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Connected Epistemologies

A Fragmented Review of Post- and Decolonial Perspectives in Medical Anthropology

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Abstract Over the last four decades, post- and decolonial ideas have gained prominence through the dissemination of influential works by renowned scholars and intellectuals in the humanities and social sciences. Pioneering voices such as Franz Fanon, Valentin-Yves Mudimbe, and Edward Said, along with scholars like Gayatri Spivak and advocates of Black feminism such as Sylvia Wynter and Françoise Vergès, have contributed to shaping this realm. Medical anthropology, critical medical anthropology and other related disciplines within the broad field of "medical/health humanities" have actively engaged with these critical theoretical impulses, refining epistemological and methodological approaches that align with post- and decolonial analyses. This article explores the intersections of post- and decolonial perspectives with current anthropological agenda, drawing attention to the manifold research avenues that have emerged from such entanglements. Specifically, the paper delves into three key research areas: (1) the examination of the influence of ideas about post- and decolonial subjectivities in connection to changing notions of health, disease, and disability; (2) the critical analysis of humanitarian and global health interventions; and (3) the exploration of indigenous systems of care and healing practices from the Global South. While acknowledging the fragmented, partial, situated and selective nature of the selection of scholarly sources for this discussion, the article aims to shed light on the dynamic interplays between post- and decolonial theories and the multifold and complex medical anthropology landscapes.

Keywords postcolonial theory, decolonial theory, medical anthropology, disability anthropology, critical medical anthropology, subjectivity, indigeneity, decolonization

Introduction

The decolonial movements, the end of European colonization in Africa, the provincialization of Europe and other Global North countries (Chakrabarty 2000), along with the political affirmation of new nation-states and political alliances at the global level, have been transformative social, economic, and historical events that have left an enduring impact on the global history of the world at large. Over around the past 40 years, numerous empirical and analytical interventions have, in fact, emerged through the writings of figures like Fanon (1963[1959]; 1965[1961]; 1986[1952]), Mudimbe (1988) and Said (2003[1978]), to name just a few scholars. These intellectuals have critically explored the dynamics of (neo)colonial power and its epistemological, political, and social ramifications in diverse regions of the Global North[1] and South (Bhambra 2014; Marzagora 2016). On a similar level, scholars within Subaltern Studies (Spivak 1988) and those associated with Black Feminism, such as Wynter (Mahmud 2021) and Vergès (2021), have further pointed out issues like racial differentiations and discriminations based on physical attributes and geographic origins, gender disparities, xenophobia, and racism in many societies of both Global North and South. In a nutshell, the epistemological and analytical goals of such intellectual enterprises have been to deconstruct previous pervasive narratives and ideas centered around concept of the Global North, white, "Man" and redefine new ideals of humanism (Wynter 2003: 260). Along these multifold historical and epistemological discussions, social and cultural anthropology, not without even very recent tensions and challenges (Allen & Jobson 2016; Jobson 2020), has gradually reevaluated some of its theoretical and methodological assumptions to adapt,

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embrace, and revitalize its research insights and analyses (Savransky 2017; Fúnez-Flores 2022).

Merging political-economic approaches with culturally sensitive analyses of human health and well-being, scholars in medical anthropology and other sub-disciplines within medical humanities, such as critical medical anthropology[2] , have been contributing significantly to discussions about the social and political economy of health, diseases and the body (Scheper-Hughes & Lock 1987). Since the early 1980s-1990s, the years in which it originated as a discipline in Anglo-American academia, critical medical anthropology has greatly developed these topics and raised various concerns with regard to how health and diseases have been constituted and responded to (Singer 2004: 23–24). Following a strand of questions about the limits of biomedicine and biomedicalization (Illich 1974), critical medical anthropology has especially delved deeper into discussions about the political economy as well as the social determinants of health, diseases and ideas of the "body" not only in Global North contexts (Singer 2004) but also in Global South academic spaces as in the case of Latin America (Gamlin *et al.* 2020). In so doing, over the last two decades of the 20th century, these studies not only have laid the foundation for research that highlights the profit-making orientation of biomedicine and its hegemony but also the political role of international actors such as World Bank or the International Monetary Fund (IMF) in influencing national health policies and establishing unbalanced relations of power (Baer *et al.* 2004).

Along this strand of research, medical anthropologists and critical medical anthropologists have therefore begun examining the colonial and imperialist aspects of Global North science and medicine (Anderson 2009). Works by Vaughan (1991), Arnold (1993), and Anderson (2006) stand as noteworthy examples of how scholars focusing on health and healing have also started employing postcolonial and decolonial approaches and critiques to "provincialize" Global North systems of thought (Chakrabarty 2000), expose the colonial nature of medicine, and underscore the significance of Global South care practices and health perspectives. More precisely, such scholars have shed light on the role of colonial medicine in perpetuating global social biases and attitudes, including classism, racism, homophobia, sexism, ableism, and xenophobia.

More recently, a focus on how globalized medical practices, both historically and in the present, have imposed Global North perspectives on ontological and epistemological aspects related to health, illness, bodily normativity, morality and care in various Global South contexts has become prominent (Abadía-Barrero 2022). Furthermore, scholarly attention to alternative discourses about Global North science and biomedicine from postcolonial local and national contexts, where these practices have been disseminated and/or enforced, has grown in the field. Descriptions of how Global North biomedicine and science have undergone local processes of adaptation to cater to the needs of populations under imperial and colonial dominion and forms of neocoloniality have followed such interest. In fact, these adaptations entailed integrating and blending Global North medical and scientific practices and knowledge with "indigenous" systems of care and healing practices by local medical practitioners (Graboyes 2018). However, such syncretic practices and the formation of "medical pluralism" as well as the "integration" of local healing systems within globalized biomedicine in Global South contexts have taken place within unbalanced power dynamics. Drawing on postcolonial and decolonial critics, various scholars have critically examined multiple economic, social, political and historical dis/junctures across various aspects of life in the post-colony (Mbembe 2001), including health and medicine (Good, Delvecchio, Hyde & Pinto 2008). Others have endeavored to de-center Global North political and social influences (Spivak 1988; Said 2003[1978]; Chakrabarty 2000), elucidating multiple and decentralized forms of modernity as well as outlining the development of theories from the Global South (Comaroff & Comaroff 2011; Devisch & Nyamnjoh 2011).

Due to the convergence of medical anthropology and critical medical anthropology with postcolonial and decolonial theories, numerous scholars have questioned the validity of the label "global" and highlight critical distinctions in the assessments and representations of health, well-being, illness, disability, and medicine. This emphasis has particularly concerned the unequal distribution of economic and political resources across

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various locations, whether in the Global North or South contexts (Comaroff & Comaroff 2003; Staples 2020). These critical intakes have effectively challenged the notion of a unified "global medicine and science model". Research emerging from the empirical and analytical entanglements between socio-cultural anthropology and post- and decolonial approaches have exposed the fallacious nature of certain epistemological approaches and critiqued assumptions that attempt to homogenize local variations within a global framework. For example, the interplay between Global North social, political, and medical categories, like race, genetics, and disease, has become far more complex and context-dependent than initially presumed (Whitmarsh 2009). The centrifugal forces generated by post- and decolonial approaches have thus offered insights into the "radical otherness" of practices and ideas related to ontologically distinct systems of care compared to Global North paradigms within shared histories of frictions, colonization and violence. In this regard, Anderson (2002) describes postcolonial realities and critical approaches in the following way:

> A postcolonial perspective suggests fresh ways to study the changing political economies of capitalism and science, the mutual reorganization of the global and the local, the increasing transnational traffic of people, practices, technologies, and contemporary contests over 'intellectual property'. The term 'postcolonial' thus refers both to new configurations of technoscience and to the critical modes of analysis that identify them. We hope that a closer engagement of science studies with postcolonial studies will allow us to question technoscience differently, find more heterogeneous sources, and reveal more fully the patterns of local transactions that give rise to global, or universalist, claims (Anderson 2002: 643).

