

Toward a Kashmiri Cultural Psychology: Integrating Indigenous Knowledge and Mental Health

Mohammad Asif Sheikh¹

[1] *School of Psychological Sciences, Christ University, Bengaluru, India.*

Journal of Social and Political Psychology, 2026, Vol. 14(1), 168–192, <https://doi.org/10.5964/jsp.19475>

Received: 2025-08-24 • **Accepted:** 2026-04-23 • **Published (VoR):** 2026-05-29

Handling Editor: Puleng Segalo, University of South Africa, Pretoria, South Africa

Corresponding Author: Mohammad Asif Sheikh, School of Psychological Sciences, Christ University, Bengaluru, India. E-mail: sheikh.asif@res.christuniversity.in

Abstract

This paper presents a critical theoretical intervention addressing epistemic imbalance in mental health research and practice related to Kashmir. It (a) develops conceptual frameworks elucidating indigenous healing rooted in Sufi mysticism, communal networks, and culturally specific coping strategies; (b) identifies and theorizes culturally derived constructs essential for contextually appropriate mental health infrastructures and interventions, emphasizing epistemic justice and locally situated knowledge; and (c) demonstrates culturally grounded interventions that foreground indigenous epistemologies on their own terms, addressing the limitations and potential dominance of Western clinical models. By centering *Kashmiriyat*, the Valley's indigenous cultural ethos that encompasses communal solidarity, shrine-centered spiritual practices, and historically rooted coping strategies guiding everyday communal and spiritual life, this work reconceptualizes resilience as collective and historically situated. The proposed framework enriches global psychological theory and offers innovative models of culturally congruent and socially transformative interventions for conflict-affected societies.

Keywords

cultural psychology, decolonial psychology, indigenous knowledge, mental health, Sufi mysticism, Kashmiri culture



This is an open access article distributed under the terms of the [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/), CC BY 4.0, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Non-Technical Summary

Background

The Kashmir Valley has endured decades of political violence, social upheaval, and protracted conflict, which have profoundly affected residents' mental health. High prevalence of depression, anxiety, and trauma-related difficulties has been documented. Most research and treatment approaches are derived from Western models, which often overlook local cultural, social, and spiritual frameworks for understanding and managing distress.

Why was this study done?

This study examined the limitations of applying Western psychological models, including biomedical, trauma-focused, and universalist frameworks, to the Kashmiri context. It introduces *Kashmiriyat*, an indigenous cultural framework that emphasizes communal solidarity, shrine-centered spiritual practices, gendered social participation, and historically rooted coping strategies guiding collective resilience and everyday life.

What did the researchers do and find?

The study demonstrates that resilience and healing in Kashmir are relational, collective, and culturally embedded rather than individual traits. Indigenous practices, such as shrine-centered rituals, Sufi mystical poetry, and communal caregiving, provide psychological support and reinforce social cohesion. Participatory, community-oriented approaches validate local knowledge, empower residents, and advance epistemic justice by recognizing Kashmiris as authorities on their own mental health. Integration of relevant Western psychological insights enhances cultural relevance and therapeutic effectiveness without displacing indigenous knowledge systems.

What do these findings mean?

The findings indicate that mental health care in Kashmir and comparable conflict-affected regions should move beyond Western models alone. Incorporating indigenous frameworks like *Kashmiriyat* can improve collective healing, resilience, and social cohesion while restoring dignity and authority to local ways of knowing. Policymakers, practitioners, and researchers can use this knowledge to design culturally respectful, socially relevant, and effective interventions. Centering *Kashmiriyat* demonstrates that mental health care can be theoretically innovative and culturally responsive, advancing justice, community engagement, and recognition of indigenous knowledge as foundational to psychological science.

To deny someone the capacity as a knower is to wrong them
in a capacity essential to human value.

—Miranda Fricker, *Epistemic Injustice: Power and the Ethics of Knowing*

The Kashmir Valley, located in the northernmost region of the Indian subcontinent, is home to a diverse population comprising predominantly Muslim communities alongside Hindu, Sikh, and Buddhist minorities. It is among the world's most enduring and complex conflict-affected regions, where decades of political violence, sustained instability, and social upheaval have generated profound psychological distress across the population (Dar & Deb, 2020). Epidemiological evidence indicates elevated prevalence rates of depression (45%), anxiety (26%), and post-traumatic stress disorder (19%), highlighting an urgent mental health crisis that demands sustained scholarly and practical attention (Housen et al., 2017; Médecins Sans Frontières [MSF], 2006).

Despite the documented mental health burden, dominant psychological paradigms primarily derived from Western contexts largely overlook and marginalize indigenous frameworks of coping, resilience, and healing embedded within the cultural fabric of *Kashmiriyat*. *Kashmiriyat* is a syncretic cultural ethos reflecting communal solidarity, religious harmony, and social cohesion, historically shaped by diverse spiritual traditions including Sufism, Shaivism, and Buddhist philosophies (Para et al., 2022; Punjabi, 2019; Singh & Amin, 2020). For instance, rural communities in Kashmir continue to rely on medicinal plants for physical and psychosocial well-being, practices systematically transmitted through elders and local healers and often accompanied by *tawakkul*, or trust in God, wherein personal effort is combined with spiritual reliance. These culturally grounded practices, however, are frequently overlooked or marginalized within dominant Western clinical frameworks (Gillani et al., 2024). The prevalence of Western psychological frameworks reflects broader structural and epistemic hierarchies that systematically privilege Western knowledge while marginalizing non-Western epistemologies (Noda, 2020). This epistemic imbalance contributes to the erasure of locally grounded practices and knowledge that are vital for understanding mental health in Kashmir (Cvar, 2024; Seïça, 2023; Youngman et al., 2022).

A critical theoretical intervention is proposed to address epistemic imbalance by: (1) developing conceptual frameworks elucidating indigenous healing rooted in Sufi mysticism, communal networks, and culturally specific coping strategies (Chishti & Rashid, 2023; Tak, 2013); (2) identifying and theorizing culturally derived constructs essential for contextually appropriate mental health infrastructures and interventions, with a focus on epistemic justice and locally situated knowledge (Fellner, 2018; Ortiz Torres, 2020); and (3) demonstrating how integrating these culturally grounded constructs with contemporary psychological science addresses the limitations of exclusive reliance on Western clinical models, fostering culturally congruent and socially transformative interventions (Pe-Pua, 2015; Radebe, 2022; Sundararajan, 2019).

The term contemporary psychological science refers to a plural, evolving global field that has moved beyond its earlier Western foundations (Duan & Li, 2022). Whereas Western psychological science emerged within Euro-American intellectual traditions emphasizing individualism, positivist empiricism, and universalist assumptions, the contemporary discipline is characterized by reflexivity toward its own historical and cultural situatedness (Hartelius, 2025). It draws upon diverse epistemic contributions from Indigenous, Eastern, African, and postcolonial frameworks to reconstruct psychological theory and method within a more globally representative and contextually grounded paradigm (Rad et al., 2018). In this sense, contemporary psychology differs from the Western canon not by rejecting its contributions but by expanding and decentering them through intercultural dialogue and methodological pluralism (Karyakina & Rychkova, 2020).

While both contemporary and Western psychological frameworks offer valuable tools, their uncritical application in conflict-affected settings like Kashmir risks erasing local epistemologies. Such universalist applications are critically examined here, advocating for selective, context-sensitive integration. Contemporary approaches are incorporated only when they complement or can be adapted to local knowledge systems, ensuring epistemic justice and culturally grounded practice. By centering *Kashmiriyat* as an indigenous cultural psychology, constructs such as resilience, coping, and communal identity are re-theorized within their sociocultural and historical context. In doing so, this work bridges decolonial, cross-cultural, and community psychology, advancing ethical and culturally consonant knowledge rooted in place, history, and collective experience (Fellner, 2018; Henninger & Marion, 2026; Selkirk et al., 2025).

Explicitly, the present work contributes to theoretical integration by critically evaluating prevailing psychological paradigms and weaving Indigenous epistemologies into a coherent framework that enriches global mental health discourses. The subsequent sections will critically evaluate mainstream model limitations, develop *Kashmiriyat*'s cultural-psychological mechanisms, integrate pluralistic theoretical perspectives, and propose practical and epistemological advancements grounded in epistemic justice.

