

Turmoil and Suicide in Kashmir Valley

A Sociological Study of Kashmir Valley

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Abstract

This paper highlights the turmoil and suicide in Kashmir Valley. Over a period of more than two decades Kashmir has been passing through a difficult period. People are subject to troubles and tribulations. Human rights are frequently being violated and people, who were hitherto peace-loving and had never experienced any violence, are subjected to arson, torture and are facing deep anguish. The trust and hope among people is fast fading away. The result is depression, mental illnesses and frustration. This paper attempts to focus on the underlying causes of suicides in Kashmir.

Keywords: Turmoil, Suicide, Depression, Mental illness, Alcoholism, Drug Addiction and Kashmir Valley

INTRODUCTION

After erstwhile united India attained Independence from British Empire in 1947, the ruler of the princely state of Kashmir, Maharaja Hari Singh, refused to accede to either India or Pakistan. When Kashmiri's revolted against autocratic Maharaja, tribal people of North-West Frontier Province of Pakistan entered Kashmir in October 1947, the autocratic Maharaja fled Kashmir and signed the document of accession with government of India. As a result India sent its troops to Kashmir to help the Maharaja. A United Nations cease-fire in 1948 saw the end of fighting and created the first Line-of-Control. In 1956 Kashmir was, in effect, integrated into the Indian Union under a new Constitution. However, Pakistan Administered Kashmir, the area which Pakistan gained during its campaign in 1948, continues to remain with Pakistan.

Since the eruption of turmoil in 1989 – 1990 the tension, bloodshed and fear have made lakhs of people victims and pushed thousands of people to take the extreme step of suicide in Kashmir. More than one million people got injured in this whole period and about a lakh were murdered or maimed. Everybody was affected in one way or the other. During that period there was a situation of war everywhere. There were cross firings, Grenade attacks, Crack downs, frisking etc. all these caused a terror in the minds of people. Everything in Kashmir was changed. Some families lost their only bread earners, women lost their husbands, and children were rendered orphans. Some families lost their sons: some were killed & some crossed the border & went to PAK to get the Arms training. Thousands of houses were destroyed. Many people lost their business or jobs because many things were banned by Militants & many businessmen flew away from Kashmir. Due to strikes and curfews, the business and economy suffered a set-back. Unemployment became widespread. Government was only concerned with restoring peace and the problem of unemployment was not given much attention. Kashmir was a tourist's paradise during the 1970's and early 1980's. However tourism in Kashmir declined during the late 1980's and 1990's due to the turmoil.

It has left the deep impression upon the people of almost every community irrespective of class, caste, creed, religion, geography, etc. Call it fallout of violence or a corollary of the events, the anomic society of Kashmir is fast becoming a land of suicides- Suicides and suicidal tendencies among Kashmiri male and female youth have accomplished a dangerous level.

Continuing violence has resulted in the loss of self-control and people over-react to any kind of situation. Because of the degrading educational institution, the students could hardly do justice in the academic field, as a result, many could not go for higher education and most of them were unable to find a suitable job, resorting many of them to commit suicide. Besides the massive killings for past twenty three long years has resulted in the deteriorated social setup particularly affecting the family ties in one way or the other thereby forcing many of them to commit suicide or make an attempt to do so. *Paul Holinger and his colleagues have suggested that the competition for jobs, college positions, and academic and athletic honours keeps intensifying for this age group, leading increasingly to shattered dreams and frustrated ambitions.*¹ In the Valley of Kashmir, the existing condition has framed the system in such an order that these problems have intensified and their scope is broadening day to day. There are as a result of this ongoing turmoil thousands of people living in pathetic condition of the society of Kashmir, suffering from many psychological ailments and having a high tendency to commit suicide.

TURMOIL AND SUICIDES IN KASHMIR

Of late the suicide rate in Kashmir has increased manifold. The exact causes are difficult to trace as they are not same in every instance. But if the researcher were asked to pinpoint one single cause, which, notwithstanding

¹ Ronald J. Comer. 1998. Abnormal psychology; New York: W. H. Freeman and Company. p. 327.

other causes, has caused this spurt, the researcher would attribute it to the role conflict. A conflict between tradition and modernity rather post modernity: on the one hand technology and the flow of modern means of communication brought about a tremendous change in the lifestyles of people but the same was not matched by a corresponding change in the thinking of people. Besides a certain portion of population has not been assailed by the modern technology as such a lag in thoughts has been developed. A large chunk of youth has also come under the sway of such tradition loving oldies and a queer type of chaos permeated the society. That in sociological terminology is referred as cultural lag. In simple words people are expected to live a certain type of life, but the environment is not conducive for that. There is incoherence between the thoughts of people and the external environment. The result is frustration and chaos and an atmosphere conducive for suicides.