These concepts once again underscore the capacity of post- and decolonial perspectives within medical anthropology and critical medical anthropology and STS (Science and Technology Studies) to illuminate post- and neo-colonial power structures and the epistemological mechanisms through which these configurations have manifested themselves in different regions and geographies outside the situated loci of production and diffusion.

Given the relevant role played by post- and decolonial critiques and strands of thought on socio-cultural anthropology, and medical anthropology at large, in Global North universities and places of knowledge production since the 1980s, similarities and difference between post- and decolonial approaches have constituted epistemological factors in their intertwinements with medical anthropology and other cognate disciplines within the realm of medical social sciences and humanities. In fact, both approaches have produced numerous debates and discussions about violent, and at the same time ambiguous, relationships of people with previous and existing regimes of coloniality. As aptly summarized by Marzagora (2016), some intellectuals advocate for a postcolonial approach that emphasizes the cosmopolitan and global nature of the world, where identities and practices are historically and socially constructed and situated within shared histories, forms of violence, dispossession and colonization. On the other hand, other scholars, within the realms of decolonial epistemologies and praxis, argue for the necessity of adopting a decolonial thinking (Ndlovu-Gatsheni 2013; Mignolo 2021) capable of fostering epistemic, social, and political disobedience against Global North hegemonies, rejecting them entirely (Marzagora 2016: 174–175).

In the case of the study of alternative and indigenous practices of care, well-being and health, a decolonial approach entails the rediscovery and affirmation of local healing systems in syncretic contrast with dominant Global North healing epistemologies. While a debate about the entanglements between social and cultural anthropology, sociology and other social sciences have already started (Bhambra 2014; Allen & Jobson 2016; Jobson 2020; Fúnez-Flores 2022), the exploration of previous and ongoing intertwinements between medical anthropology at large (including critical medical anthropology) and post- and decolonial theories has been relatively understudied. Therefore, this article aims to explore - albeit incompletely and selectively - some of the developments in the discipline influenced by reflections generated within the intellectual and political discussions started by post- and decolonial thinkers and scholars. These influences, in turn, have shaped subsequent discussions and research within medical anthropology itself.

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After briefly highlighting my positionality within this review and addressing the reasons of the "fragmentation" of my review attempt, the paper will critically situate ongoing discussions and debates within post- and decolonial approaches and their existing influence to social and cultural anthropology. Subsequently, the text will shed light on three key epistemological dimensions through which post- and decolonial perspectives have intertwined with the diverse interests within contemporary medical anthropology. Given the finite space that could be dedicated to this vast topic as well as the myriad research insights arising from these intersections, the paper will particularly focus on exploring three dimensions of such interconnections. More precisely, it will elicit (1) how medical anthropologists have studied, grasped and interpreted subjectivities in post-colonial settings outside Global North contexts. Furthermore, the article will look at (2) the current critical perspectives about the "coloniality" of medical-humanitarian and global health interventions in various Global South geographies. Lastly, the text will critically elucidate (3) anthropological analysis of indigenous healing systems and their critiques against biomedical perspectives.

Limitations: A note on positionality and methodology

As a white European medical anthropologist who has previously worked on subjectivities and experiences of albinism in Tanzania and is currently researching health-related toxicity in Martinique (one of the overseas French departments in the Caribbean region), I find it important to acknowledge the intellectuals and scholars, within the domain of post- and decolonial thinking, who have influenced my ethnographic and anthropological endeavors so far. This acknowledgment becomes even more relevant considering the significant impact that these anlytical and empirical strands of ex-centric theorizing (Harrison 2016) have had on social and cultural anthropology since the 1970s and 1980s (Asad 1973; Abu-Lughod 1991). While writing and reflecting on the present review, I want to highlight not only my partial and "situated knowledge" (Haraway 1988) about the entanglements between medical anthropological and post- and decolonial approaches but also my incomplete understanding of the vast and diverse schools of thought within the post- and decolonial world. Therefore, I have decided to use the term "fragmented" to describe this review in order to emphasize that at least three layers of incompleteness have influenced the creation of this text.

The first layer concerns the potential misalignment of categories regarding scholars I have classified as post- and decolonial thinkers, who either do not define themselves as such or consider such a definition restrictive. Although they have influenced future research directions in various and complex ways, they often find it reductive to be solely classified as post- and decolonial scholars, as their research interests, works, and intellectual goals exceed this categorization. Similarly, there are scholars providing a decolonial critique of global health who do not necessarily classify themselves and their work within the disciplinary threshold of medical anthropology. Therefore, in approaching this review essay, I highlight these categorical limitations and potential misinterpretations to help readers contextualize this attempt. The second layer of fragmentation in writing this text regards my own difficulties in analyzing and disentangling the vast and intertwined arrays of research lines and questions pertaining, on the one hand, to medical anthropology and its internal ramifications and, on the other hand, to post- and decolonial studies and perspectives. Departing from the reflections within a special issue on the field of medical anthropology in Europe (Hsu & Potter 2012), this issue is even more relevant if I consider the internal differences that exist between various medical anthropology schools, histories and genealogies. In fact, this limitation complicates my endeavor and presents an additional challenge in identifying the three ways through which the entanglements between medical anthropology and post- and decolonial approaches manifest. Rather than claiming completeness, which could misguide readers, I prefer to address mistakes, errors, and limitations upfront. I do this to invite readers, scholars, and intellectuals to ponder these intertwinements and continue ongoing research exploring these and other entanglements.

The third layer of fragmentation in this paper relates to the finitude and situatedness inherent in any review claiming to provide an exhaustive

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overview of a specific topic. Due to the limited space available here, I have chosen to document how various medical anthropologists, with their divergent approaches to ethnographic material, have interacted with post- and decolonial approaches. While acknowledging the mutual influences between empirical and theoretical data brought by these scholars and the critical perspectives produced by post- and decolonial intellectuals, I have opted to focus solely on one side of this interaction: the role played by post- and decolonial perspectives in generating new research directions in medical anthropology.

Finally, I want to emphasize that some scholars in medical anthropology, regardless of their positionality, may describe their work as either post- and/or decolonial without exclusively situating their studies within these approaches. For all these interconnected reasons, I chose to transform the limitations and incompleteness of my perspective, as well as my situated knowledge, into productive sites for sketching the entanglements between medical anthropology and post- and decolonial approaches. The intent of this review is thus epistemological, aiming to highlight the dialectical and productive interactions between scholars whose training and empirical viewpoints have been apparently divergent. This goal is particularly relevant today, as medical anthropology has germinated in various contexts around the world and has been influenced by the intersection of multiple scholarly traditions. Furthermore, my incomplete attempt aims to be useful to teach medical anthropology and its feminist decolonial critiques in class (Williams 2022).

