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Understandings of Military Power, Intoxication and Love in Kashmir, India

The Drug De-addiction Centre, also known as the DDC, is located in the Indian state of Jammu and Kashmir and operates as an extension of the larger structures of military rule that govern the state. At the DDC, clinicians force Kashmiri male patients to perform obligatory recovery narratives that focus on changing the patient's relationship to language and substance abuse. In this essay, Harkit looks at how these patients at the DDC reconfigure their relationship to substance abuse through the performance of alternate narratives that are embedded with understandings of romantic love, Sufi thought and *nasha* (intoxication) to resist the clinic's 'recovery' techniques linked to the structures of military rule.

To understand substance abuse and addiction experiences amongst Kashmiri males, it is useful to undertake a structural analysis. Since the early 2000s, the Indian military-occupied state of Jammu and Kashmir has been witness to an increase in 'stress-related disorders' due to political unrest.[1] Individuals experiencing such disorders, including anxiety, are more likely to develop substance use disorders to nicotine, medical opioids and cannabis in the pursuit of relieving anxiety symptoms.[2] Given the harsh military climate that individuals and families are subject to, witnessing traumatic life events such as death and destruction become the norm. Such incidents of trauma push vulnerable individuals into a trap of illicit substance use as a coping mechanism.[3] However, Kashmiri males living in Jammu and Kashmir understand their experiences of substance abuse through a performance of alternate narratives, which occurs in the private sphere of a treatment centre located in the Kashmir Valley. Such performances are a form of resistance to the larger military structure under which the treatment centres operate.[4] In this paper, I argue how clinicians and patients' understanding of substance abuse and addiction at a drug rehabilitation clinic known as the Drug De-addiction Centre (DDC) reflects both an extension and resistance of military power in the state of Jammu and Kashmir.

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The citizens of Jammu and Kashmir has been subject to decades of military-led violence. In 1988, Kashmiris protested for the right to self-determination against the Indian government.[5] However, in the face of these protests, the Indian government declared a state of emergency. This declaration brought forward legislation to grant impunity to the Indian military, which resulted in concerns over gross human rights violations. Today, the Indian military presents itself as having the hearts and minds of the people in Kashmir.[6] The drug rehabilitation clinic (DDC) upholds the clean hearts and minds campaign through the staffs' use of psychological techniques such as recovery narratives. As I will discuss later in this paper, the aim of these recovery narratives is for patients to 'perform' select pieces of information.[7] This is done through techniques that oblige to DDC'S policies and aims, but reflect the legacy of military occupation in Kashmir.

One of the techniques that DDC clinicians use is to change patients' language and behaviour about their experience of substance abuse and addiction. Substance abuse clinicians focus on reconfiguring the patient's relationship to language rather than the relationship to drug use.[8] The performance of recovery narratives is built on the belief that Kashmiri male patients use language to manipulate others to further their addiction.[9] To continue, male patients must perform obligatory recovery narratives that are structured as the following.[10] First, the patient introduces themselves, describing what drug(s) they are addicted to, and how much they used to consume on a daily basis. Next, the patient expresses gratitude towards the clinicians and the DDC facility.[11] In addition, clinicians' police the patients' posture and attitude, reinforcing that they must speak in a deferent tone.[12] Thus, the performance of appropriate verbal and body language creates docile bodies that reflect the aim of the clean hearts and minds campaign. Ideologies like this campaign not only fulfill the military's campaign efforts, but are also embedded in the client-patient understanding of substance abuse and addiction.

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Clinicians entrench power in the treatment process as they conceptualize substance abuse and addiction as a disease. The term 'disease' refers to a diagnosis made by a professional healer, such as a clinician.[13] A disease label is used to understand the condition from which a person is suffering.[14] Clinicians at the DDC have diagnosed Kashmiri males as 'addicts', due to their use of drugs or alcohol.[15] They believe that they must pull patients away from their 'trigger-causing' environments. Further, these clinicians believe that their patients' interactions amongst pirs (traditional healers) are responsible for the patients' addictions.[16] Isolating patients from their 'triggers' justifies the centre's social mission to cleanse the hearts and minds of Kashmiri male patients.[17]

In contrast, 'illness' refers to a cultural construction of the symptoms and signs that an individual is feeling that are expressed through their own narratives.[18] Kashmiri male patients at DDC understand their addiction through the reveries of romantic love.[19] To experience their substance abuse issues through romantic love is denounced because vernacular understandings of intoxication are interpreted through Sufism. Sufism is a school of practice that

emphasizes a mystic form of Islam. Sufi thought can be found in literature and poetry that is analogous to the term nasha, which means intoxication.[20] To talk about intoxication through Sufi literature and poetry threatens the clean hearts and mind campaign because Sufism is said to have historical and cultural linkages to cannabis use.[21] As a result, patients resist the disease label that clinicians assign to them by using Sufi thought in their performance of alternative narratives.

