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PARTICIPATORY EXPERIENCES WITH JUDITH OKELY

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Unaware of Judith's insistence that anthropological fieldwork be grounded not merely in 'participant observation' but also in a more engaged 'participatory experience', I had independently advocated a fieldwork method of so-called 'participant experience'. This was during my doctoral research (1987-92) on different modes of modernising a traditional medicine, such as Chinese medicine. Engaging in 'participant experience' meant not only 'sitting in' and observing clinical encounters, but also being hands-on and getting one's hands dirty, memorising and learning specialised medical terms to a degree that one would be able to apply them in practical clinical work. I was interested in the specific techniques that visibly had a transformative effect on the patients and in the theories and philosophies underpinning the application of those techniques, acupuncture needling techniques, for instance. As Judith lived it, this interest in the specifics of what people do, and in recording the banal commentary they give on their doings, this learning of local specificities, was meant to reform our discipline from within, through a decolonising attitude. Participatory experiences in everyday life, which happen with one's body in an embodied way open up new ways of looking.

In 'Love, care and diagnosis' (1999) Judith's autobiographical method is immensely insightful, even 25 years later. I was writing about self-care for a special issue of the journal Medical Anthropology, when Shirley Ardener drew my attention to this part of Judith's work. To be sure, Judith had not planned to become so self-reflective but so it happened. She had not foreseen that she would increasingly become involved with the care of her mother (as was also her sister Elaine). Judith's compelling piece demonstrates that the entitlement to certain diagnoses is even today rather biased. The elderly in general, and women in particular, are granted certain medical examinations, but not others. Thus, Alzheimer's was a diagnosis her mother was medically examined for, and duly received. The diagnosis was given, notably, by a specialist outside expert who had no ear for the 'grounded knowledge' of those closely involved with caring for her. The carers all agreed that the diagnosed Alzheimer's was

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deteriorating unusually rapidly, and Judith shared their doubt. She knew her mother liked eating beef. So, after her mother's death, Judith took it upon herself to arrange for her mother's brain tissue to be investigated. It revealed that her mother had died of CJD (Creutzfeld-Jakob disease). As sad as her finding was, Judith's narrative did not stop there with a focus on the individual. She comments that, through a strange and hideous twist, her 'family tragedy' was interconnected with the agricultural questions surrounding BSE (bovine spongiform encephalopathy). The sociologist in her pointed out the potential health hazards for the British population at large that the medical profession's 'not wanting to know' and negligence in the diagnosis of communicable diseases like CJD might cause – as this quiet bias against the elderly was to affect also the health of the able-bodied, younger generation.

I'd like to end on a happier note, however, of her more recent appearance in this room. This was exactly a year ago, on the Friday afternoon of 8th week in Michaelmas Term, a time slot reserved for speakers on themes relevant to International Gender Studies (IGS), and formerly the CCCRW (Cross-Cultural Centre for Research on Women). We were having tea before the seminar, when Judith joined us rather late. Yet the moment she entered the room she was able to channel the quiet murmur in it into a memorable *communitas* event, where each of the participants briefly presented themselves, sharing aspects of their lives that they had not, apparently, revealed in all those years before, and an unexpected gist of life ran through the group. We then moved to another room for the seminar, followed by a discussion time at the end of it. Although Judith had been one of the first to raise her hand, knowing that she could sometimes become intensely autobiographical, I saved up her intervention for the end. I looked her in the eye and said 'three minutes max', she nodded, raised a relevant point for the discussion, made a small sermon that had a humorous note, and ended, exactly by the minute, with grace and elegance.

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