

# The Story of Healing Kashmir

## Introduction

You could say that the most lasting damage of war is to the mind. In the case of the disputed Kashmir Valley, in North India, twenty years of fighting has caused inordinate long-term mental damage to a high percentage of the population.



*Commuting to one of our clinics, Kashmiri style*

In 1989 a separatist insurgency erupted in The Valley, demanding independence from India. The Indian military response was draconian, and the fighting soon became entrenched as Pakistan backed, trained and armed many of the insurgent groups that were fighting in The Valley. This conflict has moved far beyond its own geographical borders, and many jihadi groups were formed in order to fight in the name of 'freedom for Kashmir'. Some of those groups now have an international agenda, as was witnessed during the attacks on hotels and public places in Mumbai in November 2008.

Across twenty years of watching this conflict, and beyond the politics and khaki uniforms that are so omnipresent in Kashmir, it has become increasingly apparent that there has been the rapid and pandemic deterioration of mental

health in the state. When the conflict began in 1989 there was one psychiatric hospital in The Valley. The doctors who were practicing at The Government Psychiatric Diseases Hospital said then that they would have perhaps one patient a day. By 1994, five years into the conflict, the doctors were seeing up to 300 patients a day, around 80,000 patients a year.



*The Government Psychiatric Diseases Hospital in Srinagar*

## **The Idea**

As I witnessed this cruel trajectory of mental illness it became clear that one of the highest costs of this conflict to the Government of India would be the budget for mental health, and most specifically the many and varied disorders associated with post-traumatic stress disorder, otherwise known as PTSD.

PTSD is an acronym that makes many people either roll their eyes, or even argue that this is a modern invention, a by-product of our softening society. I would counter this by suggesting that these doubters have probably not witnessed war: they have not seen their children being blown up; they have not had their son delivered to their doorstep, his body barely recognisable; they have not been raped, over and over by ten or fifteen soldiers during a military crackdown. Those suffering from these brutal realities of war rarely manage to slot back into their lives, or, to put it as someone expressed it to me in their need

to disprove the existence of PTSD, 'couldn't they just pull themselves together and get on with their lives?'

The answer is no, they cannot. The shock of these things often results in a nervous breakdown, reducing the individual to a barely functioning state in which they cannot look after themselves, let alone carry on whatever work they were previously doing in order to support themselves and their families.

Several psychiatrists in the state, including the senior psychiatrist Dr Musthaq Margoob, claim that up to 90% of the Valley's population of around six million has been affected by some level of post traumatic or depressive disorder.

To put it in simple terms, it is not possible to rebuild a society that is only functioning partially on a mental level.

The government response to the huge numbers has been to medicate the problem, literally, with very high doses of tranquilisers, sedatives, anti-psychotics and anti-depressant drugs. The side effects of many of these high doses have been as difficult to manage as the disorders they have been prescribed to treat.

The more I spoke to psychiatrists, psychologists and therapists who specialise in trauma treatment, the more apparent it became that an integrated approach was needed for these people to recover, and find their way back to a quality of life that would allow the society as a whole to begin to progress and heal.

The idea of combining conventional and alternative therapies was the route that I wanted to pursue, but on the condition that it could be done with the full participation of local doctors and psychiatrists. For a project like this to work it has to be sustainable, and for local people to have ownership. It will not survive if it is simply an import from the outside. But most of the psychiatrists I spoke to in Kashmir barely had time to breathe, let alone think beyond the prescription pad. Typically they were seeing up to 200 patients a day.

Then in 2007 I met Dr Arshad Hussain, a psychiatrist at the Government Psychiatric Diseases Hospital, and lecturer at the government teaching hospital. Though he was in his early thirties he had a depth of understanding that went beyond his training and experience. Unlike many in the medical profession in India, Dr Arshad was not from the successful and educated middle class, a stratum that can afford the high costs associated with qualifying in this profession. Dr Arshad is from a village in Kashmir, one of those particularly

badly affected by the conflict. He came from the same kind of place and situation as so many of his patients. Not only was he open to the idea of addressing mental health holistically, but he saw it as being vital for progress in mental health in Kashmir.



*With local doctors at the government clinic where we are practicing in Pakher Pora, Kashmir Valley*

Our aim is to treat trauma patients with a combination of conventional and alternative medication and therapies that will support the fullest recovery they can make, and enable them to return to their families and communities.



*At the hospital with (centre) Paul Fadden, Reiki practitioner, and (right) Dr Arshad Hussain*

## **Stage I**

In November 2009 Healing Kashmir brought four alternative therapists from the UK to work on the project in Kashmir. Over the course of six weeks we worked with patients who had been selected by Dr Arshad and his colleagues. We treated them in both the clinical environment of the hospital, and also in their villages. The average number of treatments for a patient during that time was between four and seven sessions that included counselling, homeopathy, physiotherapy, cranio-sacral therapy and Reiki. We also began to train some of the junior doctors and counsellors in the basics of these methods in order that they could continue to work with patients until stage II of the project.



*With some of the girls and staff at the orphanage that we are working from in Traal, Kashmir Valley*



*At the Government Psychiatric Hospital, left to right: Jean Clack (Reiki practitioner), Dr Sadaqat Rehman, government clinical psychologist, Justine, hospital patient, Linda Cobbett (Reiki practitioner)*

The results of this first stage were dramatically successful. Rather than being too cocky about this we must factor in two things: the first is that the people of Kashmir derive a great sense of support when people come in from the outside, aiming to ease their situation. They have felt very isolated during the

course of the conflict, so just the arrival of foreign therapists in itself had a positive effect. Add to this the fact that many Kashmiris feel that they can speak much more freely and openly to outsiders' about their problems, rather than to another Kashmiri, even if he or she is a doctor.



*On a home visit in Srinagar*

This is because there has been a great breakdown of confidence during the conflict, and very few people trust each other, particularly with sensitive personal information. The second factor is that most patients are used to having a maximum of two minutes with a doctor or psychiatrist in a crowded, noisy and chaotic outpatients' department setting. We were treating patients individually in a quiet room, for up to an hour at a time. The combination of these things added to the therapies that were being given. To gauge the success of the treatments requires on-going assessment of the individuals. Dr Ashad Hussain and his staff will be making these assessments between the treatment phases.

## **Stage II**

This involved on-going assessment of patients by Dr Arshad and his colleagues at The Government Psychiatric Diseases Hospital. I returned to Kashmir in February 2010 for follow-up clinics. As there had been another recent round of violence it was not possible to see all the patients that we had treated in November and December 2009. Those who could get to the clinics that we held in Srinagar were doing well, and those who had made full recovery were sustaining these recoveries. We were able to extend the local clinics in the Srinagar area with the help of local doctors and psychiatrists, who referred trauma patients to the clinics.

What became increasingly apparent during the initial stages of the project was the urgent need for a fully integrated mental health support system in Kashmir. This has led us to Stage III of the project.

If you are interested in reading more about Healing Kashmir's development please see the link on the website.

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