The Kashmiri people have suddenly got exposed to a different environment, which is completely incompatible with the mind set which they, over the centuries, had developed. This abnormality has disturbed the emotional stability of the inhabitants of this Valley. As a consequence the social fabric is getting weakened. These dejected people have lost the hand-hold to which they would, ordinarily, hold to. Now a slight provocation is enough to lead these people to suicide. Provocations for suicide are present in abundance but the element of consolation that would dissuade people from taking such a plunge, are lacking.

Kashmir was a tourist's paradise during the 1970's and early 1980's. However tourism in Kashmir declined during the late 1980's and 1990's due to the turmoil. As the circumstances were not conducive the tourists were afraid of visiting Kashmir. There was a complete destruction of tourism industry and handicraft industry which enhance unemployment and economic under-development in Kashmir.

With the onset of the turmoil all the developmental works stopped. The money which had to be spent on development works got misused. The already existing infra-structure was destroyed. All the new funds were spent on repairing, renovation or re-construction of the destroyed infrastructure. A huge amount was incurred on security related expenditure. Hundreds of families were rendered homeless and thousands of shops were gutted. As a result many people lost their jobs. The peddlers could not move around. All this proved destructive to the economy and development of Valley. People were afraid of coming out of their homes and as such business got a setback. There was an atmosphere of uncertainty everywhere. It was in this background that mental illnesses were experienced on an unprecedented level. The record of mental hospitals show that number of persons visiting mental hospitals or psychiatric doctors increased manifold. Records also show the number of suicides also increased during this time.

As a matter of fact the "suicides" have not become known in Kashmir only with the onset of the turmoil, suicides were being committed even before that but the turmoil has only made the atmosphere more conducive to the suicides and aggravated their occurrence. The other factors which appear to be behind the suicide are: intense desperation in life, unemployment, family feuds, late marriages and failed love affairs etc.

Are we to infer from it that the Kashmiri society has lost the balance and so more and more suicides are taking place? And if this proposition be true, in what way has our society gone out of balance? Deception, selfishness, arrogance, greed and other such vices, create imbalance in the society that, in turn creates chaos, making the society unstable. The cohesive bond between the people is getting weakened everyone feels to be a separate being, a forlorn person. There is less inducement for life. Naturally a slight provocation drives a person to suicide. There is need to curtail this inducement whatever it might be.

METHODOLOGY

The present study was conducted in the six erstwhile districts of the Kashmir Valley Viz., Anantnag, Pulwama, Srinagar, Budgam, Baramulla and Kupwara. 300 suicide victims were selected randomly. In order to carry out a realistic research on the concerned topic, it was decided to elicit the information from the respondents through interview and observation methods. Initially the Researcher conducted the interview of the respondents (relatives, friends or neighbours etc. of the suicide victims), but much success was not achieved because everyone was not willing to answer all the questions or that everyone did not know whole of the situation/story regarding the victim. So the questions had to be split and put to different persons who were in any way involved with the matter. The victims who had only attempted suicide were as interviewed.

The primary source for case studies adopted by the researcher was interview and observation method. Most commonly, it was the unstructured interview which was used by the investigator. The questions were usually open-ended with a conversational tone. However, at times, the structured interview was also used as part of a study. The Researcher got most of the information from the victim himself.

DISCUSSION AND RESULTS

SIGNS OF DEPRESSION OF THE SUICIDE VICTIM BEFORE COMMITTING SUICIDE

Depression is a hard reality of human life and it is not easy to get rid of it; though people have tried a lot of methods for getting control over their depression. There are innumerable reasons which cause depression to a person: one may get some kind of failure, one might not be able to get what one wants in life, one might be facing economical problems or his business might fail, in short anything can be a cause of depression. Though

depression is treatable but in our society it is not regarded as a disease requiring treatment and in our society aversion is shown to the treatment of depression. If it continues for some time, it might become a problem. Doctors and psychiatrists regard depression as an important factor of suicide therefore to understand the causes behind suicide properly; the researcher has to find out the relationship between suicide and the depression. The Tab.1 depicts the relationship of suicide with depression.

