Community care, practices of resilience and resistance among women in the *La Araucanía* Region

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Abstract

Chile is a country with significant social inequalities, largely attributed to an extremely liberal economic model (García y Pérez, 2017). These inequalities are expressed with particular harshness in the La Araucanía region, where human development indicators reveal substantial gaps compared to other Chilean regions. High poverty rates and various challenges related to access to basic rights are prevalent in the region. Women are the main group affected by this situation, especially indigenous women living in rural areas. This happens due to the social structure that places them in conditions of greater social and economic vulnerability, while also leaving them responsible for the care of children, adolescents, and elderly people, thus imposing a high burden on them.

This article analyzes the trajectories of organized women and female leaders of neighborhoods with social vulnerability, and of indigenous communities in the La Araucanía region of Chile. The study identifies the forms that their organization and leadership strategies take in contexts marked by patriarchal and colonial relations, social adversity and violence. The stories of women from urban and rural areas were collected through individual and group interviews, as well as participant observation. From this, life trajectories, social organization, community leadership and empowerment processes were analyzed from the perspective of community psychology and Latin American feminism. From a political approach, power relations in everyday life are analyzed, as well as the relationships established with public policy programs and the local government to claim rights and influence decision-making.

Common mechanisms are identified among women who move from life experiences marked by a lack of opportunities and patriarchal and structural violence, to forms of solidarity organization, mutual support, community care and struggle for their rights. It is concluded that there are forms of community leadership and organization that reflect the legacy of relationships among women, adopting counter-cultural profiles that allow sustaining life and bonds in realities strained by patriarchal and state violence.

Keywords
community leadership, community care, resilience, resistance, resilience

Introduction

Human beings are the most vulnerable and fragile species, requiring interaction and care from others throughout our existence in order to stay alive and develop, especially in the earliest stages. Care is organized socially, involving the family, community and a diversity of institutions, including the State. Nevertheless, the socio-cultural construction has eliminated care as an articulating axis of social and economic life. It is understood as part of the so-called reproductive economy, a dimension subordinated to the productive economy, and therefore made invisible. It implies work that is not recognized, valued, or paid. It is fundamentally carried out by women, especially in the private sphere of the family (Cantilo, Lleopart y Ezquerra, 2018).

Gender studies have shown how the tasks that take place in the domestic sphere are essential for the functioning of the economic system and for the social well-being of people. Women, in various social and cultural spaces, have oriented themselves from and towards the care of others, playing a preponderant role even in situations that do not meet the conditions for the respect of human rights. They do this by assigning a central role to bonds, helping to sustain the lives of others through daily care. A set of social and economic transformations, as well as the succession of various crises, have led to the questioning of care as a mission that is solely and exclusively for women. We currently face different, interconnected and overlapping crises that threaten not only individual and social well-being, but also the very sustainability of the planet and our lives on it (Kagan, Akhurst, Alfaro, Lawthom, Richards y Zambrano, 2022). These multiple crises (economic, political, sociocultural and ecological) result in the resurgence of authoritarian, nationalist, and xenophobic populist politics worldwide. Additionally, we face a clear decrease in social equity and a concentration of power and resources in the hands of a minority.

The expansion of neoliberal policies, together with the reduction of public investment in social services, has dramatically decreased the presence of the public sector, affecting the availability of common goods for citizens, especially for those disadvantaged or excluded. Other processes, such as increased life expectancy and demographic ageing, the massive incorporation of women into the labor market (Galvéz y Rodriguez-Modroño, 2016) and the erosion of community as an active agent in the exchange of care, and therefore the individualisation of risk, have led to a strong crisis of care.

In different contexts and realities, it becomes evident that care for people and their environments is not enough to guarantee human development, so we must rethink the foundations on which sustaining is organised in a broader sense (Vega, Martínez y Paredes, 2018). Consequently, care is not currently a central aspect of public policies, socioeconomic debates, or collective reflection. Furthermore, recent crises have once again highlighted the lack of democratisation of care, not only within families, but also in the broader community.

Feminism has emphasised the need to revalue and redistribute care work, which entails assuming care as a collective responsibility that must underpin the

construction of a fairer and more democratic society. Reality shows us that women continue to have a predominant role at different stages of the life cycle, as well as in situations of illness and adversity affecting family members. This aspect of care, which is typically private, made invisible, and of lower social value, is strongly linked to an impact on the paid labor market, where women continue to be in a more precarious situation than men due to their responsibilities in the reproductive sphere, among other reasons. The data is compelling in showing how the burden of care is associated with lower pay and a more fragile contractual situation, which leads to the feminization of poverty (Cantilo, Lleopart y Ezquerra; 2018).