Critique of Dominant Paradigms in Mental Health

Contemporary mental health research and practice remain largely shaped by three overlapping paradigms: biomedical, trauma-centric, and universalist, each of which, while offering valuable insights, enacts important limitations when transposed to conflict-affected societies such as Kashmir (Fernando, 2014; Kirmayer, 2012). These paradigms privilege reductionist, externalized frameworks and marginalize indigenous knowledge. As El Hawary (2024), citing Micale and Pols (2021), observes, “psychological trauma is culturally and historically situated and cannot be extracted from its complex social,

cultural, and political context” (p. 4). Western psychiatric categories such as PTSD often obscure local priorities of healing and meaning-making when applied uncritically. This underscores the need for interventions that engage indigenous epistemologies and culturally grounded healing practices rather than relying solely on universalist biomedical models. Such perspectives challenge the epistemic hegemony pervasive in global mental health and foreground pluralistic, community-centered approaches that restore epistemic justice and empower local populations.

Biomedical Paradigm

Reductionism and Medicalization

The biomedical model, historically dominant across global psychiatry, interprets distress primarily through the lens of neurochemical imbalances and diagnostic nosologies (Deacon, 2013). This framing facilitates standardization and access to pharmacological interventions, but it also enacts reductionism, medicalization, and cultural erasure (Mills, 2014; Summerfield, 2012). In contexts like South Asia, this has frequently translated into diagnostic displacement, where culturally meaningful expressions of suffering are reinterpreted as discrete disorders, leading to treatment alienation and the neglect of social, historical, and political determinants (Fernando, 2010; Jain & Jadhav, 2009).

In Kashmir, a region long affected by protracted political conflict, militarization, and communal violence, collective trauma experienced across families, communities, and generations reflects pervasive human rights violations, gendered oppression, disruption of education, and existential anxieties (Dar & Deb, 2021; Khan et al., 2022). Women, for example, have faced systematic abduction, sexual violence, and state-implicated repression, which not only traumatizes individuals but also entrenches collective vulnerability (Pal & Karmakar, 2024). Youth report heightened psychological distress, physical health impacts, and a sense of alienation, with themes including loss of freedom, political disenfranchisement, and existential uncertainty.

Within this socio-political context, the biomedical model risks depoliticizing suffering and erasing its cultural meaning, overlooking the historical, communal, and gendered dimensions that shape mental health in Kashmir (Varma, 2012).

Clinical Illustration From Kashmir

In clinical practice in Kashmir (author’s observation), culturally normative behaviors may be misinterpreted as psychopathology when assessed solely through a Western biomedical lens. For instance, a woman was initially diagnosed with paranoid schizophrenia based on suspicions regarding her mother-in-law’s intentions, beliefs that are culturally normative and widely shared among daughters-in-law in the region. A subsequent culturally informed assessment revealed that her concerns reflected local social norms and relational expectations rather than a psychiatric disorder. This case illustrates

how reductionist frameworks can erroneously pathologize culturally meaningful beliefs, contributing to epistemic injustice by marginalizing indigenous knowledge and lived experience. It underscores the ethical imperative for mental health interventions to integrate indigenous epistemologies and contextually grounded understandings of distress, advancing care that is both culturally responsive and just in conflict-affected societies.

Trauma-Centric Paradigm

Trauma models often deployed through PTSD frameworks foreground exposure to violence as the organizing principle of Kashmiri distress. While valuable in acknowledging harm, such framing tends to universalize trauma responses and focus narrowly on symptom clusters such as hyperarousal, flashbacks, and avoidance (Weine, 2013). This approach risks pathologizing resilience and everyday coping practices, while obscuring the socio-political context that perpetuates suffering (Sweeney et al., 2018). Moreover, trauma-centric interventions risk inadvertently re-traumatizing by isolating distress from its collective and historical dimensions, privileging individual pathology over communal healing practices embedded in Kashmiri social life.

Universalist / Global Mental Health Paradigm

Global mental health initiatives, often grounded in universalist aspirations, advance standardized diagnostic criteria and treatment packages under the rationale of comparability and scalability (Timimi, 2011). Yet these efforts frequently operate through knowledge hierarchies that privilege Euro-American epistemologies while marginalizing indigenous conceptualizations of self, suffering, and healing (Kirmayer & Swartz, 2013; Mills, 2014). This creates an epistemic asymmetry, where local systems of meaning such as Kashmiri concepts of *ruh* (spirit), *sabr* (patience), and communal resilience are rendered invisible or subordinate to external categories. In Kashmir, universalist frameworks risk reproducing neocolonial dynamics, displacing community-based idioms of distress and resilience in favor of externally sanctioned models (Summerfield, 2012).

Epistemic Injustice and Knowledge Hierarchies

Dominant psychological paradigms, largely grounded in Western epistemologies, often operate within knowledge hierarchies that systematically privilege external expertise over indigenous experience. This produces an epistemic injustice (Fricker, 2007), wherein Kashmiri voices and cultural resources are marginalized in defining and addressing their own suffering. The consequence is a narrowing of possibilities for care: interventions are frequently ill-fitted to local realities, inattentive to communal strengths, and blind to culturally specific idioms of healing.

A growing body of scholarship emphasizes the need for integrative, pluralistic approaches that restore epistemic balance by incorporating community-oriented, culturally resonant modalities alongside biomedical and psychological tools (López-Zerón & Blow, 2017; Mathias et al., 2024; Weber et al., 2024). For Kashmir, this entails more than superficial “cultural sensitivity”; it requires epistemic reciprocity, a dialogical process in which Western-derived constructs are critically engaged, reinterpreted, or delimited within indigenous conceptual frameworks. In other words, Western ideas are considered only when they amplify, rather than overwrite, indigenous meanings, ensuring that *Kashmiriyat* remains the epistemic anchor and local knowledge is never silenced.

To illustrate these contrasts more concretely, Table 1 summarizes the core limitations of dominant Western paradigms in Kashmir and juxtaposes them with corrective mechanisms embedded in *Kashmiriyat*. This comparative synthesis highlights how indigenous frameworks address epistemic asymmetries, reframe resilience, and set the stage for deeper theorization of *Kashmiriyat* as a cultural psychology.

This approach differs from conventional integration models that risk subsuming local knowledge under Western theories. Here, *Kashmiriyat* functions as the epistemic anchor: Western constructs are selectively incorporated only if they enhance, rather than replace, indigenous meanings. In this way, integration is non-assimilative, preserving local epistemologies while allowing for mutually enriching dialogue.

Consequently, this critical evaluation not only exposes the limitations of dominant paradigms but also reconstructs integration as a dialogical and pluralistic exchange, advancing a decolonial framework for culturally grounded mental health practice in conflict-affected contexts.

Kashmiriyat: An Indigenous Psychological Framework

Building on critiques of dominant psychological paradigms, *Kashmiriyat* is theorized as an integrative indigenous psychological framework, articulated within and contributing to the broader domain of cultural psychology and rooted in the syncretic cultural traditions of the Kashmir Valley. More than a context-specific phenomenon, it offers a generalizable theoretical contribution to global psychology by reconceptualizing resilience, healing, and communal identity as socio-culturally and spiritually mediated processes that extend beyond isolated clinical phenomena (Punjabi, 2019; Singh & Amin, 2020; Tak, 2013). This framework directly addresses epistemic gaps in prevailing models by centering locally situated knowledge and culturally resonant practices that have sustained communities amid protracted conflict and historical upheaval, thereby contributing to theoretical integration across cultural, community, and decolonial psychology.

Table 1*Dominant Western Paradigms Compared With the Kashmiriyat Framework*

Dominant Western Paradigms	Core Limitations in Kashmir	Kashmiriyat and Indigenous Correctives	Mental Health Implications
Biomedical model (neurochemical imbalance, diagnostic nosology)	Reductionist; medicalizes distress; erases socio-cultural meaning; depoliticizes suffering	Shrine-centered rituals, spirituality (<i>ruh, sabr</i>), communal caregiving	Restores cultural meaning; enhances belonging; reduces treatment alienation
Trauma/PTSD model (universal symptom clusters)	Universalizes distress; pathologizes everyday coping; isolates suffering from collective/historical context	Sufi mystical poetry, communal memory, reconciliation practices	Normalizes resilience; fosters empathy; situates distress in community and history
Universalist/global mental health (standardized packages)	Privileges Euro-American categories; marginalizes local resilience; reproduces epistemic asymmetry	Ethos of <i>Kashmiriyat</i> : communal solidarity, syncretism, gendered participation	Produces culturally congruent, socially transformative interventions
Knowledge hierarchies & epistemic injustice (Western authority)	Indigenous frameworks treated as peripheral; risks appropriation; reinforces structural asymmetry	Epistemic justice: participatory research, protection of local knowledge, shared authority	Builds legitimacy; advances decolonial, pluralistic psychology
Individualistic resilience frameworks (self-regulation, intrapsychic coping)	Neglects relational, ecological, and political dimensions; abstracts resilience from culture	Community solidarity, shrine participation, gendered social agency	Reframes resilience as collective, relational, and socially embedded

Note. This table synthesizes the critique of dominant Western psychological paradigms and contrasts them with *Kashmiriyat* as an indigenous framework, highlighting their respective limitations, corrective mechanisms, and implications for culturally responsive mental health interventions.

