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## INTRODUCTION

Two weeks after the Asian tsunami in 2004, I saw a flood of researchers from Western universities and institutions arrive in Sri Lanka. Most of them were social researchers and they wanted to examine the 'resilience' and 'trauma' of local populations, as well as other social issues, including 'gender issues' and many more. They applied Western style research and ethical frameworks, which many community leaders found difficult and challenging. Most of these researchers did not purposefully ignore the broader social context in which their research took place, yet their research tended to neglect that tsunami-affected communities are also emerging from decades of civil war.

As a social researcher and a Sri Lankan, this made me re-think and evaluate my own work with local populations. Through this process, I developed a sense of respect and acknowledgement of different moral and ethical frameworks of communities that I work with.

The following is my own reflections of conducting research in Sudan, Malawi, Jordan, Pakistan and Sri Lanka since 2005.

## THE REALITY

Our research projects were about ordinary people, what matters to them within uncontrollable life circumstances and how they make sense of the often-miserable contexts of disasters, conflicts and unplanned development. Like the members of the research team, these communities are living in an impermanent world that changes all the time. They learn how to deal with these changes by learning about these changes. We all are trying to live a moral life, in the midst of different challenges of change.

The word moral can be confusing, as it can be used in two different senses. According to the *Concise Oxford Dictionary*, moral is: "concerned with goodness or badness of character or disposition" (1989, p.657). Life, in this sense, is certainly moral, because for each and every one of us, living is about the things that we care about. Just carrying out our existence, negotiating and re-negotiating important relations with others, doing work that means something, and living in some particular place where others are also engaged in these same existential activities – all this is, by definition, moral experience.

But this meaning of moral is not synonymous with good in an ethical sense (Kleinman, 2006). My experience of moral life is far from being 'good' or a 'disgrace'. Fathers that abuse their children, husbands that beat their wives, communities that practice female genital mutilation (FGM), men

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that rape women and mothers who sell their daughters to old men can be identified as inhuman. According to Kleinman: “Normal and shared moral experience of this sort is so troubling precisely because what looks so wrong from outside (or from the victim’s perspective) may not look that way from the inside, from the perspective of collaborators and perpetrators” (2006, p.2).

This is very confusing and sometimes very upsetting. Within our research team, we have spent many hours with this question: what defines good and what defines bad? When we think about our moral commitments, this means good. We try to live our lives in ways that feel right to us. We also judge people who do not live the same moral lives that we think are good. In the early stages of these research projects, these judgments from outside became quite frustrating, more confusing and upsetting. Kleinman further argues (2006, p.2): That is why, in this first sense, what is moral needs to be understood as what is local, and the local needs to be understood to require ethical review (scrutiny from the outside and from those on the inside who challenge accepted local values).

Conducting these research projects in disaster, conflict and development affected countries, I learned that everything is impermanent; I think that morals are too. They change from time to time, community-to-community and place-to-place. Every time we walked into a community to conduct our information gathering, we had to learn their morals to adapt our moral (or ethical) frameworks.

The following encounter with Amina from Western Darfur in 2005 is an example of different moral frameworks people use in different countries. Further, this is an example what the social researchers could learn from community members as well as how they can collaborate with communities as equal partners.

Amina looks like a nun from the Missionaries of Charity – a Roman Catholic Religious order established in 1950 by Mother Theresa of Kolkata (Calcutta). Amina is a devoted Muslim. Her calm, polite kindness relaxes you and makes it easy to talk to her. She always has a smile on her face and according to her colleagues they have never seen Amina angry. Amina is a traditional birth attendant (TBA) from Western Darfur. She has been a traditional birth attendant since she was a teenager. As she is ‘illiterate’ in the ‘modern’ sense, Amina could not tell me her exact age or how long she has been in her profession. We had these discussions through Beatrice, my colleague who speaks Arabic and English fluently. During my stay in Western Darfur, I had many conversations with Amina, in which I was able to learn from her wisdom. According to our calculations Amina has helped more than 2,000 babies to be delivered.

