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Research Paper

Memory as Refuge: Effects of Autobiographical Memory Quality and Trauma on Wellbeing Among Kashmiri Displaced Youth

Aditi Singh[1]*

ABSTRACT

The current study examines the influence of trauma severity and autobiographical memory quality on young adult Kashmiri Internally Displaced Persons (IDPs) in Delhi NCR's psychological well-being. The study seeks to explore the interconnections between trauma severity, memory quality, and psychological well-being, as well as to estimate the predictability of trauma and memory features for well-being. 250 participants between 19 and 25 years are recruited using snowball sampling. Participants fill in the International Trauma Questionnaire, Phenomenological Questionnaire of Autobiographical Memory (on memory quality), and Ryff's 18-item Psychological Well-Being Scale. Descriptive statistics, t-tests, Pearson's correlation coefficients, and multiple regression analysis are used for data analysis. Results show there is a large negative correlation between trauma severity and psychological well-being ($r=-.56$, $p<.001$), and a positive correlation between the quality of autobiographical memory and psychological well-being ($r=.62$, $p<.001$). There is a negative correlation between memory quality and trauma severity ($r=-.47$, $p<.001$). Multiple regression analysis indicates that memory quality and trauma severity combined predict psychological well-being ($R^2= .46$, $p < .001$), with memory quality being a better predictor. Participants who are direct victims of displacement indicate significantly greater trauma severity than witnesses ($t(248)= 4.15$, $p<.001$). The results show that greater trauma exposure decreases well-being and coherence of memory, whereas improved memory quality facilitates greater psychological resilience in displaced youth. The research adds to the understanding of cognitive-affective processes involved in trauma and adaptation in internally displaced young adults. It emphasizes the pivotal role of autobiographical memory quality in fostering psychological recovery. The findings stress the need for the inclusion of culturally sensitive, memory-based interventions in mental health interventions for displaced groups.

Keywords: *Trauma Severity, Autobiographical Memory Quality, Psychological Well-Being, Internally Displaced Individuals, Kashmiri Youth, Displacement Trauma*

Political instability-induced displacement is still one of the deepest humanitarian issues of the contemporary period, frequently resulting in massive psychological, emotional, and cognitive ruptures. The winter of 1990 instance of the displacement of the

[1]Student of BA Applied Psychology Hons+Research at Amity Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh
*Corresponding Author

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Kashmiri Pandit people is one such symbolic example of India's internal displacement. The threat symbolized in the words "Raliv, Galiv, Ya Chaliv" — "Convert, Die, or Leave" — rang ominously in Kashmir, foretelling the beginning of widespread terror, methodical violence, and ultimately, the departure of over 100,000 Kashmiri Pandits from their homeland (Bhushan, 2022; Pandita, 2013). This displacement was not just a spatial shift but an existential break, resulting in an intense feeling of loss, identity dislocation, and long-term psychological trauma (Bhan, 2013).

Internally displaced persons (IDPs), as opposed to refugees who move across international borders, tend to be neglected by international humanitarian structures. Kashmiri Pandits, victims of religious persecution and political turmoil, were marginalized in their own nation. Jammu and Delhi camps, which were described by overcrowding, poor sanitation, and limited education or employment options, became the new brutal realities for these displaced families (Bose, 2003). Gradually, survival became compounded with a constant fight to maintain cultural identity, memory, and psychological well-being. This is the context essential to the appreciation of the mental health issues experienced by the displaced Kashmiri youth of today. One of the major psychological effects of displacement and trauma is the disruption of autobiographical memory, the cognitive structure by which people build their identity, interpret past experiences, and manage emotions (Conway & Pleydell-Pearce, 2000).

Trauma, especially severe and long-lasting, has been found to disintegrate autobiographical memory, disrupt coherence, and lower emotional accessibility (Rubin, Berntsen, & Bohni, 2008; Brewin, 2011). Displacement interferes with the environmental and social signals required for meaningful memory retrieval, thus exacerbating identity disintegration and psychological impairment (Bluck & Alea, 2002). Rahul Pandita's (2013) memoir, Our Moon Has Blood Clots, demonstrates the way traumatic displacement disrupts continuity of memory, leaving survivors with vivid but not ordered recollections. Such disorderly memories tend to be charged with emotion but without temporal or thematic structure, leading to impaired emotional regulation and mental health (Habermas & de Silveira, 2008). Neurobiological proof also supports the above findings as evidence shows trauma negatively impacts the hippocampus and prefrontal cortex, thereby disrupting narrative creation and memory consolidation (Brewin, 2011).

