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SUBALTERN CARE SYSTEMS AND THE POLITICS OF HEALTH KNOWLEDGE: COLLABORATIVE DECOLONIAL AUTOETHNOGRAPHIC PERSPECTIVES FROM SOUTHERN BRAZIL

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Background: This paper examines subaltern care systems as spaces of knowledge production, healing practices, and resistance to the epistemic dominance of biomedicine. Drawing on medical anthropology, decolonial studies, and the concept of subaltern systems developed by Dimas Floriani, it explores how community-based practices of care persist, adapt, and acquire legitimacy within contemporary contexts shaped by biomedical rationality.

Subjects and methods: The study uses a collaborative decolonial autoethnographic approach drawing on the long-term experiences of two researchers involved in women's circles, healing practices, Indigenous-inspired ceremonies, and community care networks in Southern Brazil. Data included ethnographic records, field diaries, reflexive dialogues, and embodied knowledge from sustained participation. Through collaborative analysis, personal experiences were situated within broader social, political, and epistemic contexts.

Results: The analysis identified three interconnected patterns across both trajectories. First, subaltern care practices are learned and transmitted through embodied participation, relationality, and collective experience rather than institutional authority alone. Second, these practices generate alternative understandings of body, illness, wellbeing, and personhood that coexist with, negotiate, and at times challenge biomedical rationalities. Third, participants continuously negotiate legitimacy, recognition, and authority while inhabiting and moving across multiple therapeutic worlds, revealing how different forms of life sustain, contest, and transform the politics of health knowledge.

Conclusion: These findings highlight subaltern care systems as complex networks of knowledge, rituals, and social relations rather than residual traditions. They show how struggles for epistemic justice are enacted through everyday practices of care, healing, and community support, where alternative forms of knowledge are collectively produced and shared. The study contributes to debates on medical pluralism, decoloniality, and therapeutic diversity, while demonstrating the value of collaborative autoethnography for examining health knowledge from lived experience.

Keywords: Medical anthropology; Subaltern care systems; Decolonial health studies; Medical pluralism; Epistemic justice.

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