“I learnt this skill from my mother. She used to be the only traditional birth attendant in my village. People loved her and she was a respectable woman. Although I have many sisters and brothers, I am the only one who is interested in this service. My father is a useless man – he used to drink and beat my mother and us children. So I found my peace and understanding of life within this service. This service satisfies me. Helping a mother, then the child (in some cases children), a father and a whole family or a community makes me smile. When I come home to my children and husband, I can deal with their problems and issues easily because of this. Otherwise, I would become a useless woman. Also, Allah has

been kind to me – I have a good husband and wonderful children. Without them I cannot do this service.”

Amina also acts as the local memory of her community. All the medical NGOs and the United Nations come to her to get information about the community. She is well respected by the community as well as by religious leaders. Amina has a balanced view of this position.

“I think that I am blessed by Allah. That is why I get this much respect from people. Because I know some of my friends in other villages and cities who are traditional birth attendants, but they do not get what I get. So, I think that this is a special situation. I have to be very careful and down to earth if I am to continue with this service. This is an honourable service and one has to be honourable to receive honour.”

Amina sometimes works with medical NGOs to assist doctors who come from other countries. Her experiences with these outsiders are not always peaceful or honourable.

“Sometimes I meet very good doctors and health people from other countries. We share our experiences and knowledge as I do with you. Sometimes I get very difficult people to work with. They think that I don’t know anything about my service. I agree that sometimes they have some new knowledge, but the problem is that most of the time one cannot practice this new knowledge, because we do not have electricity and other facilities. One time there was a lady who came from America and she wanted to provide training to me and my colleagues. Then she came with a TV [computer and multimedia]. She did not speak any Arabic, nor did she have a translator. She got really angry with us and from a colleague who understands English we learned that she said that we are a stupid lot as we do not read or write. I think that this is part of my service, sometimes I meet good people who like me and sometimes I meet people who hate me.”

Amina hopes that the conflict in Darfur would finish one day and the people would get to live their lives. According to Amina’s understanding, this conflict is part of a natural order sent by God. When rulers are bad and corrupt these conflicts happen. This is a reminder to all human beings that they should be good, kind and courageous.

“When rulers are bad and corrupt as they are in Sudan now, this type of conflict is unavoidable. It is the innocent women, children and men who have to pay for these injustices. It is Allah’s way of reminding all of us to be good, kind and courageous during these difficult times. If we all work hard, we can overcome this situation. Throughout this conflict situation I never got in to trouble unlike many other women I work with – they have been raped, tortured and assaulted. I think that because I am doing my good service to people, I am protected by my good deeds. So, if everyone is doing good deeds they

would protect them. But the problem is that most people in our communities don't understand that."

According to Amina, life is too short to worry too much. It is better to be satisfied with what is available. She is satisfied with what she is doing and what she has. Throughout our conversations I never heard Amina complaining or being upset about what is happening in her community.

Meeting this experienced traditional birth attendant, we revised our approach to research entirely. Amina's morals are simple, not too complicated and she accepts life as it is. In her work, Amina meets good and bad people. But she appreciates the fact that she feels happiness and joy. She accepts the fact that there are some people who hate her and she managed to talk about the American woman who called her stupid in a way she talks about any other person. Although we had been discussing about morals and have exposure to different people from different places, through our work with Amina, we learned that the following were contained within our own research experiences:

- Life is too short to be worried
- Be happy with what we have
- Find our place within ourselves
- Understand ourselves and be content with our positive abilities
- Be true to ourselves
- Respect other people for who they are

#### **AN APPEAL FOR SOCIAL RESEARCHERS**

People employ various strategies to deal with the dangers and uncertainties of life. In many communities these strategies have been successful for generations. The circumstances within which they are cultural (including religion), social, political, economic or environmental, needs to be understood in order for theoreticians, policy makers and practitioners to be able to understand or empathise mental health and wellbeing in any given society. This is because these grounded strategies are the basic elements of wellbeing in human society. When they succeed human wellbeing is achieved, whether in the context of developed or developing countries and regardless of notions of their being real or perceived.