Bearing in mind the strands of fragmentation in this review, I aim to shed light on the complex ways medical anthropologists have drawn inspiration from and engaged in dialogue with post- and decolonial thinkers while generating their epistemological and empirical interventions. Although it is extremely difficult to discern how scholars in this discipline and its related fields have interacted with this heterogeneous set of ideas and theories, I wish to highlight the theoretical and methodological divergences and similarities among post- and decolonial approaches. These approaches have described and made sense of intersectional matters such as class, race, and gender in both Global North and South contexts, as well as the complex knowledge of groups who have suffered from past and present forms of colonization, dispossession, and violence.

Before delving deeper into the three main fields through which post-colonial and decolonial approaches have been mobilized in medical anthropology, this section attempts to identify the differences and similarities between post- and decolonial macro-approaches.

Framing post- and decolonial approaches in anthropology

In 2020, anthropologist Ryan Cecil Jobson published an article titled "The Case for Letting Anthropology Burn: Sociocultural Anthropology in 2019" (Jobson 2020). The central argument of the text concerns the reasons why the theoretical and methodological foundations of anthropology should symbolically "burn out". Built on eurocentric epistemologies which constitute the base for present-day environmental and socio-economic issues, anthropology as discipline should rethink its analytical and empirical pivots and adopt decolonial positions (Deridder, Eyebiyi & Newman 2021). Jobson explains his firm assessment about anthropology's current states by highlighting the discipline's association with neo-liberal perspectives along with the massive production of anthropological research and discourses characterized by moral perfectionism and ethnographic sentimentalism. These aspects, the author contends, do not align with the history of the discipline, which has been intertwined with and constructed around colonialism, slavery and the perpetuation of social inequalities all around the world. Advocating for anthropologists to reject neoliberal theoretical approaches, Jobson rather invites them to analyze and address pressing issues like: climate change on a global scale, contemporary forms of economic and political exploitation, the (re)emergence of repressive models of governance and the existing dynamics of power in an interconnected world. Furthermore, the author also outlines that decolonizing efforts both within and beyond the realm of academic anthropology are not enough to pursue novel ways to restructuring this discipline. In light of his arguments, the anthropologist therefore emphasizes that:

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> Neither the colonial history of anthropology nor the insular character of the academic job market will be resolved by piecemeal revisions to a disciplinary canon or the diversification of the professoriate. [...], we are challenged to refuse a liberal settlement as the raison d'être of sociocultural anthropology. In 2019, anthropologists pointed the way forward in their refusal of convenient fixes to epistemological crises or a fixed object of the ethnographic imagination. [An] abolitionist anthropology demands that anthropology eschew an exceptionalism that places itself outside these histories of violence (Jobson 2020: 267).

The arguments in this article delve into the influence of post- and decolonial thoughts in cultural and social anthropology (Devisch & Nyamnjoh 2011) and the ways they have been contributing for the renewal of the discipline's foundations. Although the difficulties in drawing linear and precise lines of demarcation between post- and decolonial approaches as well as the obstacles in generating any type of metaphors of genealogy (Chen *et al.* 2023: 12), it is relevant to outline the differences and similarities between these two epistemological approaches, praxes and perspectives in their own plurality, before showing how they have informed research in medical anthropology.

Post- and decolonial approaches emerged with the aim of destabilizing Global North modernity's foundations, challenging the hegemony of European-US political, economic and epistemological alliances and their associated power dynamics, and questioning notions of "otherness" as means to disrupt dominant understandings of reality and knowledge (Fúnez-Flores 2022: 2). As remarked by Bhabra (2014: 15), the postcolonial perspective has mainly focused on the cultural, socio-economic, and material dimensions of social, cultural, political and economic realities after the end of historical colonization, mainly in the African continent. On the other hand, largely influenced by Anibal Quijano, María Lugones, and Walter Mignolo, the decolonial approach examines modernity and coloniality, tracing their origins back to the early European encounters with other continents and geographies (Bhambra 2014: 115). While both approaches share an interest in decolonization, they differ in their emphasis, epistemologies and praxes. Postcolonial thinkers point out the hybrid nature of socio-cultural and political realities resulting from periods of colonization and coloniality. At the same time, they also acknowlede the mutual influences between colonized and colonizing societies, although existing power unbalances, violent frictions, duress of dispossession between the two represent relevant differences (Mbembe 2001; Bhabha 1994; Diagne & Amselle 2020). Conversely, decolonial scholars advocate for breaking free from the neo-colonial chains perpetuated by Global North countries and focus on reconstructing and regenerating social, cultural, political, gender and epistemological praxes and dimensions at the local level vis-à-vis Global North powers and existing regimes of coloniality (Mignolo & Walsh 2018; Mignolo 2021; Lugones 2007; 2011; Ndlovu-Gatsheni 2013). In regard to decolonial thinkers and their perspectives, four key ideas have been introduced to comprehend how neoliberal and capitalist Global North-dominated-world-system has shaped modernity: the coloniality of power, the coloniality of knowledge, the coloniality of being (Fúnez-Flores 2022: 6–7) as well as the lack of emphasis on the plurality of the epistemologies of the South and their consequent epistemological colonization (De Sousa Santos & Meneses 2019: 242–243). Scholars like Savrasky (2017) and Fúnez-Flores (2022) emphasize that decolonial approaches should hinder the distinctions between ontology and epistemology typical of Global North epistemological and philosophical systems. Similarly, such reflections should abandon the differences between knowledge and reality, while adopting various epistemologies of the South in order to liberate decolonial imagination, methodologies and praxes for deciphering "modernity". Given the complexity of the debate around differences and similarities between post- and decolonial approaches and perspectives (Marzagora 2016; Ndlovu-Gatsheni 2013), the review article opts for a simplified reference to just both perspectives together in order to avoid excessive elaboration on their differences.

Returning to the broader influence of post- and decolonial perspectives on social and cultural anthropology, it is worth noting that well before the "institutionalized" emergence of these lines of research in the academic world and public arena, various thinkers and intellectuals had already crit-

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icized material and epistemological hegemony of Global North centers of power and show the internal contradictions and forms of violence produced by them (Cesaire 2000; Du Bois 1979; Glissant 1989; Trouillot 1991). For instance, the symbolic, cultural and social construction and perpetuation of "racial capitalism" (Robinson 2021) and consequent production of Global North hegemonic values are instances of these critiques. In fact, these scholars aimed to critically assess and disrupt Global North epistemic of modernity and its coloniality as both material and ideal enterprises able to generate colonial matrix of power (Mignolo & Walsh 2018: 114). Following such empirical and theoretical guidelines, socio-cultural anthropology, and medical anthropology, started interrogating the onto-epistemological foundations and historical roots of their disciplines which originated within the European imperialist and colonial framework (Arif 2021).

