

BHAJI ON THE BEACH: TEACHING RELATIONAL ETHICS IN INDIA

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This article explores my recent experience of teaching as a visiting faculty member at the Centre for Ethics at a medical University in Mangalore. My teaching and research has emerged through years as a therapist collecting stories. Stories of fact emerge through relationships and are written through experience before being presented as 'ways of doing, writing and reading research' From my experience and training as a clinical anthropologist and as a psychotherapist I was aiming to suggest that ethics is relational and is enhanced when we reflect on our relationship with each other, noting our similarities and differences dependent on culture and context. I will illustrate this using the concept of ethnography. I will explore how reflection and reflexivity around the making of relationships between two or more people through epistemological transactional teaching and learning can be professionally and personally enriching.

Introduction

The word *bhaji* in this article is influenced by the deep fried spicy South Asian patty made of a combination of mixed vegetables, eggs and flour. Also the word *bhaji* is the Hindi/Urdu word for sister or any female older than you. The title is also a reference to the film *Bhaji on the Beach* (screenplay written by Syal and Chadha, 1993) which tells the story of a cluster of British Asian women who embark on a day trip to see the 'Blackpool illuminations'. I have always been struck by the phenomenon of the stories we tell in relationship with other or about others. Levi-Strauss (1982) found a mythical quality to stories which he suggested made each story quite fantastical and unpredictable and often becoming a myth in itself. Each story is from a cultural system of symbolic interaction which says something about the story-teller as well as the story itself. It is the listener who is responsible for holding in mind the paradox presented in the story to make meaning from putting together existing theoretical and practical knowledge; this in turn can create a new story with a different understanding of how we can be in the world. This was very much my experience on my first visit to India to teach relational ethics within an unknown environment.

I spent my initial week at the Centre of Ethics exploring the technical-rational practices of practitioners within different teaching departments at the university. As a clinical anthropologist it was a fascinating ethnographical journey into the symbolic structure of the life-world everyday practice of a hospital in an attractive town in South Karnataka, India. The Centre of Ethics was established in 2011 and

resides at the heart of the university campus where the teaching facilities are blended with hospital wards and outpatient services. The mission of the Centre is to embody a sense of ethical responsibility and practice to promote values of care and respect for all.

I was surprised on completing my first teaching session in a classroom where the computer presentation as much as the air conditioning cut in and out, to find myself staring into the eyes of a lecture theatre full of suited and sari dressed individuals who looked and gestured like me. During our dialogical practices of dancing around awkward questions there was a reflexivity of expression to invite a relationship with me, the 'other'. Our appearance made us look similar and in the first moments the spontaneity of laughter (Hedges, 2010) indicated to me an ethnographical moment of acceptance even as 'I am not'. I am not an Indian (in the contemporary sense), I am not married (in accordance to cultural expectations), nor a medical doctor (conforming to a western stereotype) or from a caste they were familiar with. My family came from divided Punjab to Britain in the 1960s.

It was in the difference of our backgrounds that I realized my writing and teaching built on the exploration of different healing systems across a range of cultural contexts. I was invited to Mangalore to explore the different techniques and processes practised in a range of clinical settings within hospitals or rural indigenous community clinics. In effect what emerged in the lecture theatre were interactions between the audience of academics, clinicians and postgraduate students with very different psychosocial schemas of understanding.

An Autoethnographical Approach

Clifford (1997) wrote, "A certain degree of biography is now widely accepted as relevant to self-critical projects of cultural analysis. But how much? Where is the line to be drawn? ... Writing an ethnography of one's subjective space as a kind of complex community, a site of shifting locations, could be defended as a valid contribution to anthropological work" (1997, p. 88).

I have recently been reflecting and researching the sub-discipline of (auto) ethnography of academia. Autoethnography is a qualitative inquiry method researcher self as the primary data that Ellis and Bochner (2000) express as "autobiographies that self-consciously explore the interplay of the introspective, personally engaged self with cultural descriptions mediated through language, history, and ethnographic explanation" (p. 742).

