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ARTICLE

Gerontological social work and ethnic diversity: a reflection from the case of the Aymara and Mapuche communities in Chile

Trabajo social gerontológico y diversidad étnica: una reflexión desde el caso de las comunidades Aymara y Mapuche en Chile

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Abstract

Emphasizing cultural diversity in the aging process -at individual and social level- has become in recent years a trend and at the same time a necessity in social gerontology and Gerontological Social Work. In this line, the objective of this article is to analyze the possible differences and at the same time similarities of the process of successful aging of the two most populous native ethnic groups in

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Chile: Mapuche people and Aymara people; to describe the cultural practices of the interviewed indigenous elderly people and analyze the relationship between successful aging and ethno-cultural identity, and to deepen the practical and theoretical applications of the knowledge/cosmovision of the indigenous peoples in Chilean social work. To account for these objectives, the results of a quantitative and transactional study with the participation of 569 indigenous elderly people living in rural areas of the regions of Arica and Parinacota and La Araucanía are presented. The Successful Aging Inventory (Troutman et al., 2011), a questionnaire on indigenous cultural practices and Phinney's (1992) Ethnic Identity Multigroup Scale (EIAM) were applied through a structured interview. Descriptive and bivariate analyses and correlations were performed through the IMB-SPSS program, version 25. The results indicate a process of successful aging for both native peoples; in addition, a high maintenance of indigenous cultural practices is observed as well as a positive and significant correlation between successful aging and ethnic identity. From the discipline of Social Work, the need for greater specialization in the subject of aging is evident, through new methodologies, within the framework of an ethics of convergence, which is a mediating bridge between a dialogic and conflictive ethics, thus allowing progress towards an intercultural ethics.

Resumen

Enfatizar en la diversidad cultural en el proceso del envejecimiento – a nivel individual y social- se ha transformado en los últimos años en una tendencia y a la vez en una necesidad desde la gerontología social y desde el Trabajo Social Gerontológico. En esta línea, el objetivo de este artículo es analizar las posibles diferencias y a la vez similitudes del proceso de envejecimiento exitoso de las dos etnias originarias más populosas de Chile: pueblo Mapuche y pueblo Aymara; describir las prácticas culturales de las personas mayores indígenas entrevistadas analizando la relación entre envejecimiento con éxito e identidad étnico-cultural, y profundizar en las aplicaciones prácticas y teóricas del conocimiento/cosmovisión de los pueblos indígenas en el trabajo social chileno. Para dar cuenta de estos objetivos se presentan los resultados de un estudio cuantitativo y transaccional donde participaron 569 personas mayores indígenas que viven en zonas rurales de las regiones de Arica y Parinacota y La Araucanía. Se aplicó a través de una entrevista estructurada el Inventario de Envejecimiento con Éxito (Troutman et al., 2011), un cuestionario sobre prácticas culturales indígenas y la

Palabras clave:

Trabajo social gerontológico; envejecimiento; diversidad étnica; Aymara; Mapuche



Escala de Identidad Étnica Multigrupo (EIEM) de Phinney (1992). Se realizaron análisis descriptivos, bivariados y correlaciones a través del programa IBM-SPSS, versión 25. Los resultados indican un proceso de envejecimiento con éxito para ambos pueblos originarios, además se advierte una alta mantención de las prácticas culturales indígenas y, finalmente, se observa una correlación positiva y significativa entre envejecimiento con éxito e identidad étnica. Desde la disciplina de Trabajo Social se evidencia la necesidad de una mayor especialización en la temática del envejecimiento, a través de nuevas metodologías, en el marco de una ética de la convergencia, que es un puente mediador entre una ética dialógica y conflictiva, permitiendo con ello avanzar hacia una ética intercultural.

Introduction

Emphasizing cultural diversity in the aging process -at the individual and social level- has become in recent years a trend and at the same time a necessity in social gerontology (Cosco et al., 2014; Lewis, 2011; Torres, 2019). In this sense, gerontological social work seeks to enhance practical, empirical knowledge and the theoretical construction of models from ethnic diversity, giving special relevance to the original indigenous peoples (Gallardo-Peralta et al., 2019; Guzmán, 2011;).

