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Original Article

Approaching Speech and Language Disorders from Mapuche Health, in the Araucanía Region, Chile: Towards an Intercultural Speech-Language Therapy

Daniel Rodríguez Marconi [a, *], Camilo Morales Cárdenas [a], Michelle Lapierre Acevedo [b], Fabián Contreras Reyes [a], Pedro Elgueta Linares [a], Claudio Risso Ríos [a], Claudia Ulloa Ferrer [a] and Javier Vidal Vásquez [c]

[a] *Departamento de Procesos Terapéuticos, Facultad de Ciencias de la Salud, Universidad Católica de Temuco, Chile.*
[b] *Núcleo de Estudios Interculturales e Interétnicos, Universidad Católica de Temuco, Chile.*
[c] *Programa Discapacidad, Casa de la Inclusión, Freire Municipality, Chile.*

ABSTRACT

The objective of this research was to investigate and discuss how the Mapuche health system approaches the health conditions that speech-language therapy classifies as communication disorders, from a theoretical and epistemological perspective that includes the training of healthcare practitioners, the diagnostic process, the Mapuche and intercultural health systems, and the treatment of voice, hearing, swallowing, language, and cognition disorders. Using a theoretical and methodological design based on grounded theory, semi-structured interviews were conducted with six Mapuche healers, including four *machi*, one *lawentuchefe*, and one *peumantufe*. Three categories were obtained for analysis: *kizukutrán* (related to the training process of healthcare providers), *kutrán* (related to pathologies, disorders, diagnosis, and treatment), and health system (related to the differences and relationships between the Mapuche and non-Mapuche health systems). Mapuche traditional practitioners use medicinal plants, rituals, and their own therapeutic resources to address speech and language pathologies, independently or in cooperation with the official medical care. We discuss the differences and similarities of the Mapuche healthcare approach to pathologies in the field of speech therapy, as well as the challenges that carrying out respectful and ethical intercultural practices implies for the profession.

Keywords:
Mapuche; Intercultural health; Speech-Language Therapy; Critical interculturality

Chumgechi am ta pepi mapuche lawentugeafuy tüfey chi che küzawtukelu ñi küme zugual, Araucanía mapu, Chile mew: Kintulen epu rume chi lawentuchen fonoaudiología zugu mew**

AMULKÜNUN ZUGU

Tüfachi inaramtun zugu ta küpa inaramtuy mapuche lawentuchen mew tüfey chi ketxozugun pigekelu ta fonoaudiología mew, kiñe rakizuam kimün mew koneltulelu ta pu lawentuchefe, ñi chumgechi kimgeken ta kutxan, ñi chumgechi lawentugeken ta che ka intercultural mew ka chumgechi ñi lawentugeken ta ketxoketxozugulu, allkün zugu, rulmen yaqel zugu, zugun ka ñi chumgechi kimken ta che. Tüfa chi küzaw ta nentugey kiñe teórico-metodológico zugu mew rekülukülelu ta teoría fundamentada zugu mew, nentugey wenche azkünun ramtukan mew ta kayu lawentuchefe küzawkelu ta lawentuchen mew, fey mew ramtugey ta meli machi, kiñe lawentuchefe ka kiñe pewmatufe. Fey wechulün küzaw ta wentugey küla güneltun zugu: kizukutxan, tüfey chi zugu ta lawentuchefe ñi chumgechi kimeltugey ñi kim lawentucheal; kutxan, tüfey ta kutxan zugu, kutxankawün zugu, ñi chumgechi kimgeken chem kutxangen ka chumgechi lawentugeal, ka lawentuchen zugu, fey mew ta feypigey chem kaley ka chem zugu mew yewpay ta mapuche lawentuchen egu wigka lawentuchen. Pu mapuche lawentuchefe pünekeygün aliwenke lawen, llellipun ka pünekeygün kiñeke mapuche azümüwün lawentual tüfey chi kutxan konkelu fonoaudiología mew, fey wichu pünegekeygün kam txür amulekey médico lawentuchen egu. Femgechi gütxamyegey ñi kalen ka ñi yewpan ñi chumgechi lawentugeken kutxan konkülelu ta fonoaudiología zugu mew, ka femgechi gütxamyegey ñi chumgechi küzawafel fey chi profesión ñi zoy küme yamkechi lawentual epu rume kimün mew, ñi küme güneltunieal ta epu rume kimün.

Koneltulechi nemül:
Mapuche; Epu rume lawentuwün; Fonoaudiología; epu rume güneltun

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Abordagem da saúde mapuche aos transtornos na área da fonoaudiologia na região de La Araucanía, Chile: rumo à fonoaudiologia em chave intercultural

RESUMO

O objetivo desta pesquisa é investigar e discutir como a saúde mapuche aborda as condições de saúde que a fonoaudiologia classifica como transtornos da comunicação a partir de uma abordagem teórico-epistemológica que contempla a formação dos agentes de saúde, o processo diagnóstico, o sistema de cuidado próprio e intercultural e o tratamento de patologias da voz, audição, deglutição, linguagem e cognição. Por meio de um delineamento teórico-metodológico baseado na teoria fundamentada, foram realizadas entrevistas semiestruturadas com seis agentes de saúde mapuche, sendo quatro machi, um lawentuchefe e um peumantufe. Como resultado, obtêm-se três categorias de análise: kizukutrán (relacionado ao processo de formação do agente de saúde), kutrán (relacionado a patologias, transtornos, seu diagnóstico e tratamento) e sistema de saúde (relacionado às diferenças e relações entre o sistema de saúde mapuche e não mapuche). Os curandeiros mapuche utilizam plantas medicinais, rituais e recursos terapêuticos próprios para tratar patologias na área da fonoaudiologia e que são utilizados de forma independente ou em conjunto com a saúde médica oficial. Discutem-se as diferenças e coincidências da abordagem da saúde mapuche às patologias na área da fonoaudiologia, bem como os desafios da profissão para realizar práticas terapêuticas interculturais respeitosas e éticas.