It has been through the use of the self as an ethnographical resource in my writing that I have found a way of relating and understanding others and to be therapeutic for me. It has also given me a psychodynamic insight into the culture, which has produced the social identity with which I meet the world. I have been negotiating the crossing of disciplinary boundaries between experiences and geography. As an academic and a clinical anthropologist I often find myself in the

role of academic tourist (Pelias, 2003), i.e., the temporariness of relationship within or between different cultural contexts. I use auto-ethnography to express myself as a form of resistance to soporific cultural environments (Siddique, 2014). It can be used as an aide memoire for relational ethics on the existential life position informing the representational authority in culture. Auto-ethnography as a qualitative inquiry method brings to our senses the taking of responsibility for our selves as witness and our inter-subjective experience of being seen in culture. The cultural identity is experienced as '*cultural refractions*'.

I learnt from this experience of academic tourist turned native about the relational ethics of responsibility in the writing of research and the performance of teaching. The individual cultural experience of travelling between cultures offers a license for an interpretation of reality to create a fiction using the 'anything goes' paradigm of cultural relativism. I use this methodological approach because it takes into account my responsibility as an author writing a personal account of the aesthetics of the diversity of India through the fictionality of text. It gives the opportunity to capture the performance of fragments of identity and relational ethics when writing experience as research and a sense of authorial power when writing in the English language.

Relational Ethics

My work at the Centre was to engage in dialogue within a medical context and explore the beliefs, perceptions and behaviours in situated relationships to help understand the meanings made of 'how we should live', 'how we should relate to each other'. It is in the relating which identifies our interdependency and how our decision-making process form our moral reasoning discovered in dialogue with others. It is that dialogue that informs the cultural context we find ourselves within, between or outside. A good example of the complexity of relational ethics is based on sharing the story from Tan's (2006) novel entitled *Saving Fish from Drowning* of:

A pious man explained to his followers: "it is evil to take lives and noble to save them. Each day I pledge to save a hundred lives. I drop my net in the lake and scoop out a hundred fishes. I place the fishes on the bank, where they flop and twirl. 'Don't be scared', I tell those fishes. 'I am saving you from drowning.' Soon enough, the fishes grow calm and lie still. Yet, sad to say, I am always too late. The fishes expire. And because it is evil to waste anything, I take those dead fishes to market and I sell them for a good price. With the money I receive, I buy more nets so I can save more fishes." (Tan, 2006, p.1)

The Centre of Ethics philosophy is based on an appreciative inquiry methodological approach that has emerged as a developmental response between the participants and facilitators who have moved beyond relying on text and choose instead to engage in embodied knowledge that embeds within the individuals and their existing shared cultural understandings; this knowledge is communicated through language

and socialization. In the act of embodied knowledge the medical practitioner contextualizes learning through understanding that meanings are negotiated and action is orientated through how we interact through the environment and interpret our actions in relation to others.

During my time with the University community I was left wondering how to go beyond technical rational knowledge gained from a specific discipline and how to transform your self into a reflexive practitioner. Relational ethics is enhanced through reflecting on our role and our impact on others through the professional roles and social identities that shape our activities as social actors (Habermas, 1975). It is our actions, behaviours and professional identities that are shaped by culture. We are dependent on social conventions, expressed through language, which is culturally dependent. This gives rise to the need for understandings and misunderstandings which is unique to our individual frame of reference - that makes me as *Salma*. The frame of reference also offers meaning, beliefs, myths and values, According to Berger and Luckmann (1991) social reality, within the medical domain of hospital, may be considered as an 'objective reality'. However there is an alternative understanding that the reality is social constructed. There is a diverse range of social construction philosophical and theoretical positions. However the key characteristic is that most communities essentially hold and generate knowledge through ways of relating (thinking, feeling and acting). The member of the social or professional group act as 'knower' who according to the social construction position actively constructs and makes meaning which informs the cultural norms (constructs or relational ethics and governance for all) unique to that community through relating and other discursive practices.