Providing care involves attending to individuals and the contexts in which they develop. Since these care activities are made possible through various arrangements involving different social actors and entities, it is relevant in contemporary societies to problematise the relationship between the State, the market, communities and families, and their articulated capacity to constitute effective systems for the provision of care (Vega, Martínez y Paredes, 2018).

Given the relevance of care for the sustenance and development of individuals, and in order to eradicate social inequalities with regard to both those who receive care and those who bear the responsibility of providing it, it is necessary that care be taken as a collective responsibility. To achieve this, societies must establish a social organization for political action on this matter (Cantilo, Lleopart y Ezquerra; 2018). In this sense, the politicisation of care is proposed by feminisms as a key aspect to move forward. This means that care should become an object of public policy, to address the social inequalities that cause the reproduction of life to be a subordinate dimension to the productive dimension, a substantive issue of a capitalist and patriarchal society. Care is a right and it must be guaranteed and therefore managed collectively.

Community Care in Times of Crisis

In different contexts of precariousness and in various crises, especially in Latin America, diverse responses arise to confront basic needs. Communities create survival and resistance strategies that take on different forms depending on the characteristics of these, the nature of the crises, how weakened the care systems are, and how much actual presence the state and local systems have in them. According to Vega-Solis (2019), care provided by networks of neighborhoods and solidarity, which are often made invisible, take on heterogeneous expressions and are commonly the result of hybrid processes between family, community, the State and the market. Some of the collective actions that can be observed are the following: communal pots, health brigades, provision of food baskets, among many others (Zambrano, Chacón, Sanhueza y Campos, 2022).

Although these forms of care are made visible in periods of greater crises or natural disasters (Rivera, Velázquez y Morete, 2014), they are based on more stable mechanisms of articulation that allow sustaining daily life in contexts of limited access to resources. These psychosocial processes are woven through the

trajectories of these communities in everyday life, in relationships of support, mutual aid, and solidarity. They are built from a shared history, a common space, and a social identity that is configured over time. Therefore, although care may become more visible in periods of acute crisis, the shared experience in a matrix of adverse life and limited opportunities shows us creative mechanisms of resistance and resilience, where care among members plays a relevant role.

In these spaces, women play a fundamental role in sustaining life despite the precariousness they themselves face, providing community care and making it possible. The community networks they create are evident both in everyday life and in those events that are a turning point, but which undoubtedly also contain the most stable conditions of exclusion, lack of opportunities and limitations for development. In this way, critical events such as disasters or pandemics are only a more acute expression of the permanent crisis situation faced by communities and can be taken as a kind of "analyser" (Rodríguez-Villasante, 2007) of the structure of exclusion and oppression that they face. Likewise, it can help to make visible the roles that women play on a daily basis, when they do not have the prominence and appreciation they may adopt in crises.

Various experiences arise as resistance, not only reactive to the current crisis, but as an established response to the historical relationship of coloniality (Lugones, 2003) that marginalized communities on our continent have organized for generations. These experiences invite us to legitimize everyday collective knowledge, the management capacity of community leaderships, and to make it part of the practical knowledge about public issues, or about how to face them.

The Crisis of Care Systems in Chile

In Chile, the current institutional and economic model has been at the service of maintaining privileges for an elite. The concentration of wealth in a small group has always been present in the history of the country and during the 17 years of dictatorship (1973-1990), conditions were generated to increase the distance between social groups. During this period, a set of economic measures were implemented that laid the foundations for the establishment of the neoliberal model. Privatisation, economic liberalisation, deregulation, state subsidiarity, opening to international competition, and labor flexibility became part of the mechanisms that radically transformed the country. The implementation of the model resulted in a redesign of the boundaries between the market and the State, generating profound transformations among social groups (Araujo, Marinho y Campêlo, 2017). This model favored the accumulation of power and wealth within small groups, generating a subordination of politics to this economic elite that has consolidated in Chile (Contardo, 2020).