The most recent data indicate that 9.5% of the population in Chile is indigenous, that is, 1,694,870 people identify as belonging to or being descendants of indigenous peoples. Ten indigenous ethnic groups are recognized: Mapuche people (84.8%), Aymara people (6.6%), Diaguita people (4%) with the rest distributed among the Atacameño, Quechua, Colla, Changos, Kaweshkar, Rapa Nui and Yamana peoples. In general, indigenous people have an unfavorable social outlook. In terms of education, they have a higher illiteracy rate, equivalent to 4.5%, versus 3.5% in the non-indigenous population; this value increases to 8% in rural areas and is more acute in the population over 60 years of age (13.6%). In the economic sphere, the average household income of indigenous people is 582,819 pesos, well below that of non-indigenous people (794,396 pesos). There is also an inequality gap in internet access, with 69.4% of indigenous people using the internet versus 72.2% of non-indigenous people. Finally, the background of poverty and social exclusion is higher in the indigenous population (CASEN, 2017).

The historical position of indigenous peoples in the framework of the national State has been asymmetrical (Millaleo, 2019); despite the fact that they have had a presence



in this region since pre-Columbian times, their social and cultural management of the natural and human environment has undergone changes over time. These collectivities have had to suffer a harsh interaction with political entities that often surpassed them in power, subordinating their ways of life and culture (González, 2020), in addition to being the object of segregation, homogenization, assimilation, integration and exclusion policies. Nevertheless, they maintain their demands for socioeconomic and cultural justice (Cáceres, 2019).

Delving into this line, the various studies on indigenous elderly people in Chile indicate contradictory results; on the one hand, they alert us to a situation of social vulnerability in the elderly, and on the other, they show us how their customs or cultural traditions act as protective resources and promoters in old age. Research confirms several risk factors: greater dependence in the areas of mental functions and communication (Mella et al., 2003), worse perception of health-related quality of life (Vargas, 2014), and prevalence of depressive symptoms, mainly in women (Gallardo-Peralta et al., 2015).

In an opposite sense, indigenous older people show high levels of community participation through various cultural practices. Thus Wright (2015) states that indigenous Aymara elders are socially and occupationally integrated in their community. They have a system of social and economic organization of the Aymara community inclusive for all family members (from birth to death), in which older men and women continue to actively participate in the social and symbolic reproduction of the community (Gavilán, 2002). The same applies to the Mapuche people, given that older people are valued for the knowledge they have attained in life; therefore, the community appreciates the orientations of the elders and actively integrates them in their symbolic and cultural reproduction (Mella et al. 2003). Recently research by Gallardo-Peralta and Sánchez- Moreno (2019) shows how the Aymara reported a lower incidence of physical pain, less dependence on medical treatment and a high physical capacity to continue working over the age of 60, which could be explained by an active and healthier lifestyle from a nutritional point of view.

Undoubtedly, there is ambivalence about the aging process of indigenous communities, that is, the confrontation between risk factors versus their protective factors. In this line, we would like to highlight the resilience of Chilean indigenous peoples, who have sought various forms of adaptation to political, economic, social and cultural contexts that have sometimes been adverse to the maintenance of their cultural traditions. Precisely, Olivi (2011, p. 246) states that “the historical perspective allows evidencing a high level of resilience (...) understood, in this field, as the capacity of indigenous communities

