

# FOREWORD

LENORE MANDERSON

*Medical Anthropology: Health, Inequality and Social Justice* is a new series from Rutgers University Press, designed to capture the diversity of contemporary medical anthropological research and writing. The beauty of ethnography is its capacity, through storytelling, to make sense of suffering as a social experience, and to set it in context. This series is concerned with health and illness, and inequality and social justice, and central to this are the ways that social structures and ideologies shape the likelihood and impact of infections, injuries, bodily ruptures and disease, chronic conditions and disability, treatment and care, and social repair and death.

The brief for this series is broad. The books are concerned with health and illness, healing practices, and access to care, but the authors illustrate, too, the importance of context—of geography, physical condition, service availability, and income. Health and illness are social facts; the circumstances of the maintenance and loss of health are always and everywhere shaped by structural, global, and local relations. Society, culture, economy, and political organization as much as ecology shape the variance of illness, disability, and disadvantage. But as medical anthropologists have long illustrated, the relationships between social context and health status are complex. In addressing these questions, the authors in this series showcase the theoretical sophistication, methodological rigor, and empirical richness of the field, while expanding a map of illness and social and institutional life to illustrate the effects of material conditions and social meanings in troubling and surprising ways.

The books in the series move across social circumstances, health conditions, and geography, as well as their intersections and interactions, to demonstrate how individuals, communities, and states manage assaults on well-being. The books reflect medical anthropology as a constantly changing field of scholarship, drawing diversely on research in residential and virtual communities, clinics, and laboratories; in emergency care and public health settings; among service providers, individual healers, and households; and within social bodies, human bodies, and biology. While medical anthropology once concentrated on systems of healing, particular diseases, and embodied experiences, today the field has expanded to include environmental disaster and war; science, technology, and faith; gender-based violence; and forced migration. Curiosity about the body and its vicissitudes remains a pivot for our work, but our concerns are with the location of bodies in social life, and with how social structures, temporal imperatives, and shifting

exigencies shape life courses. This dynamic field reflects an ethics of the discipline to address these pressing issues of our time.

Globalization has contributed to and adds to the complexity of influences on health outcomes; it (re)produces social and economic relations that institutionalize poverty, unequal conditions of everyday life and work, and environments in which diseases increase or subside. Globalization patterns the movement and relations of peoples, technologies and knowledge, and programs and treatments; it shapes differences in health experiences and outcomes across space; and it informs and amplifies inequalities at individual and country levels. Global forces and local inequalities compound and constantly load on individuals to affect their physical and mental health, as well as their households and communities. At the same time, as the subtitle of this series indicates, we are concerned with questions of social exclusion and inclusion, social justice, and repair—again both globally and in local settings. The books will challenge readers to reflect not only on sickness and suffering, deficits, and despair, but also on resistance and restitution—on how people respond to injustices and evade the fault lines that might seem to predetermine life outcomes. While not all of the books take this direction, the aim is to widen the frame within which we conceptualize embodiment and suffering.

Over one in ten people in France are born outside the country, and with their children, around one-fifth of all people come from immigrant backgrounds, including various former French colonies. The vast majority of immigrants are now from North African, sub-Saharan, and Turkish and Middle Eastern backgrounds, and live in Paris, the tentative end of journeys precipitated by environmental decay, economic decline, violence, and poverty, and by aspirations for different pathways for their descendants, if not for themselves. The routes by which they travel to France are varied—a mix of formal immigration, visa extensions and overstays, and country entry by stealth. Across the city and countrywide, various hospitals and clinics seek to provide mental as well as physical care for people from these diverse populations.

Mode of entry to France, the legitimacy (or not) of continued residence, and economic precarity are not why immigrants end up with mental health problems and in need of acute and ongoing care; likewise, social and cultural backgrounds—differences in faith, tradition, and language—are not reasons for care. People's care needs mirror those of French citizens, even if in the context of mental health in particular, experiences of extreme suffering in their countries of birth and during and after migration have a particularly strong impact. However, economic and educational disparities, differences in faith and interpretations of distress, and difficulties in communication and comprehension in clinical and other settings all interfere with access to and the uptake and effectiveness of clinical care and advice for people whose lives are made liminal because of their undocumented

migrant status and rejection as asylum seekers. People without papers are stuck in a borderland that makes everyday living and sense-making deeply troubling.

Stéphanie Larchanché is the director of Research, Teaching and Professional Training at Centre Minkowska and was originally employed to provide training in “cultural competence” and to review, support, and evaluate clinical encounters. The Centre Minkowska, the setting of this ethnography, is a transcultural psychiatry clinic in Paris, established by psychiatrist Eugène Minkowski with the aim to improve health-care access by and services provided to immigrants. In *Cultural Anxieties*, Stéphanie Larchanché explores through the analytic of anxiety the logic behind the center’s establishment and operation, and the reasoning behind migrant patients’ referrals to the center. Center staff must negotiate the provision of culturally sensitive care to patients with French republican ideals of universality. The flow between cultural difference and mental illness and distress leads to a notion of “migrant suffering,” creating the need for clinics like Centre Minkowska to provide specialized care.

Stéphanie Larchanché draws on both her doctoral research at the center and her later employment at the center—including her most recent work as a psychotherapist in training—to describe and analyze patients’ experiences of everyday life, which constitutes the background that they bring, as clients, to the center. Larchanché writes from “the borderland”—as an anthropologist outsider and psychotherapist insider. She writes of the borderland, too—of the center as a public health institution and as an NGO operating independently of the state system. The center’s clients are also border dwellers, forced to work around, and often with, the administrative tangles of asylum status; residency; and the rights to work, housing, education, and health care. Caught in the nowhere of state bureaucracy, people are socially marginalized, causing distress for some and compounding preexisting suffering for others. Health-care providers, including in this context psychologists, counselors, social workers, and psychotherapists, work to help clients learn to live with the uncertainties of this borderland life. But as Larchanché illustrates, this is especially difficult when the supportive scaffolding of the state and the NGO is also uncertain, leaving service organizations and agencies to struggle with staff shortages, limited training, and budgetary constraints, which limits access to interpreters to negotiate care and support. Both health-care providers and their clients, and others working to link up services, struggle in this borderland on a daily basis. In this beautifully compelling account of an institution, its staff, and its clients, we engage with the challenges of social suffering, state responsibility, institutional engagement, and contemporary ethics.