In terms of social and economic policies, a liberal model prevails, characterized by an accelerated shift from the State to private provision of services, particularly in health, education and pensions. It is also informal due to the strong presence of unofficial protection mechanisms, where families and social networks play a fundamental role (Arriagada, 2010). As in the rest of Latin

America, the organization of care in Chile is of a mixed nature. This means that it can be carried out by public and private organizations, and it takes place both inside and outside of households and families (Arraigada, 2010).

The weakening of co-responsibility, the privatisation of care, and a less prominent role of the state, along with the tensions generated by various crises, have led the country to face a profound care crisis. The most affected are women, in different aspects of life. This situation was aggravated by the COVID-19 pandemic. Some evidence of these impacts has been provided by studies conducted in the country during the first period of the health crisis.

For example, the MOVID 19 report (National Monitoring of COVID-19 Symptoms and practices in Chile, 2020) points out that 42% of women are caregivers of others, a task they must simultaneously reconcile with other duties (a situation known as the triple workday). In comparison, while 22% of women have increased their daily care workload by more than eight hours, only 13% of men have done so. The gender gap for the rest of household tasks (such as cooking, cleaning, shopping, among others) is similar, intensifying women's workload. On the other hand, the study "Radiography of the Zero Man," carried out by the UC Centre for Surveys and Longitudinal Studies, in conjunction with UN Women and the Ministry of Women and Gender Equity of Chile, revealed that, during the first months of the pandemic, 71% of men had dedicated zero weekly hours to help their children in school homework (Bravo, Castillo y Hughes, 2020).

Before the pandemic, figures had been equally concerning. According to the CASEN survey conducted in 2017, 19.4% of Chilean women over 15 years old were out of the workforce due to caregiving or household tasks, while only 0.6% of men were inactive for these reasons.

In productive labor, inequalities are similar, given that women face limitations to access the paid labor market. 33.9% of women declare having to perform family duties, such as unpaid domestic and care work in their homes, as the main reason for not entering the labour market (INE, 2018).

All areas linked to care, activities that had been devalued and made invisible, became vital during this period of crisis. Most of these activities have been under the responsibility of women, particularly those who share less advantaged living situations.

Resistance and Resilience: Facing Adversity on a Daily Basis

Social sciences incorporated the term 'resilience' starting in the 1980s to describe individuals who are capable of having a healthy psychological development despite living in high-risk contexts, such as environments of poverty, multi-problematic families, prolonged stressful situations, among other circumstances (Uriarte, 2010). Resilience is the capability that individuals have of confronting extreme situations and overcoming them. Thanks to resilience, individuals are not only capable of facing challenging moments in life, but also of emerging

stronger and with new insights. It is a process that demands flexibility to confront difficult experiences in order to successfully navigate adversity.

Although the concept originally emerged to describe an individual capacity, it has later been extended to also refer to family groups or collectives that are capable of minimizing and overcoming the detrimental effects of adversity and of disadvantaged and socio-culturally deprived contexts. These groups are able to recover after suffering traumatic experiences, such as natural disasters, epidemics, deportation, civil wars, concentration camps, among others (Rutter, 1993). Individuals undergo positive transformations after the experience of crisis. This includes processes of regeneration, reorientation, personal reorganisation and openness to new opportunities that arise as a result of the crisis (Olabegoya, 2006).

The concept of resistance can be understood as the personal or collective strength to stand firm in the face of adversity, the capacity to remain intact when facing a setback, or to endure a difficult situation. That is, to be able to live and develop normally in a high-risk environment that generates material damage and stress (Uriarte, 2010). Moreover, especially in those spaces of the world that have faced profound and ongoing processes of colonization and coloniality, the concept takes on a particular meaning. For subordinate or marginalized peoples or groups, this strength represents not only a way to confront crises with determination, but also involves the capacity to resist, tolerate or oppose. From a cultural perspective, it refers to the process of systematic opposition to a homogenizing assimilation and to claim the right to make decisions about their own resources (Morales, 1993).

Community Female Leaders: Amid Adversity, Resilience and Resistance

In what follows, we will present some partial results from studies conducted by the authors of this article in the La Araucanía region in Chile. These findings enable us to analyze the role of female leaders in community care, both in urban and rural areas. In analyzing these results, we hope to find clues to understanding the mechanisms of such care and how women develop practices of resilience and resistance. These practices allow them to become caregivers for others, despite their harrowing experiences. Furthermore, we aim to highlight the limitations of a care system that is exclusively sustained by women within the spaces of family and community, in a context where social injustice and patriarchal violence reproduce and justify inequalities, without any systematic action taken by the state to advance in matters of social and gender justice.

