

**Technocracy and Managerialism**  
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**Technocracy and Managerialism – Worked Examples 57:56**

Well, hello again everyone. We're continuing with our ideologies course on NPTEL for, on the NPTEL programme for 2019-20. We're going to look at, work on, work which shows the ways in which technocracy and managerialism both have an immense impact on our lives. And we're going to try and analyze those impacts in the light of the theories we've already covered.

We have two published papers to look at. One, if I'm not mistaken, both are from the *Economic and Political Weekly*. I'll send you the links of course on that accompany this lecture with a PowerPoint slide. As I've said before, we can't show you the text, but we can certainly send you the links; the titles are not copyright and you can, if you have the chance, you can look them up yourselves. But let's take a look at these two papers.

One is by B. Subha Sri, a doctor and a very experienced doctor, who has written on her upbringing, the kind of training she had as a doctor and the kind of practices she saw when she started working. Secondly, the second, well, she also talks about her own attempts to change some of those. The second paper is by, as I've mentioned before, by Rita and Abhijit Kothari, and it's on management training in India.

Some of that may have changed since the paper was written, which was about I think six or seven years ago. But we'll cover these two papers, Subha Sri and the Kothari and Kothari paper in succession. The first is on technocracy and the second is on managerialism. Okay, well, the first paper is by Subha Sri, we'll start on that now. And she writes about the way the medical profession views women's bodies.

The paper was written perhaps six or seven years ago, maybe a little bit more recently than that, and she draws on her own personal experiences as a medical student in a Government Medical College, then in her further training, and then her work with a Dalit women's organization to reflect on the way the medical profession looks at, as she says, the woman and her body. What about her background? A very traditional Tamil Brahmin family background as she says, joint family, traditional values. And she says it was the outside world that taught her and her female relatives, her cousins presumably and her brothers and sisters, and her sisters that is, that the restrictions - that women were discriminated against, she says in her household

there was no such thing. And that includes television coverage as well, that taught them how women are discriminated against in society. Of course, starting her periods the menarche, as she says, brought its own set of taboos at home. She was expected to confine herself to certain spaces, not to enter the kitchen or touch others.

It was her grandparents who were much stricter about this, her parents were, were less strict. And there were times when she rebelled. But, she had instilled in her the idea that women's bodies were, I quote, "Dirty, especially during" again, I quote "those times." Well, anyway, at school and home, great value was placed there, she says on science, meanings of its supposed objectivity and neutrality and something it was looked up to. They, in her family, they were all expected to, in Subha Sri's family they were all expected to, follow a career in science. They had scientists for parents, an engineer, and a mathematics teacher. And so science was the obvious place to proceed.

Well, she got a place at a Government Medical College, Government Medical College in Chennai, and very early on, in anatomy, groups of them had to dissect a cadaver. That is what doctors do, part of the training. And they had to compare the textbooks with the actual cadavers they were dissecting. But Subha Sri also talks about how, about the nature of this encounter with the human body in the form of a dead body. She says the, the human body was, I quote, "transformed into something as dead as a log." It was not seen as some, something that was that had once been a person with life and experiences and emotions. And she cites authorities who say health problems begin as much in the community as in the body.

Well, we know that if we think even for a little bit about that. And she cites this to say this is one of the most [things, most important things health workers and their instructors have to learn. But what happened in the actual dissecting room? Well, they were given very sudden exposure to cadavers. And the impersonality of the encounter in the context did, as she says, help students cope. They sometimes gave the cadavers names, which may have been irreverent but it may have been a coping mechanism, as she recognizes.

And each body was studied separately; they studied a few in each semester, depending on the areas of the body, the upper limbs, the lower limbs, head and neck, chest and abdomen, and so on. But the sex of the cadaver did not matter until they started studying the [reap] the reproductive organs. And when they worked on a female cadaver, they were trying, they were

learning about the, the anatomy, the anatomy itself of the female external genital organs, and of course, the internal reproductive organs.

And, the diagrams in the book seemed too complex. And nobody really wanted to talk about the issue openly. And it was always called the female anatomy, but something that they did not identify with as the role, the women in the, in, in the student group in the class. Of course, handling the cadavers as you may well know had its own social setting. The person who had to handle the cadavers was a Dalit; that is still the case. Recently I at the Chennai Photo Biennale, I saw an exhibition of photographs from a dissecting room. And there too the commentary made it clear it was only Dalits who would touch the cadavers; none of the, only one of the faculty would touch the cadavers to help the students with the dissection, and it was up to the attendant to move the cadavers and turn them around and so on and so forth. This, as Subha Sri says, reinforced an idea of the body as impure, perhaps, by example rather than, rather than explicitly.

