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In their recent publication, *A Passion for Society*, Wilkinson and Kleinman commented that “to make possible a form of sympathetic recognition of human social situations and have this balanced alongside a rational analysis of the structural conditions that govern peoples’ lives is a precarious balancing act” (2016, 155). This directly echoes what I have experienced while writing this ethnography. My goal was not to praise Centre Minkowska and its activities but to use examples from the center to advance our understanding of what factors constrain social and health-care support for migrants in a particular context. My second objective was to identify avenues for potential reform and transformation. What responsibilities do transcultural clinicians have in broader efforts to confront and to change the unjust systems of power in which they are embedded? What possibilities exist for these clinicians to make moral-agency claims that are premised on recognizing the structural constraints that animate their own professional practices? While I admit that the potential for reform and transformation is limited, at least short term, I have identified certain practices (consciousness-raising, mediating, resisting) that build on the recognition of broader structural constraints and ethical responsibility. In this chapter, I sketch the contours of a praxis that leads to more hospitable and inclusive forms of caregiving within unfair systems. Although my discussion is based on the French context, it is also relevant for other countries that face similar structural constraints and moral economies.

ANTHROPOLOGICAL THEORY AND REAL-WORLD COMPLEXITY

With this ethnography, which is based on ten years of applied work, I wished to capture real-world complexity and therefore to challenge—or to nuance—the anthropological theories I learned as a medical anthropologist. Two decades ago, when Merrill Singer and Hans Baer (1995) defined the critical medical anthropology approach, they raised an important question: Could clinical anthropology be critical? They noted that “most clinical anthropologists find themselves in