To see that which cannot be seen: ontological differences and public health policies in Southern Chile

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In this article, I explore different visual practices performed by Pehuenche Indigenous healers and state public health professionals in Southern Chile. While non-Indigenous health workers seek to make ‘traditional’ Pehuenche healing visible within or alongside their own ‘modern’ practices, Pehuenche people are concerned with making visible the evil spirits whose ‘eating’ of persons produces illness. Focusing in particular on different healing practices triggered by the existence of Pehuenche spiritual illnesses that are ‘seen’ by both Indigenous healers and state professionals, this article discusses how different ontologies ground differences between the Indigenous healers and what they ‘see’, as well as how a broader and substantive binary between Pehuenche and non-Pehuenche realities goes above and beyond these multiplicities. By exploring and discussing the endurance of Pehuenche cosmo-political relations in a world inhabited by visible and invisible eaters, I hope to create awareness about how a failure to recognize these different realities limits current multicultural policies in Southern Chile, and Indigenous health policies more broadly. At a more theoretical level, the following ethnographic account sheds light on unresolved tensions between the ways ontological difference has been conceptualized within the so-called ‘ontological turn’ in anthropology and within the field of Science and Technology Studies (STS).

Doctors cannot help me at all because they cannot see what my problem really is. I do not know what kind of sight doctors have. Doctors can only see through X-rays, through scientific stuff.

Like many young Pehuenche women in Southern Chile, Giorgina, who is cited in the opening epigraph, had to emigrate to the capital city of Santiago to find a job as a maid. While working with a rich family, she fell ill. She could not work well, and most of the time she felt weak. Giorgina’s skin deteriorated, and she felt very ugly. In fact, as she told me, she desperately wanted to look like a normal person. Worried about the situation, Giorgina’s boss (Sp. patrona) took her to one of the most expensive and prestigious private medical clinics in the city. Doctors there said she had acne problems, and prescribed many pills – too many, she said. However, the treatment did not work at all. Every time she looked at herself in a mirror, she cried. Eventually she decided to go back to her home town of Alto Bio Bio. There she was treated by Flora, a Pehuenche
healer, a local herbalist; someone who, in her view, was capable of seeing what her problem really was.

I have shown elsewhere (see Bonelli 2012a) how mutual vision among the Pehuenche is a necessary condition for one person to appear as a real person (Ch. che) to another real person: a Pehuenche person’s existence can only be fully activated through the eyes of others. Within these terms, Giorgina’s illness, and her abnormal appearance, might be diagnosed as an obstacle to such mutual vision, or as the result of a failure of such vision. That is, vision is foundational in the domain of healing as well as personhood, and indeed the two are linked. In the following discussion, I seek to explore the distinction between Pehuenche ‘seeing’ and biomedical ‘seeing’ evident in Georgina’s story as these index ontological claims concerning the nature of illness, and so also the biomedical visual success/failure in treating various kinds of illness as compared to that of Pehuenche healers. More specifically, people in Alto Bio Bio tend to emphasize that what biomedical doctors do see are non-Pehuenche – winka – illnesses. In fact, in Alto Bio Bio district, Southern Chile, doctors, psychologists, health administrators, and local healers, as well as sick and healthy Pehuenche people, regularly assert that particular illnesses cannot be seen by doctors, making explicit that such illnesses are not amenable to diagnosis through ‘scientific stuff’. Through an ethnographic exploration of the multiple versions of seeing and healing in Southern Chile, I will consider ‘seeing’ as a ‘differentiating instrument’ that is itself ontological in that it ‘makes’ different realities, in which different versions of seeing become the ‘doing’ of the real – including healing.

The ethnographic materials I will present in this article resonate with two different academic traditions that have been recently concerned with ontological difference, namely the ontological turn in anthropology (e.g. Henare, Holbraad & Wastell 2007; Viveiros de Castro 1992; 2004; 2011) and Science and Technology Studies, or STS (e.g. Latour 1993; Mol 2002; Verran 2001; among many others). Both traditions have importantly interfered with a variety of ‘great divides’ (see Latour 1993) and have contributed to destabilize taken-for-granted notions of objectivity. However, these traditions have associated ontological difference with two different abstract concepts, or generics: whereas the ontological turn in anthropology has mostly focused on alterity (bringing radical difference to the fore), STS discussions of ontology have emphasized enaction (making room for ontological multiplicity). On the one hand, the ontological turn in anthropology has invited us to situate anthropological analysis at the level of radical difference and its structures of ontological presupposition (Viveiros de Castro 2011). On the other hand, through the use of the concept of enaction, STS scholars have expressed their reluctance to accept phenomena as given: entities do not pre-exist the practices in which they emerge; rather, these realities are considered to be practical achievements (see Mol 2002; Stengers 2011; Woolgar & Lezaun 2013).

In this article, I seek to explore how my ethnography on Pehuenche illnesses and treatments creates an ethnographic bridge between anthropological generics such as alterity (and its structures of ontological presupposition) and enaction (and its practical achievements). I will consider the multiple alternatives of seeing and healing enacted by Pehuenche people themselves (as ontological differences with a small o) as well as the substantive alterity between these various practices and the biomedical doctors’ perspective, in which the former are invisible (as Ontological difference with a capital O). I will show how this biomedical blindness can be conceived as the expression of a ‘contact
zone with a form of outside’ (Jensen 2013) – an outside that is out of sight. In so doing, the following ethnographic account sheds light on and reconceptualizes unresolved tensions between dualist ‘ontological presuppositions’ and multiple ‘practical achievements’ of ontological difference in the ontological turn literature. My ultimate goal is to emphasize the fruitful dialogue that STS can establish with the anthropological project interested in alterity. This dialogue can be seen, on the one hand, as an invitation to STS to deal with what is ineffable, invisible, or out of sight, and an invitation for the denaturalization of the STS ontological presupposition that claims that realities are always shaped in practices. On the other hand, this dialogue can also be seen as an invitation to anthropologists of alterity to develop a more subtle sensitivity regarding multiple internal differences. In both cases, however, the invitation proposes to expand our alternative visions. The ethnographic account of different visual practices suggests that different worlds are not uniquely the result of situated practices, but are practical visual achievements within broader realities in which seeing and eating practices relate differently. Importantly, the focus of this article is not on the transformative relations between health practitioners and Indigenous peoples (Kelly 2011), but rather on the ontological relevance of the visual experiences of the many actors that configure the realm of ‘intercultural health’. In other words, my central concern is not related to the process of ‘becoming Other’, which has been the core of a strong set of anthropological literature regarding Amazonian societies (Gow 1991; 2001; Kelly 2011; Rival 2002; Vilaça 2002). Without denying the importance of these contributions to the field of anthropology, this article aims to highlight ethnographic spaces in which processes of ‘not becoming Other’, so to speak, are at stake. The endurance of Pehuenche cosmo-political relations in a world inhabited by visible and invisible eaters, as described below, further suggests the limits of current multicultural policies in Southern Chile, and policies related to Indigenous health more broadly, insofar as they ignore multiple realities.