What about the physiology lessons? The physiology of sex was of course part of the curriculum, quite right too. But the sexual act was described and the processes of, of the male anatomy, were described in great detail. But none of this was connected with pleasure or with men's or women's sexuality. And Subha Sri gives, gives an [expert], an excerpt from the textbook that they were, that they were using, and this did two things, it depersonalized the physiology of the human body in respect of the sexual organs and the reproductive organs, as it did for the rest of human body. And it equated female sexuality with childbearing, that particular textbook did - she calls this patriarchal, very likely, of course, right.

So, in the book she actually quotes the, the passages from commentaries on this kind of book, and the attitudes involved were expressed most clearly in the way that we are taught about the medical examinations of a rape victim. This was part of the curriculum, but there was no discussion about how to handle such a situation sensitively. The practicalities of taking the samples to a court of law, whenever demonstrated, and the textbooks simply spelled out what the law said. Subha Sri quotes passages to show that these are, those textbooks were very misogynist. For example, she quotes Flavia Agnes, who has written about this, and Flavia Agnes says, I quote, "a medical jurist has great responsibility, but very often they will find that the only reliable evidence depends on the liberty or life of a fellow being". That is a quotation from Cox, cited by Flavia Agnes.

On the other hand, the concern for a victim of sexual assault is singularly lacking. It is little wonder Flavia Agnes says that young doctors make unwarranted comments about the conduct and character of a rape victim based on the level of (elas) elasticity of the vagina. "The woman's chastity, morality and virginity is put in the dock". That's a quotation from Flavia Agnes.

The classes on rape and sexual assault were taught separately for women, men and women students. It seemed to have, it seems to have been felt by the faculty that details of sexual assault would be titillating, would inflame the men, would make both sexes uncomfortable and would cause the men to, this is a quotation from the article, "would result in the men's misbehaving" - that's the actual quotation, "with women". So even the teaching modalities, the ways things were taught, as Subha Sri says, reinforced gender stereotypes, and saw sexual assault from a, as she says, a voyeuristic perspective, rather than a way that brought out the criminal nature of sexual assaults, which is exactly what they are, criminal offences.

Now, they of course had to do forensic medicine studies, and this meant witnessing post-mortems done for medical-legal purposes. Again, the bodies were handled only by Dalit attendants, and the medical officer in charge would take detailed notes from it at a distance from the table. The attendants seemed to be or she says used to be perennially under the influence of alcohol, presumably to cope with the stench and the stigma of their work. That is, of course, thoroughly understandable that they were drunk at work, even if it's unacceptable.

Well, what about (Obstet) obstetrics and gynaecology? And this department, this teaching department was filled exclusively, almost exclusively with women dealing with women and Subha Sri says she experienced magical moments of childbirth, day in and day out. But the rhetoric, the language, talked about the patients as patients. The outpatient area was (ascend), arranged like an assembly line. Presumably, she's referring to factory assembly lines or production lines.

All women who attended as patients had to go through a set of procedures and medical history and so on, and standard indicators, blood pressure and all the others, were taken. And they were then as Subha Sri says, shunted off to the pelvic exam area, a senior gynaecologist would, would see the patients one after another. And there was no time for the patients to dress or undress. All this was watched by groups of medical students. And the (pat), the students also read out the medical history of the patient.

There was no privacy and anyone who mentioned this, well, was scolded and dismissed, sent off without, without the medical examination, without the pelvic examination. There was, I quote, “no attempt to understand the context that she came from and her concerns and to help her undergo something as traumatic as a pelvic exam.” Similar things happened in the labour room, the delivery room, and much of this was done on a cold hard metal labour cot with none of the family or friends around.