At its core, *Kashmiriyat* comprises cultural-psychological mechanisms that enable individuals and communities to negotiate distress, sustain emotional regulation, and foster social cohesion (Bashir et al., 2023; Kumar, 2021). Shrine-centered rituals, including devotional music, trance states, and communal offerings, function as collective healing practices that transcend institutionalized religion (Charan et al., 2020).

A concrete manifestation of the mechanisms of *Kashmiriyat* can be observed at the Hazratbal Shrine in Srinagar, which houses the *Moi-e-Muqqadas* (a relic of Prophet Muhammad) and serves as both a spiritual and communal focal point. Pilgrims from across Kashmir and beyond converge at the shrine, particularly on the Prophet Muhammad's birthday (*Mawlid*) and other holy occasions, to collectively engage in prayers, devotional music, and ritual offerings. Individuals seeking relief from physical or psychological

distress participate in communal prayers throughout the night, voicing their wishes and supplications. This collective practice functions on multiple interrelated levels. Psychologically, it provides a structured context for expressing distress, fostering hope, and sustaining coping efforts. Socially, it reinforces community cohesion, shared responsibility, and intergenerational participation. Spiritually, it affirms a sense of connectedness to both local traditions and broader ethical frameworks. The consistent and growing participation in these rituals reflects the perceived efficacy of such practices within the community, demonstrating how indigenous epistemologies, as articulated through *Kashmiriyat*, operationalize resilience, relational support, and culturally grounded pathways to well-being.

These practices simultaneously address emotional, social, and spiritual needs and function as vital social institutions, facilitating interpersonal stress negotiation, kinship rebuilding, and shared caregiving responsibilities (Mansoor et al., 2025; Pirani et al., 2008). Sufi mystical poetry and narrative traditions complement these rituals by serving as living repositories of collective memory, ethical codes, and emotional wisdom. By invoking shared histories and values, these cultural forms nurture reconciliation-oriented mindsets and intergroup empathy, positioning them as pivotal psychosocial resources for recovery in contexts of prolonged instability (Majumdar, 2017; Punjabi, 2019).

Kashmiriyat's community solidarities also manifest through gendered forms of engagement. Participation in shrine practices affords marginalized groups, particularly women, spaces for social agency and visibility. This embedding of psychosocial well-being within broader socio-political empowerment underscores the dynamic interplay among mental health, community relations, gendered power dynamics, and collective ethics (Batul, 2021, 2022).

The theoretical significance of *Kashmiriyat* lies in its capacity to challenge Western-centric clinical models that abstract mental health from cultural and environmental realities. By advancing a relational and historically situated account of psychological processes, *Kashmiriyat* conceptualizes resilience and healing as emergent phenomena grounded in socio-cultural practices rather than as fixed individual traits. In this sense, it functions as a nuanced indigenous epistemology that informs theoretical innovation and offers a basis for integrating pluralistic frameworks attentive to context, culture, and power (Faruk, 2025; Johnson, 2013).

Situated relative to existing theories rather than merely alongside them, *Kashmiriyat* both critiques dominant assumptions and extends theoretical integration by articulating how indigenous mechanisms of care, meaning-making, and social organization can reframe mainstream constructs of distress and recovery. Subsequent sections develop these integrative implications, advocating interdisciplinary dialogue and ethical reflexivity that promote epistemic justice while advancing global psychological science.

Integrating Pluralistic and Contextual Paradigms

Each of these pluralistic and contextual paradigms is instantiated within *Kashmiriyat*, illustrating how its indigenous epistemology operationalizes diverse knowledge systems, situates mental health in sociohistorical context, and guides culturally grounded healing practices. Pluralistic approaches, in this context, recognize multiple coexisting systems of knowledge and healing, including religious, spiritual, communal, and experiential modalities, as equally legitimate. This reflects the historically layered and culturally syncretic nature of the Valley's framework, in which social cohesion, Sufi spiritual traditions, and indigenous ethical practices have evolved through dynamic interactions among Hindu, Muslim, and Buddhist influences (Ahad & Akgül, 2022; Dar, 2023; Singh & Amin, 2020). Such pluralism emphasizes epistemic diversity, where knowledge is not hierarchical, and healing practices emerge from relational ethics, lived experience, and community processes rather than being imposed as universal models.

Contextual paradigms situate psychological phenomena within the historical, socio-political, and ecological realities of a community. In Kashmir, this includes the impacts of protracted political conflict, regional militarization, and socio-religious transformations on mental health, identity, and social cohesion (Majumdar, 2017; Tak, 2013; Wani, 2016). Contextual paradigms reject decontextualized or universalized interventions and prioritize locally grounded epistemologies and culturally embedded practices, such as shrine-centered rituals, communal caregiving, and the ethical-spiritual ethos of *Kashmiriyat* (Punjabi, 2019; Rashid, 2026).

Building on these definitions, *Kashmiriyat* is positioned as the primary epistemic framework rather than a supplement to Western psychological paradigms. Insights from decolonial theory, community psychology, and cross-cultural psychology are incorporated reflexively and critically without supplanting the relational, indigenous foundations of *Kashmiriyat* (Antić, 2021; Kelley, 2021; Kirmayer et al., 2015). This approach ensures that the Western orientation of community psychology does not dominate or dilute local epistemologies.

Decolonial theory challenges the assumed universality of Western mental health constructs, emphasizing the necessity of local epistemologies and their careful negotiation within global discourse (Ting et al., 2025). Indigenous therapeutic traditions, rooted in cultural coherence and lived experience, demonstrate psychosocial and communal benefits, illustrating that resilience, recovery, and well-being are inseparable from identity, ethics, and social context (Trnka et al., 2024; Torres Rivera & Torres Fernández, 2025).

Anthropological approaches are engaged critically to demonstrate how culture shapes both psychological experience and the conceptual categories of suffering and healing. This engagement is dialogical, resisting the hegemony of either Western psychology or anthropology, and supporting models that integrate biological, social, and cultural determinants of mental health (Garg, 2024; Kirmayer, 2006; Mihanović et al., 2005).

The application of these pluralistic and contextual paradigms requires sustained ethical reflexivity and cultural humility. Ethical engagement demands respect for local knowledge, spiritual frameworks, and collective practices while critically addressing colonial legacies in mental health research and practice (Berry & Sam, 2014; O'Shea et al., 2024). *Kashmiriyat* sharpens this imperative by asserting shared epistemic authority with local communities and accountability to culturally defined goals of well-being.

In this formulation, *Kashmiriyat* functions as both a culturally anchored indigenous epistemology and a catalyst for broader interdisciplinary and ethical transformation in mental health science. This approach prioritizes local relational and ethical frameworks, fosters dialogical knowledge production, and promotes epistemic justice, while preparing the ground for a closer examination of indigenous healing practices as concrete sites where these theoretical commitments are enacted.

Indigenous Healing Practices: Theory and Application

Rooted in the ontology of *Kashmiriyat* and other pluralistic worldviews, indigenous healing practices constitute autonomous epistemic frameworks that challenge hierarchical assumptions in dominant psychological models. *Kashmiriyat* articulates a psychology rooted in relationality, spirituality, and collective ethics, positioning well-being as a shared moral and existential project rather than an individual pursuit, fully independent from Western psychological constructs. Traditional Western approaches have often marginalized these practices, positioning them as supplementary rather than foundational to mental health frameworks. This section challenges such reductionism, demonstrating how indigenous healing modalities are essential to expanding the epistemic boundaries and ethical foundations of psychological science (Bhat et al., 2024; Varma, 2012).

In Kashmir, mental health presents a concerning landscape, with nearly 45% of the population experiencing psychological distress (Rafiq & Bashir, 2025). While some risk factors are universal, the region's sociopolitical instability, rapid transition into modernity, and complex interplay of cultural, religious, and political dynamics pose unique challenges for youth mental health (Dar, 2023). In response, community-based indigenous practices, such as shrine-centered healing rituals, culturally grounded psychosocial programs, and conflict mediation, function both as mechanisms for individual coping and as structural responses to prolonged sociopolitical adversity (Bhat et al., 2024; Varma, 2012). These practices operationalize resilience along relational and collective lines, directly contesting the individualistic and biomedical assumptions dominant in global mental health discourse. By decentering top-down, Western-centric models and foregrounding community-anchored epistemologies, these practices highlight the potential for a more context-sensitive and ethically grounded mental health framework in Kashmir.