Tab.1 SIGNS OF DEPRESSION OF THE SUICIDE VICTIM BEFORE COMMITTING SUICIDE

Response	No. of Victims		Total No. of Victims	Percentage
	M	F		
Yes	48	93	141	47.00
No	52	76	128	42.66
Do not know	07	24	31	10.34
Total	107	193	300	100

The researcher enquired about the signs of depression the victim had before committing suicide, it came to the fore that out of 300 victims 141 victims i.e. 47 percent had signs of depression, 128 victims i.e. 42.66 percent had no signs of depression and regarding 31 victims i.e. 10.34 percent information was not available (whether they were suffering from depression or not.) It is clear that a large number of victims had signs of depression. Another trend which the table shows, that depression as cause of suicide was found more in females 93/141 than in males 48/141. It can be inferred that women are more prone to depression than males and have less resistance against it. Though 42.66 percent victims had no signs of depression, but it cannot be ruled out that they had no depression because it often goes unobserved i.e. a person suffering from it but would appear to be a normal person. Depression has an intimate relationship with the suicide, so it may be inferred that those victims showing no signs of depression might have suffered from depression but the respondents might not have noted it.

SIGNS OF MENTAL ILLNESS BEFORE COMMITTING SUICIDE

It is generally accepted that mental illnesses are real and involve disturbances of thought, experience, and emotion serious enough to cause functional impairment in people, making it more difficult for them to sustain interpersonal relationships and carry on their jobs, and sometimes leading to self-destructive behaviour and even suicide. The most serious mental illnesses, such as schizophrenia, bipolar disorder, major depression, and schizoaffective disorder are often chronic and can cause serious disability.

Mental illness like anxiety disorder, phobias, generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, Bipolar disorder, hallucinations and schizophrenia etc. are diseases which afflict human being. In Kashmir the prevalence of mental disease has increased since the onset of the militancy in 1989-1990. More and more cases about mental illness are reported. The psychiatrists also admit that the prevalence of mental illness has increased in the recent past. The Researcher observed that the mental illnesses are also rooted in social problems or in other words the social problems are the root cause of the mental problems. We can say that sometimes the social environment becomes a cause for the mental illnesses, for instance in Kashmir, with the eruption of militancy there has been an increase in the mental illnesses.

Mental illness has relationship with the suicide. When a person loses mental balance, he is more prone to commit suicide, as he loses the power to differentiate between right and wrong.

Tab.2 SIGNS OF MENTAL ILLNESS BEFORE COMMITTING SUICIDE

Response	No. of Victims		Total No. of Victims	Percentage
	M	F		
Yes	09	34	43	14.34
No	91	146	237	79.00
Do not know	07	13	20	06.66
Total	107	193	300	100

The researcher enquired about the signs of mental illness. Out of total number of 300 victims 43 i.e. 14.34 percent were reported to possess the signs of mental illness and 237 victims i.e. 79 percent reportedly did not have and regarding 20 victims i.e. 6.66 percent no information could be obtained (Tab.2). So it can be inferred that it is not necessary that the victims of suicide might be mental patients.

DRINKING HABITS OF THE SUICIDE VICTIM

Alcohol is a depressant, which slows down thinking and actions. It acts on the brain and affects all parts of the body. An average-size person's liver can break down about one drink per hour; the rest of the alcohol circulates throughout the body, affecting behaviour, judgment, perception, and motor skills - such as driving and operating machinery.

Abuse of alcohol can cause damage to many of the body's organs. Researchers report damage to brain tissue, heart muscle and reproductive organs in both males and females. Alcohol may cause the drinker's blood pressure to rise, putting him or her at risk for heart attack and stroke. Stomach ulcers, poor nutrition and sexual

dysfunction have all been related to alcohol abuse. A person may get into habit of drinking wine. If he continues with it, he might get addicted to it. Once a person gets addicted to it, it is hard to get rid of it. Most people say that they drink, because it gives them relief from the tension and relieves them of the anxiety. However, drinking creates a lot of problems human, social and economical. A person, who gets addicted to it, loses sense of good and bad. He languish a lot of money over it, he might ignore his family members and deprive them of their rights. As he gets more and more absorbed into the habit, he might find it difficult to get rid of it and might find it hard to find money to support his habit. As a result he might get more and more frustrated. On the on hand, he might get a sense of guilt and on the other hand, he might not be able to support his bad habits.