On spiritual illnesses: to be seen, to be eaten

Pehuenche people typically report sickness due to witchcraft (Sp. males) as well as supernatural encounters with spirits. Their problem is both that ‘people see visions’ (Sp. la gente ve visiones), or ‘only see appearances’ (Sp. ven solo apariencias), and that they are the predation targets of these active evil ‘appearances’. These ‘appearances’ are marked by the visual and painful experience of seeing without clearly perceiving: people see something, and with some uncertainty, that should normally remain invisible or fully indifferent to them. In what follows, I would like to show how these blurred appearances, or beings of an uncertain ontological status (see Course 2011), provoke Pehuenche spiritual illnesses, which in turn trigger different healing practices based on different versions of seeing – seeing the appearances, and their ill effects.

The nocturnal evil visitations always involve different actors with different visual capacities and incapacities: whereas the visitor (the appearance, to the seer) is able to see and eat the blood of its victim, the victim is not able to see clearly his or her visitor. I will suggest that this relation is predicated upon a profound intertwine between seeing and eating (see Mentore 1993) in which being sick entails a process of being seen and being eaten by not fully differentiated agents. To differentiate these visitors – namely to make them visible – is, for Pehuenche people, a life or death matter, a matter of whether healing can or cannot occur. In fact, if Pehuenche people were asked how to manage spiritual illnesses, they would unhesitatingly reply, ‘We must make malignant spirits visible’. Among the Pehuenche, healers may be evangelical
or what I provisionally term ‘traditional’ healers. However, both types of healers are commonly referred to as those with ‘the gift of vision’ (in Spanish el don de la vision; in Chedungun, the Pehuenche language, pelontuncheve). In the following sections, I will try to disentangle how this gift of vision works in practice for evangelical and ‘traditional’ healers, and the ontological differences they entail.

Managing spiritual illnesses: the case of lawentuncheve

Naty, a Pehuenche woman in her forties, always wondered why doctors could not see some illnesses. She followed different treatments and took many medications, but did not feel better. She was going ‘completely crazy’ when she decided to see a herbalist, a lawentuncheve. Naty took her urine to Flora, who told her that her problem was witchcraft. ‘Doctors cannot see witchcraft’, Naty told me. ‘You can get really sick because of that. Witchcraft exists! But only Flora was capable of seeing that’.

The word lawentuncheve literally means a person (Ch. che) who knows how to work with medicinal plants (Ch. lawen). The herbalists’ work is defined by particular healing capacities. Herbalists are usually known by laypeople to have the gift of vision (Ch. pelontuncheve), a capacity that is not a skill but a spiritual and relational privilege. In Chedungun the verb to see (Ch. pen) points to a relational action of reciprocal vision between real people, implying direct and mutual vision. In fact, as the Mapuche linguist Jaqueline Caniguan (2005) has suggested, the verb ‘to see’ (Ch. pen) in Chedungun can be translated as a collective action indexing an encounter. In what follows, people seek advice and treatment from these ‘gifted’ people when they become ill because, in the Pehuenche’s own words, these healers are capable of ‘visualizing’ the source of their suffering.

The main method of diagnosis is performed by herbalists looking at a patient’s urine, and is referred to in Chedungun as pelontun willen. According to Jessica, a herbalist’s daughter, pelontun willen means ‘to really see what is really going on’. I was told that few people can really see in this way, ‘beyond what you can normally see’. In Alto Bío Bío, medical doctors are commonly believed to be unable to see (Ch. pelolay) ‘through’ urine because, though they may be highly educated, they do not have the gift. Being able to see illness is a gift that even years of study cannot obtain.

In this section, I will focus on this particular version of seeing as part of the broader shamanic capacities of lawentuncheve ‘traditional healers’, which also include the special ability of seeing in dreams (Ch. peuma), as lawentuncheve can generally see a sick person in dreams in cases of extreme or severe illness (Sp. enfermedad muy cargada, muy pasada). They may also see in dreams particular places where certain herbs can be found. The ‘seeing’ gift of the lawentuncheve, whether in a dreaming or waking state, is not something that someone embodies or has. Instead, it is to be endowed with the relational privilege of engaging in relations with particular ‘seer’ spirits.

Camilo was the oldest son of a herbalist working in Alto Bío Bío. During his life, he had learned many things about medicinal herbs and he had always wanted to be able to ‘see’ urine. Claudia, one of his sisters, told me that he had actually been punished because of this forbidden pretension. One day, Camilo’s 7-year-old son fell ill. That night, when Camilo was a little bit drunk, he publicly proclaimed that he actually had the capacity to ‘see’ urine. He said that he knew what illness his son had, but none of his sisters believed
him. A couple of hours later, his son’s condition worsened, and he had to be taken by emergency to the nearest hospital in Santa Bárbara. The day after, Camilo’s wife decided to take the child’s urine sample to Camilo’s mother, who said that the boy had an illness that doctors could not see. She then told Camilo in a firm tone that it was not possible to see the urine without having the gift of vision. She suggested to him that if he did not want to be punished, he should stop trying to pretend to have that gift. When Camilo’s sister told me this story, she emphatically added: ‘You can learn something about herbs – for instance, which herbs are good for some abdominal pains and so on – but you cannot have the gifted capacity of knowing who was actually the source of that illness.’ With these words, Claudia was pointing out the essential shamanic Pehuenche imperative for the emergence of healing: in order to heal, it is always essential to distinguish the subject that causes the illness. A herbalist has a relation to a shamanic spirit, generally called wenu püllü. Relations with the land’s spirits, and in particular with the püllü spirit, the spirit of the earth, are essential for Pehuenche healers when performing healing practices. While every Pehuenche person is in coexistence with a particular püllü, which under normal conditions is a part of the personal composition, the difference between normal people and visually gifted persons takes the form of a greater relational intensity for the latter, rather than the total presence or absence of such a relation. Visually gifted people also have their püllü in perfect balance with other personal attributes (i.e. küme rakiduam, ‘good thinking’, küme mollbum, ‘good blood’, küme dungun, ‘good words’). In the case of Flora, the strongest intensity of such a relationship can be activated when she deals with a sick person. It is the wenu püllü that actually ‘sees’ in or through the urine, not Flora herself. The wenu püllü is co-responsible, with Flora, who can activate her relation with the spirit in this case, for the ‘seeing’, or ontological differentiation, of what is otherwise – as I will outline in the next section – a predatory, blurry, indifference.