Global parallels reinforce both the universality and cultural specificity of such approaches. For example, Indigenous ceremonies and elder-guided care within Canadian healthcare systems, as well as holistic approaches among the Ga'dang people of the Philippines and Native Hawaiian communities, illustrate how culturally anchored, relationally oriented practices foster psychosocial and systemic benefits (Corso et al., 2022; Oneha et al., 2023; Marsh et al., 2021; Villanueva, 2021). These examples demonstrate that engagement with Indigenous epistemologies requires more than instrumental adaptation of their practices within Western frameworks. It demands a conceptual reframing of mental health itself, recognizing Indigenous worldviews as co-constitutive of well-being rather than peripheral addenda.

Rather than integrating within dominant frameworks, Indigenous epistemologies invite a pluriversal approach that respects multiple ontologies of healing and reconceptualizes psychological well-being on relational, communal, and culturally grounded terms. In this sense, Indigenous frameworks contribute critical insights into emotion regulation, social relationality, and culturally mediated coping processes often absent in conventional psychological models (Beaulieu & Reeves, 2022; Dalal, 2014). This reframing places relational and community-centered mechanisms at the core of mental health, calling for epistemic rebalancing that redistributes authority and legitimizes Indigenous knowledge within global health paradigms. By doing so, Indigenous healing practices serve not only as theoretical innovations but also as practical scaffolds for socially just, culturally resonant, and methodologically inclusive psychological frameworks in Kashmir and comparable contexts globally (Beaulieu & Reeves, 2022; Trnka et al., 2024).

Epistemic Justice and Decolonial Perspectives

The historical privileging of Western epistemologies in psychology and related disciplines has systematically marginalized Indigenous and locally situated knowledge systems, effectuating forms of epistemic injustice that hinder equitable and context-sensitive understanding of mental health (Beeby, 2011; Cummings et al., 2023). Epistemic injustice manifests both at testimonial levels, discrediting knowledge holders, and at hermeneutical levels, where structural knowledge gaps prevent communities from fully articulating their experiences (Jaggar & Tobin, 2024; Koum Besson, 2022).

This structural marginalization, compounded by epistemicide and linguistic injustice, perpetuates neocolonial relations within global psychological research and practice, rendering Indigenous knowledges invisible or subordinate (Dudgeon & Bray, 2024; McNamara & Naepi, 2018). In educational contexts, curricula and dominant research methodologies often omit Indigenous epistemologies, limiting the efficacy, relevance, and cultural safety of mental health interventions (Benninger et al., 2024; Dudgeon et al., 2016).

In contrast, Indigenous epistemologies present relational, ecological, and holistic lenses that reconceptualize well-being as contingent upon community, environment, and spiritual interconnectedness (Dudgeon & Bray, 2024; Levi Fox & Enari, 2025). Incorporating these epistemologies requires a paradigmatic shift in psychology, moving beyond additive models to one of epistemic plurality and justice that rebalances authority and fosters culturally respectful knowledge production (Freeman, 2019; Selkirk et al., 2025).

Emergent developments expand the scope of epistemic justice beyond human-centric concerns, including multi-species justice frameworks and capabilities approaches that emphasize the equitable distribution of epistemic agency and environmental ethics (Chao & Celermajer, 2023; Mudd & Bobadilla, 2024). These innovations advocate a psychology that is participatory, contextually grounded, and reflexively attuned to the legacies of coloniality and systemic oppression.

By critically engaging with epistemic justice, *Kashmiriyat* exemplifies epistemic resistance and revitalization, positioning Indigenous knowledge systems as co-constitutive of psychological understanding rather than peripheral or secondary. This work notably contributes to decolonial theory in mental health, interrogating entrenched knowledge hierarchies and enabling epistemic pluralism within psychological scholarship and practice (Cummings et al., 2023; Dudgeon & Bray, 2024; Faruk, 2025).

Challenges in Integrating Knowledge Systems

The endeavor to integrate Indigenous and Western knowledge systems within psychology presents profound theoretical, ethical, and practical challenges. Indigenous knowledge systems are deeply embedded within local ecologies, relational ontologies, and holistic understandings that fundamentally differ from Western scientific epistemologies, which often prioritize universality, objectivity, and empirical validation (Ijatuyi et al., 2025; Le Grange, 2007; Ludwig, 2016).

These epistemological divergences generate significant tensions and raise critical questions regarding the validity, representation, and ownership of knowledge within collaborative research and intervention settings. Power imbalances frequently persist, as Western academic frameworks often retain epistemic authority, relegating Indigenous ways of knowing to supplementary or subordinate status. Such asymmetries perpetuate neocolonial patterns that complicate genuine knowledge integration and place Indigenous knowledge systems at risk of cultural appropriation or erasure (Chapman & Schott, 2020; Hill, 2024).

Addressing these challenges demands structural and procedural interventions that recognize Indigenous communities as equal epistemic partners. Central to this is the protection of Indigenous intellectual and cultural property rights, which fosters trust and

authentic collaboration between knowledge systems (Datta & Starlight, 2024; Moewaka Barnes et al., 2021).

Reflexivity emerges as an indispensable methodological and ethical stance in this integrative process. Researchers and practitioners must critically interrogate their positionality, underlying assumptions, and the potential impacts of their interventions on Indigenous knowledge holders. This reflexive practice constitutes a theoretical orientation that promotes epistemic humility while actively challenging universalist epistemologies (Ludwig, 2016; McRae et al., 2025; Russell-Mundine, 2012).

Decolonial conversation frameworks exemplify praxis through fostering reciprocal knowledge exchange and co-construction of theory, thus disrupting rigid dichotomies between “scientific” and “traditional” knowledge systems (Ndlovu et al., 2020).

As Youngman et al. (2022) highlight, epistemicide and epistemic injustices persist through educational and research structures that privilege monolithic epistemologies, while Cvar (2024) underscores how such erasures function as constitutive mechanisms of modernity and global capitalism. Seiça (2023) further illustrates how erasure operates not only as a formal or aesthetic device but also as a political practice bound up with silenced voices, censorship, and systemic inequalities.

Together, these challenges highlight the need for approaches that respect Indigenous epistemologies as co-constitutive partners in knowledge production, thereby advancing epistemic justice within psychological research and practice.

Directions for Theory Development and Research

Advancing the theoretical and practical significance of *Kashmiriyat* as an indigenous psychological framework calls for a multidimensional and methodologically pluralistic research agenda. Central to this endeavor is rigorous empirical inquiry that prioritizes qualitative, ethnographic, and participatory methodologies capable of capturing the subtle and complex psychological functions embedded within indigenous healing practices, including shrine-centered rituals, mystical poetry, and community solidarity (Bashir et al., 2023; Rafiq & Bashir, 2025). Such methodological rigor is essential not merely for effective application but for advancing *Kashmiriyat* as a legitimate and innovative theoretical paradigm within global psychology. Mixed-methods approaches offer promise for delicately balancing local epistemologies with structured psychological assessments, thereby skillfully bridging Indigenous knowledge systems and Western scientific paradigms in a culturally sensitive and respectful manner (Pe-Pua, 2015; Trnka et al., 2024).

Complementing this empirical focus, the careful design and implementation of culturally hybrid interventions are paramount. Programs integrating evidence-based biomedical treatments with indigenous healing practices must be coherently developed, system-

atically evaluated, and scaled when demonstrated effective. These interventions should be contextually grounded, reflecting socio-cultural, historical, and political realities to ensure cultural acceptability, ethical alignment, and therapeutic efficacy across diverse population segments. Early-stage pilot programs blending local idioms of distress with structured interventions show promise; however, extensive evaluation and refinement remain imperative to establish sustained relevance and validity (Bashir et al., 2020, 2025). Importantly, such intervention research advances theoretical debates about the relationship between culture, healing, and mental health efficacy, shifting psychology toward more pluralistic understandings and refining *Kashmiriyat* as a theory that bridges cultural and clinical knowledge.