In Kashmir alcohol was being sold as usual before '89 but with the onset of the militancy there was almost complete ban on the sale and drinking of alcohol, but it was not routed out completely. People, who were habitual of drinking, procured it from outside the state at high costs.

But as the circumstances improved, the drinking was back in Valley. But by and large, it is not much wide spread and who ever drinks, does so secretly. Owing to the various social and economical ramifications of the alcohol, it is natural that it might have some links with the suicide. Tab.3 shows the relationship between drinking and suicide.

Tab. 3 DRINKING HABITS OF THE SUICIDE VICTIM

Response	No. of Victims		Total No. of Victims	Percentage
	M	F		
Yes	17	None	17	05.67
No	76	191	267	89.00
Do not know	14	02	16	05.33
Total	107	193	300	100

The researcher enquired whether the victim was a drunkard. 5.67 percent victims used to drink, 89 percent victims did not drink and regarding 5.33 percent victims it was not know whether they drank or not.

The Tab.3 reveals that only 5.67 percent of the victims were drunkards and it was found that all the persons regarding whom it was known that they were drunkards, all of them were males and none of them was a female. It is known that in Kashmir women seldom drink alcohol. However, the studies conducted outside the state shows that a large number of victims were drunkards. The alcohol is not easily available in Kashmir Valley as in other parts of India, therefore, the relation between drinking and suicide cannot be ascertained as far as Kashmir Valley is concerned.

DRUG ADDICTION HABITS OF A SUICIDE VICTIM

Drug addiction is one of the most vexing and pervasive problems that almost all the countries have faced/are facing. The consequence of such addiction can be devastating. The effects of drug addiction are felt on many levels. Individuals who use drugs experience physical effects due to their drug addiction. People with drug addiction may experience anxiety, fatigue, depression and a strong desire to use more cocaine to alleviate the feelings of the crash. Many drug users engage in criminal activity, such as burglary and prostitution to raise the money to buy drugs and some drugs are associated with violent behaviour.

Drug addiction has many negative physiological health effects, ranging from minor issues like digestion problems or respiratory infections to potentially fatal diseases. The effects depend on the drug and on the amount, method and frequency of use. The upshot is that regular drug abuse or sustained exposure to a drug can cause physiological dependence which means that when the person stops taking drugs, he/she experiences physical withdrawal symptoms and a craving for the drug. Drug addiction affects the way the brain functions and alters its responses to the world. How drug abuse will affect ones behaviour, actions, feelings and motivations is unpredictable. By meddling in the natural ways the brain functions, abusers expose themselves to risks they may not even have imagined.

The term drug abuse is used to indicate the excessive consumption of a drug, regardless of whether an individual is truly dependent on it or not. Drug abusers are generally immature, suffering from mental and physical health hazards, emotionally disturbed and psychopathic in nature.

The researcher also took into consideration the relationship of drug addiction with the suicide. In Kashmir, drug addiction is spreading its ugly tentacles. People are addicted to various drugs. These drugs initially are used as sedatives, but later on the person concerned gets addicted to it, and he finds it hard to get out of this vicious circle. Our youth have taken to charas, ganja, caffeine, opium and other medicines which are habit forming, which is slowly making the youth emotionally unstable. Government is also taking all round efforts to end this menace, but the success rate is not satisfactory. Thousands of acres of land are reported to be under the cultivation of charas, a huge portion of it is being destroyed by law enforcement agencies, but still this activity is prevalent in any areas of the valley.

In Valley large number of Medical shops are unlicensed, they are unable to do much business activity as a result they resort to selling addictive drugs with impunity and our youth are getting addicted to it. Though at present the proportion of the drug addiction is not too much, but is continuously on increase. A drug addict may lose balance of mind and the power of judgment; he might become emotionally weak and might be economically

devastated. These things might in the long run become a cause of suicide.