In practical terms, the act of ‘seeing’ the urine is simple. Patients are asked to collect their first urine of the day in a bottle. It is important to not have eaten anything before urinating, and the collection must be done before the sun starts rising. The urine sample is often taken to the herbalist by a friend or relative of the patient, a person who is usually referred to as ‘the owner of the sick person’ (Ch. ngen kutran). Once the herbalist has asked whom the urine sample belongs to, the bodily fluid is put in a new glass bottle, which is then placed in the sun or against any white background (a wall or a notebook, for example). The lawentuncheve holds it for a while, waiting until the liquid becomes completely still. It is at this precise moment that the illness ‘appears’, or, as Flora told me, the ‘illness presents itself’ (Sp. se presenta la enfermedad). What can really be seen in the urine by the lawentuncheve, and what laypeople cannot see, is a small human shape or image, usually described as ‘the whole body of a person’. By seeing the whole body of a person in the urine, often herbalists can point out the particular organs involved (such as the kidneys, bladder, gallbladder, etc.), as the affected organs appear emphasized. For instance, the first time I was told of the reason for the stomach pain I had been dealing with for many months during my fieldwork was by Flora, the herbalist in Cauñikú. When I asked Flora what she was seeing in my urine sample, she told me that there was ‘a little man with a very irritated gallbladder’. She added that the reason I had the wound she could see on the gallbladder was probably because I had eaten too much lamb at the nguillatun ritual. After my fieldwork I went to a hospital, where doctors also pointed to the gallbladder as the cause of my pain. I had surgery and it was removed.
One of the most widespread analogies for the *pelontun willen* image is ‘X-rays of the whole body’. This underlines that both technologies, namely the biomedical as well as the Pehuenche version of X-rays, aim to render visible something that at first goes unseen by laypeople. However, even if both procedures allow illness to come to visual presence, a biomedical X-ray cannot ever detect the malicious predatory indifference screened by the herbalist’s ‘X-ray’. In many conversations, indeed, Flora told me that almost all of her patients arrived with the ‘Devil stuck to them’, a condition that could be seen in the urine. One day, while Flora and I were collecting some wood, I asked her about the images she could see when making diagnoses. She told me that not only could witchcraft (Ch. kalkutun) be seen in the urine, but also evidence of moments in which a person had suddenly and literally bumped into a spirit while outside in the mountains. These encounters are known as *topantun*, from the Spanish word *topar*, which means ‘to bump into’.

Here I report an extract from of a long conversation I had with Flora about this issue:

C: Is it possible to see kalkutun or topantun in the urine?

F: Of course. It appears. The evil spirit appears there. It presents itself (Sp. se presenta).

C: And how does it come to presence?

F: You can see it at the side of the person [who appears in the urine].

C: How come?

F: That’s the way it is. It appears there, beside the person.

C: But never inside the person?

F: Never, the evil spirit is next to the person, stuck over the person, sucking people’s blood.

I have shown elsewhere (see Bonelli 2014) the various ways in which Pehuenche people and relations are composed through blood (Ch. mollv¨un), making explicit how people’s capacity to establish productive relationships deteriorates when their blood is eaten. What Flora makes visible in the urine is an ‘unblurred’ or focused image of such predatory interactions, one that shows the different agencies or intensities at work. I use the term ‘intensive’ and ‘extensive’ to further articulate this process of ‘seeing’, following Deleuze’s (1994) conceptualization of differences. Intensive differences are those whose properties cannot be divided as such, without transforming their bearer completely. Conversely, extensive differences are subject to division, and refer to the actualized dimensions of a phenomenon. In the person suffering from a spiritual illness, the predatory interactions are initially intensive; they cannot be differentiated. Flora’s gift of vision, however, allows for the emergence of extensive difference from an otherwise intensive image. In other words, in urine screening, the gift of vision translates these intensive predatory interactions into extensive images. The human shape appears to the herbalist as bounded and discretely separate from the attacker, who is always on top, beside, and/or stuck to the person. In this sense, herbalists can be thought of as extensive cartographers of the intensive conflicts of the cosmos: they map the relation between humans and spirits. Their healing consists of interfering with the evil spirits’ relating through the subsequent prescription of medicinal herbs, which function – through and with the healer – as a differentiating instrument capable of re-demarcating a border between the visible and the invisible, between people and the predatory indifference, that brings the ailment into the Pehuenche order of things. Seeing, in the particular case of *pelontun willen*, constitutes a visual performance that reconfigures the cosmos.
by dissolving predatory indifferencce: by seeing differentially; by seeing differences where they could not be seen before.

**Managing spiritual illnesses: the evangelical case**

When feeling ill, many people look for treatments and healers that are not necessarily lawentuncheve. Evangelical churches offer one of these healing alternatives. Although evangelical performances, when compared to those of traditional healers, might be (wrongly) considered to be less Pehuenche, not only by anthropological theories of acculturation and cultural change, but also by the abstract ideas of culture embedded in state health workers’ actions (see next section), these are in fact the most widespread mundane practices of healing in Alto Bio Bio. In general terms, and following Aparecida Vilaça and Robin M. Wright, I will consider evangelism in relation to Pehuenche cosmologies and their models of transformation as an analytical foundation, since ‘Christianity has always been redefined by the social groups in contact with it’ (2009: 3).

With the exception of burials, the only regularly held and collectively attended events in the day-to-day life of the Pitril community are weekly evangelical gatherings. Most of the people who attended such evangelical events felt significantly better after having participated in the weekly act of worship. They returned to their homes explicitly confirming the positive and instantaneous therapeutic effects with which these evangelical practices provided them. In the case of my host Pedro, ‘that one’, a non-proper visible evil spirit which had been periodically sucking his blood (which, according to him, was why he always felt tired and weak), was his main motivation for attending. The night before Pedro was to attend a nocturnal act of worship (Sp. vigilia), his daughter told me that what was really important for her father was not the evangelical message, but the presence and participation of people endowed with the gift of vision (Sp. gente con el don de la visión).

The nocturnal act of worship began around six in the evening and lasted until after dawn. The church was spacious and furnished with wooden chairs to accommodate ‘sick people’ as they were arriving. While clapping and following the rhythm of the music, most of the people in attendance sang very long songs that were played continuously. Between songs, the pastor shouted out words and spoke about all the benefits Jesus’ manifestation can have on sick persons’ lives. After a couple of hours, the church was crowded with about forty participants. At a certain point, some pastors stood up from the audience and headed towards the centre of the church, where a very worn red carpet was laid out. This was where pastors took sick people to be healed. Beside me, Pedro was waiting to be chosen to be among those who were going to take part in this performance, which was called ‘the anointment’ (Sp. el ungimiento). Several pastors, each in charge of healing one sick person, performed the ceremony at the same time. The pastors shivered and screamed as they placed their hands over the sick person’s head and back, as he or she kneeled on the red carpet. After finally being selected by one of the pastors, Pedro went over to the carpet, took off his hat, and kneeled down. Taking from his pocket a few drops of liquid, the pastor put his hand over Pedro’s head and spilled them onto his forehead. After some minutes had passed, Pedro came back to sit beside me and said: ‘I am ready. We can leave whenever you want’. After that night, Pedro felt well for three or four days. He could sleep soundly, and never mentioned anything about visits from evil predator spirits. Unexpectedly, however, the presence of his visitors became a problem again a few days later.