Furthermore, it is critical to integrate structural and contextual determinants into mental health research and intervention frameworks. The individual and collective suffering experienced in Kashmir is inseparable from systemic factors such as militarization, restricted mobility, economic deprivation, and entrenched injustice (Zeeshan & Aliefendioğlu, 2024). Such recognition aligns with decolonial calls to embed mental health knowledge within Indigenous frameworks that account for power, history, and structural violence (Botha et al., 2021), and with relational perspectives that situate affliction within kinship, social, and political conflicts (Singh & Sharan, 2023). These insights underscore that any effort to theorize *Kashmiriyat* as a culturally grounded framework must remain attentive to these systemic realities. Future scholarship must delve into these sociopolitical intersections, elucidating how they shape and mediate psychological and cultural processes, thereby substantiating a holistic paradigm that spans personal, social, and political domains. This line of inquiry is vital for refining *Kashmiriyat* as a theory attentive to power, context, and systemic forces shaping mental health outcomes.

Community engagement and participatory knowledge production form indispensable pillars of this agenda. Active inclusion of local knowledge holders, practitioners, and community members in research and intervention design fosters culturally consonant, socially responsive, and ethically robust outcomes. These participatory approaches do not merely ensure practical effectiveness; they also advance critical theoretical debates about authority, voice, and epistemic legitimacy in psychological science, fulfilling crucial decolonial imperatives by centering Indigenous voices and challenging hierarchical knowledge production (Beaulieu & Reeves, 2022; Wu et al., 2023; Zinck & Marmion, 2011).

Finally, advancing *Kashmiriyat* in psychology requires interdisciplinary collaboration, integrative scholarship, and intersectional awareness. Marsico (2015) argues that cultural psychology is inherently developmental, dynamic, and interdisciplinary, demanding theoretical, methodological, and phenomenological integration. Ratner (2008) highlights how cultural, cross-cultural, and Indigenous psychologies often evolve in isolation, yet their comparison reveals complementary insights, underscoring the need to bridge psychology with anthropology, sociology, and political science. Shah and Tilwani (2024)

demonstrate that interdisciplinary engagement with resistance literature from Kashmir and Palestine illuminates trauma, resilience, identity, displacement, and oppression, emphasizing the importance of intersectional and gender-sensitive perspectives. Collectively, these studies affirm that *Kashmiriyat* cannot be developed within a single disciplinary silo but must emerge through integrative, contextually grounded praxis.

Overall, these directions articulate a comprehensive, culturally grounded, and theory-informed roadmap for expanding the role of *Kashmiriyat* in psychological science and practice, emphasizing empirical rigor, ethical responsibility, and social transformation without sacrificing epistemic humility or complexity. Ultimately, advancing *Kashmiriyat* as a psychological framework is not only an academic pursuit but also an ethical project aimed at redressing epistemic injustice. By validating and amplifying Indigenous modes of knowing and healing that have long been marginalized within global psychology, this agenda reclaims epistemic agency for local communities and contributes to a more pluralistic, dialogical, and equitable knowledge ecology. Thus, the development of *Kashmiriyat* embodies a movement toward epistemic justice by restoring balance in whose voices, experiences, and epistemologies define what counts as psychological knowledge.

Conclusion

This article has argued that the neglect of *Kashmiriyat*, the Valley's indigenous ethos of communal solidarity, spirituality, and healing, within psychological theory constitutes a profound epistemic injustice that constrains both knowledge production and practical responses in conflict-affected contexts. By critically examining the reductionism inherent in biomedical, trauma-centric, and universalist paradigms, and advancing *Kashmiriyat* as a cultural psychology rooted in shrine-centered rituals, mystical poetry, and communal caregiving, we demonstrate that resilience in Kashmir is relational, historically situated, and collective. Integrating this framework with decolonial, community, and cross-cultural perspectives not only enriches global psychological theory but also fosters culturally responsive interventions and facilitates the redistribution of epistemic authority toward local communities. Positioning *Kashmiriyat* as both a theoretical lens and a practical resource exemplifies how psychology can move beyond universalist models to embrace epistemic pluralism, justice, and contextually grounded pathways of healing in societies shaped by chronic violence and dispossession.

Such work demands reflexivity, epistemic humility, and decolonial praxis, where knowledge integration is pursued not as assimilation but as the co-creation of relational worlds. Framed this way, epistemological pluralism becomes more than a methodological stance: it is a theoretical commitment to redistributing epistemic authority, foregrounding Indigenous relational ontologies, and repairing historical epistemic injustice. For psychology, this entails a reconfiguration of theory itself, treating Indigenous knowledge not

as supplementary, but as constitutive of a decolonial psychology capable of addressing suffering in its cultural, political, and spiritual dimensions. Beyond repairing historical injustices, this reconfiguration catalyzes new directions for dialogue and integration within psychological theory, challenging the field to rethink both its foundations and its future trajectories.

Funding: The author received no external funding for this research.

Acknowledgments: The author is grateful to the Kashmiri community for the cultural knowledge and experiences that inform the perspectives presented in this article.

Competing Interests: The author declares no competing interests.

Data Availability: No new data were generated or analyzed in this study; therefore, data sharing is not applicable.

References

- Ahad, W., & Akgül, S. (2022). Wandering Dervish of *Laila Majnu*: Sufism and socio-political mobilization in Kashmir. *Journal of Religion and Popular Culture*, 34(2), 99–112.
<https://doi.org/10.3138/jrpc.2021-0006>
- Anić, A. (2021). Transcultural psychiatry: Cultural difference, universalism and social psychiatry in the age of decolonisation. *Culture, Medicine and Psychiatry*, 45(3), 359–384.
<https://doi.org/10.1007/s11013-021-09719-4>
- Bashir, A., Batool, E., Bhatia, T., Shoib, S., Mir, N. A., Bashir, U., Singh, R., McDonald, M., Hawk, M. E., & Deshpande, S. (2023). Community practices as coping mechanisms for mental health in Kashmir. *Social Work in Mental Health*, 21(4), 406–421.
<https://doi.org/10.1080/15332985.2022.2159779>
- Bashir, A., McDonald, M., Egan, J., & Hawk, M. E. (2020). Protocol of a community-based intervention on mental health in Kashmir. *Indian Journal of Psychological Medicine*, 42(6, Suppl), S68–S72. <https://doi.org/10.1177/0253717620971198>
- Bashir, A., Rafiq, M., & Bhatia, T. (2025). A study protocol of primary prevention interventions for substance use and suicide prevention among youth in Kashmir: Development, administration, and evaluation. *Indian Journal of Psychological Medicine*. Advance online publication.
<https://doi.org/10.1177/02537176251329473>
- Batul, Z. (2021). Gender politics and public sphere. *Economic and Political Weekly*, 56(16), 53–59.
- Batul, Z. (2022). Women negotiating public sphere in conflict-ridden Kashmir: A case of sacred-sites. In N. A. Khan (Ed.), *Writings about Kashmir: Illuminating the Labyrinthine Region* (pp. 97–107). Routledge.

- Beaulieu, T., & Reeves, A. (2022). Integrating Indigenous healing and Western counseling: Clinical cases in culturally safe practice. In D. Danto & M. Zangeneh (Eds.), *Indigenous knowledge and mental health* (pp. 215–232). Springer. https://doi.org/10.1007/978-3-030-71346-1_15
- Beeby, L. (2011). A critique of hermeneutical injustice. In *Proceedings of the Aristotelian Society* (Vol. 111, No. 3 pt3, pp. 479–486). Blackwell. <https://doi.org/10.1111/j.1467-9264.2011.00319.x>
- Benninger, E., Naser, S., & O'Neill, S. M. (2024). Youth as coresearchers: Social justice means youth as knowledge makers too. *School Psychology International, 45*(3), 195–214. <https://doi.org/10.1177/01430343231216978>
- Berry, J. W., & Sam, D. L. (2014). Cultural and ethnic factors in health. In H. S. Friedman (Ed.), *Cambridge handbook of psychology, health and medicine* (2nd ed., pp. 64–70). Cambridge University Press. <https://doi.org/10.1017/CBO9780511543579.015>
- Bhat, N., Gul, A., & Ganie, Z. A. (2024). An intersection of social workers' practice in community resilience and Indigenous support systems in Kashmir. *Practice, 36*(4), 269–290. <https://doi.org/10.1080/09503153.2024.2353220>
- Botha, L., Griffiths, D., & Prozesky, M. (2021). Epistemological decolonization through a relational knowledge-making model. *Africa Today, 67*(4), 50–73. <https://doi.org/10.2979/africatoday.67.4.04>
- Chao, S., & Celermajor, D. (2023). Introduction: Multispecies justice. *Cultural Politics, 19*(1), 1–17. <https://doi.org/10.1215/17432197-10232431>
- Chapman, J. M., & Schott, S. (2020). Knowledge coevolution: Generating new understanding through bridging and strengthening distinct knowledge systems and empowering local knowledge holders. *Sustainability Science, 15*(3), 931–943. <https://doi.org/10.1007/s11625-020-00781-2>
- Charan, I. A., Xin, S., Zezhuang, W., & Yao, D. (2020). Rethinking efficacy: People's perception of ritual healing and trance religious practices at shrines in Pakistan. *Asian Journal of Psychiatry, 52*, Article 102020. <https://doi.org/10.1016/j.ajp.2020.102020>
- Chishti, H., & Rashid, R. (2023). Reclaiming the secular glory: A critical study of Ayaz Rasool Nazki's *Satisar: The Valley of Demons*. *SARE: Southeast Asian Review of English, 60*(1). <https://doi.org/10.22452/sare.vol60no1.3>
- Corso, M., DeSouza, A., Brunton, G., Yu, H., Cancelliere, C., Mior, S., Taylor-Vaisey, A., MacLeod-Beaver, K., & Côté, P. (2022). Integrating Indigenous healing practices within collaborative care models in primary healthcare in Canada: A rapid scoping review. *BMJ Open, 12*(6), Article e059323. <https://doi.org/10.1136/bmjopen-2021-059323>
- Cummings, S., Dhewa, C., Kemboi, G., & Young, S. (2023). Doing epistemic justice in sustainable development: Applying the philosophical concept of epistemic injustice to the real world. *Sustainable Development, 31*(3), 1965–1977. <https://doi.org/10.1002/sd.2497>
- Cvar, N. (2024). Erasure as a constitutive mechanism of global capitalism: From the periphery to the centre. *Filozofski Vestnik, 45*(2). <https://doi.org/10.3986/fv.45.2.12>
- Dalal, A. K. (2014). Salience of indigenous healing practices for health care programmes in India. In R. Tripathi & Y. Sinha (Eds.), *Psychology, development and social policy in India* (pp. 123–140). Springer. https://doi.org/10.1007/978-81-322-1003-0_10