The psychological well-being of displaced individuals is closely linked to the quality of their autobiographical memories.

Psychological trauma impairs memory coherence, creating broken narratives that may stymie emotional recovery and identity development (Ehlers & Clark, 2000; Berntsen & Rubin, 2014). The theory of psychological well-being by Ryff holds that autonomy, purpose in life, and self-acceptance are paramount indicators of mental health (Ryff & Keyes, 1995). Trauma adversely affects these areas, suppressing the person's capacity to support a coherent, positive self-concept, reducing well-being. Empirical investigations have repeatedly provided evidence of trauma's negative impacts on memory and psychological functioning. Petzold and Bunzeck's (2022) meta-analysis across 47 investigations reported substantial impairments in episodic memory across participants with post-traumatic stress disorder (PTSD), across demographic variables. Likewise, Staniloiu et al. (2020) focused on the point that trauma-triggered disruptions of medial temporal lobe functioning obstruct access to autobiographical memories and cause dissociation and fragmented reports. These

disruptions in cognition subsequently aggravate emotional dysregulation and compromise resilience.

In non-PTSD-narrow groups, impairments in memory have also been documented in chronic stress-exposed populations (Zlomuzica et al., 2017) and in survivors of mild traumatic brain injury (Wammes et al., 2016). The findings underscore the nonspecific susceptibility of trauma-exposed groups to derailment of cognition, arguing that coherence within autobiographical memory is necessary for restoration of a psychological state. Qualitative features of traumatic memory have also been studied to a considerable extent. Sotgiu and Rusconi (2015) proposed that trauma increases the self-relevance of certain memories but simultaneously impacts their specificity and coherence. Schönfeld and Ehlers (2017), using diary procedures, demonstrated that PTSD patients reported more vivid but negatively valenced memories, with decreased ability to remember neutral or positive ones. These memory content and structure changes may sustain psychopathology and inhibit emotional healing.

Narrative fragmentation is a hallmark characteristic of traumatized patients, which Crespo and Fernández-Lansac (2016) bring to the fore. Their summary focuses on the manner in which traumatic memories are fragmented, disorganized, and affectively intense, disrupting emotional processing and symptom maintenance. Watson and Berntsen (2015) also posited that memory specificity, coherence, and accessibility are core to psychological resilience, and their disruption is related to increased vulnerability to depression and PTSD Cultural and sociopolitical environments also play a role in the effect of trauma on autobiographical memory. For instance, Piltan et al. (2020) indicated that Iranian survivors of PTSD had significant impairments of memory flexibility, revealing that sociocultural aspects can amplify cognitive derangement. Similarly, Reebs et al. (2017) have described that traumatized refugees exhibited certain retrieval styles of memory and emotional response which were predictive of severity of PTSD and stressed the need for culturally attuned therapeutic interventions.

Apart from memory disturbances, trauma severely depletes psychological well-being. According to Herman (1992) and Bonanno (2004), trauma exposure increases the risk for mood disorders, PTSD, and reduced life satisfaction. The psychological impact extends beyond symptomatology to involve disruptions in identity, meaning-making, and affective connectedness. Autobiographical processes in memory mediate this process, influencing the capacity to form coherent life stories and psychological resilience (Fivush, 2011).

Despite the pervasive influence of trauma, there has also been research showing the potential of post-traumatic growth. Tedeschi and Calhoun's (2004) model highlights that meaning-making and narrative coherence are key to psychological restoration. Therapeutic techniques like trauma-focused cognitive-behavioral therapy and narrative therapy aim to restore memory coherence and assist with emotional regulation, thereby improving well-being (Neimeyer, 2004).