Palavras-chave:
Mapuche; Saúde intercultural; Fonoaudiologia; Interculturalidade crítica

Aproximación desde la salud mapuche a los trastornos fonoaudiológicos en la Región de La Araucanía, Chile: Hacia una fonoaudiología en clave intercultural

RESUMEN

El objetivo de esta investigación es indagar cómo la salud mapuche se aproxima a las condiciones de salud que la fonoaudiología clasifica como trastornos de la comunicación, desde un planteamiento teórico-epistemológico que contempla la formación de los agentes de salud, el proceso diagnóstico, el sistema de atención propio e intercultural y el tratamiento de las patologías de voz, audición, deglución, lenguaje y cognición. A través de un diseño teórico-metodológico basado en la teoría fundamentada, se realizaron entrevistas semiestructuradas a seis personas agentes de salud mapuche, incluyendo cuatro *machi*, un *lawentuchefe* y un *peumantufe*. Como resultados se obtienen tres categorías de análisis: *kizukutrán,* relacionado con el proceso de formación del agente de salud; *kutrán,* relacionado con las patologías, trastornos, su diagnóstico y tratamiento, y sistema de salud, relacionado con las diferencias y relaciones entre el sistema salud mapuche y no mapuche. Los sanadores tradicionales mapuche usan plantas medicinales, rituales y recursos terapéuticos propios para el abordaje de las patologías del área de la fonoaudiología, y que se emplean de manera independiente o en conjunto con la salud médica oficial. Se discuten las diferencias y coincidencias del abordaje de la salud mapuche a las patologías del área de la fonoaudiología, así como los desafíos para la profesión que implica realizar prácticas terapéuticas interculturales respetuosas y éticas, en perspectiva de una interculturalidad crítica.

Palabras clave:
Mapuche; Salud intercultural; Fonoaudiología; Interculturalidad crítica

**Corresponding Author:* Daniel Rodríguez Marconi
E-mail: *drodriguez@uct.cl*
*** Translation to Mapudungun by* lamgen *Flor Caniupil Huaiquiñir*

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INTRODUCTION

The Mapuche are the Indigenous people with the largest population in Chile, representing 79.8% of the total number of Indigenous people, who in turn are 12.8% of the country's population (National Statistics Institute, 2017). This fact, added to the need to guarantee the rights of Native people and to legitimize their ancestral knowledge, poses the challenge to create inclusive and intercultural public policies, especially those related to health.

The Mapuche belief and knowledge system of health and healing practices (*lawentuwün*) are immersed in a context filled with power relations that position official medicine as the hegemonic approach, one dominated by the biomedical model. This creates inequalities in treatment and the interaction between patients and practitioners. In this scenario, intercultural health is a possibility that could enable the dialogue and mutual recognition between belief systems and knowledge about health and disease that

different peoples and nations have. It is essential to recognize that intercultural health in Chile is a controversial field (Boccara, 2012) since it cannot be separated from the political and cultural context in which relationships between cultures are established. This particularly refers to the complex historical relationship between the Chilean state and the Mapuche people, permeated by an assimilationist and welfare view, which impacts intercultural health as a current public policy (Cuyul, 2013). Under this approach, Walsh (2010) considers that only critical interculturality allows for addressing the political challenge of proposing an intercultural project that does not respond to the assimilationist purposes of the state.

Regarding the global relationship between states and Indigenous peoples, Article 25, paragraph 1, of ILO Convention 169 on Indigenous and Tribal Peoples indicates that

> Governments shall ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health (International Labour Organization, 2014, p. 53).

Additionally, Article 30, paragraph 1, states that

> Governments shall adopt measures appropriate to the traditions and cultures of the peoples concerned, to make known to them their rights and duties, especially in regard to labour, economic opportunities, education and health matters (International Labour Organization, 2014, p. 59).

The foregoing obliges the state of Chile to include the health of its Indigenous peoples as part of the national health system, to allow them to practice their medicine autonomously, and to guarantee the means to respond to their needs and allow equal participation alongside the national community.

The first known attempt to achieve this inclusion occurred in 1992, in the post-dictatorship period, with the creation of *Programa de Salud para la Población Mapuche* (Health Program for the Mapuche Population, Promap) (Manríquez-Hizaut et al., 2018). However, it is possible to trace back numerous healthcare practices to the 16th century that show a relationship between different medical systems, especially through the use of medicinal herbs (Lapierre and Glöel, 2022). In this line, Olivos (2004) affirms that the extensive understanding and management of the plant world is characteristic of the Mapuche ancient knowledge. Similarly, Citarella et al. (2018) note that their herbal medicine has been the most studied and recognized practice in Chile. Accordingly, the government of Chile, through the Ministry of Health (MINSAL), regulates and recognizes the use of traditional herbal medicines (Exempt Resolution 548, 2009). Thus, it seems that the field of herbal medicine is where the state has shown the greatest compliance to fulfilling its international obligations in terms of recognizing cultural rights related to Indigenous health. This gives rise to the question of whether this is enough as a practice of recognition and as an intercultural health policy.