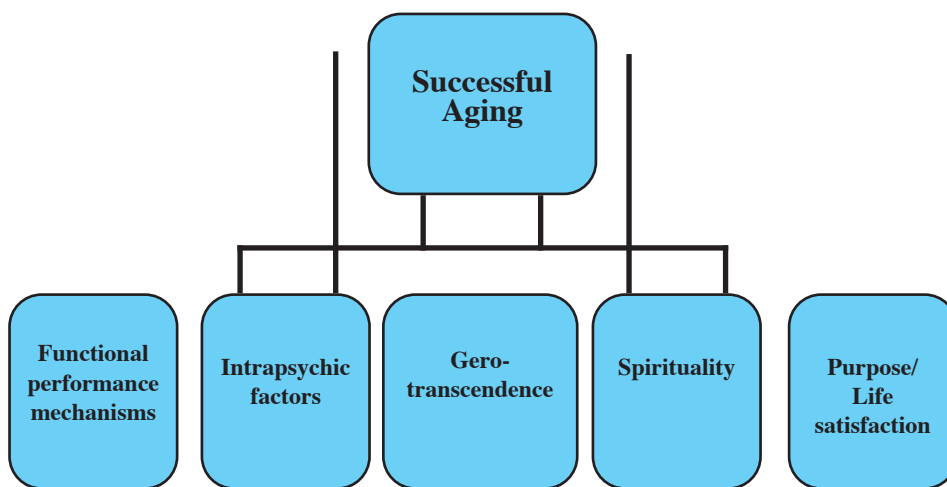


to adapt to changes and to re-formulate their reproduction strategies in dynamic and conflictive contexts”.

In Chile, theoretical and empirical advances in the field of gerontological social work and indigenous communities are scarce, so investigating demographic and social transformations, such as aging, is a great challenge for Social Work, considering that there are a number of complexities associated with the phenomenon, which is characterized by being multidimensional, contingent and accelerated (Vergara et al., 2018).

However, within the various models of social gerontology, in our country the model of successful aging has been applied to the native peoples: Aymara and Mapuche (see Gallardo-Peralta et al., 2022).

Figure 1. Model of Aging Successfully



Source: Own elaboration based on Troutman, Nies, Small and Bates (2011).

The successful aging model (Rowe and Kahn, 1997) is related to a holistic view of the process of successful aging (Fernández-Ballesteros et al., 2010; Kleineidam et al., 2018) by incorporating subjective and objective aspects (Kok et al., 2017) and various dimensions of functionality (physical, cognitive, psychological and social).

In addition, the model considers how this functionality enables older people to adapt to new conditions that are a result of the aging process (Cheng, 2014). Currently, we are faced with various multidimensional proposals whose axes transcend the notion of functionality and broaden its horizon by incorporating areas such as gerotranscendence and spirituality (Cosco et al., 2014; Kim and Park, 2017). In this context, successful aging can be defined as successfully adapting to the physical and functional changes of aging by explicitly incorporating the experience of a spiritual connection and/or a sense of purpose in life (Flood, 2005).

The successful aging perspective examines the personal and social resources that enable one to successfully resist, cope with, and adapt to aging. Following on from this premise, Jopp et al. (2015) assert that it is a model that emphasizes the positive characteristics of aging over the disadvantages and recognizes the efforts invested during the life course (Nimrod and Ben-Shem, 2015). Elaborating on this line, Bowling and Iliffe (2006) posit that older people's competencies enable success in the performance of their functioning. These competencies are: sense of control over life or self-efficacy, effective coping strategies, adaptation, self-esteem and goals.

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In this sense, the objective of this presentation is to analyze the possible differences and at the same time similarities in the process of successful aging of the two most populous native ethnic groups in Chile: Mapuche and Aymara, to describe the cultural practices of the indigenous elderly interviewed and to analyze the relationship between successful aging and ethno-cultural identity. Also, to deepen the practical and theoretical applications of indigenous knowledge/cosmovision in Chilean social work

Methodology

Design and participants

A quantitative, transactional study was conducted including 800 elderly people living in the Arica and Parinacota and La Araucanía regions of Chile, from which 569 declared themselves indigenous (corresponding to 71% of the total sample). This is a non-probabilistic and availability-based sample. Nevertheless, the sample obtained adequately reflects the sociodemographic characteristics of the population over 60 years of age living in rural areas in the aforementioned regions. According to data from the Socioeconomic Characterization Survey (CASEN, 2017) in rural areas of the region of



Arica and Parinacota 2,877 elderly people were censused, applying 311 questionnaires. Meanwhile, in the region of La Araucanía, 73,221 elderly people live in rural areas, with 489 interviewed.