Yet, there are gaps in literature regarding displaced populations, particularly young adult IDPs from politically conflict-ridden regions such as Kashmir. Most of the existing research is symptomology-oriented rather than cognitive-emotional mechanisms, which leaves a fragmented understanding of how autobiographical memory disruptions mediate the effects of trauma on well-being. Further, research rarely takes into account the very particular

sociocultural environment of Kashmiri Pandits, whose own displacement has entailed both physical relocation and profound existential dislocation (Bhan, 2013; Bose, 2019).

Investigation of autobiographical memory quality in young displaced Kashmiri youth offers critical insight into the trauma aftereffects in cognition and emotion. Memory coherence functions not as an unwanted side effect of trauma exposure but as a candidate mediator in reference to psychological impacts. Enhancement of memory coherence can thus represent an exciting therapeutic intervention pathway, allowing identity reconstruction and emotional resilience in displaced youth.

Ryff's psychological well-being model provides a wide-ranging model of analysis of such processes, which emphasizes factors such as personal growth, positive relations, and control over the environment (Ryff & Keyes, 1995). These domains are particularly relevant to displaced populations, where environmental continuity, social support, and meaning are threatened. By situating autobiographical memory in this model, the present research aims to shed light on the cognitive processes underlying psychological distress and resilience following trauma. Several recent studies also underscore the importance of memory coherence to psychological processes. Vanderveren, Bijttebier, and Hermans (2019, 2020) demonstrated that lower memory specificity and coherence predicted subsequent internalizing symptom increases, while higher narrative coherence was associated with improved identity functioning and psychological well-being. These findings suggest that autobiographical memory processes are dynamic and flexible, with potential therapeutic intervention targets.

In the Kashmiri IDP community, earlier studies have documented common exposure to trauma, discrimination, and loss of identity (Bhan & Bindra, 2019; Mondal, 2022). Relatively few studies have, however, examined empirically the cognitive-affective mechanisms through which these exposures shape psychological outcomes. Closing this gap is critical not only for theoretical advancement but also to inform culturally sensitive mental health interventions in displaced populations.

Hence, the present study endeavours to determine the impact of trauma severity and autobiographical memory quality upon psychological well-being in young adult Kashmiri IDPs residing in Delhi NCR. Specifically, the study examines (a) the relationship between trauma severity and psychological well-being, (b) the relationship between memory quality and well-being, (c) the relationship between trauma severity and memory quality, and (d) predictive power of trauma severity and memory quality for outcomes in well-being. By so doing, the present study aims to contribute towards a more nuanced and integrative understanding of displacement-related trauma, cognitive functioning, and psychological resilience.

MATERIALS AND METHODS

Objectives

The primary objective of this study was to investigate the relationship between trauma severity, autobiographical memory quality, and psychological well-being among young adult Kashmiri Internally Displaced Persons (IDPs) residing in the Delhi National Capital Region (NCR). Specifically, the study aimed to:

- Examine the difference in trauma severity between individuals classified as direct victims and those classified as witnesses among displaced young adults.

- Assess the association between trauma severity and psychological well-being.
- Evaluate the association between autobiographical memory quality and psychological well-being.
- Explore the relationship between trauma severity and autobiographical memory quality.
- Determine whether trauma severity and autobiographical memory quality predict psychological well-being in the target population.

Hypotheses

In alignment with the study objectives, the following hypotheses were formulated:

- **H1:** There is a significant negative correlation between trauma severity and psychological well-being among young adult Kashmiri IDPs.
- **H2:** There is a significant positive correlation between autobiographical memory quality and psychological well-being among young adult Kashmiri IDPs.
- **H3:** There is a significant negative correlation between trauma severity and autobiographical memory quality among young adult Kashmiri IDPs.
- **H4:** Trauma severity and autobiographical memory quality significantly predict psychological well-being among young adult Kashmiri IDPs.

Participants

The sample for the present study included young adults from displaced Kashmiri Pandit families living in Delhi NCR. 250 participants were recruited through a snowball sampling approach, which is suitable for reaching out to hard-to-reach groups like displaced people.

Inclusion criteria were:

- Ages between 19 and 25 years.
- Self-identify as Internally Displaced Persons or as children of displaced Kashmiri families.
- Be present in the Delhi NCR area when data collection occurs.
- Informed consent to engage voluntarily in research.