The first study is part of a broader research aimed at characterizing the psychosocial community dynamics associated with community strengthening in different neighborhoods of Chile and Brazil. Specifically, we focus on the leadership exercise of women living in neighborhoods that face conditions of vulnerability. We hope to reveal how female leaders deploy leadership within the community framework, with a strong emphasis on caring for the members of the communities, particularly those who live in a more disadvantaged social, cultural

and economic situation. We seek to analyze the characteristics and conditions under which social leadership is exercised by women in urban communities facing social and economic vulnerability. This study has been conducted in three neighborhoods in Temuco, using a Participatory Action Research approach. Mixed methods have been used, including participant observation, interviews, participatory workshops, surveys, ongoing feedback, among others.

The neighbourhoods were established in the 1980s under conditions of significant precarity, initially lacking basic services. People had to organize themselves in order to improve their living conditions. During this period, community bonds of mutual aid were strengthened, and some community grassroots organizations emerged. Once these improvements were achieved, it was particularly the adults and elderly individuals who maintained a strong sense of community and continued to engage in varying levels of participation and neighbourhood organization.

In the three neighborhoods under study, the pandemic had a significant impact on neighborhood bonds, blurring community organizations to a different extent. Territorial organizations (such as neighborhood associations) directed their efforts towards addressing basic needs of support and care, through their leaders' actions. Female leaders are mainly between 40 and 70 years old, with a strong commitment to their organizations. They strive to achieve aims that primarily focus on securing resources for collective spaces, organizing activities and providing support to those facing greater challenges.

Their life narratives are marked by experiences of abuse, discrimination, mistreatment, and a lack of access to resources to meet their basic needs, that is, adverse life trajectories characterised by limited opportunities for development. As they point out, they have endured various forms of violence, related to social class, discrimination, stigma, gender, and domestic violence. Their trajectories are marked by traumatic experiences, stories of effort, and assuming responsibilities -often at a young age- in caring for younger siblings and sick family members.

> I tell all my children that I love them… because I was never told that myself. (TSMVSE_V4).

They currently face a significant caregiving burden, both objectively and subjectively, as they are responsible for the care of their children, partners, parents, mothers-in-law, grandchildren, sick people, among others. Domestic labor has been the main activity for most of them, though they have pursued other parallel occupations to support or fully meet their household's financial needs. These additional activities include sewing, knitting, working as domestic employees, engaging in recycling activities, and preparing and selling jam and other food.

> You become everything: a mum, a psychologist, a nurse, a shoulder to cry on. We do it all (TSMVSE_ V3).
> Everyone expects so much from us: as housewives, as mums, as wives… In the end, you are there for everyone, except for yourself (TSMVSE_ V6).

Having been raised in a patriarchal culture and with a strong Christian influence, they predominantly exhibit a traditional view of women's role. Only some of them analyze their experiences from a more critical perspective, identifying the effects of patriarchy and seeking to change their roles and even their own gender identity.

Most of the female leaders stand out for their ability to serve as intermediaries between the "community world," where horizontal bonds and collectivity prevail, and the State. Particularly during times of crisis, they are the ones who concentrate efforts to assist those in greater need, demanding support from different state entities for the community members who need it the most. During the pandemic, female leaders had a predominant role in maintaining bonds of mutual support, and in re-articulating community relationships when the emergency situation subsided.

Neighborhood female leaders have significant skills and expertise in engaging with local political actors, through which they were able to manage and obtain support during the pandemic (such as food baskets, medical supplies, etc.) for community members facing economic woes. However, the presence of the State during this period was low, limited to providing some basic resources. Women leaders have learned to build networks with various agents of local public policy, as well as politicians from different political and partisan positions. Their priority is to secure the necessary resources for their communities.

They take on a mediating role with the State, strategically advocating for resources for their respective organizations and neighborhoods. This mirrors their experience in household management, where they have learnt to deal with scarce resources and to mobilize opportunities in a creative way.

The levels of prominence of women in community leadership vary across different territories, but there is a common thread regarding care ethics. Although they did not experience sufficient care during their childhood and adolescence, most of them facing gender violence, they develop a narrative and take actions of care for others. They explicitly state that they "don't want others to live through what they had to," hence, their efforts are focused on expanding opportunities for others.