Tab.4 DRUG ADDICTION HABITS OF A SUICIDE VICTIM

Response	No. of Victims		Total No. of Victims	Percentage
	M	F		
Yes	21	None	21	07.00
No	69	187	256	85.33
Do not know	17	06	23	07.67
Total	107	193	300	100

The researcher enquired whether the victim was a drug addict. 7 percent victims were drug addicts and 85.33 percent victims were not and regarding 7.67 percent no information was available (Tab.4). And incidentally none of the victims who were reported to be drug addicts were female. Normally drug addiction does not seem to be a cause of suicide. It appears that in Kashmir Valley there is not much relationship between drug addiction and suicide.

CASE STUDIES OF SUICIDE VICTIMS

The aim of case study method is to find out the factors that account for the behaviour patterns of the given unit and its relationships with the environment. The case data are always gathered with a view to tracing the natural history of the social unit, and its surrounding milieu. In sum, the social researcher tries, by means of case study method, to understand the complex of factors that are operative within a social unit as an integrated totality.

(Note: - The names used in the Case Studies have been changed, for legal and ethical reasons).

Case 1

Background Information

Age (at the time of Suicide Attempt): 40

Occupation: Business

Sex: Male

District: Anantnag

Type of the Family: Joint

Educational Qualification: 9th

Mode of Suicide: Poisoning

Marital Status: Married

Demographic Status: Rural

Year of the Incident: 2003

Finding: Ahmad drew a loan of Rupees five lakh from J&K Bank to setup a poultry farm in a remote village of District Anantnag. He mortgaged his house and the land against the loan i.e. all the property he had. The said village Shalgam was connected with the rest of the valley through a single lane road on which there was a small bridge. For a few months the poultry farm showed good results and yielded satisfactory profit. Somehow the bridge was damaged and the village got disconnected with the rest of area. Ahmad was grieved, but did not give up. He continued to rise up the chicken. But unfortunately he could not sell them at competitive rates. He suffered huge loss and with the result could not pay his monthly installments. The interest continued to pile up and one day he was declared defaulter. He realized that it was impossible to liquidate his debt on selling everything he had. He got a notice to clear his debt otherwise his property would be put to auction. He went to his in-laws and other relatives, but nobody came forward to help. He got completely shattered and one evening he consumed some poisonous substance. He was brought to hospital where doctors saved him by gastric lavage.

Case 2

Background Information

Age (at the time of Suicide Attempt):34

Occupation: Unemployed

Sex: Male

District: Srinagar

Type of the Family: Nuclear

Educational Qualification: B.E.

Mode of Suicide: Hanging

Marital Status: Unmarried

Demographic Status: Sub-Urban

Year of the Incident: 2006

Finding: Muhammad Saleem of Srinagar district was born in a lower middle class family. His parents offered him good education. After passing 12th grade he got admission in an engineering college outside the state, after paying two lakh rupees as donation. After completing his B.E. in Civil engineering, he came back to the state as he was the lone male child of his parents. He searched for a suitable job in government or private sector but was unable to find a suitable job. Saleem got contractual job for two years but had to leave after the expiry of the contract. He tried hard to get any other job but failed. As he was now staying at home, he could not tolerate being unemployed. When he went out of the home his neighbours would ask him why he had not gone to work. It was hard to tell his neighbours that he had lost his job. As a result every day he would go out wearing proper dress and would wander throughout the town. Sometimes he would visit gardens and would sit there for long hours. He would return to home only at the dusk. But he could not arrange for his bus fares. He had managed a diary which the researcher had the privilege of going through. Finally, he got disillusioned with life and tried to end his life by hanging himself. But the noose was not tight enough to choke him to death. Somebody saw him and snapped the rope. However after some time he got appointed as junior engineer in Public health Engineering

Department.

Case 3

Background Information

Educational Qualification: Primary Level

Occupation: Housewife

Sex: Female

District: Budgam

Type of the Family: Nuclear

Mode of Suicide: Physical injury

Marital Status: Married

Demographic Status: Rural

Year of the Incident: 2004

Finding: Saleema, 45 year old women, resident of Chadoora Budgam, was a widow. She had four daughters and no one to look after them. Her husband died at a young age. Her husband was labourer by profession. They were very poor and he died of heart attack. After his death there was no other source of income or support for Saleema. Her parents had already died. Her brother, who too had a big family to support, refused to support Saleema and her four daughters. Saleema was alone with her four daughters, living in agony. Her daughters were too young to earn. Saleema earned her living by weaving and by doing chain stitching. She could not afford to educate her daughters. They could hardly make two ends meet. Too much work rendered Saleema ill and her troubles increased day by day. She was suffering from some back problem and doctor advised her complete bed rest. Her illness increases day by day and she lost her mental balance. She became a burden on her daughters. They too were unable to find any gainful employment. She felt disgusted with life and one day her daughters found her still in her bed. They went nearer and found that she had cut her arm and tried to end her life. They took her to hospital where she was operated upon and her life was saved.