Exclusion criteria excluded people who:

- Were under 19 years or older than 25 years of age.
- Did not self-identify as being a member of a displaced Kashmiri family.
- Lived outside of Delhi NCR.
- Refused to give informed consent.

Efforts were taken to maintain diversity in the sample in terms of gender, educational level, and socio-economic status to represent the larger displaced Kashmiri youth population better.

Materials

Three standardized, psychometrically validated measures were used to assess the main constructs of the study: trauma severity, quality of autobiographical memory, and psychological well-being.

1. International Trauma Questionnaire (ITQ): The International Trauma Questionnaire (Cloitre et al., 2018) was utilized to measure symptoms of Post-Traumatic Stress Disorder

(PTSD) and Complex PTSD (CPTSD). The ITQ measures essential symptoms in terms of re-experiencing, avoidance, threat monitoring, and self-organization disturbances. It exhibits high internal consistency (Cronbach's α = .80–.90) and construct validity in a range of trauma-exposed populations.
Participants were asked to rate their symptoms on the frequency and intensity of trauma-related experiences on a Likert-type scale. The score is greater, the more intense the trauma.

2. Phenomenological Questionnaire of Autobiographical Memory (PQAM-31): The PQAM-31 (Sutin & Robins, 2007) was used to measure phenomenological aspects of autobiographical memories, such as emotional intensity, accessibility, and quality. For the purposes of this research, the Quality of Memory subscale, which measures vividness, coherence, temporal organization, and emotional integration of personal recollections, was given prominence. The PQAM-31 has shown outstanding internal consistency (α >.80) and convergent validity with other cognitive-emotional measures.

3. Ryff's 18-item Psychological Well-Being Scale: Ryff and Keyes (1995) 18-item Psychological Well-Being Scale was employed to assess six eudaimonic well-being dimensions: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. Participants provided answers on a Likert scale showing agreement with each item. The short version retains high reliability in various populations (α =.70–.85).

Data Collection
Data were collected via a mixed-mode strategy that blended both online and offline modalities to optimize reach and representation among the displaced Kashmiri population. Online data were gathered through secure, encrypted survey links that were disseminated through community networks, email lists, and social media channels. Offline data collection was done via face-to-face administration at NGOs and private homes, enabled by initial participants who referred others via snowball sampling.

Before being involved, participants were given an informed consent form explaining the reason for the study, confidentiality procedures, and their right to withdraw at any time without penalty. The respondents were assured of their anonymity and voluntariness in participating.

All participants completed the assessment battery of the ITQ, PQAM-31, and Ryff's Psychological Well-Being Scale. Demographic data at a basic level, such as age, gender, education level, and displacement background (victim or witness status), were also gathered. Offline responses were manually keyed into a secure database to maintain data integrity and consistency with online entries.

Stringent ethical standards were upheld in the process of data collection. Participants who reported experiencing emotional distress from involvement were given referrals to the relevant mental health support services.

Scoring: Each of the instruments was scored based on standard guidelines set out by the relevant authors.

In the case of the International Trauma Questionnaire, overall trauma severity scores were calculated by summing up relevant item responses. A higher score represented more PTSD or CPTSD symptomatology.

The Quality of Memory subscale of the PQAM-31 was rated by averaging responses on items tapping memory vividness, coherence, and emotional clarity. Higher scores reflected higher autobiographical memory quality.

The 18-item Psychological Well-Being Scale was rated by reversing negatively phrased items and adding responses to yield an overall well-being score. Higher scores reflected more psychological well-being across several domains.

Participants were categorized as either "victims" (direct exposure to displacement violence) or "witnesses" (indirect exposure) on the basis of self-reported experiences of displacement. Trauma severity and well-being scores between these subgroups were compared to examine group differences.

Double-checking of all scoring processes was completed to reduce human error, especially for manually keyed offline responses.

Data were then prepared for statistical analysis through SPSS software.

Variables

There were independent and dependent variables included in the study, which were operationalized as follows:

Independent Variables:

- Trauma Severity:

Operationalized by scores on the International Trauma Questionnaire, indicating the severity of trauma-related symptoms reported by participants.

