

# Mapuche women and traditional health

By Victor Toledo Llancaqueo

The importance of women in the development of Mapuche society has been recognized in relation to her role in the peasant economy and as the guardian of Mapuche culture.

Mapuche women play a key role in the health of their communities for the reasons cited above. The Mapuche medical systems, adapted to the physical characteristics of the community and its environs, has been a factor in Mapuche survival in the face of many mortal onslaughts throughout its history including the bacteriologist invasion brought by Spaniards in the 16th century,

In the Mapuche world view, health and sickness belong to the sacred world, to the struggle between the forces of good and evil. This is the principle behind Mapuche medicine, and experiences of health, sickness and healing are thus considered in relation to all aspects of daily life.

In health, women and female spirits occupy a key place in both the human sphere and the supernatural one. In daily life, Mapuche women possess extensive knowledge of the medicinal herbs that contain natural and positive supernatural energies (*ngelawen*). They possess broad botanical knowledge regarding types of plants, thermal waters, stones and animal organs.

This common knowledge, transmitted orally from mother to daughter over generations, is a key factor for every Mapuche family that must combat bad spirits with the positive ones found in nature.

Specialized and sacred knowledge resides in the person of the Machi, the feminine-masculine figure



who is the Mapuche Shaman. The Machi is a woman who is aided in rituals by a male translator. (When the Machi is a man, he has openly feminine characteristics.) This duality corresponds to the dual characteristics of *Ngenechen* (Dominator of men), the greatest Mapuche divinity. The Machi, who plays a mediating role between her people and the divine, ritually combats evil.

One of the most frequent forms in which evil is manifest in the Mapuche family is through illness. Disease is viewed beyond its natural causes as a sign of something greater and more anguishing whose interpretation and destruction require all family members and natural resources. The cause could be an intentionally evil act performed by someone who sought the help of a witch (*kalku*) or spirit (*wekufe*).

The resurgence of evil in the form of illness occurs when the soul and body are not harmoniously integrated, producing a drop in physical alertness that is filled by evil spirits. The supernatural cause of disease is the principal etiology (the story of the causes of disease) of Mapuche medicine. Its diagnosis relies upon a highly elaborated, semiology (system of identifying and interpreting disease) of magical and religious nature. The dreams of the sick person and her or his family are treated as an important symptom. These dreams (*peuma*) announce future events and misfortunes. An expert interpreter of dreams, the Machi also examines the sick person's urine, clothing (*pewutun*) and other signs.

With the diagnosis comes a proposed therapy, either herbal, in the case of natural illnesses, or ritual-magical-empirical, in the case of supernatural ones. The latter is shamanistic, and its principal rituals are the *ulutun* and the *datuun*. The *ulutun* is a simple

ceremony for minor diseases. The *datuun* is a complex and extensive ceremony for the treatment of serious diseases, in which the Machi, accompanied by helpers, dances, sings, beats the *kultrun* and goes into trance. This is the moment when her soul, aided by helpful spirits, combats the forces of evil. In these ceremonies, the Machi also makes use of a complete hierarchy of herbs (*lawen*). As the intermediary between humans, gods and ancestral spirits, the Machi focuses her therapeutic action in expelling evil spirits and replacing them with beneficent spirits. In this way, the patient recovers her or his psychic-physical equilibrium.

In the 1950s three factors contributed to the coexistence of medical systems that prevail today: increased presence of national health services; the economic and social crisis that sparked widespread emigration; and irreparable environmental changes.

The latter two factors are seen in the scarcity of food and exhaustion of natural resources. This forces the community into greater reliance on *huinca* (non-Mapuche) medicine, despite the fact that illness is still approached through traditional cultural parameters. The sick person now seeks both modern medical technology and the rituals-symbolic treatments of the Machi and her herbs. This feminine knowledge persists in both symbolic and prosaic ways. The 1960s saw isolated cases of explicit collaboration between these two medical systems in regional health services.

This coexistence, however, has experienced changes in the past 15 years that could have a negative effect on the Mapuche people. On the one hand, the official medical system is rapidly modernizing, bringing specialization, high technology and echoes of the same charges of alienation first heard in the 1970s in

the developed countries. Contrary to the World Health Organization's 1978 Alma Alta conference, which recommended the maximum possible use of popular knowledge in primary health care, Chile has experienced true "symbolic violence" against popular medicines. On the other hand, the Mapuche medical system faces challenges from the deterioration of the community's natural environs and increasing complexity in causes of death.

Today, the Mapuche community seeks *huinca* public health services and medical technology in greater numbers and with greater urgency. At the same time, community members feel that the evil spirits treatments are on the rise. This would appear to be a convenient form of coexistence, except for the fact that Mapuche are growing steadily more dependent on the public services that discredit traditional ones but are incapable of either meeting Mapuche health needs or halting environmental degradation.

The paradox is that the health problems that most affect the future development of the Mapuche affect its women, the guardians and teachers of traditional health knowledge. This "symbolic violence" and expropriation of health are specific gender concerns. New health programs for the Mapuche must not only foster adequate interaction between the two health systems but also rehabilitate existing cultural resources by including this traditional medicine and gender dimension.

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