According to the Mapuche system of beliefs and knowledge about health and disease, all people are part of the *mapu* (universe, earth) and are necessary to live in harmony and balance. In this sense, Mapuche ethics are based on the fact that the *che* (person) plays the role of balancing the relationships that exist in nature, communing with it reciprocally (Quidel, 2020; Carihuentro, 2007). Moreover, this system of knowledge and production of practices emphasizes the nature of the human organism and its ability to restore a state of dynamic balance, making the person responsible for maintaining their own health and recovery (Caniullan and Mellico, 2017; Silva, 2011). This is framed by a collective, intergenerational (related to lineage), spiritual, and natural/ecological conception of health and disease.

Marileo (2002) describes that when a Mapuche disrupts the balance by transgressing the laws of nature, they suffer the consequences of the imbalance they have caused. At this point, the disease, both physical and spiritual, impacts the quality of life of the individual and those close to them. If the state of imbalance, called *kutran*, has entered the person, it manifests not only in the absence or presence of pain but also in the behavior of the person and their environment (Citarella et al., 2018; Díaz et al. ., 2004). *Kutran* can be triggered by *wekufe* or *wekufü* (evil spirits), a label assigned to any harmful subject, agent, or spirit. This is considered a type of energy that, when invading the biological organism, disrupts the harmonic balance of body and mind (Citarella et al., 2018).

According to Echeverría et al. (2002), the Mapuche cosmovision attributes the development of imbalance and disease to the following forces: (1) *Weza newen*, negative energies present in people who act in harmful ways; (2) *Weza pülli*, negative spirits that exist in nature and manifest in different forms, and (3) *Weza kürüf*, among them the *trafentun* (encounters with negative spirits that create imbalance) and the *meülen* (whirlwinds that appear at noon or during ceremonies, and announce misfortunes). In turn, the symptoms produced by *kutran* can be categorized according to their intensity, into *pichikutran* (minor illness), and *futakutran* (serious illness). Depending on the length of the disease, we find

lefkutran (acute or recent) or *kuifikutran* (chronic or longstanding). Finally, the location of the *kutran* will determine if the disease affects the whole body or a specific part (Grebe, 1975).

Marileo (2002) mentions that the Mapuche developed a healing system for the *kutran* that restores balance and harmony, based on a set of knowledge and practices that have been used for centuries. Bacigalupo (1995) indicates that, according to this system, the body is interconnected with spirituality, emotions, and thoughts, which is why Mapuche healing practices respond to their own conceptions of spirituality and transcendence. According to Gálvez (2012), the knowledge necessary to maintain this balance is acquired through the observation of nature, a methodology for cultural learning that in the Mapuche language (*Mapudungun*) is called *inarrumen*. In other words, the Mapuche health system plays a preventive role, centered around the knowledge of nature and its cycles, and it does not separate the physical from the psychological or the spiritual (Grebe, 1975).

According to Marileo (2002), the main traditional healers in the Mapuche culture are:

(1) The *machi*, who is in charge of natural healing, and is the only one who is authorized to establish a bridge with the creator spirits and the *ngen* (spirits that protect nature as its owners and guardians), with whom they maintain direct communication, as well as with the ancestors and non-ordinary realities (Díaz et al., 2004). They generally use empirical and natural methods (herbal medicines, minerals, and sometimes pharmaceuticals), along with other spiritual methods as part of the rituals: prayer, singing, and playing the *kultrun* (Bacigalupo, 2001). The *machi* claims that simultaneously using both methods enhances their powers and, therefore, the effectiveness of the ritual (Grebe, 1975).

(2) The *lawentuchefe*, *meica,* or herbalist, whose gift is knowing the properties of healing herbs and natural remedies. They work with medicinal plants or with products made from them and they communicate with the *ngen* to collect the *lawen*. Many *lawentuchefe* have obtained their traditional knowledge through oral transmission and developed it through practice (Cisternas, 2016).

(3) The *peumantufe*, a health practitioner who predicts the future of objects and animals through dreams (Citarella et al., 2018).

In contrast, we have the scientific medical model, which reproduces the institutional characteristics of the dominant system existing in modern societies. Every medical model is based on the notions held by society and culture about health and/or disease. These constructs have a long history that began with the epistemological transformation in Europe, which meant losing the cosmic referents that offered explanations for the phenomena of health and disease and keeping only physical, material, and ideological aspects that are still upheld in today's model (Jofré et al., 2007). Moreover, this historical journey led to the development of the hegemonic medical model (Menéndez, 1988), recognized today as official by different states. Menéndez (1988) defines the model as

> The set of practices, knowledge, and theories generated by the development of scientific medicine, which has managed, since the late 18th century, to subordinate the set of practices, knowledge, and theoretical ideologies that were until then dominant in social groups, placing itself as the only way to treat diseases that is validated both by scientific criteria and by the state (p. 1).