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After some weeks, throughout which I attended the Sunday act of worship, I began to identify a connection between Pedro’s well-being and the visual moment of anointment. Even though I was intuitively aware that the anointment practice had something to do with the gift of vision, the connection only became fully apparent when I met Ramón, a pastor from the Cauñikú community. Ramón told me that he could actually ‘see’ people in the church suffering: a lady in the band ‘had her eyes dried’, and someone else had ‘very strong back pain’. Towards the end of the act of worship that night, Ramón invited me to the centre of the church: ‘I saw that you are suffering from back pain. Come with me’. Suddenly, I was on my knees, eyes closed, listening to a very noisy clamour of screams, prayers, and tears. A few minutes after placing his hands on me, and the Bible on my head, Ramón began to tremble. Only after he had retreated some distance and left me alone did I return to my seat, where Pedro waited for me. He immediately asked me: ‘Are you ready?’ and then said: ‘Let’s go home’. In that moment it was fully clear to me that the gift of vision and the anointment performance were both strongly connected, and were crucial elements to be considered in order to understand how the sick person was indeed protected (from the healer’s perspective) and healed (from the sick person’s perspective). In other words, we could only go back home once we had got what we were looking for: an instantaneous relief activated by the gift of vision. Yet what was Ramón’s role in the achievement of such a relief? What did he actually do during the anointment moment?

One day, I bumped into Ramón on a bus. Talking about the anointment, he explained that he had not actually done anything because he was ‘just a healing instrument’. He did not do real healing, but someone else did it through him. When I asked him whether the relations he established in order to ‘see’/heal implied any kind of risk to himself, he emphatically, and even angrily, told me that he was not a traditional shaman (Ch. machi) ‘because shamans work with the enemy. In order to undo witchcraft, shamans must know how to do those things! They can be witches. They are witches! I, on the other hand, fight against the enemy!’ (his emphasis). Pastors, I was often told, can maintain a distance between themselves and the enemy when combating the latter because the spiritual relations between them are morally clear and distinct: according to evangelical pastors, the unequivocal morality of their spiritual relations lends full authority to their evangelical practices. Through the gift of vision, they see the enemy and can detach the sick person from the evil. Following from this, how are these healing performances linked to the privileged gift of vision so intrinsically attributed to the pastors?

The very capacity to ‘see’, inherent in the gift of vision possessed by pastors, is due to a spiritual proximity that they establish with, in Ramón’s words, ‘those who work with us, those who can see’. More specifically, the relational privilege of evangelical pastors is their ability to work with the Holy Spirit, translated into Chedungun as küme püllü. Like that of ‘traditional’ healers, this evangelical version of ‘seeing’ also encompasses the profound Pehuenche intertwinement between seeing and eating. Through the gift of vision, pastors can enable sick people to move away from the status of food – or that which is to be eaten – conferred upon them by their Enemy.

The limited duration of the relief provided by the pastor’s performance is directly connected to the gift of vision and the act of ‘seeing’. Healing requires the ability to gaze at the evil visitor, and in so doing to bestow upon the latter the very status of Enemy. In short, the Enemy first has to be brought into sight as an Enemy in order to then be put out of sight through specific procedures involving particular visual capacities-intensities and actors. The evangelical gaze is a transformative action working to ephemerally move
the sick person out of the position of food-victim in this way. To ‘see’ the Enemy is not achieved in a definite way, but that ‘seeing’ is rather a position to be transitorily inhabited and constructed during specific relational moments. Through ‘gazes for detachment’, the sick person can be separated from the predatory evil spirits otherwise ‘stuck’ or ‘attached’ to the blood. More concretely, the evangelical gift of vision instantaneously changes the proximal distance evil spirits establish between themselves and their victims, which not only results in but constitutes the malignant visitor’s disappearance. Thanks to gifted people – in this case the pastor’s actions – the Enemy disappears as ‘gazes for detachment’ make visual orders of a (new) non-predatory difference.

The ontologies within Ontology

The two healing practices described above reveal a particular kind of internal Pehuenche multiplicity, of ontological differences with a small ‘o’, so to speak. On the one hand, herbalists, as cosmic cartographers with the capacity to ‘see’ in the urine, enact a particular version of seeing that re-demarcates the border between the visible and the invisible, and subsequently dissolves predatory indifference into a more productive difference(s). On the other hand, a particular version of seeing, namely the assemblage of an intensive gaze that separates, makes possible the re-composition of the cosmological balance brought about by healing evangelical practices. Furthermore, the multiple ways in which this gift is enacted entail ontological contrasts too. Indeed, herbalists and evangelical Pehuenche people make such contrasts when comparing these practices to one another. Let’s explore, for instance, how the herbalist Flora made such a comparison:

Too many Pehuenche people are engaging in non Pehuenche practices … [T]hey read the gospel and attend evangelical churches … but that gospel is for winka [non-Pehuenche] people! That’s not good! My father and my grandparents knew many things and they did not have a Bible! They did not know how to read! One of my cousins is studying the Bible. I do not believe in what he is studying because that book is backwards (Sp. está al revés)! … New people are spoiling what we have learned from our ancestors (Sp. antiguos). They delete what we knew. We learned without bibles and nothing was written. I do not know how to read but God teaches me. My ancestors, my grandparents taught me their wisdom, their rakiduam [or way of thinking]. That’s why I do not pay attention to evangelical people.

For Flora, evangelical people do not have access to the same teachings, or truths, as she does, and are in fact ‘deleting’ her knowledge. Conversely, the ways in which evangelicals see Pehuenche non-evangelical spiritual relations index internal ontological differences too. Once, talking to Ramón about the spiritual relations of non-evangelical Pehuenche people, he told me:

I wondered: are there gods in the mountains? Can God exist in that mountain? There is no God there, but they [non-evangelical Pehuenche people] take God out of that mountain! The moon is God, the sun is God, the owner of the Pewen [monkey puzzle tree] is God … but when the Lord came, and he spoke through the Holy Spirit, he said, I made the world and the streams of water, the Bible, the earth and the sky. The biggest things were made by him … but it was the Devil who made the evil spirits, the killing jaguar (Ch. chapeni) that eats the cattle, the wolf that eat the chickens … all those evil things were made by the Enemy! God said ‘I am not there’ … but some Pehuenche people are confused, they pray to the moon, to the Pewen, they say there is God there, in that hill, but the Bible does not say so.