- Autobiographical Memory Quality:

Assessed through the Quality of Memory subscale of the PQAM-31, including vividness, coherence, and emotional integration of autobiographical memories.

Dependent Variable:

- Psychological Well-Being:

Operationalized by total scores on Ryff's 18-item Psychological Well-Being Scale indicative of positive functioning across several domains of life.

By defining the severity of trauma and memory quality as predictors and psychological well-being as the criterion, the research employed a predictive, correlational approach that was suitable for cross-sectional psychological investigation.

RESULTS AND DISCUSSION

The present study sought to examine the effect of severity of trauma and quality of autobiographical memory on young adult Kashmiri Internally Displaced Persons (IDPs) in the Delhi National Capital Region (NCR) on their psychological well-being. The sample included 250 participants between 19 and 25 years of age, who were obtained through snowball sampling. Self-report questionnaires measuring trauma symptoms, memory traits,

and psychological health were used by these participants. Data were described using descriptive statistics, independent samples t-tests, Pearson's correlation coefficients, and multiple regression analysis to address the research hypotheses and objectives.

Table 1: Descriptive Statistics for Wellbeing, Trauma, and Memory Quality

Variable	Mean (M)	Standard Deviation (SD)	N
Wellbeing	63.62	12.83	250
Trauma	68.19	12.61	250
Memory Quality	64.88	11.71	250

Descriptive statistics showed that the mean psychological well-being score for the sample was moderate, consistent with high variation in adaptive functioning among participants. The mean trauma severity score showed high severity of trauma symptoms consistent with the histories of persecution and displacement in the Kashmiri IDP community. Scores on autobiographical memory quality were consistent with moderate levels of vividness, coherence, and emotional richness of personal memories, but variation was present.

Table 2: Descriptive Statistics for Trauma Scores Among Victims and Witnesses

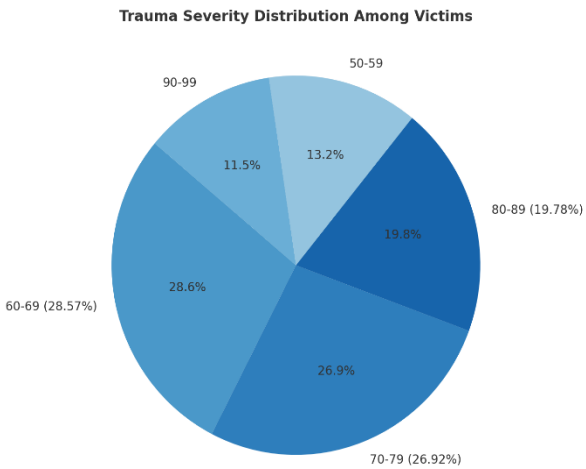
Group	N	Mean (M)	Standard Deviation (SD)
Victims	182	70.29	12.23
Witnesses	68	62.57	11.96

To analyze group differences by type of exposure, trauma severity scores for individuals in the victim (directly exposed to violence related to displacement) and witness (indirectly exposed) groups were contrasted. Victims scored higher on trauma severity compared to witnesses, indicating direct exposure to traumatic events was correlated with greater levels of psychological distress. This finding is in accordance with previous research that indicated first-hand experience with violence is associated with increased trauma symptoms (Johnson & Thompson, 2008). Direct exposure will most probably increase re-experiencing, hyperarousal, and negative changes in cognition and mood, which have the potential to persist for years after displacement.

Table 3: t-Test Comparing Trauma Severity Between Victims and Witnesses

Group Comparison	t	df	p	Mean Difference	95% CI Lower	95% CI Upper
Victims vs. Witnesses	4.47	248	<.001	7.72	4.31	11.12

A more detailed analysis of the trauma distribution revealed that the highest percentage of victims had scores within the 60–69 range of trauma severity, followed by the 70–79 range. Witnesses, however, exhibited a higher concentration of trauma severity scores in the 50–59 range. This distribution supports the perspective that while indirect exposure has psychological impacts, the severity of trauma symptoms is lower than in the instance of direct victimization (Bonanno, 2004). Correlational tests were employed to test the primary hypotheses of the study regarding the associations between trauma severity, quality of autobiographical memory, and psychological well-being.



