, leaving his younger brothers to work and earn by quitting school.

Work sheet number 1, ABC of CBT

Antecedents: "the life-threatening situation" (Mughal, 2019, p. 8)

Behavior: "I have been living a life with permanent disability" (p. 9)

Consequences: "I have lost my job and my dreams have been stolen and shattered" (p. 9)

Work sheet number 2, finding the four P's

The identification of the problematic situation appeared as, "all of a sudden, the shelling started and everyone got frightened" (p. 8). In identification of automatic thoughts Suhail uttered, "panic trapped out tongue and fear overwhelmed us so that we were unable to even speak or scream the terror we were feeling" (p. 8). The automatic thoughts implemented that as a result of shelling, Suhail confronted a situation which not only paralyzed his body, but his life too.The emotions of pain, helplessness, anguish and despair werefound to be related with the automatic thoughts. Thus, the helplessness overwhelmed Suhail because, "as expected, this has broken my up-coming marriage as well" (p. 9).Suhail identified and recognized himself as, "a disabled person" (p. 9). Thus, the presenting problem identified a situation that would to be prevailed till eternity. But, the courage and bravery Sohail portrayed in narrating the story and recalling the painful experiences, "our eyes betrayed our horror" (p. 8), and contributed to his development in confronting the incidence. Sohail's central dysfunctional beliefs related to the presenting problem are identified in, "Being the only bread earner of the family" and, "my fiancée has refused to marry a disabled person" (p. 9).There seemed to be no rule to be stated to drive Sohail out of his present agony. There appeared no relief or life time supplies for him and his family. But, his narration of the story advocated his refusal to accept the punishment for the crime he never committed and victimized for the crime of living in the area which provided reasons and means for his earning only.

Story No. 3

Went to the school, but found at the hospital

This is the story of grandfather and granddaughter who were victims of the brutality without asking or acting for it. That dreadful day, HabiburRehman saw his granddaughter, Misbah, 6-year-old, skipping off for school happily in Bugna village at Neelum Valley. Soon after she had left, the firing started. He dreaded she would have panicked or fallen into river Neelum, but on seeing few children hiding in a cave he gained senses. But, contrary to his desire, he was told that the injured granddaughter is taken to hospital. Habib rushed to the hospital and discovered Misbah drenched in blood and badly injured. Misbah had been the most lively among her siblings, but after the incident she became paranoid, and fearful, losing all her laughter and staring blankly at the hills where Indian troops are located. She bitterly and uncontrollably cries on hearing firing and besides the healing, her memory injuries are still fresh.

Work sheet number 1, ABC of CBT

Antecedents: "when the firing started, I rushed towards school to bring her back home" (Mughal, 2019, p. 16)

Behavior: "she remains quiet and keeps staring" (p. 16)

Consequences: "made it difficult to recognize that she was even alive" (p. 16)

Work sheet number 2, finding the four P's

The narration explicitly identifies the problematic situation which begun, "Around 9 a.m., when the firing started" (Mughal, 2019, p. 16).Habib's reaction on hearing the firing was a quick perception that shelling was in the direction towards the school where Misbah was just headed so, "I left the other children at home and rushed towards school" (p. 16).The automatic thoughts presented the emotions of panic, pain and the tremor of the dread created by the fear of losing someone near and dear. Thus, without having a second thought about safety of his own life, Habib rushed towards the school, "I was afraid" as many diverse thoughts of harm and injury or death of Misbah perished his ability of safety for self. Habib was happy that, "the injuries on her forehead are

recovering gradually" (p. 16), but, "I don't know" the presented the hopelessness and despair to the problem. Habib's most central dysfunctional beliefs about the presenting problem are that, "when the injuries in her mind will recover and she will return to the normal life" (p. 16). The assumptions that perpetuate the behavior are full of despair when Habib uttered, "She was the most vocal, vibrant and outspoken among her class mates" and, "she starts crying and continues through the night". Habib has no coping strategies, and there seem to be no personal goals to be achieved. The situation is drastic and the remedies lies nowhere. Though, Habib's love reflects in every word and expressed the agony and pain he experiences every passing day.

DISCUSSION

India and Pakistan are enmeshed in a territorial war over the Kashmir since 1947, even after two wars, in 1947 and in 1965, and an intensified armed confrontation in 1999. The Line of Control (LoC) is a de facto border between the Indian and PakistaniAdministered Kashmir. It has been the center of recurrent artillery argument and resistance on both sides(Bali &Akhtar, 2017).