Although the sampling was not random, a sample with quotas by sex, ethnicity and place of residence (municipal or rural areas) was used in order to draw valid inferences about the population. It is necessary to indicate that the sample selection criteria were to be 60 years of age or older, without cognitive impairment and residing in rural areas.

According to Table 1, the general characteristics of the sample are: 50.3% are women, 45% are between 60 and 69 years old, 57% are married or have a partner (cohabiting) and 66% have incomplete basic education.

Table 1. Main characteristics of the participants

Variable	Categories	Sample Aymara (n=201)	Sample Mapuche (n=368)	Frequency n(%)
Gender	Women	106(53%)	180(49%)	286(50,3%)
	Men	95(47%)	188(51%)	283(49,7%)
Age	60-69 years old	97(48%)	162(44%)	259(45%)
	70-79 years old	75(37%)	134(36%)	209(37%)
	Over 80 years old	29(15%)	72(20%)	101(18%)
Marital Status	Married or cohabiting	120(60%)	202(55%)	322(57%)
	Single	23(11%)	54(15%)	77(13%)
	Widowed	45(22%)	96(26%)	141(25%)
	Divorced, separated	13(7%)	16(4%)	29(5%)
Residence	North (Arica and Parinacota Region)	201(100%)	0	201(35%)
	South (La Araucanía Region)	0	368(100%)	368(65%)
Education	Basic education incomplete	127(63%)	250(68%)	377(66%)
	Basic education	49(24%)	76(21%)	125(22%)
	Baccalaureate or technical professional education	21(10%)	39(10%)	60(11%)
	Higher education	4(3%)	3(1%)	7(1%)

Source: Own elaboration



Instruments

Successful Aging. The Successful Aging Inventory (SAI) of Troutman et al. (2011) was applied. It has 20 items and uses a Likert-type scale: (0) strongly disagree to (4) strongly agree, for statements such as “I have been able to cope with the changes that have happened to my body as I have aged” or “I am good at thinking of new ways to solve problems”. The SAI has five dimensions: functional performance mechanisms, intrapsychic factors, gerotranscendence, spirituality, and life purpose/satisfaction. The values for the different dimensions are summed and a score ranging from 0 to 80 is obtained. Higher scores indicate successful aging. In specific terms, scores from 0 to 25 indicate unsuccessful aging, scores from 26 to 53 suggest moderately successful aging, and scores from 54 to 80 indicate successful aging. It has been validated in Chilean elderly people (Gallardo-Peralta et al., 2017). The internal consistency index of the overall questionnaire (Cronbach’s alpha) was 0.90.

Indigenous cultural practices. A questionnaire was constructed on the maintenance, in terms of frequency, of certain indigenous cultural practices. These can be divided into the following sections: (a) understanding and use of the native language and transmission, through teaching, of the native language to close relatives; (b) participation in religious festivities or indigenous ceremonies, such as indigenous New Year, marriages and funerals. In addition, they were asked if they have exercised leadership or participated in the organization of these festivities; (c) they were asked if in case of feeling sick they resort to the cultural health agent or “indigenous doctor”; use medicinal herbs and/or ointments for massages; and prepare infusions with medicinal herbs. They were also asked if they have influenced any woman in the family to have a traditional birth with a midwife from the community; (d) finally, we assessed the transmission of these indigenous cultural practices to close relatives such as children and grandchildren.

Ethnic identity. Phinney’s (1992) Multigroup Ethnic Identity Scale (EIAM) was used. This is an internationally used scale for the assessment of ethnic identity. The original version has 14 items and the responses are evaluated on a Likert scale, ranging from strongly disagree (1) to strongly agree (5) for statements such as “I am happy to be a member of my ethnic group”. In this study we will use the short 12-item version that has been validated in Spanish by Esteban (2010). It is composed of three dimensions: a) affirmation (sense of belonging to the ethnic group), b) exploration (search for information, knowledge and relevant experiences about the ethnic group) and, c) ethnic behaviors (knowledge and participation in group activities). The internal consistency index of the general questionnaire (Cronbach’s alpha) was 0.89.