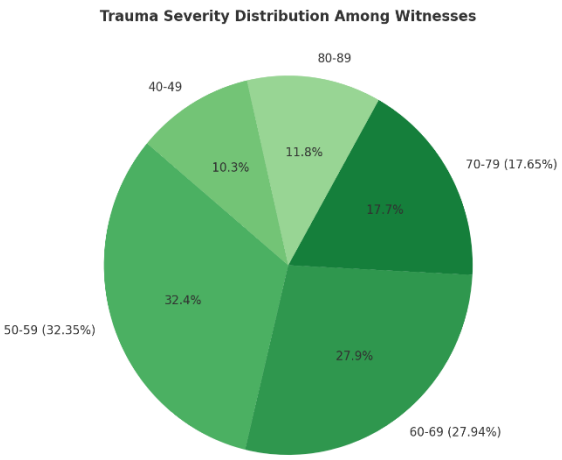


Figure 1: Percentage Distribution of Trauma Severity Scores Among Victims (N = 182).

Figure 2: Percentage Distribution of Trauma Severity Scores Among Witnesses (N = 68).

Hypothesis 1 posited a negative relation between trauma severity and psychological health. As would be expected, there was a statistically significant negative correlation that reflected increased trauma symptoms endorsed by subjects to be associated with lower levels of psychological functioning. The strength of this relation was moderate to large, as was the statement of the contention that trauma significantly impairs emotional, cognitive, and social processes in displaced youth.

Table 4: Assessing Relationship Between Trauma Severity and Psychological Well-Being

		Trauma Severity	**Psychological Wellbeing**
Trauma Severity	Pearson Correlation	1	-.521**
	Sig(2-tailed)		<.001
	N	250	250
Psychological Wellbeing	Pearson Correlation	-.521**	1
	Sig.(2-tailed)	<.001	
	N	250	250

***Correlation is significant at the 0.01 level (2-tailed).*

This finding underlines the contemporary theory proposing that trauma damages the fundamental ingredients of well-being such as autonomy, environmental mastery, purpose in life, and self-acceptance (van der Kolk, 2014; Ryff & Keyes, 1995). Trauma can ultimately lead, over time, to a state of persistent susceptibility, helplessness, and disturbance in identity that consumes psychological assets maintaining adaptive function. The displacement experience of Kashmiri Pandits of forced migration, social exclusion, and loss of cultural anchors would tend to heighten such disruptions (Bhan, 2013).

Table 5: Assessing Association Between Memory Quality and Psychological Well-Being

		Memory Quality	**Psychological Wellbeing**
Memory Quality	Pearson Correlation	1	.681**
	Sig(2-tailed)		<.001
	N	250	250
Psychological Wellbeing	Pearson Correlation	.681**	1
	Sig.(2-tailed)	<.001	
	N	250	250

***Correlation is significant at the 0.01 level (2-tailed).*

Hypothesis 2 posited a positive relationship between autobiographical memory quality and psychological well-being. The findings confirmed this hypothesis, and the two variables were highly positively correlated. Individuals who scored their autobiographical memories as more vivid, coherent, and emotionally integrated reported higher well-being. This finding is also in line with the Self-Memory System model, which stresses the importance of autobiographical memory in creating a coherent, continuous self-image that allows psychological resilience (Conway & Pleydell-Pearce, 2000).

Enhanced memory coherence would facilitate meaning-making, affect regulation, and identity integration - key processes in post-trauma (Singer & Blagov, 2004; Fivush, 2011). In contrast, disorganized or incoherent memory would consolidate suffering, interfere with narrative identity formation, and stifle recovery processes. The findings thus enhance the clinical utility of the intervention of targeting memory coherence in order to maximize well-being among trauma groups.

Table 6: Assessing Association between Trauma Severity and Memory Quality.