In this statement, Ramón conceives the differences between evangelical relations and more traditional Pehuenche spiritual relations, keeping in mind that, as I have suggested above, these differences do not represent a coherent and total discontinuity between evangelical and non-evangelical people. My point here is that there are multiple accounts
of ontological difference within an Ontology with a capital O, as becomes evident not only when we consider Ramón’s and Flora’s comparisons to the other’s healing practices and knowledges, but also when we consider how laypeople make a distinction between the ontological status of evangelical practices and traditional shamanistic practices. The latter are by definition obscured and dangerous because of their inherent moral ambiguities. Therefore, speaking about shamans must be avoided, since the power of language, which goes beyond human intentionality (see Course 2012), can bring those presences into existence. In contrast, evangelical practices do not entail this risk at all. People can name pastors and speak about their performances without hesitation: speaking about them does not change their qualities ‘out there’.

However, the two healing practices described above can be considered as the expression of a Pehuenche therapeutics that emerges as a response against spiritual illnesses. I would like to suggest that both healing practices might be regarded as the expression of wider Pehuenche structures of ontological presupposition (Viveiros de Castro 2011), namely as an expression of a Pehuenche Ontology with a capital O. In the case of spiritual illnesses, this Ontology is defined by predatory indifference as the cause of illness, the profound intertwinement between seeing and eating, and the particular capacities of the gift of vision as a healing ‘differentiating instrument’.24 In both cases, in fact, seeing affords the final separation of the indifferent predator from its suffering prey, albeit in different ways. In both cases, seeing is enacted as an intensive gaze, and püllü spirits have a crucial role in granting such visual healing intensities. Furthermore, in both cases, that visual intensity does not operate within an extensive space prone to being measured in Euclidean terms.25 I have shown how, through the ‘gift of vision’, Pehuenche healers reorganize Pehuenche spiritual relations and how this kind of vision allows the suspension of predatory relations between people and evil spirits.

While these multiple accounts of ontological difference clearly play a role within Pehuenche Ontology, they also become significant in the encounter between Pehuenche realities and Chilean intercultural health policies’ categorizations of illness and health as they seek to account for ‘traditional’ healing approaches.

Managing spiritual illnesses: the intercultural health programme

In this section, I analyse the ways in which public health workers respond to the spiritual illnesses not detectable or treatable by medical technicians. In particular, I discuss one of the most important political activities performed by public health workers in Alto Bio Bio during recent years: the act of ‘visualizing’ – as state employees call it – the existence of traditional healers within Indigenous communities.26 Strongly affected by wider global and national policies dealing with Indigenous peoples, public health workers have created an ‘intercultural health programme’ aimed at creating collaboration between public health services and what they call traditional healers.27 The person in charge of this programme once told me:

“Our biggest task has been to render traditional healers visible so that they can negotiate with the state, because there is an intervention, but our intervention is about having more culture. If there is more culture, there is more health. To strengthen cultural systems always produces positive effects in people’s lifestyles. That’s why you need to base your work on the Centre for Pehuenche Medicine, within their territories, and on what makes their medicine Pehuenche.”

In practical terms, public health workers decided to design strategies to make Indigenous ‘culture’ and medicine visible. In Manuela Carneiro da Cunha’s vocabulary,
what health workers were making visible was a particular version of ‘culture’, in quotation marks, understood as a particular ‘reflexive meta-discourse about culture’, conceived ‘as a resource or weapon to make up identities in front of national states or the international community’ (2009: 372). Underlying the official description of the intercultural health programme and its task of ‘rendering traditional healers visible’ were particular assumptions concerning not only ‘culture’ (understood as a pre-existent, extensive, and divisible difference) but also ‘seeing’ itself, given the task of ‘visualizing’ traditional healers.

The use of the Spanish term ‘visualizar’ in this context may sound odd to a native speaker of Spanish. In the everyday language of health workers, ‘visualizar’ usually refers to biomedical healing practices that render visible parts of the body and their functions. In this case, however, the term referred to seeing as a visual ‘differentiating instrument’, one that could find and validate particular traditional healers within Indigenous communities. I will suggest that for public health workers, the concept of ‘visualizing’ indexes ways in which their interventions made visible yet another particular version of traditional healing.

Within this scenario, public health workers made visible two different kinds of indigenous healers, namely herbalists or lawentuncheve (as discussed above) and proper shamans, known as machi. This might immediately suggest a problem, since in Alto Bio Bio, proper shamans (Ch. machi) no longer exist. My host Pedro, like many other people, used to say that in Alto Bio Bio ‘there are no machi since all machi spirits have left’. In Pitril, the community where I used to live, the last proper shaman died more than thirty years ago. However, even though there are no proper shamans as such, shamanic functions are still alive in both evangelical and herbalists’ healing performances. Among these alternatives of healing, the intercultural health policy considered herbalists as the main target of their visualization.

This visualization was initially problematic for the health workers, as the person in charge of the intercultural programme told me: ‘When we arrived, Pehuenche people could not tell you who was or was not a herbalist. Local agents were not visible, their actions were in some way hidden in the territory’. They were eventually able to ‘visualize’ a few herbalists, however, and subsequent public health intercultural actions consisted mainly of placing signs and posters with the words ‘Centre for Pehuenche Medicine’ outside of herbalists’ houses. After the first year, public health workers considered their efforts very successful because ‘lawentuncheves became more visible within their communities’. Lawentuncheves were visually differentiated by the public health actions in these particular ‘visual’ terms, and the visibility of Pehuenche medicine was predicated upon univocal understandings of ‘culture’, space, and the body.

In addition, while they understood that no shamans remained in Alto Bio Bio, these public health workers also sought to visualize Mapuche shamans, looking for them in different Mapuche communities that were distant from Alto Bio Bio both geographically and culturally. In this endeavour, public health workers ignored a fundamental aspect of Indigenous healing: in Indigenous communities, shamans are generally seen as markedly different people, feared for their radical alterity and their capacities for both healing and destruction; they can be both healers and witches (see Bacigalupo 2001; 2007). In Alto Bio Bio, owing to this risky ambivalence, ‘visually gifted people’ did not openly ‘exist’. For instance, on one occasion when I spoke to my host Pedro about my friendship with the herbalist Flora, he emphatically asked me not to say a word about
his illness to her, because, he whispered, she ‘had the gift of vision and could “see”’. Clearly, in this case, her capacity to ‘see’ did not grant her existence as a (benevolent) healer, but suggested possible danger. Thus, in Alto Bio Bio, deciding who is the most suitable shaman for a particular illness is a very hazardous issue: shamans in particular, and ‘visually gifted people’ in general, might also be the source, and the very cause, of people’s illnesses. This risk was non-existent for public health workers in their first attempts to ‘visualize’ indigenous healing. This, together with their univocal cultural approach, becomes evident in examining the intercultural public health programme’s procedures and protocols of referral.

