

## When a Machi Arrives at the Hospital

### An Experience of Integration between Indigenous and Occidental Medicine in Santiago de Chile

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#### Abstract

My thesis deals with an experiment of integration between traditional Mapuche medicine and biomedicine in a public hospital in Santiago de Chile. Furthermore, it deals with the Mapuche identity as it is claimed and its influence in the pursuit of intercultural health policies. My thesis suggests that the decision to consider mainly ethnic factors neglects the difficult social and economic situation of the recipients and consequently contributes to perpetuate structural violence. Furthermore, it appears that the two types of medicine are separated only on a formal level and that a constant negotiation takes place between them and leads to the creation of hybrid practices, symbols and lexical forms.

#### Keywords

Indigenous medicine, structural violence, Mapuche, integration, Chile

#### Introduction

“My mother worked as a cook in a nursery school for rich children, and she sometimes took me with her. Here in Chile, the rich are blond and look more like Europeans, while the poor are dark. And between them, who were all pale, I appeared as the dark one. Moreover, I was the daughter of the cook. They told me bad things. But some days ago my daughter had a quarrel with some classmates and they said to her: “You think you’re better than us, ‘cause you’re Mapuche!”... And so I think that things are changing, because now the opposite seems to be happening, that being Mapuche is something to be proud of!” (*Mapuche employee of the hospital*)

The history of native people in Latin America and their relation to the rest of society has been marked by the colonial encounter. Since 1960, however, the rising and the enhancement of indigenous claims have led to the realization of intercultural programs and integration experiments. Nevertheless, these programs are inspired by claims based on a traditional and rigid form of identity and often don’t take into account different cultural forms and socio-economic dynamics, whose influence can be very strong.

The claiming of rigid models of identity can be a way of strengthening demands<sup>1</sup>. It often happened that the recognition of indigenous claims depended on the demonstration of a strong traditional identity<sup>2</sup>.

The Mapuche are the largest native group in Chile. Many studies were carried out after the *Conquista* and during the different historical periods that led this region to become an independent nation in 1810. The studies were

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1 Remotti 2010, 92-99

2 Clifford 1993, 347-355

carried out by Mapuche and non-Mapuche authors and often give the illusion of a basic cultural cohesion. It seems unlikely that this cohesion has ever existed. However, it appears to be the ideal term to which social actors refer to. It is asserted by native associations and movements and by Mapuche poets and musicians, and their view is shared by the largest part of the Chilean society.

My thesis treats different topics. The first is the Mapuche identity. Are there any individual experiences that differ from the traditional model? If so- do they confirm the suppositions of some authors who claim that there isn't any native cultural peculiarity left?<sup>3</sup> Is it possible to find new hybrid forms?

Secondly, my thesis tries to analyze how identity claims intervene in the conflicts of power that mold intercultural health policies.

Thirdly, it observes an experiment of integration between two different types of medicine, so as to see if the result is the maintenance of a separation line or the development of collaborative forms. Does the experiment leave the opposition between the two elements untouched or does it help to create new syncretic practices?

### **The Mapuche Medical Service at the Hospital San Borja in Santiago**

The fieldwork was carried out from September to December 2010. It regarded mainly the Mapuche medical service that is offered at the hospital San Borja in Santiago de Chile since 2004. The San Borja is a hospital intended for the poorest clients of the National Health Service. Most of the Indios living in the city are among them.

During the fieldwork, interviews and conversations were led with the *machi* (the healer), his assistant *lawentuchefe*, the Mapuche and non-Mapuche patients and some Mapuche and non-Mapuche executives of the hospital. Moreover, some therapeutic encounters were observed. Simultaneously, I examined the publications regarding the development of the program. I also attended an encounter between representatives of the National Health Service and of some Mapuche associations.

A Mapuche pharmacy in Santiago is described. This pharmacy offers products that are inspired by the indigenous medicine, but produced and sold according to extraneous guidelines.

I also participated to a meeting of traditional healers from all across Latin America with a mixed public of Indians and Chileans.

My thesis also deals with the narrations and the perspectives of individuals, so as to catch the forms they give to the elements and to the processes they get in touch with, according to their positions, intentions and relationships.<sup>4</sup>

It observes how identity, as it is claimed, contributes to mold not only the spaces of the intercultural health service, but also the way of life and the cultural symbols of individuals. It also aims to observe the decisions and the positions of these individuals.

Sickness is an event that leads individuals to be confronted with the symbols of the society they belong to and to negotiate with them.<sup>5</sup>

I wanted to see how this happened in relation to the Mapuche medical attention in the hospital San Borja. Therefore it was necessary to observe the attitudes of the individuals toward identity claims and in which way the elaboration of cultural meanings is carried out by the involved individuals in an urban context.

The formulation and the fulfillment of intercultural health policies are influenced by many social variables, by different interests, by conflicts of power and by mechanisms that lead to an incorporation of social inequalities.<sup>6</sup> This incorporation can be found in the case of the Mapuche, who belong to a native group and to the poorest and most marginalized part of a society marked by deep classism.<sup>7</sup>

However, the health program dedicated to them gives importance only to their ethnic identity. My thesis investigates if the decision to give absolute priority to the Mapuche identity may lead to consequences in the realization and in the results of the program.

As I was approaching the program, two subjects emerged immediately: the Mapuche medicine and the biomedicine. Both took form as closed systems, which are separated by limits of contents. The purpose of my thesis was to observe the impact of this theoretical opposition on individual experiences.

3 Saavedra Peláez 2002, 208

4 Balandier 1973, 34-43; Barth 1989, 132-134; Geertz 1987, 114

5 Schirripa & Vulpiani 2000, 245

6 Castro e Singer 2004, XIV-XVIII; Farmer 2003

7 Saavedra Peláez 2002, 141-147

## Hybrid Identities

The observed case takes place in an already syncretic situation, because it is based on the meeting of an indigenous therapeutic tradition with a new kind of organization.