The general population of Kashmir are found to be enveloped in massive local protests, state authorized military suppressions, gun battles (amid police and rebels), statewide shutdowns and Indian government forced curfews. Thus, years of ferocity and fight imprinted despair, pain and agony on the mental health residents of Kashmir Valley (Saleem, A., Gul, R., Ahmad, A. (2021). Hence, several psychological disorders and distress are found to result in depression, nervousness and self-annihilation (Behera, 2006). About one in ten people lost one or more members of their immediate family to the violence and terror, witha third losing extended family members. Many reported to be possessed with the suicidal thoughts. At the average, every adult residing in the Kashmir Valley near LoC witnessed or experienced traumatic events in lifetime and about 70% adults witnessed the sudden or violent death of someone they knew (Fromm et al., 2006).

The depression and anxiety are found to be higher in women than men, resulting in the use of tobacco as a coping and escaping strategy. People dealt with stress by separating themselves or turning aggressive when exposed to violence. It was found that the people believed that talking and sharing confidentially with someone they trust helped confront tension, whereasmany denied to understand the meaning even of counselling (De jong et al., 2008). The increasing behavior of suicidal ideation depicted high levels of despair and hopelessness. Thus, the violence and the pain received from confrontation of the conflict ended in 33% increase in mental health problems. Psychological distress is mostly expressed through symptoms of nervousness, fatigue, frightened and annoyance with head ache. The discussion and findings are enhanced by the findings made by Jang et al., (2008) that in LoC and Kashmir, women show higher psychological distress than manfrom anxiety disorders after facing violence. The feeling of safety was an important precondition for ability to deal with adverse traumatic experiences. The males are found to be developing psychological distress, displacement and disability. These experiences are the most stressful because they hinder with the cultural values and roles of males. Thus,keeping their dignity, they try to be able to protect and feed their families. The one who violate the cultural norm of modesty face a severe chance of suffering from psychological distress. However, failure to maintain and keep up with male integrity due to harsh economic conditions, war trauma and physical disability caused by warfare and attacks, result in sexual violence and high levels of physical beating, thus contributing to psychological distress.

It is found that psychological distress for women, men and children resulted in feelings of helplessness, dependance on others, and viewing butchery and agony. However, comparatively, women and children have lower confrontations with ferocity due to staying at home. The psychological distress among females results in feelings of helplessness that emerges to be traumatic than experiencing the violence itself. Both males and females with high levels of psychological distress have poor health issues. The people also do not seem to understand the link amid physical symptoms and mental stress and face the problem in articulating their emotional status and rather utilize physical symptoms for a lucid expression of mental distress. Hence, a high psychological distress increased socio-economic dysfunction. Socio-economic dysfunction can reduce capacity of females to care for the children or for males to producehandsome income. The most common coping mechanisms are found to be withdrawal and self-isolation or ceasing communication and aggression. These symptoms of depression and/or anxiety disorder might lead to post-traumatic stress disorder also known as PTSD. Religion and family support are less mentioned as sources and means of support.

It is implemented that the stories suggested that people remainliving in similar situations even after the worst of experiences that cause the unjustified turmoil and pain. Though, the world very well understands necessity of mental health in Jammu and Kashmir, the services still are slow and almost invisible. The community-based mental health services are non-existent in Kashmir and LoC though the intentions set out to implement these services.

RECOMMENDATIONS

To meet the growing psychological health issues of the Kashmiri population, a comprehensive mental health plan that indulged community institutions would be a profitable start. The long-term solution needed to tackle the factors in the political environment which are the main cause to mental ill health. The Kashmiri

people who lived on a knife's edge, keep little hope for a resolution of a war that has overwhelmed their communal memory with the hope for peace and safety.

Besides, it is integral in building political linkages and collaborative mechanisms to engage grassroots community leaders, local politicians and assembly members on either side of divided Kashmir. A comprehensive political discourse is absent. It is an agreed fact among the people of Kashmir that political solution to the Kashmir conflict. Thus, arranging an inclusive intra-Kashmir dialogue that would indulge local political leaders, parliamentarians, and grassroots leaders would offerpossession to the procedure. Grassroots peace needs to be reinforcedonly if local political elements on both sides aresuccessfullyinvolved.

It is also integral to pay attention to the psychological and the mental issues of the Kashmiri residents with focus on remedy, treatment and wellbeing. Mental health issues in this context of lingering violence need to be attended to with profundity through the provision of suitable community-based services to improve admittance to care by reducing the burden on the health system and for the general reduction of pain that tortured the sufferers and victims all through their life with tormenting memories and ghostly recollections of the awful experiences.

CONCLUSION

It is finally concluded that pain is a compound and multifactorial experience. Biologically, the tissues can be damaged and infection could cause pain, but there are also multiple psychological and social factors that create pain. This understanding widens up the range of treatment through psychological and social factors. The analysis revealed that the high levels of violence met by the Kashmiri population resulted in high occurrence of mental health problems. Poor health and poor socio-economic working added to the high levels of psychological distress.

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