- Dar, A. A., & Deb, S. (2020). Psychological distress among young adults exposed to armed conflict in Kashmir. *Children and Youth Services Review, 118*, Article 105460. <https://doi.org/10.1016/j.childyouth.2020.105460>
- Dar, A. A., & Deb, S. (2021). Mental health in the face of armed conflict: Experience from young adults of Kashmir. *Journal of Loss and Trauma, 26*(3), 287–297. <https://doi.org/10.1080/15325024.2020.1739367>
- Dar, R. A. (2023). Agonistic terms of peace in Kashmir: *Kashmiriyat*, distributive politics and Islam. *Society and Culture in South Asia, 9*(1), 128–148. <https://doi.org/10.1177/23938617221105578>
- Datta, R., & Starlight, T. (2024). Building a meaningful bridge between Indigenous and Western worldviews: Through decolonial conversation. *International Journal of Qualitative Methods, 23*. <https://doi.org/10.1177/16094069241235564>
- Deacon, B. J. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clinical Psychology Review, 33*(7), 846–861. <https://doi.org/10.1016/j.cpr.2012.09.007>
- Duan, C., & Li, F. (2022). Advancing psychology of China: A call for paradigm shift. In M. H. Bond (Ed.), *Paradigm shifts in Chinese studies* (pp. 201–234). Springer Nature. https://doi.org/10.1007/978-981-16-8032-8_9
- Dudgeon, P., & Bray, A. (2024). The Indigenous turn: Epistemic justice, Indigenous knowledge systems, and social and emotional well-being. In J. Ravulo, K. Olcoñ, T. Dune, A. Workman, & P. Liamputtong (Eds.), *Handbook of critical whiteness* (pp. 715–730). Springer. https://doi.org/10.1007/978-981-97-5085-6_31
- Dudgeon, P., Darlaston-Jones, D., Nikora, L. W., Waitoki, W., Pe-Pua, R., Tran, L. N., & Rouhani, L. (2016). Changing the acculturation conversation: Indigenous cultural reclamation in Australia and Aotearoa/New Zealand. In D. L. Sam & J. W. Berry (Eds.), *The Cambridge handbook of acculturation psychology* (2nd ed., pp. 115–133). Cambridge University Press. <https://doi.org/10.1017/CBO9781316219218.009>
- El Hawary, N. (2024, November). Traumatic pasts in Asia: History, psychiatry and trauma from the 1930s to present. *Anthropology Book Forum, 10*(1). <https://abf.journals.publicknowledgeproject.org/index.php/abf/article/view/783>
- Faruk, M. O. (2025). Addressing epistemic injustice in the mental healthcare of Indigenous people in Bangladesh: Implications for global mental health. *Cambridge Prisms: Global Mental Health, 12*, Article e52. <https://doi.org/10.1017/gmh.2025.10008>
- Fellner, K. D. (2018). Embodying decoloniality: Indigenizing curriculum and pedagogy. *American Journal of Community Psychology, 62*(3–4), 283–293. <https://doi.org/10.1002/ajcp.12286>
- Fernando, S. (2010). *Mental health, race and culture*. Bloomsbury Publishing.
- Fernando, S. (2014). *Mental health worldwide: Culture, globalization and development*. Springer.
- Freeman, B. M. (2019). Promoting global health and well-being of Indigenous youth through the connection of land and culture-based activism. *Global Health Promotion, 26*(3, suppl), 17–25. <https://doi.org/10.1177/1757975919831253>

- Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.
<https://doi.org/10.1093/acprof:oso/9780198237907.001.0001>
- Garg, U. C. (2024). Social psychiatry and anthropology: A transdisciplinary approach. *Indian Journal of Social Psychiatry*, 40(1), 3–6. https://doi.org/10.4103/ijsp.ijsp_42_24
- Gillani, S. W., Ahmad, M., Zafar, M., Manzoor, M., Shah, G. M., Shaheen, H., Zaman, W., Sultana, S., Sadia, B., & Khishlatovna, K. K. (2024). Ethnobotanical exploration of traditional medicinal plants among the rural inhabitants of district Muzaffarabad, Kashmir Himalayan region. *Plant Science Today*, 11, 21–33. <https://doi.org/10.14719/pst.3265>
- Hartelius, G. (2025). States of consciousness are central to a transpersonal critique of contemporary psychology: Editor's introduction dedicated to the memory of Charles T. Tart (1937–2025). *International Journal of Transpersonal Studies*, 44(1), iii–vi.
<https://doi.org/10.24972/ijts.2008.27.1.iii>
- Henninger, M. W., & Marion, A. (2026). Decolonizing embodiment: Principles for liberation and collective healing within Indigenous communities. *Counselling Psychology Quarterly*, 39(1), 9–24. <https://doi.org/10.1080/09515070.2025.2521820>
- Hill, R. (2024). Anticipatory co-governance for human rights to sciences across knowledge systems. *International Journal of Human Rights*, 28(3), 335–353.
<https://doi.org/10.1080/13642987.2023.2273290>
- Housen, T., Lenglet, A., Ariti, C., Shah, S., Shah, H., Ara, S., Viney, K., Janes, S., & Pintaldi, G. (2017). Prevalence of anxiety, depression and post-traumatic stress disorder in the Kashmir Valley. *BMJ Global Health*, 2(4), Article e000419. <https://doi.org/10.1136/bmjgh-2017-000419>
- Ijtuyi, E. J., Lamm, A., Yessoufou, K., Suinyuy, T., & Patrick, H. O. (2025). Integration of indigenous knowledge with scientific knowledge: A systematic review. *Environmental Science & Policy*, 170, Article 104119. <https://doi.org/10.1016/j.envsci.2025.104119>
- Jaggar, A. M., & Tobin, T. W. (2024). Moral justification and structural epistemic injustice. In J. Browne & Maeve McKeown (Eds.), *What is structural injustice?* (pp. 168–186). Oxford University Press. <https://doi.org/10.1093/oso/9780198892878.003.0010>
- Jain, S., & Jadhav, S. (2009). Pills that swallow policy: Clinical ethnography of a community mental health program in northern India. *Transcultural Psychiatry*, 46(1), 60–85.
<https://doi.org/10.1177/1363461509102287>
- Johnson, S. B. (2013). Increasing psychology's role in health research and health care. *The American Psychologist*, 68(5), 311–321. <https://doi.org/10.1037/a0033591>
- Karyakina, M. V., & Rychkova, O. V. (2020). Approaches to analysis of higher mental function impairments. *Obozrenie Psihatrii i Medicinskoj Psihologii Imeni V.M. Bekhtereva*, 2020(2), 38–46.
<https://doi.org/10.31363/2313-7053-2020-2-38-46>
- Kelley, A. N. (2021). The messiness of (de)coloniality: An autoethnography of the cross-cultural researcher. *The Qualitative Report*, 26(12), 3724–3733.
<https://doi.org/10.46743/2160-3715/2021.4966>