In addition to the burden they experience within their households, they also face various duties from their organizations. They have to invest a considerable amount of time in dealing with different authorities or professionals in public policy, as well as in organizing and implementing activities. They lack support from other community members in carrying out these tasks, making it challenging to fulfil their commitments, assignments and initiatives.

We could point out that leadership, in addition to projecting the role of caring for others (as a traditional gender role), constitutes a practice that enables them to integrate their difficult life experiences, their lessons, and to leverage them for the common welfare. In this case, only some women hold a more critical perspective of reality, identifying structural conditions that affect their life situations and those of their communities. We could argue that there are clear

trajectories of resilience, but culturally, there is scarce resistance to economic and socio-cultural conditions.

The second study is focused on political trajectories through a biographical approach of *Mapuche Lafkenche* women from the communes of Tirúa, Saavedra and Toltén. Twelve female leaders of different ages (between 27 and 70), who belong to community organizations participate in this study. One of the participants holds a position of political representation in the municipal council of her commune. In the La Araucanía region, the *Lafkenche* territory is a predominantly rural area. As all the territories ancestrally inhabited by the *Mapuche* People, it has a long trajectory of dispossession and colonization that has shaped the lives of its inhabitants. It has configured a particular local history of resistance and negotiation with the State and Chilean Society.

Lafkenche territory between the communes of Tirúa and Toltén.
Source: Own elaboration

According to the National Institute of Statistics (INE, 2017), the current population in the communes of Saavedra, Tirúa and Toltén who identify as belonging to the *Mapuche* people is 80.6%, 70.6% and 43.1%, respectively. With

regard to communal poverty rates, the 2017 CASEN survey indicates percentages of 35.8% in Saavedra, 35.1% in Toltén and 26.8% in Tirúa. It is important to highlight that in Saavedra there has been a significant increase in the leadership of women in community organizations. Currently, 57% of these organizations are led by women, and 20% of them are exclusively composed of women (own data).

From analyzing the narratives, it can be concluded that in the trajectories of the interviewed *Mapuche Lafkenche* women there is an intersection of oppressions at play. Stories of abuse and discrimination emerge strongly. These forms of violence are present in the various spheres of their lives, including their own family, community, school and workplace. Their life stories reveal a chain of consistently violent events and conditions such as extreme poverty, mistreatment, sexual abuse, forced migration, discrimination, gender-based violence, among others. This has the background of the historical trauma of the indigenous people to which they belong, characterized by a long process of colonisation and coloniality that subjects them to a set of the experiences in which their culture is made invisible, marginalized and excluded.

The study evidences different forms of violence, such as direct violence (psychological, economic and sexual abuse), symbolic violence (derogatory treatment based on cultural, economic and gender reasons) and structural violence (multiple deprivations, lack of access to basic services, limited opportunities for development, among others). Additionally, their socialization conveys a model of womanhood based on domestic labor and family care. As *Mapuche* female leaders, part of their management involves not transgressing cultural norms, because they represent their people. Therefore, a different women's role is evidently not allowed.

It is noteworthy that early on in their life trajectories, they have to assume the role of family caregivers. On the one hand, this becomes an obstacle to their own development as women, but, on the other hand, it serves as a catalyst for leadership, as they consider caregiving as a personal commitment to collective reparation. This is reflected in the following quote:

> I ended up playing the role of being the mum, taking care of my little sisters, my brother, and working for them, because we had no food. (BLB1)

This set of adverse experiences compels them to develop resilience from a young age. They acquire resources to confront these situations, as well as a functioning style that enables them to detach themselves from violent and adverse events, and to project themselves towards the future. Among the various resilience strategies they exhibit, we would like to highlight the following: engaging in uncomfortable conversations to directly confront conflicts; migrating to leave behind abuse and mistreatment and to seek new sources of income and learning; acquiring new trades and skills; becoming mothers, teaching and transmitting their own experiences to their children; establishing meaningful connections with those in positions of authority in their workplaces; learning *mapudungün* (the *Mapuche* People language); strengthening a legacy conveyed as a destiny-mission; sacralising examples of parents and/or significant people;

acknowledging their own capacities and potentialities; exercising leadership as a means of healing and redefining their past, among others.