Allen and Jobson (2016) highlight that post- and decolonial ideas have been present in anthropological discourses since the inception of social and cultural anthropology. However, despite their circulation, many of these ideas and their proponents have been largely forgotten and banned from classical anthropological canon. For instance, the work of the Haitian anthropologist Anténor Firmin in his book De l'égalité des races humaines (Fluehr-Lobban 2000) or the research and epistemological critiques by W. E. B. Du Bois (however, he has been highly influential in sociology and the field of social sciences at large), Zora Neale Hurston and Ela Cara Deloria (King 2020) serve as striking examples of early attempts to problematize the essentialism surrounding the concept of race and the Eurocentrism inherent in the nascent discipline of anthropology – and the previous physical anthropology - during the early 20th century. Therefore, it becomes apparent that alongside the decentralization and decolonization of the anthropological gaze and the realignment of power structures, the project of decolonizing anthropology has always included a radical critique of the discipline and its knowledge production practices.

Since the latter half of the 1980s, however, post- and decolonial approaches have significantly influenced socio-cultural anthropology, particularly in the US, with crucial and critical perspectives on topics such as power dynamics, modes of representation, and anthropological writing (Allen & Jobson 2016: 130; Comaroff & Comaroff 2011; Gupta and Ferguson 1992). For instance, Harrison's edited volume, "Decolonising anthropology: moving further toward an anthropology for liberation" (see also Allen & Jobson 2016: 136-137), has offered a synthesis of the decolonial proposals and research praxes advanced by black liberation and feminist movements in the US and the ideas propagated by post-colonial and pan-Africanist intellectuals from the Global South. The concept of "decolonizing anthropology" has therefore sparked widespread discussions on decolonization and decolonizing intellectual practices in socio-cultural anthropology. Amid the emergence of postmodernism along with its associated epistemological limitations (Marzagora 2016), the decolonizing movement in anthropology has addressed needs for the epistemological liberation of theories and fieldwork practices, in so doing, emphasizing the hegemonic control exerted by many Global North countries over Global South societies and "minorities" living in Global North societies. Decolonial intellectuals like Mignolo (2021), Walsh (Mignolo & Walsh 2018) and Quijano (2000) have initiated an ongoing reflection and discussion around the "logic of coloniality" and its epistemics of "modernity" advanced by not only political entities but also intellectual endeavors and disciplines' commitments such as socio-cultural anthropology.

For it concerns us here, post- and decolonial approaches have furthermore prompted a renewal of the ethnographic gaze toward interconnected global realities (Allen & Jobson 2016: 131). These approaches have challenge the notion that Global North political actors alone crafted modernity and its "savage slots" (Trouillot 1991) and shed light on how capitalist enterprises have facilitated the movement of bodies, commodities, and capital through the use of violence and power against populations in both the Global North and South over many years. Historical tragedies, such as the genocide of indigenous population in America and the enslavement and forced displacement of African peoples, stand as stark consequences of these phenomena (Allen & Jobson 2016: 131). Currently, decolonial perspectives encompass various epistemological and empirical directions.

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Besides a deep critique of the logic and praxes of coloniality, scholars such as Viveiros De Castro (2013) have also tried to shed lights on "radical otherness" and "perspectivism" as concepts useful to describe non-Global North ontological realities. These efforts have aimed to elicit that forms of reality conceived of by the subjects of anthropological research hold equal epistemological relevance as those produced by anthropological studies. Aligning with the ontological turn in anthropology, Viveiros de Castro and other proponents have chronicled the existence of diverse ontologies. In their attempt to dismantle Global North hegemonic ontology (Fúnez-Flores 2022), there is, however, the risk to unintentionally reinforce reified and essentialized differential realities. Paradoxically, this could inadvertently strengthen the very Global North hegemony that decolonial scholars seek to combat, contributing to the invisibility of contemporary hegemonic forces that drive neoliberal exploitation and extractivism. To address these issues, Savransky (2017) advocates for modalities of reflection and research that cultivate imagination as the way to surpass the limitations of standard epistemological approaches. Hence, this scholar stresses on the fact that the focus should be on political and social movements that actively support the generation of alternative worlds. As Savransky eloquently states (Savransky 2017: 23):

> The task therefore is to take seriously, and think with, the differences that these movements have made, and still endeavor to make, in their attempts to possibilities of other worlds. […] It is to exercise new decolonial, plural, alter-realisms that enable us to affirm not only the reality of the "West" […] but also other realities in the making. A realism for which "reality" is, first and foremost, an ethical and political problem.

From this brief introduction to post- and decolonial approaches and their many facets, it is clear that social and cultural anthropology has developed a very close link with these new epistemological and empirical directions. Although I focused my attention on decolonial perspectives more than on postcolonial points of view, it appears clear that both approaches, in different ways, constitute a terrain of vehement debates and are producing an ongoing slow change in the theoretical and methodological apparatuses of the discipline.

In regard to the ethnographic study of health, illness, disability, disease and the body, critical medical anthropology is one of the sub-disciplines that have firstly started to complexify these realms developing diversified perspectives on health, disease, syndemics, sufferer experience, medicalization, medical hegemony and medical pluralism (Singer 2004). Although the purposes of this sub-discipline, the intersections between post- and decolonial approaches to medical anthropology have not only endeavored to diversified the anthropological approach to these topics but also to decenter anthropological knowledge, praxes and epistemologies in regard to health and well-being by including decolonial critics to medicine and accounts of indigenous/local healing systems. Therefore, while this section has shown the influences and diatribes within the relations between socio-cultural anthropology and post- and decolonial reflections, the following parts of the paper will highlight how these approaches have brought about onto-epistemological changes within medical anthropology and its various aims.

Aporias of the Subjects in Health and Well-Being

Anthropological explorations of subjectivity have been shaped by various intellectual currents over the past century, including psychoanalysis, post-structuralism, and gender and feminist theories. Scholars like Foucault, Lacan, and Butler have provided valuable insights into the formation of the modern reflection of subject and subjectivity. Along these lines of inquiry, medical anthropologists have also dedicated their efforts to investigating subjectivity paying attention to psychological experiences, social conceptualizations of the self, and inner lives in diverse social, political, economic, and cultural contexts in various localities.

Building on Foucault's reflections, which trace subjectivities' formation and genealogies in relation to power networks, the post- and decolonial approach has brought attention to the significant role Global North colonialism and colonization, various forms of (neo)coloniality and unequal power distribution have played in shaping subjectivities in Global South contexts. One of the pivotal figures that has significantly influenced post- and

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decolonial thought within medical anthropology is Franz Fanon (1963[1959]; 1965[1961]; 1986[1952]). The Franco-Martinican intellectual was among the first thinkers and scholars who described the ways colonial violence imposed forms of bodily and psychological domination on "colonized subjects". In his work, Fanon explored the psychological effects of colonial trauma, humiliation, and degradation on colonized individuals, revealing the onset of a range of psychic and bodily issues in these peoples (Fanon 1963[1959]). Within post- and decolonial reflections on subjectivity, for instance, Gilroy (1993) has also remarked that colonization, colonial regimes, and racial oppression have produced states of "double consciousness," where individuals' selves are not only influenced by colonial powers but also go through processes of identification with the subjectivity of colonizers. Following such analysis, a focus on hybridization and duality by Bhabha (1994) has also described the inner conflicting discourses in people who live under state of oppression. In this regard, Good, Delvecchio, Hyde and Pinto (2008: 13) suggest that this perspective encompasses a complex temporal interplay of various and multiple influences that have shaped and reshaped analysis of subjectivity in the postcolonies:

> the ambiguous, mixed identities common in the postcolonies are often elegized as spaces for creative subversion of master discourses. Remaining at the heart of this work, however, is the ongoing tension between modern, rational modes of subjectivity and selves and the "traditional," and the linking of this duality to colonial memories of power and humiliation.