An analysis of all the case studies reveals that the people have attempted suicide because they were surrounded by such socially created circumstances that there had appeared no egress to them and as such they were driven to suicide. The circumstances which led the attempters of suicide to this horrible act were socially created. Even from a cursory reading of the case studies, one thing becomes apparent that when the things seem to have gone out of control and one lacks courage to combat the adversity of life, the person concerned commits suicide with whatever means available to him/her. So the need is to make those who have suicidal tendencies more courageous and to change their mental attitudes through counseling.

CONCLUSION

The summary and analysis of the findings of the study is presented and the inferences have been drawn. Majority of the suicide victims i.e. 47 percent were found to have signs of depression before committing suicide and 42.66 percent had shown no signs of depression before commission of suicide. A perusal of the case studies also makes it clear that almost all of the victims, whose case studies were conducted, had causes of mental depression. There was a cause for grief or depression in each of the case.

The relationship of depression with the rate of suicide cannot be ignored. Though the figures show that there was certain percentage of victims who showed no signs of depression before committing suicide, but it is not necessary that a person who is suffering from depression should also show signs of it. May be a person might be depressed but he might appear composed to others. If the depression persists it may lead to some psychiatric disorder whereby a person loses the balance of mind and he feels it difficult to live a balanced life and small incidents may make him vulnerable to suicide. Moreover, it was also found that whenever there was depression, it too had social causes behind it. It is because of social circumstances that a person may get depressed or in other words we can say that the ultimate causes of suicide are to be found in society.

It can be inferred that drinking and drug addiction does not have much impact on the rate of suicide in Kashmir. Looking through another perspective, it cannot be denied that alcohol and drugs are not easily available in Kashmir Valley, so alcoholism and drug addiction have not been a potent cause of suicide.

From the above analysis and discussion it is evident that ultimately it is the social chaos which is responsible for suicides. Our society is in doldrums that is why people are unable to live as they wish and ought to. Everyone is facing problems of one or another type: everyone is burdened by heavy millstones. People lack peace of mind and some are suffering from mental problems, it is all because of incoherence in our society. More the incoherence and the chaos in the society more would be the suicides; and in a harmonious and balanced society the suicides will be less. As is evident from the study of our past, the society was more harmonious, there were fewer suicides. The outbreak of militancy in Kashmir has deteriorated the social set up. People are indulging in anti- social activities like injustice, corruption, fraud, deception, dacoity. Such activities are causing chaos in the society and providing a fertile ground for suicides. Those who are unable to cope up with such a type of society feel uneasiness and as such prefer to die rather than groaning in such a society. Considering all these facts, the Researcher came to the conclusion that whatever might be the physical background and circumstances of a person, the reasons behind the suicide have their social correlates and the root cause of suicides can be found in social set up.

The reasons behind the suicide might be diverse, but the present turmoil has acted as a catalyst as is evident from the increasing number of suicides since the eruption of turmoil. People have lost their dear ones and in some

cases the families lost their only bread winners and some people lost their business too. All this has told upon the psyche of the people in different measures and they have felt desperation and have become emotionally disturbed, consequently the suicidal tendencies among the Kashmiri have gone up. Unemployment, which is the corollary of the present turmoil, has also acted as a promoter of suicide. Unemployment not only makes a person economically deprived, but lack of activity makes their minds dull and depressed rendering them unable to make sound decisions. The economic condition of a number of families deteriorated which made life difficult for them, and indirectly provided an impetus to suicide. The present turmoil has directly or indirectly contributed to the rise of mental depression among people which in turn has led to an increase in the rate of suicide.

From a sociological point of view, we can say that the transformation in the Kashmiri society (because of turmoil) was so sudden that it did not allow people to get changed. Rather people found it hard to get assimilated into new culture and the consequent change made all the difference.

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