The objective of the Centre of Ethics is to critically reflect 'how things are' and 'the way they are' and by deconstructing or demythologising the various elements that make up the social fact as regulations, legal systems, codes of practice, and roles within public and private institutions (Durkheim, cited in Shaffer, 2006). These operate as possible formal and informal sanctions in the form of rules and laws of shaming, blaming, control or exclusion from the institution. It is the context we find ourselves in that gives significance of the social fact. So when we tell stories we are participating in what Heidegger (1982) speaks of as 'being in the world'. Meaning is made from the context and conditions of '*being in the world*' through the process of engaging with a sense of oneself as a reflexive encounter. In doing so, the binary opposition, in between subject and object becomes fluid from the western perspective. Within the Indian context ethics is seen differently, for instance, the Vedanta philosophy of non-duality in ways of being in the world. According to Schrodinger (2012):

"Consciousness is never experienced in the plural, only in the singular. Consciousness is a singular of which the plural is unknown; that there is only one thing and what seems to be a plurality is merely a series of different aspects of this one thing, produced by a deception, which in India is called Maya" (p.89).

When we become more reflexive we are better able to contextualize the set of consequences that inform the technical-rational knowledge becomes the life-world. However within the medical setting of the teaching hospital it is hard to identify a single logical-positivist worldview because what is operating is a range of competing ways of world making. The switch from one way of seeing a situation is quite quickly negotiated in terms of professional status, caste system ranking, gender and age amongst other perspectives. It is in the emoting through movement, and the choreography of gestures that give meaning to the epistemological transactions then give meaning through words and images. As a clinical anthropologist and a psychotherapist I am fascinated by the layers of meaning which comes through the interactions and transactions. The Centre for Ethics approach resonates with my own philosophical ethos of researching, teaching and supervising about working within a relationship of mutuality and to be a co-creator of knowledge.

I witnessed a multiplicity of social identities through everyday performative practices of work, prayer, belief systems, values and attitudes. Friere (1996) suggests that these issues of potential oppression and discrimination could be addressed through dialogue and acceptance which can be therapeutic. This can be seen as the analogy of a dance where we match energy, movement and expression to arrive at an understanding of the world and our place in it. Relational ethics can offer the liminal space to question reality, to cross borders and find authenticity.

When undertaking any kind of fieldwork within a medical setting as a clinical anthropologist we are ultimately exploring how healing systems and processes are explored through various indigenous philosophies and how myths inform, distort and omit information, based on socio-economical, religious, political grounds. My lecture was underpinned by the argument made by Kondrat, (1992), who suggests that

“When the practice world is viewed primarily as a derivative of the technical, servicing its research needs and providing a market for its products, the metaphor evoked is one of colonization.” (p. 251).

The discussions after each lecture session centered on the life world (Husserl, cited in Moran, 2012) of being Indian and practising medicine and healthcare practices that are heavily influenced by western values. The participants spoke about the shifting power dynamics between practitioner and practitioner, practitioner and patient, patient and family, family and practitioner. The mix of the lecture audience of consultant doctors, hospital administrations, and psychiatric social workers, clinical lead nurses and senior members of the clinical teaching faculty facilitated a real sharing of different professional experiences. We were able to realise and acknowledge that the experience of working within clinical settings was enhanced by reflecting on our practice and what we bring to working with others and what we take away from that experience.

The Process of Relating to Ethics - Ethnographical Snapshot

As the title of the article suggests we can draw a single story and yet we need to consider what of the many other possible storylines are hiding in plain sight that we do not seem to take into account. The situation and the people around are equally part of our story as much as we are part of the story of theirs. By the mere naming of things in relational terms we create relationships of distance and proximity between self and other.