Procedure

The questionnaire was applied through personal interview by professionals in the area of social sciences- mainly social workers and psychologists- between the months of August and November 2017. Some terms from different native languages are included, such as: *MachacMara* or *We Tripantu* (indigenous new year); marriages or *mafun*, funerals or *Eluwun* ceremony, *yatiri* or *machi* (indigenous doctor), among others. This research is part of the FONDECYT Regular 1170493 project, therefore, the Ethics Committee of the Universidad de Tarapacá supervised and approved the ethical aspects of the study. All procedures performed in studies with human participants were carried out in accordance with the 1964 Helsinki declaration and the regulations established in ILO Convention 169 (indigenous communities).

Data analysis

Descriptive, bivariate and correlational analyses were performed. First, means are compared (Student's t-test for independent samples) for the construct successful aging between Mapuche and Aymara. Second, frequency distributions are shown for the cultural practices maintained by Mapuche and Aymara elders. Finally, Pearson correlations were calculated to analyze the association between ethnic identity and the process of successful aging. Data analysis was performed through the IMB-SPSS program, version 25.

Results

The results for the process of successful aging (Table 2) would indicate that indigenous, Mapuche and Aymara older persons are aging successfully. Also, the results show that there are no statistically significant differences between these communities in the process of aging successfully.

Table 2. Differences in successful aging, according to ethnicity

Variable	Categories	Media	<i>t</i>	g.l	<i>p</i>
Successful aging	Aymara	64.65	-	567	.25
	Mapuche	65.03	.402		

Source: own elaboration

The results for cultural practices (Table 3) indicate in general terms a high maintenance in both indigenous communities, highlighting the use or understanding of the native language in most of the interviewees ($\geq 75\%$). More than half of those interviewed have taught or are teaching their language within their family (children, grandchildren) and celebrate the indigenous new year (*Wue Tripantu or Machac Mara*).

In general, the Mapuche people maintain to a greater extent cultural practices related to religious ceremonies or rituals. Thus, 39% participated in marriages with indigenous rituals, 73% attended more indigenous funerals and 44% have had a greater possibility of leading or organizing an indigenous ceremony.

In medical practices, it is noted that the Aymara people have more medical practices in case of illness. Sixty-nine percent consume medicinal herbs and 68% prepare traditional infusions. But the Mapuche have a stronger preference (28%) for a traditional birth, through an indigenous midwife (*pvñeñelche*).

It is noted that the Mapuche tend to maintain to a greater extent the transmission of their cultural practices within their families: 66% to their children and 56% to their grandchildren.

Table 3. Cultural Practices by Indigenous Community

Cultural practices	Mapuche %(n)	Aymara %(n)
Native language (Mapudungun and Aymara)		
Speak or understand your native language	75%(276)	75.6%(152)
Has taught or teaches the native language	48.1%(177)	52.7%(106)
Indigenous festivals or ceremonies		
Indigenous New Year	64.7%(283)	56.7%(114)
Marriages with indigenous rituals	39.1%(144)	25.3%(104)
Funerals with indigenous ritual	72.6%(267)	58.7%(118)
You have led or organized an indigenous ceremony	43.5%(160)	35.3%(71)
Indigenous medical practices		
Attends indigenous doctor	35.1%(129)	41.3%(83)
Uses medicinal herbs	39.1% (144)	69.2%(139)
Prepares natural infusions	53.3%(196)	69.2%(137)
Influenced family members to give birth to indigenous children	28.3%(104)	18.3%(83)
Cultural transmission		
Passed on cultural practices to CHILDREN	66.3%(244)	42.9%(114)
Has transmitted her cultural practices to GRANDchildren	56.3%(207)	44.3%(89)

Source: own elaboration



In Table 4 we observe that ethnic identity, in its three dimensions - affirmation, exploration and behavior - are positively and statistically significantly related to the successful aging construct.

Table 4. Pearson correlations of the main variables of the study.

	Media	Standard deviation	1	2	3	4
1. Successful Aging	64.90	10.8	-	,270**	,299**	,334**
2. Ethnic affirmation	21.76	3.79		-	,708**	,648**
3. Ethnic elaboration	19.73	3.32			-	,680**
4. Ethnic behavior	7.84	2.06				-

** . Correlation is significant at the 0.01 level (bilateral)

Source: Own elaboration.