In addition to these reflections, various decolonial scholars (Quijano 2000; Mignolo & Walsh 2018; Mignolo 2021) have emphasized that temporal and spatial dimensions of individuals and the self are characterized by praxes, regimes and epistemologies of coloniality which, in turn, determine their lived experiences as well as their subjectivities in relation to social, economic, political and health dimensions. Notwithstanding various empirical and analytical differences, Farmer (2005) and other medical anthropologists (Das *et al.* 2000; Good *et al.* 2008; Biehl *et al.* 2007) have addressed how pathologies and social suffering are caused by structural violence and poverty. While they pointed at these factors as main causes for the spread of diseases and suffering, they have not expressly referred to political and economic regimes of (neo)coloniality shaping lives and "local biologies" (Nguyen & Lock 2010) in Global South contexts.

The influence of post- and decolonial theories and approaches has led medical anthropologists to conduct investigations into the subjectivity of their interlocutors. This critical examination has explored various aspects, such as violence, forms of hierarchy, internalized modes of anxiety, and the intricate connections between global and national processes within postcolonial realities. These aspects have had profound spatial and temporal social, political, and economic implications for individuals, shaping their experiences in current contexts characterized by "economic crisis, state violence, exploited migrant communities, massive displacements, hegemonic gender politics, and postcolonial states." (Biehl *et al.* 2007: 10)

By adopting the theoretical-epistemological perspective of post- and decolonial approaches, medical anthropologists have explored modes of subjectification determined by systems of governmentality and violence (Das 2008) produced by states, social hierarchies, colonial powers and their traumas, biomedical information and the neoliberal market (Biehl *et al.* 2007: 14; Van Wolputte 2004: 254). Following Bhabha's line of thought (Bhabha 1994) and the analysis of the postcolony and its continues state of war by Mbembe (2001), many medical anthropologists have emphasized the existence of not just one postcolonial condition, but multiple conditions, all intricately linked to the experiences of communities and individuals affected by historical events of colonialism and imperialism, both in the past and present. This viewpoint has paved the way for diverse examinations concerning various forms of citizenship and the development of postcolonial self and subjects. For instance, Das (2008: 284; Das *et al.* 2000) highlights how the current "reality of violence", stemming from past events and frictions, has been able to make and unmake social words and gender as well as has linked processes of subject's formation and intersubjective relationships to emotions and social suffering connected to and caused by it (Kleinman *et al.* 1997).

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Particularly noteworthy are the entanglements between the use of post- and decolonial perspectives on the study of modern subjectivities in relation to multiple notions of health and ideas of symptoms. In fact, this focus sheds light on the profound connections between inner states of mind, psychological conditions, "pharmaceutical selves" (Biehl 2005), ethics and experiences of illness with the broader social world, colonial history, and the ways in which bodies are produced and experienced within post-colonial realities and regimes of coloniality, both in the past and the present (Biehl & Moran-Thomas 2009).

Post- and decolonial approaches have therefore led medical anthropologists to investigate the unequal dynamics between powerful economic, political, and state institutions and more politically marginalized or peripheral realities in Global North contexts, such as the health and well-being of migrant people (Sangaramoorthy and Carney 2021). Knowledge structures and modes of experience that mirror the violent relations inherent in colonialism or present in modern regimes of coloniality, along with hierarchical gender divisions (Jolly 2021; Mbaye 2019; Das 2008) have been further goals of these strands of study on subjectivity. Through careful analysis of historical processes, medical anthropology, critical medical anthropology and other cognate disciplines within the medical humanities have pointed out how forms of global domination and hierarchy are unequivocally connected to forms of colonial hierarchy, gender discrimination, and the subjugation of bodies that trace back to the colonial and imperial past (Lugones 2007; 2011; Mbaye 2018: 107-143). In the book edited by Good, Delvecchio, Hyde and Pinto (2008), medical anthropologists provide an exploration of postcolonial subjectivities that not only consider colonial encounters and violence but also emphasize the resistance and contradictions generated by regimes and institutional apparatuses of post-coloniality and contemporary coloniality (Good, Delvecchio, Hyde & Pinto 2008: 15). Importantly, this focus on social, historical, political, and economic phenomena has not undermined the acknowledgment of coeval processes equally relevant to the formation of subjectivities and related forms of citizenship. For instance, globalization, neoliberal policies, medicalization as well as nationalism (Açıksöz 2020) in relation to forms of chronicity and disability constitute further factors in the formation of subjectivities. In the edited volume (Good, Delvecchio, Hyde & Pinto 2008), detailed ethnographic studies provide, in fact, a deeper understanding of how various historical and social processes have influenced selves and subjectivities in various human groups in connection to past colonial regimes they were subjected to (Comaroff & Comaroff 2003). These critical perspectives have also described how experiential and material states such as psychological traumas and/or various types of disabilities and debility (Livingston 2005) have been shaped by processes of colonialism, post-slavery, imperialism, systemic racism, and (neo)coloniality (Ginsburg & Rapp, 2020: S9; Grech & Soldatic 2016). As I will show in the next section, postcolonial subjectivities and individual experiences have been also determined, influenced and governed by global health regimes in Global South contexts (Obrist & Eeuwijk 2020: 784). In this regard, significant attention has been given to analyses concerning: experiential states within (neo)colonial forms of governmentality, the formation of subjectivities under conditions of legal, juridical, and social marginality, as well as the sedimentation of colonial and postcolonial orders as well as the biomedical production of specific pathologies and categorizations of "normality" (Good, Delvecchio, Hyde & Pinto 2008: 18–25).

Another research topic in which the entanglements between medical anthropology and post- and decolonial approaches is visible in regard to inquiries about subjectivities concerns the analysis of the connections between mobility, states of social marginality and the difficulties affecting migrant peoples in accessing healthcare systems in Global North countries. For instance, Sangaramoorthy (2019) has investigated the interrelation between citizenship and marginality in the case of Mexican migrant women who work in US while experiencing injury, instability and disability. From research like the one by Sangaramoorthy, it clearly emerges the relevance of forms of care put in place by migrant subjects as well as the tremendous impact that racialized dynamics between patients and physicians have of these individuals. Although not directly framed in the article, these issues significantly impact the subjectiv-

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ities and selves of migrant people, especially if this category of individuals experience difficult access to care systems along with the trauma resulting from forced mobility.

Besides, ethnographic analysis of subjectivities in Global South contexts, the intertwinements between medical anthropology and post- and decolonial perspectives appear visible in the methodological exploration of the anthropologist's positionality in the field. The acknowledgement of the "situated" (Haraway 1988) nature of anthropological research and the ways anthropological analyses are conducted and produced (Adams, Burke & Whitmarsh 2014) have become major topics within medical anthropology. Stemming from the critical points raised by Spivak (1988), who provocatively asked if the "subalterns" could participate in these debates, as well as internal critiques against the concept of "culture" (Gupta & Ferguson 1992), this new line of inquiry has questioned socio-cultural position of anthropologists while producing knowledge about their empirical works.