On my first day in Mangalore I accepted an offer to go to the local beach even in 30 degrees heat. On the beach the locals wandered along the waterline with their ice-creams, fruit and children in tow. I was struck by my two Mangalorian companions and how they reminded me of the oil and canvas painting by the Scottish artist Jack Vettriano (1992) entitled "The singing butler." The viewer is drawn into the gaze of a couple in evening dress and ball gown dancing on the wet sand whilst the Butler and Maid spun around the dancers. The sun is shining on the party whilst on the horizon is a potential storm. However the photograph that I took using my iPhone captures all of the energy and excitement of the painting. And yet it speaks to me of the relationships we find our selves in and how those worlds are linked and may be when all things considered. "We men and women are all in the same boat, upon a stormy sea. We owe to each other a terrible and tragic loyalty" (Chesterton, 2014, p.135). As society moves from a western-centric to techno-centric the emerging Asian relational ethics may offer an opportunity to explore relationships through trust and respect, finding communality in difference.

For individual practitioners and support staff from the teaching hospital attending medical ethics seminars and workshops identity is evolved by the roles and responsibility each performs within the community of learning. Each person negotiates his or her interactions through a range of professional and social roles. The workshop session was attended by twenty men and women; at different stages of their medical, social work, academic or administrative career. The centre offered a space for engagement through the participant's unconsciousness or conscious acts of performing 'selves' which encapsulated role, status and gender. Each transaction was shared with the precision of a gesture from an Indian classical dance Kathakali (Kerala) or Bharatanatyam (Tamil Nadu) with the invitation to meet without focusing on a particular intention or outcome. There was some relief of not having to meet expectations or challenge any kind of judgement. The raconteur of the day was a woman who presented herself in a traditional *salwar kameez* dress with a blazer style white cotton doctor's coat and was a medical doctor and ethicist. I realised that identity was situated in roles and positions taken up as each person entered the room to participate in the performance, much like the couple on the beach photographed earlier in the week of my visit. The aesthetic quality of the degrees of informal interactions served to seek out like-minded people and those with similar values in order to form alliances and to increase a sense of

formalising the unwritten rules of the day to reduce unpredictability of blaming, shaming and scapegoating.

As the session moved from introductions to activity I could see that individuals began to scan the room looking for potential relationships and resources to offer. The next step was to share stories about each individual's own practice. In doing so, a range of information and emotions were expressed. The storytellers were asked after the participants' inputs on what they understood and to offer their own interpretation. Instead of a range of distortion and negativity what each storyteller did, often out of awareness, was to respond as if in dialogue with each individual comments – as if in some sort of cosmic dance. I was surprised as I expected hostility and individuals feeling judged and I guess it was my sense of a western ego at play. What I was witnessing was the relational self that through storytelling which found acceptance and at times challenge of the integrity of the characters' actions within the story. The progression of the narrative was accompanied by nodding, touching and raising of hands amongst the listeners which offered recognition of interrelatedness. For me the social fact, or the fact of the construction, is that through our cultures we operate as a relational and ethical self when we allow ourselves to see aspects of ourselves in the other. In doing so we are participating in a cosmic dance that enacts the interplay between the social persona of self and other through ethnographical moments of attachment, empathy and identification. The ethnographical moments was captured in an instant snapshot on the beach which took me a week to realise. It is in relationship that our culture informs the moral principles that shape the individual. For this process of relating and presenting the past offers the potential for a connected future (Arendt, 1998). My experience of the seminar in Mangalore has been an account of collective assemblage of experience. Insights achieved through dialogue between self and other offers integration. Resulting in a sense of belonging to realise a moment of human potential and political freedom.

Conclusion

Ethics is about relationships and it is through those relationships that we make meaning of the environment and the situation we find ourselves in. Relational ethics offers a language for witnessing and taking responsibility for the experiences of suffering for the marginalised other. It is in the recognition and acceptance of difference and acknowledgment of the spaces in-between ourselves (Siddique, 2011) that we are better able to tolerate the discomfort in order to build greater resilience in a changing world. Relational ethics can offer another perspective to ethnography to inform our degrees of belonging through a multiplicity of social identities and voices. My work at the Centre has given me an opportunity to dialogue with those who find themselves within or between an ever changing and challenging environment.

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