		Trauma Severity	**Memory Quality**
Trauma Severity	Pearson Correlation	1	-.559**
	Sig(2-tailed)		<.001
	N	250	250
Memory Quality	Pearson Correlation	-.559**	1
	Sig.(2-tailed)	<.001	
	N	250	250

***Correlation is significant at the 0.01 level (2-tailed).*

Hypothesis 3 tested the relationship between the severity of trauma and autobiographical memory quality, expecting an inverse relationship. This hypothesis was also supported. More severe trauma scores were found to be related to poorer autobiographical memory quality among participants, showing that greater trauma exposure degrades the vividness, coherence, and availability of personal memories. This is consistent with cognitive theory that proposes traumatic experience interferes with the memory consolidation process through systems moderated by the hippocampus and prefrontal cortex (Brewin, 2011; Ehlers & Clark, 2000).

Trauma-disregulation of these neural systems may result in overgeneral memories, emotional numbing, and difficulty in constructing coherent life stories (Rubin et al., 2008).

In displaced Kashmiri youth, these disruptions are added to the loss of familiar environmental and social contexts that, in the normal course of events, would serve as retrieval cues for autobiographical memories (Bluck & Alea, 2002). The resulting narrative fragmentation may result in identity confusion and increase psychological distress.

Table 7: Multiple Regression Analysis Predicting Wellbeing from Trauma and Memory Quality

Predictor	**B**	**Std. Error**	**β**	**t**	**Sig.**
(Constant)	37.374	6.802		5.494	<.001
Trauma	-.207	.056	-.204	-3.725	<.001
Memory Quality	.622	.060	.568	10.39	<.001

In order to examine the combined predictive effect of trauma severity and autobiographical memory quality on psychological well-being, a multiple regression analysis was conducted. The model was meaningful and explained close to half of well-being score variance in well-being scores. Both predictors were significant: trauma severity predicted lower well-being, while memory quality predicted higher well-being. Interestingly, quality of memory was the stronger predictor, suggesting that cognitive-emotional resources in the form of memory coherence may be a stronger determinant of well-being outcomes than trauma exposure per se.

This discovery holds significant theoretical and practical importance. It indicates that although trauma adversely affects mental well-being, the process of recoverability, organization, and affective integration of personal memories can neutralize these effects and foster resilience. The discovery legitimates intervention models emphasizing narrative reconstruction and autobiographical memory integration as mechanisms for achieving post-traumatic growth (Neimeyer, 2004; Tedeschi & Calhoun, 2004).

In the case of Kashmiri IDPs, restoration of narrative coherence might be especially relevant in light of the collective nature of their displacement and the cultural significance of memory, narration, and preservation of identity. Memoirs, oral histories, and communal narratives have long been not just archives of cultural heritage but also mechanisms of psychological recovery (Bose, 2019; Pandita, 2013). Treatment modalities that tap into these strengths of culture—narrative therapy, life review interventions, and culturally tailored trauma therapies, for example—may therefore have potential for this group.

The differential trauma scores between victims and witnesses again highlight the need to take the nature of exposure into account in clinical and policy settings. Those most directly exposed to violence might need more active therapeutic work on trauma symptoms and memory coherence. Meanwhile, witnesses, with lower scores on trauma severity, are still at higher risk for psychological challenges and should not be ignored in mental health interventions.

These findings resonate with broader theoretical models emphasizing the centrality of autobiographical memory in psychological functioning. Berntsen and Rubin's (2006) centrality of event theory posits that traumatic memories that become highly central to identity are associated with greater psychological distress. The present results extend this framework by demonstrating that it is not merely the salience but also the coherence and quality of autobiographical memories that determine well-being outcomes. High centrality

with low coherence could be especially deleterious, supporting ruminative processes, emotional dysregulation, and identity disturbance.

Additionally, this study adds to mounting evidence attesting to the dynamic relationship between memory processes and psychological adjustment. Vanderveren et al. (2019, 2020) established that memory specificity and coherence have reciprocal relations to internalizing symptoms over time, implying that autobiographical memory-focused interventions could result in long-lasting mental health outcomes. Likewise, interventions that improve narrative elaboration, emotional processing, and temporal organization of memories have been found to reduce PTSD symptoms and foster psychological growth (Crespo & Fernández-Lansac, 2016; Watson & Berntsen, 2015). The findings of the present study also have implications for policy. Mental health interventions with displaced persons need to shift from symptom treatment to working with underlying cognitive and narrative disruption. Embedding memory-centered interventions in community-based psychosocial programs may improve their effectiveness and durability. As stories have such a sociocultural meaning within the Kashmiri context, interventions of this kind may be conducted using culturally relevant modalities, e.g., shared-storytelling workshops, oral histories, and creative arts therapies.