- Khan, I., Shetgovekar, S., Bhat, A. M., & Maqbool, I. (2022). Existential concerns, assumptive world, and alienation among Kashmiri youth exposed to collective violence: Do the theoretical models fit target population? *Peace and Conflict*, 28(4), 461–469. <https://doi.org/10.1037/pac0000635>
- Kirmayer, L. J. (2006). Beyond the “new cross-cultural psychiatry”: Cultural biology, discursive psychology, and the ironies of globalization. *Transcultural Psychiatry*, 43(1), 126–144. <https://doi.org/10.1177/1363461506061761>
- Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural Psychiatry*, 49(2), 149–164. <https://doi.org/10.1177/1363461512444673>
- Kirmayer, L. J., Lemelson, R., & Cummings, C. A. (Eds.). (2015). *Re-visioning psychiatry: Cultural phenomenology, critical neuroscience, and global mental health*. Cambridge University Press. <https://doi.org/10.1017/CBO9781139424745>
- Kirmayer, L. J., & Swartz, L. (2013). Culture and global mental health. In V. Patel, H. Minas, A. Cohen, & M. Prince (Eds.), *Global mental health: Principles and practice* (pp. 41–62). <https://doi.org/10.1093/med/9780199920181.003.0003>
- Koum Besson, E. S. (2022). How to identify epistemic injustice in global health research funding practices: A decolonial guide. *BMJ Global Health*, 7(4), Article e008950. <https://doi.org/10.1136/bmjgh-2022-008950>
- Kumar, A. (2021). The Sufi shrines of Kishtwar: Dargah of Shah Farid-ud-Din and Shah Asrar-ud-Din. In A. Chauhan (Ed.), *Understanding culture and society in India* (pp. 23–34). Springer. https://doi.org/10.1007/978-981-16-1598-6_2
- Le Grange, L. (2007). Integrating Western and Indigenous knowledge systems: The basis for effective science education in South Africa? *International Review of Education*, 53(5–6), 577–591. <https://doi.org/10.1007/s11159-007-9056-x>
- Levi Fox, D., & Enari, D. (2025). As it is above, so it is below: Repositioning Indigenous knowledge systems within ecosocial work. *Social Work*, 70(2), 139–146. <https://doi.org/10.1093/sw/swaf008>
- López-Zerón, G., & Blow, A. (2017). The role of relationships and families in healing from trauma. *Journal of Family Therapy*, 39(4), 580–597. <https://doi.org/10.1111/1467-6427.12089>
- Ludwig, D. (2016). Overlapping ontologies and Indigenous knowledge: From integration to ontological self-determination. *Studies in History and Philosophy of Science*, 59, 36–45. <https://doi.org/10.1016/j.shpsa.2016.06.002>
- Majumdar, S. (2017). Appraising positive aspects of shared history through contact – A preliminary model of reconciliation among Hindus and Muslims of the Kashmir Valley. *Peace and Conflict Studies*, 24(1), Article 5. <https://doi.org/10.46743/1082-7307/2017.1338>
- Mansoor, H. S., Narimo, S., Prayitno, H. J., Anif, S., & Khan, A. B. (2025). Healing the spirit: The social and religious impact of Sufi shrine practices in Pakistan. *International Journal of Innovative Research and Scientific Studies*, 8(2), 221–227. <https://doi.org/10.53894/ijirss.v8i2.5139>
- Marsh, T. N., Eshakakogan, C., Eibl, J. K., Spence, M., Morin, K. A., Gauthier, G. J., & Marsh, D. C. (2021). A study protocol for a quasi-experimental community trial evaluating the integration of Indigenous healing practices and a harm reduction approach with principles of Seeking Safety

- in an Indigenous residential treatment program in Northern Ontario. *Harm Reduction Journal*, 18, Article 35. <https://doi.org/10.1186/s12954-021-00483-7>
- Marsico, G. (2015). Striving for the new: Cultural psychology as a developmental science. *Culture and Psychology*, 21(4), 445–454. <https://doi.org/10.1177/1354067X15623020>
- Mathias, K., Bunkley, N., Pillai, P., Ae-Ngibise, K. A., Kpobi, L., Taylor, D., Joag, K., Rawat, M., Hammoudeh, W., Mitwalli, S., Kagee, A., van Rensburg, A., Bemme, D., Burgess, R. A., Jain, S., Kienzler, H., & Read, U. M. (2024). Inverting the deficit model in global mental health: An examination of strengths and assets of community mental health care in Ghana, India, Occupied Palestinian Territories, and South Africa. *PLOS Global Public Health*, 4(3), Article e0002575. <https://doi.org/10.1371/journal.pgph.0002575>
- McNamara, R. A., & Naepi, S. (2018). Decolonizing community psychology by supporting Indigenous knowledge, projects, and students: Lessons from Aotearoa New Zealand and Canada. *American Journal of Community Psychology*, 62(3–4), 340–349. <https://doi.org/10.1002/ajcp.12296>
- McRae, T., Isaac, J., Thomas, H., Enkel, S., Ford, A., Jacky, J., Sibosado, S., McIntosh, K., Mullane, M., Whelan, A., Dalton, R., Coffin, J., Carapetis, J., & Walker, R. (2025). Oombarl Oombarl Joorrinygor—Slowly slowly moving forward: Reflections from a cross-cultural team working together on the See, Treat, Prevent (SToP) trial in the Kimberley region of Western Australia. *Health Promotion Journal of Australia*, 36(2), Article e70025. <https://doi.org/10.1002/hpja.70025>
- Médecins Sans Frontières. (2006). *Kashmir: Violence and health*. <https://www.msf.org/sites/default/files/2018-08/kashmir-violence-and-mental-health.pdf>
- Micale, M. S., & Pols, H. (Eds.). (2021). *Traumatic pasts in Asia: History, psychiatry, and trauma from the 1930s to the present*. Berghahn Books.
- Mihanović, M., Babić, G., Kezić, S., Šain, I., & Lončar, Č. (2005). Anthropology and psychiatry. *Collegium Antropologicum*, 29(2), 747–751.
- Mills, C. (2014). *Decolonizing global mental health: The psychiatrization of the majority world*. Routledge.
- Moewaka Barnes, H., Harmsworth, G., Tipa, G., Henwood, W., & McCreanor, T. (2021). Indigenous-led environmental research in Aotearoa New Zealand: Beyond a transdisciplinary model for best practice, empowerment and action. *AlterNative: An International Journal of Indigenous Peoples*, 17(2), 306–316. <https://doi.org/10.1177/11771801211019397>
- Mudd, S., & Bobadilla, H. (2024). Towards a capabilities-based conception of distributive epistemic justice. *Social Epistemology*. Advance online publication. <https://doi.org/10.1080/02691728.2024.2392130>
- Ndlovu, C., James, A., & Govender, N. (2020). Can IK and Western science be complementary in an IK-SCIE agricultural curriculum? Theorising for an appropriate agricultural curriculum. In W. F. Pinar (Ed.), *Curriculum theory, curriculum theorising, and the theoriser: The African theorising perspective* (pp. 106–130). Brill. https://doi.org/10.1163/9789004447943_007