In Sufi ideology, there is a hierarchy of love where interpersonal love extends to a transpersonal connection with the Divine Creator.[22] Thus, patients' experiences with substance abuse can be tied to a spiritual journey.[23] For example, a patient named Artif who is housed at the DDC due to his addiction to codeine and cannabis, uses the story of his failed relationship with his girlfriend Anjali as an analogy to explain his addiction. He begins his narrative by stating: "Our relationship blossomed, and I was completely intoxicated by her [*main nasha mein tha*]."[24] While they would regularly meet, during his last meeting with Anjali, she stated that she did not want to marry Artif.[25] He ends his narrative by saying that as he caught the train back to Bangalore, he felt as if "he came down to earth from the sky."[26] In Artif's narrative, he understands his experience of substance use as synonymous with Sufism ideology. He begins his narrative by stating that he was intoxicated by the relationship that he had with Anjali. However, the ending of his narrative is suggestive of how he possibly endured and returned from a spiritual journey involving a transpersonal connection. Thus, Artif is describing his understanding of substance use through the experience of romantic love and how intoxication feels quite similar. There is an episode of a 'high' followed by a feeling of a 'low'. Artif's addiction to codeine and cannabis is described as synonymous to the experience of his romantic love for Anjali.[27]

Throughout the performance of the recovery narrative, Artif remembers the pleasures of his intoxication through his time with Anjali without confronting the negative impacts of his past drug use. As a result, Arif absolves himself of taking responsibility for addiction to codeine and cannabis.[28] More importantly, Artif's presents his alternative narrative in English, while deliberately

sprinkling in some phrases in Hindi and Urdu.[29] As clinicians believe that language is used as a manipulative tool by patients to further their addiction, Artif's use of language in both a literal and poetic sense deliberately allows him to engage in his own experience of feeling 'intoxicated' out of the clinician's view.[30] Artif's considered decision to perform his alternative narrative mostly in English rather than in Hindi or Urdu suggests that clinician-patient relationships can be understood through the dichotomy of structure and agency.

This paper uses Rapp's definition of 'structure' and 'agency' to situate Kashmiri male patients' experience of 'recovery' shaped by the DDC. The term structure can be defined as how social organizations shape an individual to act.[31] On the other hand, agency can be referred to as exercising choice in the decision-making process.[32] In relation to Kashmiri male patients, the DDC shapes the patients' experiences. It is a social organization where patients must perform recovery narratives to move through the structure. At the same time, patients negotiate and exercise agency through their performance of alternate narratives. This allows patients to explore the nuances of their lives though these themes of romantic love and relationships.[33] On the other hand, recovery narratives only allow patients to move through their experience of substance abuse and addiction in a linear fashion—from addiction to abstinence.[34] Hence, structure and agency inform how male patients move and use the DDC as a social structure that patients must oblige themselves to but can also resist.

The DDC is reflective of the wider militarized climate prevalent in Kashmir. Military power is a form of structural violence, which refers to the systematic way that structures disadvantage local populations.[35] As demonstrated throughout this paper, Kashmiri patients are subject to treatment processes that are reflective of military governance. Military power also seeps its way into everyday life. Kashmiris must carry an identity card or I-card with them at all times.[36] In the DDC, the 'identity card' that a Kashmiri male patient is expected to carry is the recovery narrative itself. Patients are expected to perform recovery narratives at group therapy sessions, which are similar to the checkpoints that

Kashmiri residents experience in their neighbourhoods and schools.[37] For residents to successfully go through a checkpoint, they must present their I-card. Likewise, for a Kashmiri male patient to successfully complete a narrative therapy session, they must present the obligatory recovery narrative.

This paper argued that clinicians and patients' understandings of substance abuse and addiction at the DDC centre in Kashmir represents narratives that resist and support military agendas. The wider military climate is an everyday feature in Kashmiris' lives. However, a military climate is also embedded in structures like the DDC. Through the performance of recovery narratives, patients abide by the institution's rigid military structure. Patients also express agency through the performance of alternate narratives. Furthermore, male patients' understandings of substance abuse and addiction are embedded in romantic love and Sufism. This understanding opposes the clinician's label of an "addict" that is used to fulfill the military's clean hearts and minds campaign. For a structural analysis to occur, one must understand how the military legacy in Kashmir has impacted clinicians' and patients' understandings of abuse and addiction.

Patients . . . express agency through the performance of alternative narratives . . . [which] opposes the clinician's label of an addict . . .

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END NOTES

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MORE ABOUT THE AUTHOR

Harkit's love for coffee fuels what she loves doing best—reading, researching and writing about South Asian diasporic communities. With over eight years of volunteer experience in the sector of family violence, Harkit has developed an interest in the institutional forms of violence that impact the Punjabi Sikh community and family life. She operates an online advocacy campaign—'Reclaim Your Voice'—that encourages South Asians to express issues particular to 'being' South Asian through creative means. Beyond her academic and advocacy work, Harkit is a self-proclaimed cook who is on a mission to cultivate a healthy relationship between food, nutrition and wellness.

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