Discusión

The objectives of this work were to analyze the differences and at the same time similarities in the process of successful aging of Mapuche and Aymara elders, the results of which indicate a successful aging for both native peoples. In this study we assessed the process of successful aging from the proposal of Flood (2005, currently Troutman) through a model composed of five dimensions: functional performance mechanism, intrapsychic factors, gerotranscendence, spirituality and life purpose/satisfaction, specifically, how these domains adapt to the new conditions of the elderly. These findings have been previously investigated and deepened (Gallardo-Peralta and Sánchez-Moreno, 2019; Gallardo-Peralta et al., 2022), demonstrating the importance of indigenous older people's psychosocial resources for good aging: social support networks, resilience, lifestyles, social organization around family and community, among others.

In this proposal we have focused on cultural practices, the results of which are positive as they show a high frequency in their maintenance. These results are relevant in order to understand that the cultural matrix and even the indigenous cultural identity are highly determined by the maintenance of the native language (Gundermann et al., 2007; Lagos, 2012; Salas, 1985).

Also noteworthy is the high percentage of elderly people who attend indigenous funerals. The burial ceremony (eluwün) of the dead constitutes a central element in the

analysis of the cultural identity of indigenous peoples; for these communities death is a positive experience since it implies the prolongation of earthly life, therefore, it is a process linked to transcendence (Andrade et al., 2018; Carrasco, 1998; Rojas, 2016). For the Aymara People death means the renewal of life, that is, “the life that proceeds from death”; this applies in the world of men and nature in general (van Kessel, 2001).

Of the medical practices, especially in the Aymara People, the traditions of using medicinal herbs for ointments, massages and also for preparing infusions are maintained. These results should be interpreted in the advances of intercultural health policies that the Ministry of Health has been developing (Gavilán et al., 2018) that allows a complementary use of allopathic health together with indigenous cultural practices and that have an impact on a better psychosocial well-being of indigenous elderly people (Gallardo-Peralta et al., 2019).

Finally, the strong cultural ethnic identity in Mapuche and Aymara older people, through the processes of affirmation, exploration and behavior has a positive relationship with the process of aging successfully. This element comes to confirm the importance of strengthening social policies with an ethnically sensitive approach, since cultural practices enhance old age, so it is of utmost importance to promote and incorporate them in the design of policies.

Now, from an ethical point of view, the ultimate goal of social work is to enable good choices in accordance with the values of each person, that is, to provide people with full autonomy, including “the right to fail” (Salcedo, 2015). Therefore, its mission is to collaborate with the State and civil society, through the formulation and implementation of social policies that allow for activating social processes that facilitate the subjects to act with full autonomy; at this point it is relevant to consider intercultural ethics (Maliandi, 2006), which constitutes a space of convergence that allows for recognizing diversity, establishing an intercultural dialogue and the search for an intercultural convergence/encounter.

Reflections for Gerontological Social Work

It is proposed that social work makes its disciplinary contribution in its different levels of approach (covering family, group, community-territorial and organizational) and deploying multiple strategies, such as intersectoriality, promotion of rights, participation of the elderly in different social spaces, as well as articulation with social actors and work with social and community networks, among others (González, 2017).

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. The principles of social justice, human rights, collective responsibility and respect for diversities are fundamental to social work. Underpinned by social work theories, social sciences, humanities, and indigenous knowledge, social work engages people and structures to address life challenges and improve well-being. The above definition can be amplified at the national and/or regional level (International Federation of Social Work, 2014, n/p).

From Social Work we recognize indigenous knowledge as one of the elements that shape the discipline. However, in Chile, cultural ethnicity is not explicitly incorporated as a necessary perspective - like gender, for example - in the process of social intervention.

When we speak of ethnicity in old age we refer not only to a sociological classification or category, but also to a differentiating principle of the aging process. In other words, Mapuche and Aymara elderly people age differently, due to their life experiences and trajectories, worldview and traditions, and above all, due to the adverse historical processes they have faced throughout their lives.