Field discussions, beyond our research, with communities in Sudan, Malawi, Sri Lanka, Pakistan and Jordan influenced our thinking towards the recognition that conflicts, natural events and development-induced catastrophes are nothing new in the lives of people in these areas. Their histories are filled with such events. They also get somewhat represented as a proud aspect of their histories, through folk stories, cultural institutions and traditions. There is a vast store of resources within people. Is there anything that we could learn from those eras?

This is why it is important for there to be collaborations between external facilitators and affected communities. Van Eenwyk (2002) argues that his experiences of working with torture survivors are successful because he treated them as experts – experts of their own lives. As the communities

know best about their lives and what they want, they only need some outside support to figure out how to get what they want.

Meanwhile, Wignaraja argues for the acknowledgement and use of traditional knowledge systems as follows: "... the legitimacy of the people's knowledge system. This is also equally the knowledge system of the poor. This knowledge and traditional technology can no longer be dismissed as romantic and unscientific. It can be a critical element in sustainable cost effective development and poverty eradication" (2005, p.25).

Further, Wignaraja (2005, p.26) argues for the supremacy of traditional knowledge systems that are more effective, because they are more relevant to local situations.

People had an intimate knowledge of their environment and natural resource base. This was often far superior to those brought in by many foreign development 'experts'. They often knew what to eat, when to eat certain foods, what time of day and sequence in which certain foods should be eaten to get maximum biological and nutritional results. What is more, they knew how to grow the traditional foods; cost effectively and with the least risk through time tested methods.

Wignaraja does not stop here, but goes on to emphasise the importance of traditional health care systems, specifically using the South Asian example (2005, p.26).

Similarly, the people had developed many cost effective preventive health systems, on the assumption that prevention was better than cure. .... These techniques are now being widely disseminated in industrial countries and even being incorporated into the technology for survival in outer space, apart from its relevance for human development. *Ayur-Veda*, the six thousand year old Science of Life, practiced in India, is another such example.

His argument, while not over-emphasising community knowledge systems, is essentially that this traditional knowledge, including religious beliefs and cultural traditions, is a process, which many communities share. There is an element of learning through experiences, which becomes systematised and shared communally to deal with suffering through uncertainty and danger. The inevitable conclusion is that the sequence for reversing the adverse consequences of past processes would be to start with the traditional knowledge of communities and to build on it, while drawing upon the wide range of choices of additional modern knowledge available. At the same time it is important to remember that this traditional knowledge might have been lost, altered and changed due to various disasters, conflicts and unplanned development.

## **CONCLUSION**

The complete faith of the Pygmies in the goodness of their forest world is perhaps best of all expressed in one of their great molimo songs, one of the songs that is sung fully only when someone has

died. At no time do their songs ask for this or that to be done, for the hunt to be made better or for someone's illness to be cured; it is not necessary. All that is needful is to awaken the forest, and everything will come right. But suppose it does not, supposing that someone dies, then what? Then the men sit around their evening fire ... and they sing songs of devotion, songs of praise, to wake up the forest and rejoice it, to make it happy again. Of the disaster that has befallen them they sing, in this one great song, "There is darkness all around us; but if darkness is, and the darkness is of the forest, then the darkness must be good."

Colin M. Turnbull, 1968, quoted in Kopp (1981, p. 139)

Conducting Western-style, social science research does not necessarily assist disaster and conflict affected communities and sometimes can be a hindrance to recovery. The magnitude of this issue and the severity of the impacts of these research projects are less known. It is also uncertain how, if local communities continue to receive the burden of these impacts, this will affect Western and Non-Western relationships in the long-term.

Changes must be made in the existing frameworks, within the research and ethical discourse, so that negative impacts become more unlikely. Part of the issue is the lack of initiatives in place to improve the transparency, accountability and participation in research governance. There seems to be little momentum in the field to transform the status quo. Collaboration with local population – Western-type researchers or not – is imperative at some stage of field information gathering.

There are two avenues by which Western research projects can increase their effectiveness, efficiency, and accountability: stricter evaluation processes and qualified ethical committees. Research project development however must start and end with a community diagnostic of their own needs.

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