The protocolscape
Doctors, psychologists, intercultural facilitators, and administrative staff, amongst others, all pointed to the existence of protocols of referral as a key element in dealing with Pehuenche patients with illnesses that could not be treated by medical doctors, and who were therefore the particular targets of the intercultural programme. When medical assessment (including neurological exams) could not determine the cause of the patient’s problems and that person remained unwell, the intervention of a traditional healer was deemed necessary and the illness considered to be a Pehuenche cultural illness. The image depicted in Figure 1 conveys the most elaborate and explicit information I received about these protocols of referral. I report it here as an example of how public health workers enacted particular spatial orders of ‘cultural’ difference through a particular version of ‘seeing’.

The image depicts the routes or paths a patient is expected to take (under the supervision of public health workers) before gaining access to a shaman (Ch. machi). First, the person in a Pehuenche community goes to the local health clinic, in Ralco, where a state functionary of the state establishes initial contact. Then, if the cause of the symptoms is not fully clear to the public health workers, the patient is given a check-up by one of the clinic’s collaborating lawentuncheve. At this point, the lawentuncheve talks to the patient and decides whether or not a shaman’s intervention is necessary. If it is, the Ralco clinic’s ‘intercultural health’ team uses the ‘cultural’ advice and collaboration of Pehuenche people within this institution to make the final decision. If the decision

Figure 1. Protocols of referral. (Reproduced with permission of the Health Service of Alto Bio Bio.)
is for such an intervention, the clinic schedules a visit and provides a van to transport the patient to a particular shaman who lives very far away (at least 400 kilometres). In the words of the chief of the intercultural programme in Alto Bio Bio: ‘The first step that must be followed if a person needs to be seen by a shaman involves the work of the lawentuncheve. If you are Pehuenche and you respect your territory and love your culture, you must respect the role of the lawentuncheve’.

Thus, we have a clear sequence of steps that a person in need must follow in order to be transported to a shaman’s residence by the clinic’s driver. These protocols of referral might be regarded as the creation of a bureaucratic authority structure (see Sharma & Gupta 2006) that is repeatedly enacted through visual performative practices. This bureaucratic authority structure, instantiated in the protocolscape, gives the illusion of a fully coherent extensive outside. Such a protocolscape resonates with what Bruno Latour has called panoramas, in the sense that they appear to see everything: But they also see nothing since they simply show an image painted (or projected) on the tiny wall of a room fully closed to the outside . . . They design a picture which has no gap in it, giving the spectator the powerful impression of being fully immersed in the real world without any artificial mediations or costly flows of information leading from the outside . . . Panoramas give the impression of complete control over what is being surveyed, even though they are partially blind; . . . nothing enters or leaves their walls except interested or baffled spectators (Latour 2005: 187–8).

I would like to suggest that this panoramic protocolscape was assembled through a set of specific visual practices ultimately leading to the emergence of a coherent and extensive representation of a particular reality in which partial perspectives of a single reality might be mutually commensurable (see Blaser 2009; Kirsch 2006). At the same time, this protocolscape erases many other relevant aspects/practices of Pehuenche healing processes and health. As stated by the Mapuche thinker Andrés Cuyul (2012), for instance, within this protocolscape all kinds of inequalities concerning land issues between the Chilean state and the Pehuenche people remain ideologically invisible and hidden. Moreover, these visualization practices do not consider eating as a relevant practice in any way, as they assume that seeing has nothing to do with eating. In short, public health workers reductively define shamans within a Western-style medical frame as ‘healers’, missing the point that they could just easily be, for the Pehuenche, the source of the problem.

In short, what I want to suggest is that these protocols tell us much more about the particular public health workers’ structures of ontological presuppositions than about Pehuenche healing practices. As a visual instantiation of public health’s ‘differentiating instrument’, protocols of referral presupposed the existence of one body (physical continuity) and many cultures (metaphysical discontinuities). This configuration, according to Eduardo Viveiros de Castro (2004), is the main proposal of Western cosmology: one human nature, many cultures. In my ethnography among the Pehuenche, this broader binary between Western and Indigenous cosmologies appears as a substantive dichotomy established not only by public health workers, but also by Pehuenche Indigenous people. On the one hand, this non-Indigenous assumption took shape through the very concrete performance of ‘visualizing’ Pehuenche culture as embedded within the traditional healers’ bodies, visualized as a non-coded natural category. On the other hand, this dualist account of ontological difference was supported by the very existence of Pehuenche spiritual illnesses as part of an Ontology
with a capital O. In order to substantiate this argument further, I will now show how these protocols operate in practice.

María had twice attempted suicide near her house in Cauñikú. Worried about her, workers at the main health clinic investigated her story, discovering that many family members had been seeing appearances. María eventually confessed to being very scared of these presences. The medical team began a treatment of providing María and her family with anxiolytics such as benzodiazepines to help them rest and sleep better (see Bonelli 2012b). The doctor and the psychologist also asked for the intercultural facilitator’s opinion, and together decided that the lawentuncheve should be consulted. After seeing the woman, the lawentuncheve said that the problem was witchcraft, offering no further details. As María still suffered from suicidal thoughts, the team decided to take her to a shaman in Chol Chol, who told them that the family’s house had been affected by witchcraft. Since the shaman needed to go to the house to do ‘the work’ (Sp. el trabajo), the team, the shaman, and the patient scheduled a visit and co-ordinated the necessary transportation.

On the day the shaman came to Cauñikú, Flora woke up feeling very weak. She could not really understand what was going on, but she had strange feelings. She was clearly very upset with the whole healing performance. Many people in Cauñikú also began to wonder what kind of person the health team had brought into their community. They were unsure whether the person from Chol Chol was really a shaman (Ch. machi) or a witch (Ch. kalku). A few days later, one of María’s relatives passed away under suspicious circumstances, suffocating in his own bed. Most of the people in Cauñikú assumed that the death was caused by a witch, and the actions of the health team were deemed highly suspect. According to the public health workers, however, and despite the doctor being unable to find any sign of injuries on the man’s tongue, he had had an epileptic attack.

The consideration of the story above does not intend to describe the community’s general engagement with the intercultural health programme, as this would exceed the aims of this article. What I would like to stress, rather, is how public health performances, facing the impossibility of managing predatory indifference straightforwardly, put in practice a visual ‘differentiating instrument’ predicated upon particular ontological presuppositions. Their (alter-native) version of seeing, in fact, enacts a reality where entities pre-exist in particular ways, and where ‘culture’ is conceived as a resource for creating univocal and fixed identities. As I have shown, patients are referred to traditional healers by doctors when medical treatments do not work, or the results of medical tests do not reveal any medical problem. In such cases, public health workers maintain that this ostensible ‘failure’ is due to ‘cultural’ reasons. For the public health workers, the whole issue concerning Pehuenche spiritual illnesses corresponds to an epistemological problem – where ‘culture’ stands in for ‘belief’ or ‘superstition’ held by the Pehuenche people versus (objective, scientific) ‘fact’. There is no sense of an ontological disjuncture.