Speech-language therapy, as a modern discipline, was born and developed following this scientific medical model, which currently interacts with other health systems, albeit exercising dominance over them. Thus, intercultural health programs have mostly stayed within the limits of this model as uncomfortable guests, developing in Latin America with great difficulty (Menéndez, 2017). Complementarity between health systems implies more than their mere coexistence within the territory since this does not ensure an equal dialogue regarding the philosophy and epistemology that support knowledge systems and healthcare practices.

Currently, there are no speech-language therapy programs in Chile that include an intercultural perspective of health, nor research that links the Mapuche health system with the profession. Considering the above, and to open an intercultural and horizontal dialogue between speech therapy and the Mapuche knowledge of health, we ask ourselves the following question: How does the Mapuche health system approach the health conditions that speech-language therapy classifies as communication disorders? How can speech-language therapy dialogue with these Mapuche approaches to advance toward an intercultural perspective of health?

METHOD

This is a qualitative study with a design based on grounded theory (Corbin and Strauss, 2015). This methodological and theoretical approach allowed us, through iteration, to generate an emerging theory about the lived experiences and knowledge of traditional healers (Charmaz, 2005).

A theoretical sampling method was used (Sbaraini et al., 2011), through which six participants were selected, according to the following inclusion criteria: (1) Being a traditional Mapuche healer or active participant of a Mapuche community within the region; (2) having at least one year of experience working with Mapuche health approaches, and (3) carrying out Mapuche healing work in their territory or community. The interviewees were found through key informants and gatekeepers who are part of the Mapuche culture or connected to the communities. Participants number 1, 2, 3, and 4 were *machi*, interviewee 5 was a *lawentuchefe,* and 6 was a *peumantufe*. They came from both urban and rural areas of the region of Araucanía, particularly from the districts of Nueva Imperial, Melipeuco, and Padre Las Casas.

The data were collected through semi-structured interviews conducted with each participant. Through these, we sought to collect information on how traditional Mapuche healers perceive health and how they view and treat health conditions that, in the hegemonic medical approach, are understood as speech pathologies. Each interview consisted of five questions. The first addressed the learning process of Mapuche traditional healers; the second inquired about their opinion of the official medical health system; the third asked about the most frequent diseases they treat; the fourth question asked about their opinion on interculturality. Finally, the fifth question, comprised of several sections, inquired about the type of treatment that the healers carry out for health conditions that speech therapy labels as communication disorders. This question was accompanied by verbal descriptions and videos of the pathologies, under the understanding that the different approaches might not use the same diagnostic labels. The contents of the interviews were reviewed, fed back, and validated by a Mapuche researcher who is knowledgeable about the culture, as well as by a methodologist.

As Overton (2013) indicates, the word "research" results problematic for Native peoples in general and, accordingly, for the Mapuche people in Chile. To address this challenge, the research team worked from a methodological and ethical perspective that respects epistemic justice and the ecology of knowledge (Santos, 2010), both in the planning stage and in the process of data collection and analysis. This implied, among other things, developing a contact protocol that reflected the beliefs and/or cosmovision of the Mapuche people and allowed a culturally respectful approach in the context of intercultural research. This protocol was based on the document *Manual de protocolo para no Mapuche* ("Protocol Manual for Non-Mapuche", Municipality of Padre Las Casas, 2009), and written with the support of Mapuche consultant Oscar Cayupán and other specialists. As part of the protocol, a *yewün*, a gift for the hosts (in this case the traditional healers who were interviewed) was brought to each visit as a sign of gratitude (Municipality of Padre las Casas, 2009). Additionally, the objectives of the research were explained thoroughly, the healers health agents had the possibility of resolving doubts and expressing concerns, and we frequently made it clear that the participants could end the interview at any point. The study was approved by the Ethics Committee of *Universidad Católica de Temuco* (code 0190102/22), which carries out the ethical evaluation of intercultural and interethnic research. This assessment included the informed consent that the participants were asked to sign.

Each interview had an estimated duration of 45 to 60 minutes, was audio recorded, and later transcribed by people trained for this task. The transcriptions were supplemented with notes from a field log. The participants had absolute freedom to use any concepts or expressions in their first language that they considered necessary. This terminology was contextualized and clarified at the request of the researchers and included in the analysis.

The transcriptions of the interviews were analyzed in iterative processes of conceptual emergence, which began by obtaining units of meaning and subsequently identifying and grouping the units according to common topics, to finally delimit the themes and interpret the data. The collected data were assigned analysis matrices or codes, which are the starting point for the coding process (Fernández, 2006). Open coding was carried out first on each sample obtained from the interviews, by segmenting the information and assigning codes. Subsequently, axial coding was carried out, which consisted in establishing relationships between the categories. The coding process contemplated reaching the stage of saturation, which refers to the point when the information that arises from the data becomes repetitive or not relevant to the research, according to what is provided by the participants (Glaser and Strauss, 1967).

The resulting categories were prioritized and placed at the center of the approach that is being explored. They were then associated with other categories, resulting in a content analysis aimed at answering the research question. This process was shared with the participants for feedback. It is noteworthy that each stage of coding and categorizing was carried out by two researchers, considering the opinion of a third party when no consensus was reached.

RESULTS

The results are presented below, following a line of reasoning that describes the Mapuche approach to health care in the region of Araucanía. This line was reflected in two coding levels within three categories: *kizukutrán*, *kutran*, and health systems (Table 1).