Decentering Global Health

While the previous parts of the text delve deeper into the entanglements between post- and decolonial approaches and research in relation to the formation of subjectivities in postcolonial Global South settings, this section intends to explore how post- and decolonial approaches have become instrumental in uncovering the colonial roots of practices inherent to global health interventions and actions as well as their immobilities and disconnectivites". (Dilger & Mattes 2018). Scholars working on this topic have repeatedly outlined that grounded assumptions in global health actions are mainly and primarily centered around ideas of the Global North narratives, epistemologies and etiological systems. Against indigenous and local healing systems, these assumptions have therefore perpetuated power inequalities beyond the traditional North/South divide reinforcing existing power imbalances through extractivist practices as well as the marginalization of populations which are still subjected to colonial logics nowadays. As stated by Ndlovu-Gatsheni (2013), such practices could be described as "parasitic".

Since the 1980s and 1990s, socio-cultural and medical anthropologists (Feierman 1985; Vaughan 1991; Feierman & Janzen 1992; Tilley 2011) have discussed how science and biomedicine and their related epistemologies and histories have been disseminated across the world during and after the colonial period, imposing specific Eurocentric empirical and conceptual regimes based on social, political and economic disparities. Such inequalities, these scholars argue, have been further amplified by the unequal distribution of funding, hierarchical health policies and agendas as well as humanitarian and biomedical interventions. These debates have therefore remarked the global scale on which medicine has operated so far, questioning its origins and purposes (Crane 2013). Additionally, science and medicine have been described as intricately woven into the Global North socio-economic and political systems and closely intertwined with colonial and post-colonial forms of sovereignty and "regimes of coloniality" (Ndlovu-Gatsheni 2013). Furthermore, these critical viewpoints have emphasized the inherently colonial nature of medicine not only in the past but also in the present. Hence, Ndlovu-Gatsheni (2013) has poignantly argued that a significant portion of the world's population, particularly in various African countries, continues to live under (neo)colonial regimes which materialize through the presence of international agencies, humanitarian organizations, and transnational unequal connections in the field of global health (Biruk 2018; Dilger, Kane & Langwick 2012; Packard 2016; Prince & Marsland 2014).

The perpetuation of transformed versions of Global North coloniality stem from the multiple and articulated ways this geopolitical "empire" has been deeply influencing and structuring the social, economic, and political processes that facilitated its spread and dominance over centuries (Burbank & Cooper 2012). Undergoing processes of adaptation and transformation (Geissler & Molyneux 2011), imperial and colonial forms of Global North medicine and science have been disseminated to diverse geographical contexts. Such trend not only has been visible since the independence of many African countries but has been vehemently foregrounded by the recent traumatic

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events linked to the Ebola outbreak in West Africa, the rise of the Black Lives Matter (BLM) movement, and the identification of economic, social, racial, and gender inequalities during the Covid-19 pandemic (Abimbola & Pai 2020; Büyüm *et al.* 2020; Lawrence & Hirsch 2020).

Through various ethnographies and essays, scholars in medical anthropology have described these issues, unveiling tensions and contradictions inherent to the global spread of medical and scientific approaches (Fassin 2020). Enabling the creation and promotion of global health practices on a planetary scale, existing inequalities between Global North and South contexts have outlined how the origin of global health problems lies in the structural socio-political-economic unbalance between various geographical contexts. In this regard, Beaglehole and Bonita (2010) have shed light on the representations of Global North health epistemologies and medical practices to combat diseases and health issues in various countries of the Global South as universalistic. The presence of "colonial apparatuses" of global health (Richardson 2020) as well as the interactions between post-colonial states, health systems, and international agencies (Geissler 2015) have even more cemented the coloniality of such health-related interventions all around the world. Furthermore, the production of data and numerical indices in public and global health practices have further enhanced the unequal fabrication of health identities and data (Kingori & Gerrets 2019; Sangaramoorthy & Benton 2012).

Scholars at the intersection of medical anthropology and post- and decolonial approaches have therefore raised critical concerns about such universal and universalistic displays of global health structures and practices. Hence, Affun-Adegbulu and Adegbulu (2020) show that, while the deficiencies of Global South health systems for combatting the spread of diseases and pandemics have been always underlined, the rooting causes behind the onset and diffusion of health-related issues have been overlooked or barely addressed. For instance, structural disparities that afflict vulnerable populations in the Global South have not fully taken into consideration by global health institutions and practitioners. Instead of bridging the gap between Global North and South health contexts, global health infrastructures have thus reinforced power asymmetries and perpetuated forms of social suffering resulting from political and economic inequalities (Abimbola & Pai 2020). To improve this situation, Affun-Adegbulu and Adegbulu (2020) propose alternative solutions that go beyond the one-size-fits-all approach inherent to Global North-based biomedical and global health interventions. The production and implementation of context-specific strategies that are able to address diverse health challenges faced by different populations and their will could be one solution. Additionally, Affun-Adegbulu and Adegbulu (2020) emphasize the need to remove all forms of supremacy, oppression, and racism from scientific and biomedical practices in global health and call for decentralizing knowledge platforms, promoting mutual learning, diversifying power structures, and treating health as a fundamental human-rights goal rather than an act of charity.

Many scholars in medical anthropology and other disciplines in the health humanities and social sciences (Adams, Burke & Whitmarsh 2014; Adams *et al.* 2019; Montenegro *et al.* 2020) thereby stress the importance of contextualizing global health, Global North biomedicine, and science within historical and socio-cultural dynamics. Therefore, they assert that it is vital to understand and take into account the origins and implications of science and biomedicine by considering social forms of privilege, the relevance of political economies, and the will of reinforcing Eurocentric and Global North types of knowledge (Adams, Burke & Whitmarsh 2014; Adams *et al.* 2019; Montenegro *et al.* 2020). By adopting such a critical approach to global health practices and interventions, global health practitioners and institutions could promote more inclusive and equitable visions of health future. According to Anderson (2014), however, this is not enough as biomedicine in Global South contexts has always integrated decolonial and indigenous critiques about the racially biased biomedical practices that exclude large segments of the population under intervention. In these instances, global medicine's malleability has led to the recognition of hybrid care models and alternative health practices, while simultaneously reinforcing epistemological hierarchies that pri-

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oritize Global North biomedical knowledge (Anderson 2014: 3822).

By summarizing the critical approaches to global health interventions and actions provided by many scholars in both medical anthropology and other cognate disciplines within the spectrum of medical humanities, it emerges that post- and decolonial critical perspectives not only have shed light on the structural inequalities and inequities inherent to both humanitarian and non-humanitarian global health practices but also has exposed how Global North biomedicine and sciences, with their histories and imperial tendencies, engage in various forms of knowledge extraction from many world regions. In order to complicate this picture even more, the coloniality of global health does not only appear outside of the Global North political borders but are also reproduced and perpetuated within them. For example, Sangaramoorthy (2014) shows how HIV/AIDS prevention efforts - which take place in both Global North and South contexts alike – consider individuals' ethnicity, gender, nationality, and "race" and their "affinity concepts" (M'charek 2023) as relevant determinants for comprehending the risk to contract and spread diseases. Although these categories could appear neutral, they actually stem from the same inequalities and regimes of coloniality that have materialized through histories of violence, slavery, oppression and colonization.