I should add that after the event reported in the story, health workers realized that involving shamanic authorities without considering local actors was not a good idea. Today, in fact, their actions have been reduced to facilitating a monthly transport (a van) to a shaman in Southern Chile. This transport represents the offer of a very practical therapeutic alternative for people who cannot afford the expenses of lengthy
travel. Thus, while some Pehuenche people do not trust shamans working with the public health workers, others use these facilities because they are free. Even if this transportation can be seen as a simple practical, and unilateral, adjustment made by public health workers, it cannot be considered as a result of an ontological negotiation between the parties involved. As there is much more to Pehuenche healing than meets the multicultural eye of public health policies, this adjustment does not make room for what Mauro Almeida (2013) has recently called a ‘pragmatic encounter’, namely an adjustment of two aspects of different ontological realities that, none the less, cannot be completely seen.

Conclusion
In this article I have described multiple versions of seeing and healing enacted by Pehuenche Indigenous people as well as state health professionals in Southern Chile. I have suggested that practices of seeing and healing can be understood as an instrument of ontological differentiation that enacts both dualist and multiple accounts of ontological difference in Southern Chile. I have considered spiritual illnesses, the Pehuenche gift of vision, the failure of the biomedical sight, as well as the performances of public health workers, as ethnographic materials indexing substantial ethnographic dualist accounts of ontological difference. I have shown how, when it comes to matters of spiritual sickness, Pehuenche people in Southern Chile do not hesitate to establish a substantive dualism that divides the Pehuenche from the non-Pehuenche people. Indeed, all the people I interacted with in Alto Bíobío stated that there are two versions of reality expressed through dualist accounts: the reality of Pehuenche illnesses, spirits, and shamanic vision, and the reality of biomedical doctors and their particular limited sight. Yet I have shown how these accounts do not obscure the multiple versions of seeing within Pehuenche Ontology. Even if evangelical pastors and herbalists are both capable of healing through the gift of vision, the ways these actors see, or do not see, their spiritual enemies are different. First, I have suggested that herbalists can be thought of as extensive cartographers of the intensive conflicts of the cosmos. I have shown how ‘seeing’, in the particular case of pelontun willen, might be regarded as a visual performance that allows for the dissolution of predatory indifference. Second, I have described the healing aspects of Pehuenche evangelical practices, suggesting that in such practices ‘seeing’ provides an instantaneous transformation with respect to the distance evil spirits establish between themselves and their victims. I have also pointed out how, for Pehuenche people endowed with the gift of vision, healing entails different visual performances: whereas the evangelical Enemy remains as an unseen mystery for evangelical pastors, herbalists are capable of seeing the subject of evil causation. I have suggested, however, that these internal differences respond to an Ontology with a capital O, making explicit that both evangelicals and herbalists can activate their shamanic vision because of the spiritual relations they engage with pulllü spirits.

I have described how intercultural health policies are executed through particular visual practices that strongly differ from Pehuenche understandings of the body, seeing, and healing. I have shown how, for public health workers, seeing has nothing to do with eating, and it appears as a naturalized and a-relational capacity to deal with taken-for-granted cultural differences. I have suggested how in this case, cultural differences, rather than ontological ones, are extensively discovered as they are seen as an already-made bounded subject that can be clearly identified. I have described how
public health workers enacted a spatial dimension that strongly differs from Pehuenche understandings of both space and the body, as it entails the achievement of an extensive visualization of a given ‘cultural’ difference. In other words, the way public health workers ‘visualize’, or enact their ‘seeing’, differs strongly from the ways local healers enact their gift of vision, in order to deal with predatory indifference. Following from this, what I have wanted to establish in this article, too, is how public health performances respond to their own structures of ontological presuppositions; their ‘seeing’ emerges as a practice that has nothing to do with the spiritual ‘eating’ of particular evil spirits. For them, in fact, seeing and eating are conceived of as separate practices tout court.

The endurance of Pehuenche cosmo-political relations in a world inhabited by visible and invisible eaters reveals the limits of current multicultural health policies, and offers a serious and urgent invitation for public health workers not only to truly engage in the reality of the other’s ‘invisible’, but also to develop a more subtle sensitivity about multiple ontological differences more broadly. This sensibility, however, should not be considered as a mere strategic alliance to develop ethnographic skills among public health workers, so they can taste the tempting and risky illusion that others’ ontologies can be, ultimately, fully seen or understood. Rather than protocolscapes, what is needed within the arenas of public health workers, I would like to suggest, is to create a greater awareness about their own particular ontological presuppositions about space, healing, and the body, an awareness that makes real room to see – or at least make space for – that which cannot be seen.

NOTES

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1 All names in this article are pseudonymous.

2 This is a common idea among ethnographers of Amazonia, and has been extensively analysed by Course (2011) in reference to the Mapuche.

3 This substantial dichotomy between Pehuenche and non-Pehuenche illnesses could be anthropologically regarded as a vernacular distinction indexing how Pehuenche people differentiate an ontology tied to themselves – and their own illnesses – from other kinds of illnesses tied to different groups of people. In this article, however, rather than employing an a priori politics between people (a politics of who), I will attend to the ways in which these illnesses shed light on different versions of reality (a politics of what).

4 For the use of abstract concepts or generics in anthropology, see Strathern (2014).

5 Here I am building on Mario Blaser’s suggestions at the American Anthropological Association meeting on ontology (see Blaser 2014).

6 Recent accounts of the ontological turn have, however, emphasized that ‘the politics of ontology is the question of how persons and things could alter from themselves’ (Holbraad, Pedersen & Viveiros de Castro 2014).

7 I am aware, however, that STS scholars are not really concerned with the definition of the terms deployed within their analysis since the field does not seek coherence (see Mol 2010). Nevertheless, my ethnography reveals the limits of this concept.

8 For a deeper and seminal STS analysis on how facts and artefacts entail an instrumental, performative, and material dimension, see Hacking (1983); Haraway (1991); Latour (1988).

9 For an accurate analysis of the politics of practices, and a consideration of practice as a ‘factish’, at once conceptual and empirical, see Gad & Jensen (2014).
Kelly’s work is an ethnographic account of the relation between health workers and Yànómämi people that makes apparent how conceptual articulations of medical systems are a matter of mutual misunderstanding. In Kelly’s work, these misunderstandings are strongly rooted in ‘the meaning of being and becoming ‘Yànómämi’ and “népe” for Yànómämi people and whites alike’ (Kelly 2011: 2). These relational transformations, and in particular the Indigenous desire for Western medicine mentioned by Kelly (2011: 2), were not a prominent issue for the Pehuenche people I met in the field.