Sometimes the syncretism of this medical service increases the syncretism of the involved personal identities. Almost all of the interviewed Mapuche had emigrated to Santiago in their childhood: in their experience, indigenous elements are mixed to non-indigenous ones.

It is important to remark that the indigenous elements don't have a fixed form: although the discriminations suffered by their parents often induce the Mapuche not to transmit their native cultural knowledge, they still maintain parts of it. The emigration to the city encloses the loss of contact with other Indians and the exposition to discrimination. It also may include experiences such as mixed marriages and conversions to Christianity.

All these factors led the interviewed persons to an estrangement from their traditional identity, which had been bound to the rural world.

Nevertheless, the medical attention offered in the hospital induced many of them to approach it again. A Mapuche executive of the San Borja argues that this rediscovery is based on the acknowledgement of their origins. The word "origins" is revealing, because it suggests a dialogic relation between individuals and cultural meanings. The contact with the *machi* represents for many patients the first direct contact with the Mapuche medicine, but there are other elements in their live and education that may combine with the indigenous ones and induce them to adopt new syncretic points of view or to become critical toward solutions that appear to be anachronistic or inefficient. This can partially be seen in the narratives of the Mapuche who are involved in movements for identity claims: although they emphasize a strong adhesion to their traditional identity, they use a vocabulary and express life-styles that are quite different from it.

All these considerations lead to the conclusion that the Mapuche identity is the always-changing fruit of an uninterrupted process of syncretism, innovation and reconstruction.

## Hybrid Practices

Traditional identity has been assumed as the point of departure for the creation of the health program. However, its realization intertwines the guidelines with the cultural perspectives of all involved individuals. The therapeutic practices of the *machi* aren't just traditional: they imply some innovative aspects that seem to derive partially from biomedicine. An example can be seen in the large confidence accorded to the effectiveness of herbal components, which – confronted to the supernatural ones – seem to be nearer to occidental scientific standards.<sup>8</sup> This happens for example in the case of a Mapuche pharmacy in Santiago, which was created by some *machis* and doctors of a hospital in the south of Chile. This pharmacy sells herbal preparations that refer to the native pharmacopoeia. But they are produced in conformity to scientific rules and are distributed through an occidental selling-model.

Sometimes, hybrid symbols and meanings appear in the individual narratives and explanations concerning diseases. The case of a woman who says to suffer at the same time from diabetes and *brujeria* is exemplary.

## Intercultural Health Policies and Structural Violence

The importance given to identity in comparison to other factors molds the form assumed by health policies and participates in the creation of spaces, symbols and meanings. This happens even if the users of the service live in a very difficult socio-economic condition.

By paying only little attention to the socio-economic factors, the program risks to perpetuate social economic inequality. If it doesn't recognize the existence of these inequalities, it won't be able to solve them. As the president of the indigenous executives at the hospital argues, the classism of the Chilean society leads up to the fact that a program designed above all for the Indians is administrated only by non-indigenous functionaries.

Even if the planning stage of these health policies doesn't take account of some influent socio-economic variables, they intervene in the realization of the program. At the same time, some interventions are made to remedy their negative effects: a Mapuche executive expresses her hope that the newly created association for the

8 Schirripa & Vulpiani 2000, 16

indigenous workers at the hospital will help native medicine to achieve its legitimation. She also hopes that native medicine will contribute to render hospital treatment more human, especially in the case of individuals who suffer from discrimination not only because of their ethnic identity, but also and mostly because of their rural origin, of their clothes, of their habits and of their communication problems.

### Separation and Collaboration

Traditional identity also influences the perception of the indigenous world held by non-Mapuche patients. This perception differs widely from the way the native persons perceive themselves. It seems to witness the creation of a new identity, which selects some indigenous cultural forms and elevates them to symbols of a radical opposition to an industrialized and capitalist world. In this perspective, Mapuche culture is considered prestigious, due to its old traditions and to the presence of some of its elements in Chilean culture. The wide group of practices and subjects that is generally defined as “occidental culture” reveals itself to be less monolithic than it may seem.

On a formal level, the relation between both therapeutic traditions is one of separation, as the interviewed persons state it. Anyway, a negotiation takes place in the encounter between *machi* and patients. Health practices and medical vocabulary are changing.

The *machi* describes how his function in the city differs from the healer’s work in the south of Chile. Differences such as minor prestige, lack of time and the necessity to accept also non-indigenous patients are the results of a new situation. The healer partially adapts his therapeutic explications to the biomedical lexicon and begins to use words like “depression” or “psychological problem”. The narratives of his assistant and of the patients are also hybrid. The patients’ narratives are quite various, because they are mediated by their personal processing, in which they project both individual and collective representations of the society they belong to. While a Mapuche patient describes her sickness and the efforts she made in the past to fight the evil eye given her by someone, other non-indigenous patients refer mostly to the serenity they feel during the ritual, to the herbal preparations and to the alimentary recommendations they receive.

On a formal level, the separation between the two types of medicine is also caused by power conflicts that produce disputes of legitimation. On an informal level, patients seem to find the new hybrid practices natural and reassuring; they also express the belief that the collaboration between *machis* and doctors increases their confidence in both.

In the future, it will be possible to observe the effects of the rapprochement to traditional cultural forms now experienced by many people. In many cases it derives from the integration of Mapuche practices in health or education services. It will be possible to see if this rapprochement, that now appears to be deeply syncretic, will continue to produce new forms and representations or if the strong action of identity claims and the relevance accorded to them by the institutions and the public opinion, will render it mainly a recovery process of rigid traditional contents.

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