There was no process of explanation or any such thing. The duty obstetrician was usually of the assistant professor rank and would come in every four or six hours and do a, do a sort of general round, a pelvic exam was done on each patient one after the other. So what were the conclusions? The human body was just a body. The human body was impersonal, not something each of us lived and experienced, experienced - lived with, lived in, and experienced, it was also dirty. Social norms that assigned dirty jobs to Dalits were adhered to. So social norms permeated the training establishment, the entire medical college. The difference between men and women, this is again, I quote from Subha Sri, “was only to do with the anatomy and functioning of the reproductive organs.” That’s the exact quotation. Emotions, pleasure, sexuality were essentialized into mere physiological processes. The woman's body was seen as titillating and it could induce men to be aggressive.

Men in power could use this hierarchy to abuse women. The woman's body was also something to be careful about. Women accessing healthcare, as Subha Sri says, were a set of diseases, abnormalities and physiological processes. That no doubt could be said about men patients as well, but Subha Sri has quite rightly identified the particular ways in which, in which this perspective affected women.

And in addition, the physiological process of labour was seen to be pathological. Does that mean childbirth was seen as pathological, women undergoing labour become patients? And these kinds of attitudes permeated the institution; they were repeated in the textbooks, they were repeated by teachers, they figured in the teaching methods, and the ways teachers behaved, and the system functioned. It also affected the ways the students were taught to socialize with their patients, referring to them as cases, as separate body parts, and as diseases rather than living humans, taking care not to get too involved emotionally with them.

Well, Subha Sri then went on to specialist training in gynaecology in a, she says, ‘a premier academic and teaching institution in northern India’. She says this was a revelation. For the first

time she saw women being treated as human beings. And this was an enormous difference for her, a real change.

The whole process of labour was treated with respect. The women who were undergoing labour were treated with empathy. Senior teachers reinforced the importance of being respectful to patients by being role models. Simple things like covering the patient while examining her, providing adequate privacy - these were drilled in through daily practice. Now this was obviously a very different world. And after that, after her postgraduate training, Subha Sri moved to, as she says a, a premier institution, a teaching institution in Southern India as a member of faculty in obstetrics and gynaecology.

She says this was also extremely rewarding. She saw birth companions being allowed inside the labour ward. By the way this has been done for decades in other parts of the world. I can remember watching a delivery on television oh, in, in the Netherlands, I mean it was on British television I have had a rather particular programme I happened to be watching. On British television, I watched a delivery in the, in the Netherlands, and you didn't see the delivery itself. The woman was, was covered and the husband was in, in, in the room throughout, helping and aiding and participating, and that must have been, when did I see it? Forty years ago? Well, perhaps things are changing in India too. And in the particular hospital Subha Sri was working in, or this particular institution, the emphasis placed on evidence-based care, and on promoting a positive experience by having someone else in, a member of the family perhaps, during the labour and delivery was all noted in scientific evidence. Caesareans were audited once a month at a departmental meeting, hysterectomies were also audited before the surgery, and so on. And this particular institution took great care to visit its peripheral (hosp) visit peripheral hospitals, rural and other units to which they were attached in other parts of the state. And this gave students a sense of the infrastructure and resources in village settings, district settings, and helped to, helped them to understand the realities of women's lives in these areas.

The point is that senior faculty in this institution as well, emphasized the, the importance and value of treating (pa) women patients as women, as people, presumably by implication men patients as well, by implication. Well, Subha Sri here is talking about the way the medical profession sees women or saw women during her training. She then goes on to talk about bodies as seen by the medical profession, as against bodies as seen by women.

She moved to a community health project, a health project in Maharashtra and discovered an enormous gulf she, she says, an acute dissonance between how women viewed their bodies and how the medical profession viewed their bodies. The health worker training, which was part of a national programme, the curriculum was set, was set nationally, contained a lot of medical information to be imparted to women. And among the significant elements was women's reproductive health, of course.

Now, this involved a session where women were given the privacy to explore themselves using a mirror. Now, Subha Sri says that during this session on exploration, some women outright refused to look at their own genital organs. Some others used the opportunity to explore their, their body. Some were surprised other, others were relieved to discover that they indeed had a clitoris. Some felt a sense of shame looking at their private parts. We shouldn't be surprised at this multiplicity of reactions. The point is, what is the doctor to learn from this or the medical student to learn from this? Well, one thing Subha Sri noticed, Subha Sri noticed was that for a lot of women there was a real, a deep sense of shame about the body parts. And as we know, the names of women's private body parts is often, the names are often used as obscenities and curse words. Subha Sri says that.