For an ethnographic description of blood-eating practices, see Bonelli (2014). For further accounts of Pehuenche vision and witchcraft, see Bonelli (2012a).

I have shown elsewhere (see Bonelli 2012a) how Pehuenche people, under normal circumstances, do not conceive seeing and eating as separate performances since they are experientially entangled. Challenging some Ingoldian premises about vision (see Ingold 2000), the Pehuenche individual self is not defined in opposition to others but emerges in mutual vision between people who are mutual agents of human perception.

12 Medicinal herbs have been studied in detail by many scholars (see Citarella 2000; Gay 1852; Gusinde 1917; Hoffman 1990; Moesbach 1936; Murillo 1889).

14 A literal translation of pelontuncheve may be: pelon: vision; tun: action/che: person/re – a person who does the action.

15 Lawentuncheve also know a great deal about medicinal herbs, and can prepare different medicines for different illnesses. General knowledge about medicinal herbs is transmitted down generations and is also disseminated among women through informal conversations (Ch. nutram) in which such knowledge (Ch. kimun) is shared.

16 For other diagnostic practices and a brief historical review of these, see Bacigalupo (2001).

17 Lawentuncheve have been conceptualized by some scholars as non-proper shamanic people and categorized as healers who deal mostly with natural illnesses (Bacigalupo 2001; Citarella 2000; Grebe 1975; Oyarce 1988). As a result, and probably because of the less exotic nature of their activities in comparison with proper shamans (Ch. machi), lawentuncheve have been shamanically underestimated, so to speak.

18 For discussions of the word kíume within Indigenous moral dualism, see Briones & Olivera (1985).

19 Grebe (1975) and Oyarce (1988) have described topantun or trevantun as sudden encounters between people and bad spirits.

20 For a general reflection on how acculturation has been analysed within traditional anthropological debates and how Indigenous peoples conceptualize acculturation as simultaneously implying both a weakness and an improvement, see Gow (1993) and Turner (1988).

21 For a deeper analysis of the continuities between Mapuche cosmology and Pentecostalism, see Foerster (1993). For an analysis of the native experience of Christianity as part of the wider socio-cosmological context within which this religion is classified, see Vilaça & Wright (2009).

22 This relational difference between shamans and evangelical pastors could be thought of as an instantiation of discourses of discontinuity and conversion (see Engelke 2004), premised on the central notion of discontinuity sustaining Christian theology (Robbins 2007). Yet my ethnography reveals that visual healing practices are only possible through the relational engagement with píllí spirits, which is the reason why this discontinuity, as I will show, is only ever partial for the Pehuenche.

23 For a general review of Pentecostal-charismatic Christianity as one of the great success stories of cultural globalization, see Robbins (2004). The relevance of píllí spirits, however, puts in question both the alleged success of Pentecostalism and the supposed bridge between the Protestant theology of transcendence and secular narratives of modernity (see Keane 2007).

24 If we consider that healers are privileged because they can indeed establish relations with spirits, this very capacity and force should be related, as Bacigalupo (2004) has already shown, to their belonging to different and multiple intensities of kinship.

25 As John Law (2002) has already suggested, spatiality is a convention and Euclideanism is only one spatial possibility.

26 These activities have been part of the implementation of the national Orígenes programme launched by Chilean president Ricardo Lagos in 2001. This programme is framed by Chilean policies called the ‘New Deal for Indigenous Peoples’, and is run with US$80 million of credit provided to the Chilean government by the Inter-American Development Bank, plus an investment of US$53 million from the Chilean government itself. Among the ‘intervention elements’ of this programme, there is a focus on what is called ‘intercultural health’, which is specifically aimed at improving the quality of, and access to, public health services by incorporating traditional practices into public health policies.
For a critical analysis of this programme as a process of ‘ethnogovernmentality’, see Boccara (2007); Boccara & Bolados (2008); Cetti (2009).

For a recent analysis of contradictory factors related to indigenous policies and this kind of ‘culturalist’ recognition in Southern Chile, see de la Maza (2014).

For other ethnographies concerning dark shamanism and the moral ambiguity of shamans/witches in South America, see Whitehead & Wright (2004).

‘Intercultural facilitator’ is a role created by the government of Eduardo Frei (1994-2000). This role involves the incorporation of a local Indigenous person into teams of public health workers. In practice, their role is to act as translators from Chedungun (the native Pehuenche language) to Spanish when this is necessary, and to collaborate in the bureaucratic activities of the public health institutions (see Cetti 2009).

I am not taking Latour’s conceptualization of panoramas as a univocal universal conceptual tool. The understanding of the protocolscape in terms of panoramas here is heuristic, and allows me to examine it conceptually as composed of visual artefacts that are partially blind.

Even if Western ‘naturalism’ has been considered ethnographically elusive as a conceptual object (see Candea & Alcayna-Stevens 2012), the ethnography of the intercultural health programme might be regarded as a particular instantiation of such an ideology.

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Voir ce qui ne peut être vu : différences ontologiques et politiques de santé publique dans le sud du Chili

Résumé

L’article explore différentes pratiques visuelles des guérisseurs autochtones pehuenches et des professionnels de santé relevant du secteur public dans le sud du Chili. Alors que les praticiens non autochtones tentent de rendre visibles les méthodes de guérison pehuenches « traditionnelles » à l’intérieur de leur propre pratique « moderne » ou en parallèle à celle-ci, les Pehuenches se préoccupent surtout de rendre visibles les mauvais esprits qui « mangent » les gens et causent ainsi la maladie. Centré sur différentes pratiques de guérison visant des maladies spirituelles des Pehuenches « vues » par les guérisseurs autochtones et par les praticiens du secteur public, l’article discute la façon dont des ontologies différentes fondent les différences entre les guérisseurs autochtones et ce qu’ils « voient » ; il explique également comment une binarité plus large et conséquente entre les réalités des Pehuenches et celles du monde extérieur va au-delà de cette multiplicité des approches. En explorant et discutant la persistance des relations cosmopolitiques des Pehuenches dans un monde peuplé de mangeurs visibles et invisibles, l’auteur espère faire comprendre comment l’absence de reconnaissance de ces réalités différentes limite les politiques multiculturelles actuelles dans le sud du Chili et, plus largement, les politiques de santé à destination des peuples autochtones. À un niveau plus théorique, le compte-rendu ethnographique éclaire des tensions non résolues entre les manières dont la différence ontologique a été conceptualisée, d’une part lors du « tournant ontologique » en anthropologie, et d’autre part dans le domaine des études des sciences et technologiques.

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