Decolonial practices and the rediscovery of indigenous knowledge

The article has thus far focused on how post- and decolonial ideas and approaches have sparked meaningful reflections within medical anthropology and other disciplines within the broader group of medical humanities and social sciences. These reflections encompass two key areas: first, the (neo)colonial character of global health practices, and second, a deeper exploration of post-colonial subjectivities in relation to health, diseases, disability and well-being. Hence, this section develops an analysis of the influences of post- and decolonial perspectives to medical anthropological research in outlining how these approaches have contributed to ethnographic works and anthropological reflections that recognize the inherent value of indigenous healing practices and systems. Rather than evaluating them solely in comparison to "standard" Global North ideas, narratives, practices and infrastructures around health and well-being, medical anthropologists have documented the relevance of alternative indigenous knowledge about the body and human health.

Such new research perspectives stem from criticism about the previous main anthropological focus on social suffering, structural violence and material poverty within Global South healthcare systems (Kleinman *et al.* 1997; Das *et al.* 2000). As elicited by Mkhwanazi (2016), certain strands of research in medical anthropology have tended to produce one-dimensional analyses of complex aspects related to medicine, health, and well-being in Africa and other regions. These attention to specific negative characteristics of African lives risk perpetuating a "single story" that solely provides portrayals and images of suffering, disrupted healthcare systems, and socio-economic inequalities. At the same time, this approach also overlooks the multifaceted socio-cultural and political practices through which people in Global South contexts try to get healed, fight against ailments and diseases and endeavor to embody well-being. For instance, Lock and Nichter (2002) note that local populations in Global South settings, such as Indonesia, enact forms of resistance against biomedicine because they see it as a type of colonization. Such resistance manifests through support to local healing systems by lay people or state administrations. To enhance anthropological knowledge about these intricate practices, Fassin (2020) calls for the need for medical anthropologists to consider the structural conditions in which subjects live, along with the social and economic contexts of their experiences, before conducting any analysis of health and healing practices within specific socio-cultural settings.

In a bid to overcome these challenges and venture into new research frontiers beyond the realms of the "coloniality of knowledge" (Ndlovu-Gatsheni 2013), medical anthropologists have thus turned their attention to multiple and decolonial histories and practices concerning notions of health, illness, and disability from and in Global South contexts. For instance, scholars have outlined not only the colonial structures in place through which disabilities are framed but also the

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ways forms of bodily non-normativity are conceived of and experienced in many Global South settings (Friedner & Zoanni 2018; Ginsburg & Rapp 2020; Grech & Soldatic 2016).

By analyzing research on local health systems and indigenous practices, Obrist and Euwijk (2020) have emphasized the importance of decolonizing global health (as discussed in the previous section) and examining local health practices in light of/contrast to influences exercised by Global North medical and scientific ideas and interventions. In relation to medical anthropology research in Africa, this special attention to local and regional healing practices is not new as it has had a long history within the discipline (Janzen 2012). Many anthropologists, in particular, have shown interest in the ways in which healing practices intersect not only with ritual, magical, and religious ideas and epistemologies (Janzen 1978) but also with underlying modes of radical critique against Global North modernity, ideas of development, and ways of life imposed by contemporary neoliberal capitalism (Scherz 2018).

This focus on local forms of care and healing has prompted medical anthropologists to question not only practices but also "indigenous" health systems and their ecologies of care and solidarity (Duclos & Criado 2020). Such systems are in fact seen to possess their own epistemologies and etiologies as well as have a conception of care and illness that transcends the human body to intersect with more-than-human beings and elements inhabiting the environment. This decolonial perspective in medical anthropology has led to examine the reproduction of indigenous knowledge within Global North systems of governance and medical institutions. These configurations reveal the circulation and re-circulation of non-Global North medical knowledge and systems of care as well as processes of indigenous reshuffling/hybridization/creation that differ from the medical and scientific knowledge and practices implemented by Global North enterprises in various world localities. The presence of institutionalized ideas of medical pluralism within healthcare systems based on Global North instructions and epistemologies (Mkhawanazi 2021) has prompted some medical anthropologists, like Langwick (2011), to raise questions about the etiologies and epistemologies on which these "indigenous" systems of care, within Euro-American-codified healthcare systems in Tanzania, are based (Langwick 2011).

Developing these research directions, medical anthropologists have started to document indigenous forms of care. These research directions have been born out of postcolonial contexts (Mbembe 2001) considered as sites for the intermingling, creolization, and intersections between Global North medicine and sciences, and local curative knowledge and etiologies. Importantly, such hybridizations are not confined to exchanges solely between regions in the Global South and North. Historical and contemporary instances demonstrate exchanges of healing practices even between areas within the Global South, such as the long-standing presence of Chinese medicine in East Africa (Hsu 2022). Regarding the political aspects tied to indigenous health practices, Obrist and Euwijk (2020: 784) refer to Niezen's (2003) early interest in Global South curative practices and the development of global movement of "international indigenism". As underlined above, in fact, the term "indigenous" have been documented to begin circulating among scholars and activists as early as the 1980s. Being conceived of by movements defending the social integrity of communities in the Global South and pursuing the recognition of alternative health practices at the international level, "international indigenism" has been based on sense of primordial identity as well as forms of belonging to people with deep attachments to their lands and "cultures" believed to be "from time immemorial" (Niezen 2003: 4). However, the use of indigenous medical knowledge within systems of coloniality means that care practices are experienced and reshaped through the lens of Global North medicine, science, and the sovereignty wielded by economic and political structures established by countries in the Global North. Studies in medical anthropology (Hsu 2009; Laplante 2015) have illustrated how indigenous medicinal herbs and various local healthcare systems (Fúnez-Flores 2022: 10) in Africa and China are reintegrated into the circuit of Global North medicine through agreements between states, local communities, and pharmaceutical industries. Amidst these extractive dynamics, commercialization interests involve all parties but the final revenues from these activities are uneven-

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ly distributed, leading to frictions and conflicts among all the actors involved.

To summarize, this section has briefly hinted at the interest by some scholars in medical anthropology in the existence, circulation, production, and enactment of indigenous healing practices along with Global North health interventions and healthcare systems already in place in many Global South localities. Although the anthropological scholarly sources considered here are not exhaustive, I aim to highlight how identity formation around decolonial and alternative notions, epistemologies, and etiologies of health and well-being are a few of the key characteristics of indigenous healing knowledge. Additionally, it is pertinent to explore how Global North healthcare systems, even outside Euro-American political borders, have integrated indigenous practices within formal systems through forms of medical pluralism. This process of integration also involves elements of extraction. Much like during time of colonization and colonial settlements, prevailing healthcare systems have incorporated specific types of knowledge from alternative sources without fully recognizing them.