- Noda, O. (2020). Epistemic hegemony: The Western straitjacket and post-colonial scars in academic publishing. *Revista Brasileira de Política Internacional*, 63(1), Article e007.
<https://doi.org/10.1590/0034-7329202000107>
- Oneha, M. F., Spencer, M., Bright, L. A., Elkin, L., Wong, D., & Sakurai, M. (2023). Ho 'oilina Pono A 'e: Integrating Native Hawaiian healing to create a just legacy for the next generation. *Hawai'i Journal of Health & Social Welfare*, 82(3), 72–77.
- Ortiz Torres, B. (2020). Decoloniality and community-psychology practice in Puerto Rico: Autonomous organising (autogestión) and self-determination. *International Review of Psychiatry*, 32(4), 359–364. <https://doi.org/10.1080/09540261.2020.1761776>
- O'Shea, M., Klas, A., Hardy, T., Stone, J., Frangos, T., Jacobs, T., Mitchell, F., Charles, J., Jones, S., Thomas, J., & Ryan, K. (2024). Weaving Wayapa and cognitive behaviour therapy: Applying research topic yarning to explore a cultural interface between Western and Indigenous psychology practice in Australia. *Australian Psychologist*, 59(3), 228–244.
<https://doi.org/10.1080/00050067.2024.2322710>
- Pal, P., & Karmakar, G. (2024). 'Where else can they go?': Violence, resistance and the socio-cultural trajectories of Kashmiri women in Freny Manecksha's *Behold I Shine: Narratives of Kashmir's Women and Children*. *Sexuality, Gender & Policy*, 7(4), 348–365.
<https://doi.org/10.1002/sgp2.12111>
- Para, A. H., Rashid, H., & Shah, S. (2022). Locating *Kashmiriyat* in ancient history: Tracing the genealogy of Kashmir's syncretic culture. *Contemporary Voice of Dalit*. Advance online publication. <https://doi.org/10.1177/2455328X221126861>
- Pe-Pua, R. (2015). Indigenous psychology. In J. D. Wright (Ed.), *International encyclopedia of the social & behavioural sciences* (2nd ed., pp. 788–794). Elsevier.
- Pirani, F. M., Papadopoulos, R., Foster, J., & Leavey, G. (2008). "I will accept whatever is meant for us. I wait for that—day and night": The search for healing at a Muslim shrine in Pakistan. *Mental Health, Religion & Culture*, 11(4), 375–386. <https://doi.org/10.1080/13674670701482695>
- Punjabi, R. (2019). Kashmir: The bruised identity. In R. G. C. Thomas (Ed.), *Perspectives on Kashmir* (pp. 131–152). Routledge.
- Rad, M. S., Martingano, A. J., & Ginges, J. (2018). Toward a psychology of *Homo sapiens*: Making psychological science more representative of the human population. *Proceedings of the National Academy of Sciences of the United States of America*, 115(45), 11401–11405.
<https://doi.org/10.1073/pnas.1721165115>
- Radebe, N. Z. (2022). Learning from indigenous communities: The case of Esihlengeni in Vryheid, KwaZulu-Natal, South Africa. *International Journal of African Renaissance Studies*, 17(2), 51–65.
<https://doi.org/10.1080/18186874.2022.2042706>
- Rafiq, M., & Bashir, A. (2025). Risk factors for mental health in Kashmir: A qualitative study. *Journal of Ethnicity in Substance Abuse*. Advance online publication.
<https://doi.org/10.1080/15332640.2025.2537176>
- Rashid, I. (2026). The Muslim aporia? A community's quest for rights in Kashmir. *Global Intellectual History*, 11(2), 118–149. <https://doi.org/10.1080/23801883.2025.2478098>

- Ratner, C. (2008). *Cultural psychology, cross-cultural psychology, and indigenous psychology*. Nova Publishers.
- Russell-Mundine, G. (2012). Reflexivity in Indigenous research: Reframing and decolonising research? *Journal of Hospitality and Tourism Management*, 19, Article e7.
<https://doi.org/10.1017/jht.2012.8>
- Seiça, Á. (2023). The erasing impulse: Veiling and unveiling the poetic and the political. In A. Bell, P. Close, & J. P. V. Garcia (Eds.), *Global perspectives on digital literature* (pp. 109–123). Routledge. <https://doi.org/10.4324/9781003214915-11>
- Selkirk, B., Dudgeon, P., Gibson, C., & Alexi, J. (2025). Decolonising tertiary psychology student support in Australia: Empowering Aboriginal and Torres Strait Islander psychology students. *Australian Journal of Psychology*, 77(1), Article 2478083.
<https://doi.org/10.1080/00049530.2025.2478083>
- Singh, A. K., & Amin, W. (2020). An inquiry into the debates around *Kashmiriyat*. *Journal of Global South Studies*, 37(1), 82–109.
<https://www.jstor.org/stable/48660345><https://doi.org/10.1353/gss.2020.0005>
- Singh, B., & Sharan, P. (2023). The contagion of mental illness: Insights from a Sufi shrine. *Transcultural Psychiatry*, 60(3), 457–475. <https://doi.org/10.1177/13634615221078131>
- Shah, A. H., & Tilwani, S. A. (2024). Representation of Palestine and Kashmir conflict in English literature: A study of selected works. *Journal of Language Teaching and Research*, 15(6), 2051–2059. <https://doi.org/10.17507/jltr.1506.30>
- Summerfield, D. (2012). Afterword: Against “global mental health.”. *Transcultural Psychiatry*, 49(3-4), 519–530. <https://doi.org/10.1177/1363461512454701>
- Sundararajan, L. (2019). Indigenous psychology. In L. Hoffman, H. Cleare-Hoffman, N. Granger, Jr., & D. St. John (Eds.), *Humanistic approaches to multiculturalism and diversity: Perspectives on existence and difference* (pp. 153–166). Routledge.
- Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: Relationships in trauma-informed mental health services. *BJPsych Advances*, 24(5), 319–333.
<https://doi.org/10.1192/bja.2018.29>
- Tak, T. (2013). The Term “*Kashmiriyat*”: Kashmiri Nationalism of the 1970s. *Economic and Political Weekly*, 48(16), 28–32. <http://www.jstor.org/stable/23527257>
- Timimi, S. (2011). Globalising mental health: A neo-liberal project. *Ethnicity and Inequalities in Health and Social Care*, 4(3), 155–160. <https://doi.org/10.1108/17570981111249293>
- Ting, R. S. K., Ansloos, J., Lee, B. O., Gone, J. P., & Kirmayer, L. J. (2025). Decolonizing mental health practice through traditional healing frameworks: Insights from Canada, China, Singapore, and the United States. *The American Psychologist*, 80(4), 630–642.
<https://doi.org/10.1037/amp0001386>
- Torres Rivera, E., & Torres Fernández, I. (2025). Decolonization is liberation: Operationalization of a decolonial model of counseling using liberation psychology principles with the Latine population(s). *Journal of Multicultural Counseling and Development*, 53(1), 9–21.
<https://doi.org/10.1002/jmcd.12310>

- Trnka, R., Krtek, A., & Lorencová, R. (2024). Bridging realms: Western client perspectives on psychotherapy inspired by Indigenous healing. *Explore: The Journal of Science and Healing*, 20(6), Article 103059. <https://doi.org/10.1016/j.explore.2024.103059>
- Varma, S. (2012). Where there are only doctors: Counselors as psychiatrists in Indian-administered Kashmir. *Ethos*, 40(4), 517–535. <https://doi.org/10.1111/j.1548-1352.2012.01274.x>
- Villanueva, J. M. (2021). Indigenous healing practices, policies and perceptions of young and elderly Ga'dang people in Nueva Vizcaya, Philippines. *Journal of Natural Remedies*, 21(2). <https://doi.org/10.18311/jnr/2021/25167>
- Wani, A. A. (2016). Ethnic identities and the dynamics of regional and sub-regional assertions in Jammu and Kashmir. In Y.-W. Chen & C.-y. Shih (Eds.), *Borderland politics in Northern India* (pp. 37–69). Routledge.
- Weber, S., Carranza, F., Rengifo, J. R., Romero, C., Arrieta, S., Martínez, K., Pinilla-Roncancio, M., Fenton, S.-J., Casas, G., Jackson, P., & Aranguren, J. P. (2024). Mapping mental health care services for children and youth population in Colombia's Pacific: Potential for boundary spanning between community and formal services. *International Journal of Mental Health Systems*, 18(1), Article 9. <https://doi.org/10.1186/s13033-024-00626-w>
- Weine, S. M. (2013). Rethinking the moral positioning of trauma work. In K. Gow & M. J. Celinski (Eds.), *Mass trauma: Impact and recovery issues* (pp. 41–54). Nova Science.
- Wu, J., Smye, V., Hill, B., Antone, J., & MacDougall, A. (2023). Exploration of existing integrated mental health and addictions care services for Indigenous peoples in Canada. *International Journal of Environmental Research and Public Health*, 20(11), Article 5946. <https://doi.org/10.3390/ijerph20115946>
- Youngman, T., Modrow, S., Smith, M., & Patin, B. (2022). Epistemicide on the record: Theorizing commemorative injustice and reimagining interdisciplinary discourses in cultural information studies. *Proceedings of the Association for Information Science and Technology*, 59(1), 358–367. <https://doi.org/10.1002/pra2.759>
- Zeeshan, S., & Aliefendioğlu, H. (2024). Kashmiri women in conflict: A feminist perspective. *Humanities & Social Sciences Communications*, 11, Article 259. <https://doi.org/10.1057/s41599-024-02742-x>
- Zinck, K., & Marmion, S. (2011). Global focus, local acts: Providing mental health services to Indigenous people. *Archives of Psychiatric Nursing*, 25(5), 311–319. <https://doi.org/10.1016/j.apnu.2011.03.007>