Kizukutrán

Regarding the questions that address the training of traditional Mapuche healers, one of the concepts that emerge throughout the interviews is *kizukutrán*, meaning "a disease typical of the culture, directed at all Mapuche people with the aim of them returning to their origins" (Informant 1, *machi*). This disease can manifest itself physically, psychologically, or spiritually, and present with various symptoms such as headaches, low energy, hives, or a reactivation of old diseases.

Specifically concerning training, the participants mention that suffering from *kizukutrán* is associated with the initial process of transformation to become a traditional healer, for example, when assuming the role of *machi*. Through *kizukutrán*, the interviewees acknowledged their responsibility as traditional healers of the Mapuche people. They state that they consider their work a gift from ancestral forces that rule the order of the universe; hence, it is deserving of respect and recognition. This gift, despite meaning they must suffer multiple manifestations associated with *kizukutrán*, must be used, otherwise, the *pullü* or soul could die.

Table 1. Analysis matrix during the coding process.

Category	Coding 1	Coding 2
Kizukutrán	Self-perception	Personal
		Spiritual
	Manifestations	Physical
		Psychological
	Training	Discovery
		Time of onset
		Knowledge acquisition
		Rewe
Kutran	Generalities	*Pullü – Kupal* Relationship
	Diagnosis	*Lawen*
	Treatment	*Machi prayer*
		Secrets
Health Systems	Opinion of the HMHS	
	Opinion of the MapHS	
	Interculturality	

HMHS: Hegemonic medical health system; MapHS: Mapuche health system.

All of the interviewees agree that this gift is hereditary, mentioning that they all have a relative to whom it has been revealed, which relates to the concept of *kupal* or "descendants". Similarly, they state that, besides *kupal*, *kimün* or knowledge must be acquired through practice and observation. This is guided by a *machil* or a more experienced tutor.

The Mapuche *kimün* (knowledge) comprises all the knowledge of the culture, including information about health, education, rituals, and language. Once they have acquired this knowledge, the Mapuche healer can practice, a process that culminates with the erection of the *rewe* (totem or sacred tree of the *machi)*. One of the interviewees refers that it is this moment "when one is established as a *machi*, when one can enter the labor world" (Informant 3, *machi*). Thus, we can find a training process, an understanding and generation of knowledge, mentoring or a relationship with experienced traditional healers, and the acquisition of experience based on practice.

Kutran

Regarding the treatment of health conditions, the traditional Mapuche healers mention that, overall, the *kutran* or disease is an imbalance of the *Pullü* or spirit, that affects the body. The manifestations of this imbalance are varied, like those of *kizukutrán*; however, its causes may be energies coming from other people when they transgress both nature and cultural practices.

Consequently, the imbalance of the *Pullü* is expressed in physical symptoms that are intimately related to the natural elements, as well as with the *pullü* of the family, or *kupal*. This is why the transgressions of an individual can indirectly affect their loved ones or relatives.

According to the interviewees, the cause of the *kutran* is generally revealed by performing a *pewutun*, which means observing the state of a patient, either in person, through urine, their identity card, or belongings; this depends on the healer.

The participants refer that these conditions can be approached in three ways:

(1) *Lawen*: Parts of the plant (leaves, stems, roots, flowers, etc.) that can be administered in different ways, either orally, massaging them into the skin, as a smoke offering, etc. This remedy is not only the combination of tangible plant elements but also involves the energies of the person and the time or place where it is prepared.

(2)Secrets: Any act, generally transmitted orally and hermetically, that carries a strong spiritual-ritual charge that provides protection. These secrets were not revealed during the interviews.

(3) Machi prayer: Ceremony where the healer connects with the spiritual world to ask for a specific outcome. They can range from complex ceremonies such as the *machitun* or *guillatun*, to more intimate ones such as visiting a place in nature (waterfall, wetland, sea) or the home of the patient and their family.

Concerning speech therapy interventions, it was possible to systematize the following practices:

(A) When it comes to children, there is a preventive approach starting in the prenatal period, and also an approach to *kutran* that in speech-language therapy are labeled as language disorders secondary to intellectual disability, specific language impairment, stuttering, and language disorders secondary to Down syndrome. In these cases, specific *lawen*, secrets, or *Machi prayers* are conducted, either as a catalyst or a depressant for mental and physical activity.

(B) Regarding *kutran* in adults (which we could classify in speech therapy as cognitive-communication disorders secondary to stroke, traumatic brain injury, dementia, or right hemisphere injury), the interviewees referred to two lines of work. The first is to understand the case, which could be caused by unbalancing factors (external energy or spirit) that impact the individual's perception and communication. In this case, the approach is aimed at the causes; in other words, it seeks to restore the energies that cause the malaise through *lawen* and/or *Machi prayers*, depending on the case (Informant 3 and 4, *machi*). The second line of work is related to the process of sudden natural death of the body and soul of an individual. In this context, it is mentioned that "most Mapuche people regress when they are about to leave, that is, when they are very sick or about to die, they go back to a time in their lives when they were very happy" (Informant 2, *machi*). In these cases, the healers mention that the approach is usually palliative, stating that "revitalizing natural remedies are usually given, as a refreshing *lawen*" (Informant 5, *lawentuchefe*).