And of course they, she continued with the training. And this, this also brought out, this gave the women (presumably) the confidence to start speaking about their experience of sexual abuse, in this case from the village school teacher. And, of course that had never been spoken about in, in the school. Many of them had been at the same school, and of course, they'd never spoken about it openly. But the training session encouraged them to do that.

They also started to talk about the taboos they faced during menstruation and beliefs about how anything they touched during this period would, I quote, "go bad", and some said how they had rebelled, so in their families and in other contexts, and saw for herself that food she touched during a period didn't go bad and so on. So this even occurred when she went to a temple. Apparently, she had been led to believe that she would go blind if, if the God in the temple wanted her to because she didn't have any children when she started her periods; she went into the temple walked out again, nothing happened to her, and she later had a child.

Well, the point here is the attitudes of, of the medical staff concerned and the attitudes with which they were which, which they, which they were taught during their training. Subha Sri points out, as she moves towards her conclusion, that there was a good deal of physical abuse

in a number of institutions of women during labour. This is an example drawn from, from Latin America, such as slapping women on the insides of the thighs during labour, pinching the labia or the perineum with surgical instruments, cutting the perineum and suturing without adequate anaesthesia - this is all reported by women frequently in the studies that Subha Sri cites.

Now this, let's start looking at the wider issues here. First of all, what were the technical justifications for the practices Subha Sri has reported? Doctors have to learn about bodies - why separate men and women students when we're training them about, about women's bodies, about men's bodies, what's the possible technical justification for that? What possible technical justification could [there] be for the ways women were treated in the training institution that Subha Sri attended, right, in the first one she attended?

What possible technical justification could [there] be for the high-handed arrogant production-line behavior and the production-line type system in the, in the maternity wards and maternity rooms? What justification, what technical or scientific justification could be, could there be, for the kind of treatment that has been reported from, for example, for example, Latin America? Or for advising hysterectomies when as Subha Sri herself says, there was no justifiable reason?

The point here is that the technical expert, the doctor, and no doubt, not just one doctor, but sections of the profession, have as Subha Sri says, she says, the medical and allied professions, I quote, "have imbibed mainstream notions of women's sexuality as something that needs control. In a hierarchical power relationship between the healthcare provider and the woman accessing care, such power is exerted through denigration of her sexuality."

Subha Sri goes on here: "The reduction of women into bodies and further into reproductive organs paves the way for needless procedures like hysterectomies, chop off," I quote from her she quotes from another source, "chop off something that is useless or has served its purpose and also helps commercial interests within the medical profession." We saw this with the, the issue on technocracy in the licensing of drugs, the British paper published by Abraham and Sheppard following a field survey.

Well, Subha Sri then says that, she then goes on to talk about the ways the medical profession views human bodies, and specifically women's bodies, and she wants to highlight three of these views. The body is an essentialized and reduced to anatomy and physiological processes, the more so in the case of women where their bodies are seen as equal to those of men, with the only difference being in the reproductive organs. This reductionist view contributes to the



impersonality of professionals and the way they treat patients seeking care - the vocabulary of cases, names of organs and so on to refer to individual patients reinforces this impersonality.

In an extreme form, it can lead to insensitivity and violence towards women in labour, and [all] women patients. It can also give sanction to unethical practices like unnecessary caesareans and hysterectomies. Now Subha Sri notes that this reductionist view of the human body is the dominant paradigm. But as she's shown it is modified by existing patriarchal norms where that is necessary or those norms are necessary and convenient. The view of the body as dirty means that any job dealing with cadavers gets assigned to Dalits, women's bodies are seen as titillating or inflammatory, and women's sexuality is viewed solely from the point of childbirth. Subha Sri is very strong here, very firm, the medical profession, I quote, the medical profession - also quotes [to], "contributes to perpetuating patriarchal values in society by its practiced behavior, and its treatment of women and patients".

Well, Subha Sri says her own experience of teaching women in rural areas in Maharashtra and Tamil Nadu revealed to her that women could see that the knowledge of the body was, could be, empowering and liberating. But - she says the way the same kind of knowledge was imparted in medical college was extremely oppressive and disempowering.