Conclusion

This review article has attempted to shed light on the mutual influences and connections between post- and decolonial approaches and some of the more recent ethnographic explorations and epistemological developments in medical anthropology. The analysis presented here has focused on the entanglements between post- and decolonial reflections and research within medical anthropology. Among the many lines of interest, the article has shown three strands that emerged prominently.

The first strand concerns the influence exercised by post- and decolonial reflections on self and subjectivities in studies conducted by scholars in medical anthropology and other disciplines within the range of medical humanities. From the texts analyzed, it emerges that the analytical focus on the social, economic, political and cultural dynamics is connected to post- and decolonial analysis of processes of decolonization and contemporary states of coloniality. The second strand of research inaugurated by this intersection is concerned with the neo-colonial character of medical-humanitarian and global health interventions in various areas of the Global South. In this regard, the article has elicited how various scholars have emphasized the hegemony exercised by the scientific and biomedical categories on which Global North medicine is based. In return, I have also pointed out the lack of epistemological exchanges between such global health actions and local Global South healing systems and practices. Finally, the last section has highlighted how medical anthropology has contributed to an analytical look at Global South systems and practices of care and healing by highlighting relationships and frictions between indigenous healing practices and Global North biomedical epistemologies and systems.

Therefore, post- and decolonial theoretical and empirical essays and texts have thus had the merit of exploring the multiple nuances of the colonial history of Global North science and medicine. Additionally, they have also illuminated the ways in which this set of epistemological, empirical, intellectual practices came into unbalanced contact with the knowledge and healing realities of populations in the Global South, during and after the event of colonization and its political and historical end (Vaughan 1991; Arnold 1993; Anderson 2006). While the interconnections between post- and decolonial approaches and medical anthropology have proved fruitful from various perspectives, these studies, however, risk producing a series of idyllic descriptions of the recurring nationalistic teleology that followed the historical process of decolonization. As pointed out by Anderson (2014), following Chakrabarty (2000), post-colonial and decolonial influences in medical anthropology have inadvertently described both local readjustments and contestations against Global North medicine and science, bringing out subjectivities in the populations of the Global South. At the same time, such perspectives have also had the demerit of describing the repetition of practices inherent in postcolonial (neo)nationalistic systems of thought aimed at cementing political powers within post-colonial states, in so doing, creating essentialized separate realities. Notwithstanding this, studies in medical anthropology have provided and provide valuable case studies to unearth the colonial genealogies of global health and medicine (Anderson 2014:

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376). Such analyses have in fact brought out and described the multiple and complex forms of resistance enacted by various subjects such as, for instance, people living in Global South settings, and/or persons forcibly experiencing mobility. In nutshell, the entanglements between post- and decolonial approaches and studies in medical anthropology have unveiled epistemological, etiological and imaginative pluriverses expressed by Global South healing practices.

Such epistemological orientations in medical anthropology have made it possible to unmask how systems of thought and "situated knowledge" (Haraway 1988) within the Euro-American world have travelled between various sites and have undergone multiple dislocations, transformations and resistances, within unbalanced power dynamics. Such intertwinements have given rise to the proliferation of hybrid forms of healing practices and epistemologies. Hence, post-colonial and decolonial perspectives have had the merit to emphasize the relevance of etiologies and practices of care and healing that have developed in contact with and/or in contrast to epistemologies pertaining to Global North science and medicine. The decentralized perspective and a radical critique of ethnographic practices and forms of writing within medical anthropology has been a further contribution from post- and decolonial perspectives that have tended to diversify analyses and studies within the discipline. As noted earlier, the interconnections between post- and decolonial approaches and the research conducted in medical anthropology have enabled the uncovering of new notions of health, illness and disability (Marsland & Staples 2021; Staples 2020; Staples & Mehrotra 2016).

Besides a positive evaluation about the entanglements between these two strands of research, it is also necessary to highlight the negative sides of these interconnections. First, the most known centers for knowledge production within medical anthropology are still nowadays located within Global North European and US-based universities, institutions and public events. This hinders the development of discussions about the ways through which anthropological reflections about healing, well-being and mental health have been developed in other world contexts such as Latin America (Barukel 2014; Menéndez 2018). Furthermore, the "diffusion" of theories and ethnographic practices in medical anthropology is strongly determined by the use of English as a vehicular language. This issue has prevented the flourishing of decolonial scholarships about health, illness and disability from other localities within the globalized versions of medical anthropology. Furthermore, the "irony" of some of the post- and decolonial approaches and theories by scholars who inhabit powerful, privileged and ambiguous positions, such those imbricated within the Harvard Medical School and its machinery, exacerbate the existing distance between medical anthropology, as a predominant white space, and the decolonial practices (Herrick & Bell 2022: 1475).

While, throughout the article, I preferred to focus on the fruitful aspects of the entanglements between post- and decolonial approaches and medical anthropology and other disciplines within medical humanities, the negative aspects of these intertwinements exist. Together with a deeper analysis of these aspects, future research and critical interventions on this topic may also try to elicit in which ways theories and ethnographic data in medical anthropology and other disciplines within the group of medical humanities have been used and read by scholars who define themselves as post- and decolonial independently from their disciplines of reference. This could show how data and theories produced within medical anthropology circulate among scholars belonging to other disciplines and the wider public. As a further final limitation of the present fragmented review, I should also mention the fact that the three research areas examined here have seldomly touched upon intersected questions regarding gender, disability, chronicity, emotions and environmental health or one health which are relevant topics raised by post- and decolonial scholars interested in health, healing and the body. Furthermore, relevant topics such as critical studies of forensic anthropology (M'charek 2023) and its emotional consequences (Olarte-Sierra 2019) as well as anthropological analysis of science, technologies and society (Kleinman & Moore 2014), whose topics intersect with the general interests of scholars in medical anthropology at large, have been not considered in this text.

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Given such limitations, the multiple lines of research inaugurated by the fruitful intersection between medical anthropology and post- and decolonial reflections and their mutual influence remain important. Hence, one can conclude by stating that this is the direction in which to go in order to unveil today's pressing issues such as global warming, gender inequalities, racism and discrimination in health and technologies. In other words, post- and decolonial perspectives and approaches in medical anthropology allow for the unveiling of other modes of care by highlighting structural and racially-based inequalities that afflict many areas of the Global South and marginalized communities in Global North settings. For these reasons, a medical anthropology that is both post- and decolonial contributes to affirming and describing the presence of epistemological, empirical and analytical realities and practices that, despite the totalizing impulses of Global North ideas of modernity, continue to exist and resist.

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Notes

1 I use the conventional terms "Global South" and "Global North" to delineate macro-geopolitical and geographical areas with their histories, political dynamics and social configurations. However, such geographical and geopolitical scales are no more precise than in the past due to the presence of complex, manifold and multi-centered power global and regional dynamics. Furthermore, as highlighted by Dados and Connell (2012), "North-South terminology, then, like core-periphery, arose from an allegorical application of categories to name patterns of wealth, privilege, and development across broad regions" that do not correspond to the complexity of the present-day world. Therefore, readers should be aware of the profound limitations of such terminology.

2 Special thanks to Janina Kehr for suggesting possible ways to figure out the intricacies and genealogies around the relations between medical anthropology and critical medical anthropology since the late 1980s. Unfortunately, I do not have here enough space to highlight this history.

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