(C) In hearing disorders, there is a differentiation between congenital and acquired hearing loss, with the first one being referred to the medical health system. In cases of conductive hearing loss due to an earwax plug, the informants report performing ear lavages, emphasizing the use of natural oils (*lawen*) or hydrogen peroxide (Informant 3, 4, *machi* and 5, *lawentuchefe*).

(D)Regarding voice disorders, Mapuche traditional healers consider that dysphonia is not an isolated pathology; therefore, the treatment process entails finding its origin or cause. These causes can be physical or organic –for example, inflammation due to overwork, in which case *lawen* and secrets are used– or spiritual/psychological, which could occur after an unexpected accident or when emotions are repressed (Informant 1, *machi*); we can associate these with psychogenic dysphonia. In these situations, remedies such as *lawen* and/or secrets are provided initially, changing as the user responds to them. Thus, the cause of the dysphonia is revealed and it is very common to offer *Machi prayers*, depending on the case.

(E)With regards to swallowing disorders, the participants mention that they focus the treatment on the search for safe and easy food intake, using *lawen* to facilitate the swallowing process. They also mention modifying the method of application of the *lawen* (for example, in the form of suppositories or rubs).

Health Systems

To understand how the disorders associated with speech therapy are approached from the perspective of Mapuche health, we need to know how their health system or *lawentuwün* operates, as well as its relationship with the medical health system. Regarding the perception of the characteristics and effects of practices and procedures on communication disorders, the interviewees generally refer to them as *kutran*. They mention that the treatments provided by their system are in constant interaction with nature and the spiritual world, and they act as a bridge between both planes. The healers also observe that:

1) Non-Mapuche medicine –established as official–works faster on pathologies, unlike the Mapuche system which is slower, but effective: "The *mapu lawen,* or Mapuche medicine, is much slower, the herbs, the *lawen* itself has a much slower process than western medicines" (Informant 2, *machi*); "I think it's totally different, because of the intervention method, in this case, the natural process is slower, but very effective" (Informant 6, *Peumantufe*).
2) The drugs provided by the medical health system have negative side effects, unlike the *lawen*: "Medications are not specific, sometimes they can improve some ailments, but they can be harmful and cause other diseases" (Informant 6, *Peumantufe*).
3) Medical diagnoses are very structured and they create biases, while traditional Mapuche healers offer a unique and unstructured diagnosis.
4) The medical health system tends to ignore the spiritual plane, unlike the Mapuche system, where it is fundamental: "Today,

people are not so much getting physically ill, nowadays the disease is spiritual" (Informant 3, *machi*).

5) It is believed that the medical system tends to provide poor quality care, in contrast with the highly personalized Mapuche system.
6) The official medical system focuses only on the disease: "The Mapuche system is not invasive to the organism (...) a relationship must be established beforehand, and there is a rigorous process to learn how to treat the person, that's why when a service is provided we start with "who are you"; it's not a simple session or an invasive procedure, we don't do that unless it is a very extreme case" (Informant 1, *machi*).

Concerning interculturality, one of the participants states that "the Mapuche, before they [Westerners] arrived, were intercultural, there was a relationship, pacts, or treaties to exchange pelts, products, food, fruits, etc., with other cultures. This has always been natural" (Informant 1, *machi*). In line with this, the healer mentions that "the problem is when we come across Chileans because they make us invisible, they minimize our way of life for being different" (Informant 1, *machi*). The participant highlights the constant devaluation of the Mapuche traditions and cosmovisions by the Chileans, who continue to impose their own culture even to this day. Similarly, another informant asserts that "we have never seen a change from the Chilean society towards us" (Informant 2, *machi*).

As mentioned before, there are contexts in which both health systems coexist; however, their relationship shows complicated dynamics. A good example of this is what happens in the intercultural hospitals of the Araucanía region. One of the participants of this research, who is in contact with the *machi* working in these health care establishments, states: "I asked them how the interaction with the doctors was and they told me that they work independently unless the doctor is more open to other criteria" (Informant 2, *machi*). Others mention that there is no interaction with hospitalized patients, nor are there meetings to discuss cases in which traditional Mapuche healers could intervene to complement the doctors' work. There was no mention of speech therapists as part of the treatment process or of working with these professionals in their healing work.

DISCUSSION

From the interviews, we can see that many of the obstacles and differences perceived by the participants come from the ignorance and misinformation of the *winka* (non-Mapuche person) regarding the Mapuche culture. Additionally, there is a lack of appreciation of traditional Mapuche healers within the hegemonic medical system, in comparison with the appreciation of health professionals and the scientific knowledge that supports their actions; this is consistent with other studies on intercultural health conducted with Mapuche people (Rebolledo-Sanhueza et al., 2020; Pérez et al., 2016). The differences between both systems stem from the paradigm each of them is based on; while the hegemonic health system emphasizes individual welfare, the Mapuche health system focuses on collective well-being, which shows cultural differences that are strongly influenced by each system's cosmovision.