Their education, their medical education was totally bereft, that is her own term, of the politics of health - true of health generally, but more so with women's health where gender as a determinant of health went totally unacknowledged. Subha Sri says a great dissonance exists between the way that, the way medical training, professional training in medicine and the established behaviour of the qualified professionals, this greatly needs to be, well, an enormous gulf exists between the profession through its training and its behavior, the way it views women and their bodies, and the way women themselves view their bodies.

As she says, especially, investments need to be made in education, training of medical students to change this view. She concludes quite politely: this view affects women's lives in adverse ways. That's putting it very politely indeed. There could be much - much - stronger descriptions of the nature and training and of doctors, Subha Sri says, particularly in relation to women, yes, this would be true of the way the men are treated as well. The significance of training and medical attitudes for women is what Subha Sri has brought out [what], Subha Sri has brought out here, and she's very forceful about it. The thoughtful reflective conclusion that medical

education and training need to be changed is put very politely, she could have put it very much more strongly. Left to myself, I'm sure if I had the chance, I would certainly do so.

But she has made the point in a very forceful, Subha Sri has made the point in a very forceful and clear paper, drawing on her own experience in different kinds of institutions, and her attempts to change attitudes and practice in her own work.

So that concludes our examination of technocracy. The, the point for us, the real point for us is to identify not only the conduct and training and the practices concerned, but to identify the ways in which moral, political, social attitudes permeated the training. Well, we shouldn't be surprised about that. The question then is, in what ways can particular practices and attitudes and comments and particular ways patients are treated, in what ways could, could they possibly be, could many of them possibly be justified by the claim to technical knowledge? I'm a doctor so I'm going to treat you like this. Well, what is it about being a doctor that justifies a doctor in treating patients in the ways that Subha Sri has described? Now that is really significant, right? I've mentioned, I may have mentioned the Black Report earlier, published in 1983. Well, the Black Committee reported or Professor Sir Douglas Black reported in 1980 if I'm not mistaken. In 1979, a conservative government had, the Conservative Party had won a majority in the British Parliament. Senior figures in the Conservative Party and no doubt, other, wider, wider sections of the membership seemed to have been convinced that poorer patients were using the British National Health Service to an excessive degree. Professor Douglas Black, FRS, was appointed to investigate.

His conclusions were so embarrassing to the government that the report was embargoed for publication, I think for about 14 months, and may have been timed for release after the, after the United Kingdom had won the Falklands War - when the government confidently and rightly expected to be reelected with a big majority, which it was.

The Black Report is freely available on the net. Professor Sir Douglas (back) Black found that patients who were clearly educated and from the upper classes got ultimately more and better treatment from National Health Service staff - treatment to which every patient was entitled - than patients from poorer classes. And they got explanations, they got more polite treatment, they got, ultimately, better medical care.

This was an enormous shock to the medical profession and all involved in NHS care and training. Nursing staff, radiographers, you name it, and very quickly, changes were introduced

and I saw this myself when I went to see my GP the next time. I did not sit across the desk from the GP; we sat at 45 degrees each to the desk with, and it was the early days of computer screens, with a computer screen in front of us.

Since then, other legislation has made our medical records much more accessible and so on. But - it was clear that, very quickly, the Black Report had made a difference, a significant difference to training. The discovery of this class hierarchy in the treatment of patients was, of course, first of all, it showed that this was unconsciously done. The staff themselves didn't know it. But it was a great shock and it brought about significant changes.

So this has happened in other parts of the world. Right, this has happened elsewhere. It may well have happened since Subha Sri published her article, and no doubt the students, people like Subha Sri train will, I am sure work very differently than the, the people who taught Subha Sri and with whom she started working with in her younger days. Right, we shall, the point for us to note is - the technocrat no doubt has their expertise, we wouldn't doubt that when we went to see a doctor. But, we need to be able to see in what ways their conduct towards us can be justified by their technical expertise.

In other words, at what point are they importing their own moral, social and other presuppositions? And could they justify those presuppositions on technical grounds? That is the point about technocracy. One implication - I've written about this elsewhere - is that unless we take some kind of interest both in the moral and political and social presuppositions and in the technicalities, we're going to be at the mercy of the technocrats and their imported attitudes, the social, moral and political attitudes that permeate their own thinking.

We shouldn't be surprised by those. The point is, how are we going to engage with them? And that is the question that a study of technocracy should lead us to conclude with.