There are several study limitations to take into consideration. Cross-sectional study design eliminates making causal assumptions concerning associations among memory quality, psychological well-being, and trauma severity. Temporal patterns in the association of these constructs, as well as determining effects direction, need to be understood with longitudinal study. Finally, the use of self-report tools has the potential to bring in biases around social desirability or distortions of memory. Utilization of multi-method measures such as narrative analysis and neurocognitive tasks can augment validity of research.

The sample included Kashmiri IDPs living in Delhi NCR, and findings may not be generalizable to other conflict or displaced populations. Future research can explore varied displaced populations and hold cultural, social, and contextual variables in control that might impact the found associations. In addition, while trauma severity and quality of memory were the primary interests of the current study, some other possible mediators and moderators of psychological functioning, like meaning-making, coping styles, and social support, should be looked into.

Nonetheless, this study contributes meaningfully by bringing into relief the pivotal role that quality of autobiographical memory plays in determining the psychological destiny of displaced youth. The study emphasizes that recovery from trauma should not only be conceived in terms of symptom reduction but also, and more fundamentally, cognitive-emotional reconstruction of self-narratives. Facilitating autobiographical memory coherence could thus be a powerful therapeutic goal in enhancing resilience and well-being in young adults navigating the multifaceted aftermath of displacement.

Overall, this study's results support that the greater the trauma severity, the worse psychological well-being among young adult Kashmiri IDPs; conversely, greater autobiographical memory quality is related to improved mental health outcomes. Autobiographical memory quality not only mediates the effects of trauma but also independently forecasts psychological well-being. Treatments that target enhancing memory coherence, emotional integration, and narrative construction have high potential to enhance resilience and aid psychological recovery in displaced persons. With displacement and

conflict still reaching millions globally, research and practice must increasingly respond to the cognitive aspects of trauma, memory, and identity reconstruction.

CONCLUSION

The current research examines the effect of trauma severity and autobiographical memory quality on the mental health of young adult Kashmiri Internally Displaced Persons (IDPs) residing in Delhi NCR. The results indicate that greater trauma severity significantly correlates with poor psychological well-being, and improved autobiographical memory quality significantly correlates with increased well-being.

Trauma severity has a negative correlation with autobiographical memory quality, such that displacement and violence exposure interfere with personal memory coherence in young adults. Autobiographical memory quality is a better predictor of psychological well-being than trauma severity, indicating cognitive-emotional processes for resilience. The research establishes that victims of displacement register higher trauma severity than witnesses and recommends differentiated strategies of psychological support. It also determines that autobiographical memory processes, specifically memory coherence and vividness, are important mechanisms that affect post-trauma adjustment in displaced youth.

The findings emphasize the importance of considering cognitive factors like memory quality alongside symptom reduction in trauma recovery interventions. They also support the use of narrative-based and memory-enhancing therapeutic approaches for displaced populations.

This research builds on what is known by concentrating on internally displaced youth in a culturally particular setting, an area that has remained relatively underexamined in earlier studies. It adds to theoretical frameworks connecting trauma, memory, and psychological health, particularly in non-Western displaced populations.

The findings support the timeliness of interventions in narrative breaks within the contexts of displaced communities' mental health services. The findings stress the compensatory role of intact autobiographical memory to the facilitation of continuity in identity, management of emotion, and resilience from trauma.

By investigating cognitive-affective mechanisms rather than focusing solely on psychopathology, this study proposes a more integrative understanding of displacement-related psychological outcomes. It also suggests directions for future research, including longitudinal studies and interventions targeting memory coherence.

The findings advocate for culturally sensitive, memory-focused clinical interventions that could be incorporated into broader psychosocial support strategies for internally displaced young adults in conflict-affected regions.

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Conflict of Interest

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