In order to achieve intercultural healthcare from a critical perspective in the field of speech therapy (Walsh, 2010), it is vital to deeply understand these differences as part of the diversity of perceptions that peoples sharing a territory have of health, and to recognize that both arise as systems of knowledge and beliefs with foundations that make full sense only within each culture. Therefore, we must understand each system, how they are produced, and how they can dialogue. A relevant concept to be aware of is "cultural isolation", defined as the withholding of Mapuche knowledge from the non-Mapuche world, a behavior that was evidenced in the interviews when inquiring further about their treatments. Concerning the above, Carbonell (2001) mentions that the Mapuche have decided to keep their rituals secret, and only *machi* or *lonkos* (political chiefs) are allowed to correct or lead ritual ceremonies; in this way, they have kept their spirits intact for five hundred years. This is characteristic of the culture and it also protects it against hegemonic societies that could put their ancestral medical practices at risk, as has occurred for centuries through cultural and epistemic extractivism and the process of epistemicide caused by the West (Santos, 2010).

This reveals the relevance of addressing speech-language disorders in intercultural contexts, not only through the training of health professionals, but also through dialogue and joint work between people from both medical systems; that is, speech therapists and traditional healer, ancestral authorities, and Mapuche leaders. Otherwise, interventions could lack context and participation, and include practices that folklorize cultural rights and widen the gaps between communities. The first step of this process–and a central one– is to train health professionals at a technical and university level. This has not been sufficiently addressed, which is consistent with the conclusions of other research in this field (Manríquez-Hizaut et al., 2018; Alarcón et al., 2004).

Intervention in the context of Mapuche health is related to *kimün*, each *machi*'s knowledge, which is shaped by their respective *ñizol*

machi (tutor). *Kimün* represents the knowledge handed down by the ancestors; therefore, there is a family relationship that includes *pullü* (individual spirit/manifestation) and *kupal* (relationships between the *pullü* of the same branch/family). The interventions that traditional Mapuche healers carry out are thus a product of the *kimün*, associated with *pullü*, plus their personal experience as healers, which would explain the heterogeneity of their procedures.

The Mapuche healers in this study agree there should be an equitable interaction between health systems, where both types of knowledge and practices are valued equally. A clear example is the changes the *machi* have made to their practice in order to adapt to globalization and modernization. Bacigalupo (2001) notes that almost all *machi* maintain tradition in certain aspects of their practice, but have had to simultaneously adapt and transform it, either as a product of genuine interaction and dialogue or because of the historical forced adaptation. This has allowed them to interact with the modern world while remaining true to their traditional cosmovision. The opening of each culture to the other, as well as their mutual acknowledgment and willingness to negotiate represent a first step towards an intercultural dialogue that arises from a critical perspective of interculturality, rather than from a merely relational or functional one (Walsh, 2009). This process is not devoid of tension and conflict, and requires that the hegemonic health system be aware of its historical position and be willing to acknowledge and culturally value the Mapuche health system, and to work alongside it without a hierarchical structure. Otherwise, the relationship with institutions and disciplines will continue to be functional, and their position of power and dominance over knowledge will remain protected. Intercultural territories, such as the region of Araucanía, need to begin this process towards intercultural health as a social project that does not exist today (Walsh, 2012), but is possible and just.

This research opens spaces for reflection on issues that emerged indirectly or preliminarily from the dialogue held with traditional healers, such as the relevance of language in the understanding of health, disease, and well-being. Speech-language therapy can carry out intercultural practices by recognizing and protecting the Mapuche language as an instrument of resistance and cultural preservation (Fernández & Alarcón, 2020) that additionally conserves knowledge, belief systems, and healing practices. This makes it fundamental to teach the Mapuche language starting from childhood, a fairly frequent field for speech therapists and a significant challenge for the discipline. Responding to this challenge should consider, on the one hand, communicating in the child's own language, and on the other hand recognizing that communication systems are also cultural. Regarding the first point, McLeod et al. (2017) designed a tutorial for therapeutic relationships with multilingual children, emphasizing the fact that cultural differences may negatively impact the diagnosis and its severity, thus making it necessary to assess the child in their first language and design instruments that respect cultural differences. Regarding the second point, the Mapuche culture has its own communication system that goes beyond *Mapudungun*, and that considers aspects of their cosmovision that relate to time, space, and history. This questions the pivotal place that speech therapy and language sciences have given to cognition as the basis of the communication system. Authors such as Becerra and Llanquinao (2017) and Fernández and Alarcón (2020) offer key information about the complexities of Mapuche knowledge and culture, which can aid speech therapists in the difficult task of avoiding pathologization and medicalization within these cultural contexts. Both the concept of *kutran* and *kimün* that we have discussed, as systems of knowledge, represent a possibility of epistemic and philosophical enrichment for intercultural speech therapy. Furthermore, these concepts constitute legitimate thought and knowledge that offer significant contributions to the development of the profession with a critical and situated perspective.

Although research such as this is useful for promoting ethically responsible speech-language therapy that respects cultural differences, no scientific documents were found in the field of this discipline and communication disorders that evidence a process of dialogue between the practices of the profession and those of the Mapuche culture. It can only be assumed that there are speech therapists who have observed the need for this dialogue and acted independently; however, there is still a debt at the institutional, collective, research, and educational levels to generate effective actions in this area. Additionally, it can be deduced from the interviews that intercultural health occurs mostly with the medical profession. Moreover, none of the interviewees mentioned having worked with speech therapists in what we call communication disorders.