Right. We can now go on to our second topic here. That is managerialism, our second worked example, this is a paper by well, alphabetically, Abhijit and Rita Kothari published in, again in the *Economic and Political Weekly*, this was in 2011 on management training in India

And the authors, Kothari and Kothari, start with an example, an example of the Diamond House, a colonial building in a quiet lane in Bombay, it was then Bombay, Mumbai, and the role this house has played foundationally in shaping the diamond trade in India. But, this was a story of a traditional trade. The owner Surajmal Lallubhai, took young men in from Palanpur and at his

suggestion they would come and live with the family and be trained in the diamond and jewelry trade. Surajmal Lallubhai was one of the pioneers of the diamond trade in India, a Palanpuri Jain, and he became a very- very - substantial figure in the diamond trade. And he would train people and people would say, well, you're creating your own competitors, you're training your own competitors. And he would say, well, in effect that doesn't matter. He travelled in Europe in the early 1900s, set up an agency in Paris and showed, as the authors say, a combination of foresight, strategic thinking, and organizational skills, which played a major role in the immense advantage and later domination of the diamond trade by Palanpuri Jains, people of Surajmal Lallubhai's own caste.

Now, it may have been, you know, the Indian belief in fate - he said when asked about competitors, well, fate will decide that. Well, that could also be, as the authors say, the confidence and optimism shown by any entrepreneur who has an understanding of their own strategic advantage in their business. Having fellow community members in the business made certain things very much easier. It's a, as the authors say, a fascinating story of global, local-global businesses and it may well be one of the most fascinating in the world.

But they use the example to continue and show us that this kind of story at the time they were writing certainly - 2011- doesn't figure in standard management theory whether as a, apart from being an occasional case study or an addendum. Now, this kind of theory would be deemed to have little value, it would exist by itself as a narrative insight, providing insights on the roads of trust and strategy and so on. It might get dismissed as history, you know, that was then, that was the mid-nineteenth century and so on, or the late nineteenth century, but some of it lacks generalizability and, as they themselves say macro truths.

Well, Kothari and Kothari challenge that - what they identify is, as they say, absences/epistemological blocks - epistemology, of course, the theory of knowledge - in management studies. And they go on to argue that institutes of management in India need to produce grounded and contextualized research and pedagogy so that students and scholars can arrive at I quote, "a more nuanced, variegated and non-elitist understanding of business practices in the Indian context." And they say that they are, that we are in 2011, that was particularly important at the time - may still be - given, as they say, "The speed and hard-nosed motivation with which management schools proliferating", end of quotation.

What does contextualized research mean here? They don't mean a dichotomy between theory and context, or theory and practice. They're not pleading for more context-based research by itself. What they're pointing out is that local examples and case studies do [does] happen. But what these, what they argue for is a revision, what Kothari and Kothari argue for is a revision of the existing boundaries of knowledge, because the existing bodies of knowledge are drawn almost exclusively from the West - in the major management schools, they certainly were seen to be at the time, and provide no kind of interface with what they call the fecund and indigenous local circumstances and business practices.

The point about the Surajmal Lalubhai example, they say, was that it was not just another example of strategy and acumen you know, which we might talk about in abstract terms. It shows, it draws attention to, to the role played by kinship networks, by religion, Jainism in this instance - the social structure, by the social structure of the community, and by economic and social capital in essential ways. The point is that the kinship networks, the religion, the social structure, the community, all create economic and social capital.

That may not be new, but what Kothari and Kothari want to bring out, what they argue, for is that these are non-replicable strategic resources in this particular business group, in this case, the Palanpuri Jains. So what they suggest is that management research in India should draw upon, yes, they suggest is what they say, what we suggest, therefore, is that management research in India draw on the, draw on the tradition of business practices which are informed by Indian sociology and history to verify, as they say, existing paradigms of management and if necessary reformulate them in the Indian context.

The outcome may or may not lead to, as they say, to an Indian, in quotation marks "management framework", but as they say this practice, this interrogation, this investigation of Indian management practices in their social, moral, religious location, they say will certainly help generate an interrogation, a questioning of management theories, which they say are taught as unquestionable truths in India.

They add - in any case, the term 'Indian management theory' could well be internally contradictory. The point is that they, they want to emphasize and they're right - central to what they do is the interface between management studies and contextual knowledge. And this contextual knowledge, as they see it can be created - created - is created under the rubric of disciplines such as sociology and history. And those, in fact, were, were the background to

management studies when you know when it originated in the late nineteenth-century in its modern form.