Various indicators of well-being, such as health, income and economic security, point to a more precarious situation for older indigenous people; in contrast, other cultural/symbolic aspects would act as protective mechanisms for good aging. We refer to their indigenous cultural practices, such as an active lifestyle (maintaining productive activities), a healthier diet (consumption of natural foods and little industrially processed food), their resilience (which may be associated with their worldview) and community participation/integration. Likewise, as we have seen in this work, having a consolidated cultural identity

In this sense, social interventions in gerontological social work should strengthen ethnic-cultural sensitivity, i.e., as Guzman (2011) suggests, it implies a refusal of homogeneous treatment for all subjects of social intervention and uncovers the oppressive relationships experienced by these social groups. In this sense, cultural differences and ethnicity are highlighted above other factors. It is based on the idea of the recognition of values, cultural needs and differences among the native peoples living in Chile. Social work bases its principles on: valuing cultural differences, positive development of minority identities, affirmative actions and empowerment.



In this way, ethnicity is an element that should be reinforced in applied social research and should even have a special implication in social policies on old age. From the social sciences, we must strengthen critical methodologies that are attentive to cultural contexts; perhaps this challenge should be faced from mixed methodologies and from interdisciplinary perspectives. The scarcity of studies that specifically analyze the indigenous condition in the aging process in Chile is striking. On the other hand, from the social policies, we do not want to detract from the various efforts of CONADI in policies oriented towards positive discrimination, but the policies still treat the elderly as a homogeneous group and not from the interculturality, diversity and heterogeneity that characterizes them.

Conclusions

Chile is facing a rapid population aging in a context of profound socioeconomic, gender and urban-rural inequality among the elderly, which poses multiple challenges to society that must be faced as soon as possible (Albala, 2020). If the ethnicity variable is added to the above, the situation seems to become more complex, since our country has historically developed from cultural homogeneity, marginalizing indigenous peoples (Cáceres, 2019).

As noted above, it is of vital importance to strengthen public policies aimed at the elderly, with an ethnically sensitive approach, incorporating cultural practices that enhance old age. Although it is true that since 1990, with the return to democracy, the Chilean State has made an important effort to recognize the identity of the native peoples and to guide the formulation of public policies with an inclusive approach, this effort is still not enough, and the main obstacle to achieving this is excessive centralization and the persistence of a homogenizing approach that does not respect the richness of the interculturality and heterogeneity that characterizes Chilean society.

In spite of this context, when analyzing the aging process of the native peoples, Mapuche and Aymara, it is possible to distinguish the high maintenance of cultural practices, understanding that ethnicity can be stronger than acculturation processes. It is recognized that both ethnic groups age differently in terms of the maintenance of their cultural practices and that these practices have an impact on the perception of well-being, hence the data confirm a positive and significant correlation between successful aging and ethnic identity.

Gerontological Social Work should seek to strengthen the sensitive ethnic approach, in addition to the recognition and joint work with the subjects themselves (elderly people),

which tends to promote their participation and empowerment by strengthening spaces for social and political representation in the sector's own organizations (González, 2017). It should be recognized that Social Work in Latin America, including Chile, has failed the indigenous peoples in aspects such as: imposition of frameworks of interpretation of social reality from the "dominant society", either by ignoring the relevance of ethnic-cultural diversity or by the lack of awareness of the unequal power relations between professional and user. Along with this, the great debt of Social Work in contexts of indigenous peoples is the development and implementation of models of social intervention that take into account this diversity; as indicated by Martínez et al. (2006), there is a lack of an ideology committed to diversity.

A relevant edge, at the moment of reviewing the work of Social Work in intervening in the different realities, particularly with the elderly of different indigenous peoples who co-inhabit Chilean society in particular, and Latin America in general, is intercultural ethics, which invites us to establish dialogue as an intercultural bridge between the institutions, the professional work of Social Work and the users. As a space for reflective exchange, this can lead us to build an ethic that guides our way of intervening, and with this we can formulate and implement appropriate social policies, relevant to different groups, achieving the welfare of individuals and better living conditions.

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