It is noteworthy that during this research we encountered a consistent obstacle related to the predominance of the scientific method that supports speech therapy. This was reflected at different stages and areas of the study, for example in the rationality of the researchers or the development of the methodology, resulting in constant and necessary epistemological ruptures in those who carried out the research. Said ruptures help interrogate the concept of speech therapy as a "Western discipline" and to recognize it as a cultural instrument, but, at the same time, to think of it as a project and a possibility in the field of intercultural health, as a knowledge system that is equally valid

as others. Health systems are defined as cultural systems, which is why it is impossible to understand them without knowing the cultural environment they develop in and belong to (Patiño & Sandín, 2014).

This perspective adds meaning to this study, which pursues a line of research that promotes complementarity between the different healthcare systems that treat communication disorders and share a territory, valuing Mapuche therapy and positioning it as a valid and accessible option to benefit patients. Therefore, the call is to carry out studies in a similar line that help understand these elements by linking theory with practical experiences (Pérez et al., 2016).

CONCLUSIONS

This study aimed to understand how the Mapuche health system treats the health conditions that speech therapy categorizes as communication disorders, and how speech therapy can dialogue with these approaches to advance toward intercultural healthcare. It is concluded that contrasting the diagnoses and treatments of both health systems is a complex task since each system has a different focus; while the medical system is directed towards physiological and communication aspects, the Mapuche *lawentuwün* seeks a balance between beings and the environment (Díaz et al., 2004). In this sense, it is more appropriate to propose that both health systems are complementary, under equal conditions, and with equal recognition. This could even imply centering Mapuche health as the main system and speech therapy as complementary to it, which would require the profession and its professionals to open politically and epistemologically. Politically, due to the position speech therapy occupies within the current health system, to economic considerations, and to the internal resistance that might arise because of the struggles the profession has faced to position itself in the medical field and deliver evidence-based therapy. Epistemologically, because of the existing gap between the training speech therapists receive and the other legitimate and valid health knowledge systems, where this opening would allow for a dialogue to develop aiming at epistemic justice. This opening can be achieved gradually through joint work that ensures a respectful relationship and respects the autonomy of different peoples over their own health, just as it has been done in other countries where a wider intercultural dialogue has been established (Denzin et al., 2008). Santos (2010) proposes that all cultural systems are incomplete because of diversity and relativity (not relativism), calling this “cultural incompleteness”. In this sense, it would be fair to state that speech therapy is also an incomplete belief system that acts as if its premises, values, and knowledge were universal, although this is not accurate.

In our search for knowledge, centered around the approach to *kutran*, no structure was found in the Mapuche health system to organize speech and language disorders into specific categories that resemble what we do in our profession. Moreover, the participants assert that interventions differ according to the instruction or mentoring they have received. However, based on a general analysis of their approaches, it could be inferred that the choice of treatment depends on the complexity of the imbalance; in this context, the *lawen* is used for common cases that require an immediate solution, and *Machi praying ceremoniess* for more specific or severe ailments. We conclude that the categorization system that prevails in speech-language therapy does not apply to or does not have an equivalent in the Mapuche health system or *lawentuwün*, not only due to linguistic aspects, but fundamentally due to the cultural understanding of health, which categorizes disorders according to origin and cause, and is subsequently expressed in language (Caniullan and Mellico, 2017). This difference between health systems means that studying disorders from the perspective of a single health discipline based on the scientific method (speech-language therapy) may create limitations since it excludes other viewpoints that could help to better understand the health-culture-interculturality relationship.

Accordingly, speech-language therapists must incorporate educational and practical strategies that allow them to carry out comprehensive interventions, to establish bilateral and synergistic intercultural dialogues. This would favor the obtention of positive and culturally appropriate results through information, the development of intercultural skills, intercultural humility, and active participation in the Mapuche culture.

For speech-language therapists to be able to face the challenge of providing culturally appropriate practices to their clients, it is important that are informed about the cultures of the Indigenous peoples they work with. This means cultivating horizontal relationships with them, which will allow non-Mapuche speech therapists to be more flexible in their interactions and avoid cultural prejudices (Tomoeda y Bayles, 2002). Furthermore, the presence of Mapuche speech therapists will gradually increase in professional contexts and intercultural territories, which will allow said relationships to be deeper and more situated, and intercultural speech-language therapy to become a reality. On the other hand, every health professional should be aware of the factors that determine the health of their patients or clients. Among the social determinants of health (World Health Organization, 2008) we can find educational level or income, but

also aspects such as patterns of acculturation and assimilation, the dominance of one health care model, and the client's knowledge of health systems, conditions, and treatments (Moxley et al., 2004).

One of the limitations of this study is the small sample size. Although using a methodology based on grounded theory allows for obtaining valid and reliable results, it is important to mention that the cultural and contextual nuances of the Mapuche culture make it necessary to conduct complementary studies that help reduce the gap of knowledge that exists in this context or other aspects, such as the perception of the relationship between clinician and patient, or the vision of Mapuche health of communication disorders from other points of view, like family or social ones. For this, we suggest the inclusion of additional methodological approaches, such as ethnographic strategies, intercultural methodologies, or Indigenous methodologies for research (Denzin et al., 2008).

Finally, in order to broaden and favor the emergence of new findings in this field, it is recommended to carry out future studies that illustrate the therapeutic approaches of the Mapuche health system from the perspective of the *lawentuwün*, using its own descriptive structure, causes, diagnosis, and comprehensive approach without focusing on translatability. This could allow a wider understanding of the health system that includes not only biopsychosocial aspects but also spiritual and cultural ones.

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