Well, Kothari and Kothari go on to talk about the origins of management theory in the United States, I've covered some of that - in the lectures, I mentioned this particular paper briefly. But the authors here are right to say I mean, they say quite rightly, they're not concerned with the intrinsic nature of management studies and the premises on which, on which that is based. But their questions are about how management studies are disseminated, how the discipline is disseminated in India, and about what they say is the near-total absence of contextualization, and what they call a lack of anchoring in traditional disciplines.

They cite sources here - other people have written about similar things. But, as they say, the received wisdom of management as it had developed in the United States and some other developed countries in the West was adopted almost in its entirety, entirety and their example here is India. They say this is evident in the (univer) uniformity of curricula across management schools in India. And the absence, well, there's a noticeable absence of research that tests, interrogates some of the fundamental tenets of management in the Indian context. As to whether they are relevant or not, whether they can inform what we do or not - there simply isn't much work doing that or wasn't at the time this paper was written, 2011. So what they say is that what is, what Indian management theory needs is to reconnect with other disciplines Indian history, sociology and anthropology, with a focus on business history, business communities, and entrepreneurial initiatives whether by individuals who buy social groups.

And this as they say could redefine theories of strategy and organization and marketing. India's economic history of course, has been written about in immense detail and the literature is absolutely colossal. But the authors here say, engagement with that could provide interesting, if not conflicting interfaces with management studies. The point about that is that this could offer fertile and creative possibilities for work in management studies.

So, the issue here, as they say, lies in the lost opportunity to bring a management perspective to the existing research or draw on existing research, Indian economic history, in Indian history towards the further development of Indian management studies. Well, this has happened in other countries as well. It has happened in Japan as the authors point out, and they say that this particular work needs to be done in Asia, particularly China and India.

We've already met Japan; Bob Locke has commented that, that there was comparatively little interest in United States management theory in the different ways (manage) Japanese management worked in the light of Japanese theory or Japanese corporate culture, or Japanese culture and corporate culture. Now, the point here is that the research should not be structured by a priori thinking; it should be guided, as the authors say, by the phenomenon being studied.

And that means the research will be located in unique and local contexts, and the aim should not be generalizability. The aim should be, as they say, to generate valid constructs and models rather than going in with the aim of (gen) rather than going in with the aim of generalizability, we should try and generate valid constructs and models. Of course this would need the questioning of existing models and constructs and a strong grounding in the context. And that could, that would mean regional, linguistic, cultural, possibly caste-level or faith, faith-based knowledge of particular business cultures and so on, precisely so as to strengthen the applicability of any findings or models or any, any models that were then devised. Locally relevant knowledge, here Kothari and Kothari quote from another published work, "Locally relevant knowledge requires the recognition of the boundaries of existing management knowledge and a careful contextualization of new research projects." Now one of the implications is that researchers in Asia may develop indigenous discourses on organizational phenomena, and couple these loosely with global debates on related phenomena and so on.

But this would also require more self-confidence in indigenous research agendas. That's a quotation from published work which Kothari and Kothari have given an excerpt from. So, what Kothari and Kothari want is that management studies and management research in India make organizing, should make (organize), make ongoing and robust linkages with knowledge produced in other disciplines, right? In other words - get reading other things as well and align the relevance of management theory to India and document other interventions of a similar kind, and Kothari and Kothari give sources here. So, this could be quite this could lead in some quite interesting directions; meta-reviews have been done, some, and Kothari and Kothari cite these, and some alternative theoretical frameworks have been provided by scholars who've even drawn on Indian scriptures to draw new models of understanding the self, rooted in India's cultural (today), tradition.

Of course, cultural traditions in India are as complex as they are anywhere else. But Kothari and Kothari's point here is that this kind of work seems to circulate only within relatively small

academic circles. So, why is there not, you know, why is there not more empirical field research on the context of business activities and practices in India? And Kothari and Kothari suggest that there is a, what I would call a kind of colonial hangover here, they don't say that, but they suggest that a possible answer is that in this first exposure to what we see as managerialism or management today was through colonial structures and colonial theories of management.

