

## HEALTH AND THE EPISTEMOLOGIES OF THE SOUTH

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“Our time is not a time of strong answers. It is a time of strong questions and of weak answers.” (Santos 2007) Science in general, and social sciences in particular, cannot yet give a strong answer to ongoing debates and struggles over health and well-being! Why? When we speak of emancipatory approaches to health, where from do we speak? And who are we speaking to (Meneses 2004)? Do we hear, see, understand and acknowledge whoever and whatever has been silenced or demolished by violent and monolithic Eurocentric worldviews, by the prevalent hegemonic monoculture of knowledge? Considering the potentially unending diversity of epistemic, healthcare and medical systems, why is western science, along with its biologically-centered understandings and fragmented and exclusionary visions of reality, still regarded as the ultimate source of validation of knowledges and practices, understandings and actions in matters of health and illness?

The notion of health as a separate domain of human life and activity should be put under scrutiny, since it is not shared by all ontologies/epistemologies existing in the world. As several authors underline, in various languages and contexts, words and conceptions corresponding to Western hegemonic notions of health, illness and disease do not find a direct translation (Meneses 2007). What we call health may be expressed as ‘good life’, but it will not be thought of as a domain with a privileged relation to biology and subject to specialized human intervention which can be separated from other aspects of life (Nunes 2012).

In most of the world, conceptions of disturbance, disorders or afflictions affecting the life of people are an everyday concern, being described and understood through different vocabularies, related to different cosmogonies. Healing as a response to disturbances is a cultural process present in every society, but it is, generally, strongly connected to a range of forces, processes and entities which are not separable into organic, psychic or social, natural or human-made. The ways of dividing and classifying the world may be quite diverse across societies, communities and collectives. The naturalistic worldview of modern, Eurocentric biomedicine has been introduced into most societies of the global South as one of the key instruments used by modern colonialism, producing a trail of disqualification, suppression, invisibilization or appropriation of other knowledges and practices, and sometimes even the physical elimination of those who held those experiences (Lock and Nguyen 2010). In the global South, biomedicine and the conception of health as a separate domain of knowledge, practices and institutions were associated with tropical medicine, and, nowadays, subsumed under the broader umbrella of global health.

The diversity of ‘idioms of distress’ (Nichter 1981), vocabularies and expressions of suffering, even if they do not exhaust what is at stake in addressing conceptions and experiences of life and death, violence and suffering, disease and cure, provides a convenient entry point for engaging with non-Eurocentric understandings of what counts as health, illness and disease and for pursuing the dynamics of emerging ecologies of knowledges and practices associated with care and cure (Santos 2018c).

The “Epistemologies of the South” (Santos 2018, 2018b) are a political and epistemological proposal aimed at facilitating and promoting the possibility of Ecologies of Knowledge(s) as alternative modes of thinking and acting against the dominant monoculture of knowledge (Santos 2007). The *South* is not (or not just) a geographical space or place. The *South* is a metaphor for all the experiences, forms of knowledge and agency emerging from bodies, communities, places and realities silenced, ignored, excluded or suppressed from the epistemic core of the North. Capitalism, colonialism and patriarchy, with their appendicular extensions, ethnocentrism, racism, sexism, classism, ageism, heterosexism, among other *isms* that have shaped Western epistemology and its boundaries, have produced an immense waste of experience and of knowledge through abyssal and non-abyssal exclusions, affecting ethnic, cultural, linguistic, political and religious minorities, indigenous/native populations,

immigrants, refugees and undocumented people, the poor and the sick, disabled individuals, women, children, the elderly, LGBTQ and non binary persons, just to name a few (Santos 2007b).

Procedures like the sociology of absences and the sociology of emergences (Santos 2003) are central to the kind of “rearguard” intellectual work that lies at the heart of the Epistemologies of the South as a call for an alternative thinking of alternatives (Santos 2018). Acknowledging that a completely levelled or horizontal dialogue cannot ever take place within modern academia between science and other forms of knowledge, how can scientists, including social scientists, bring other bodies, experiences, ontologies and epistemologies into conversation, learning from and with them? More than asking questions, we have to actually listen and learn from an active engagement with the struggles against abyssal and non-abyssal exclusions, for cognitive and social justice and for human dignity and respect for life in all its forms, whatever the idiom of these struggles. The strong answers are being created in and by struggles which are inextricably epistemic and political, fought by subjects with a face, a name, a story, and a voice that expresses experience and lived knowledge.

Hence, the Epistemologies of the South are premised on a collaborative, co-constructed and co-authored way of world-knowing and world-making, embracing hybrid, experimental and creative methodologies, doing science with and for the community, focused on its urgencies, needs and claims. In matters of health and illness, the Epistemologies of the South aim to acknowledge the different experiences of disease and illness, of suffering and care, of crisis and cure. These experiences are inscribed in flesh, bodies and lives, patients, survivors, caregivers, families and communities, but also doctors, caretakers, healers, researchers and activists, their stories, expressions, forms of resistance and creative agency, their concepts and representations of wellbeing, health, healing and treatment, their different medical and healthcare systems, across cultures and societies. These diverse and alternative voices, practices and forms of knowledge, emerging from the geographic, geopolitical and epistemic *South*, can enable “Us” to rethink health, illness and resistance, towards a wider and diverse conception of well being, a dignified life and a prudent production of knowledge (Santos 2018).

Embodied and lay knowledge, oral narratives and artistic expressions, therapeutic activism and citizens' collective movements and interventions, among several other sources of experience, information, experimentation, and agency, can challenge Western science, a knowledge among others, to learn from the diversity of the World in a non-extractive dialogue, creating a common but diverse ontological and epistemological landscape, less fragmented but growingly plural (Noronha 2019; Nunes 2006; Santos et al 2004). Scientific literature has already demonstrated how individuals and communities feel, think and act in an eclectic way, applying, according to their circumstances and needs, a vast array of different forms of knowledge, putting them to use in their day to day lives (Lambek 1993), improving their present and future. The Epistemologies of the South are a commitment to encourage an internally pluralistic science to seek this same capacity, working for the common good, learning from this multiple and growing abundance, sharing outcomes, reducing exclusions, remembering that all human lives matter.

The Epistemologies of the South thus seek to open up new spaces for the recognition of this diversity of knowledges, practices and experiences, of their co-presence and encounters, of the struggles for cognitive and social justice that find in the current struggles for access to health care in its multiple forms, for the recognition of the diversity of conceptions of health and of knowledges and practices of care and for the right to the protection of modes of life and the ecologies they are inextricable from.

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