They do note that management could, could be said to have started, the introduction to modern Western management in India could have taken place with what they call the first multinational corporation, the British East India Company. Now, it was a, a result of British rule as well that technologies of the Industrial Revolution were made available to India and the administrative and modern banking and managing agency system were introduced in a sense the, both by the East India Company and by the post-colonial power, by the, I beg your pardon, by the colonial power.

Now, what about the post-colonial Indian state? This has largely continued with inherited colonial systems, as we know very well, we don't have to look very far to see that. Now of course post-colonial and postmodern and other discourses in (aca), the academic world in humanities and social sciences have successfully, often very sharply, interrogated and even undermined the edifices upon which Western knowledge is held to be superior. But this seems not to have happened, according to Kothari and Kothari, this seems not to have happened in management studies. And that is their, their argument that management studies in India could really benefit from field examination of local business practices. They do say management education in India started with the establishment of the IIMs, the Indian Institutes of Management, and they were set up in collaboration with American universities.

Unsurprisingly, naturally, the early scholars who joined them were trained in the United States, in research and (know) and as the author's note, [had] admirably high standards. But these were based on Western management paradigms, or perhaps we can go further and say, United States management paradigms. New ideas have been welcomed. But the, but the majority of new recruits have, to these institutes, have carried out their doctoral and postdoctoral work in the United States as well. This isn't unique to India, but it does mean that in Asia as a whole according to the authors, there are, there is a, how should I put it, a dearth of specific research among Asian management scholars on local contexts, and local business practices and so on.



But what this also shows us that the ways in which (main) management theory has been introduced into India has reinforced the dominance, the hegemony of the Anglo-American academy. Well, those are historical, historical legacies and those can be altered and you know, it's very likely they already are being altered. But, there are issues faced with research on access to, to larger firms and organizations and legal disclosure requirements would obtain; undoubtedly firms may be reluctant to be the subjects of management research.

But - and this is being done, the Indian banking system, the Indian stock market and so on have all been selected for research by a number of scholars in management. So, yes, the Indian context does get examined, but these are largely in the corporate and formal business sector or what might call the official business sector. And according to Kothari and Kothari, management scholars have not, management scholars have not paid enough attention to the "small merchant, the small self-employed and entrepreneur" that is given in quotation marks, as well as firms and businesses in the unorganized sector, which may be a better term than, than 'the informal or quasi-formal sector'.

Now, these are repositories of traditional business practices and historical legacies. And their examples, they characterize a domain of business activity that shows the interconnection of socio-cultural-economic factors in all their complexity. Now, apparently even if that - the contribution of, of society, historical inheritances, linguistic and regional factors, perhaps faith and faith membership and so on - has been acknowledged, even if those factors have been acknowledged, we would really need access to insiders in the business in order to, to gain the data we might need as management scholars, that is, sensitive data such as sales figures and profits that might be tough enough to obtain anyway.

But unless we, unless we really knew the context, the task would be even harder. Gaining access, of course, would depend on social and familial issues, the motivations that drive traditional Indian businesspeople. And we may need to be an insider in the first place, how are we to overcome that if we're management researchers. Kothari and Kothari suggest that like anthropologists, we spend long periods of time, usually several years, with the subjects of our research, gaining their trust and thereby gaining access.

Well, those are the kinds of suggestions that Kothari and Kothari make. It is quite likely, I've said, I have said earlier and I say it again, that management schools in India are well aware of this. It would be a little surprising if they were not. But this paper shows us something of the kind

of point I made about managerialism in general; the claim to generalizability and predictive power is ultimately, I have argued, drawing from the philosophy of the social sciences, incoherent.

In other words, is management studies or managerialism any different from any other way of thinking about organizing human activity? And can it lay claim to any kind of specialist knowledge? In other words, is there any such thing as management or managerialism? And that is the issue that Kothari and Kothari have brought out for us. I'll conclude this topic by saying that we're globally familiar with the language of managerialism, we're globally familiar with it in all its manifestations, but we have often learnt the hard way that it is ultimately completely incoherent, and as I have said in print more than once, it is ultimately totalitarian.

And it has not an iota of genuine knowledge on which to base its claims as generalizable and predictive. So that concludes our topic of technocracy and managerialism. I'll send you the links for these two papers. I'm not sure about accessibility to them, but it's one reason I've spent some time talking about them; but I'll send you the titles and links. We shall go on in our next topic with our next topic, we shall talk about nationalism. And we'll make a start on that in the next lecture.