Leadership emerges within this framework precisely as an expression of the resilience process. The exercise of community leadership serves as a way to keep with the dedication to caring for others, as well as a practice of resilience that strategically enables them to access resources that allow them to contribute to the well-being of others.

> I came back again and it was good; by then I had personality, because before… with all the shouting I got at home, I was about to go under the table. And then I had personality, and it was good for me, very good. Now I can stand up for myself, I can talk, I won't stay silent, and that was very good for me (BE1S).
> I love being a leader. To be there helping people and especially women, because for Mapuche women… Life hasn't been easy for Mapuche women. Like my calling that makes me be a leader (TE1A).

Service to others has allowed them to legitimize themselves, engaging in tasks that align with cultural mandates of womanhood in *Mapuche* society and culture. At the same time, the exercise of leadership means a liberation from the socio-cultural and structural determinants coming from both the national society and the *Mapuche* world. Leadership provides a platform from which they can redefine their traumatic and painful experiences. In this sense, leadership emerges as a life organizer for female leaders. Finally, there is a third dimension that mobilizes leadership, which is accepting a legacy, a learning process coming from their lineage (*kupalme*). This implies assuming a commitment to *Mapuche* culture and identity, this time from a renewed standpoint.

The motivational factors vary from one leader to another, but the community perspective is present in all of them. Their commitment to improving the lives of others drives them to engage in the task of mediating and managing opportunities that enable them to access resources they do not possess.

When analyzing the processes of empowerment, we can conclude that the interviewees' processes transcend the individual level, as their leadership is based on solidarity, social organization and cooperation. They contribute to the empowerment of their organizations and communities, promoting unity around collective goals rather than individual differences.

In an integrative view of both studies, we can conclude that the empowerment of female leaders in both cases occurs through the interaction of personal conditions and the social, cultural and political context where their leadership has developed. From that interaction, and from their personal characteristics, among which their socio-emotional resources stand out, the female leaders develop an ability to understand and manage the environment, threats, and also opportunities. This capacity emerges fundamentally from their own life stories, marked by ongoing adversity and the development of resilience as a strategy to deal with multiple challenges.

In the case of most *Mapuche* female leaders, there is also an evident capacity for socio-political analysis, strongly connected to their cultural identity and the ability to value or revalue their cultural roots and perceive reality from a

broader perspective. This is made possible through the cultural vitalization experienced by themselves and part of their communities, as well as the opportunity to have lived for some period of their lives in different cultural spaces. This life between worlds, whether educational, professional, and/or rural-urban migration experiences, enables them to acknowledge the value of their own culture, while also incorporating resources and strategies to negotiate culturally with the dominant society. We observe in this case a combination of resilience and resistance, which enables them to represent the aspirations of their communities and people, and navigate the institutional system of the State, in order to gain access to resources and opportunities to contribute to improving the living conditions of their communities.

The strategic reading of opportunities, for both groups of female leaders, primarily occurs within the context of public policies oriented towards women in conditions of vulnerability (particularly impoverished and indigenous women). In the case of *Mapuche* female leaders, their position of defending and promoting their culture emerges within a context of increasing recognition and revitalization of cultural heritage in recent decades. In both cases, participation is initially functional, though it enables them to develop a critical perspective as they gain experience in social organization and leadership. Above all, they develop a strategic understanding of their environment, advancing in access to power. However, a significant portion of their leadership actions is still directed towards managing resources rather than directly claiming rights.

As an empowerment exercise, female leaders, especially *Mapuche* women, manage to critically analyze their context; they establish connections between different dimensions and they acknowledge structural injustice. However, their everyday leadership actions do not directly aim to subvert these structural conditions; their proposal is to strategically manage the resources of the environment to improve living conditions. On the other hand, they maintain a traditional view of the role of women and of *Mapuche* women, without critically questioning this role.

Conclusions

Women's leadership in the community sphere is oriented towards sustaining life in the most adverse conditions. From their own life trajectories, marked by experiences of surviving multiple violence and intersecting oppressions, female leaders develop the capacity of resilience that enables them to grow in their own lives and also to exercise leadership oriented towards others. They are sensitive to the needs and potentialities of their communities.

Their living conditions as women that have been marginalized from opportunities for development (because of being poor, indigenous or rural women) enable them to guide the well-being of their communities in a more relevant and heart-felt manner. Paradoxically, the socialization they have received from a patriarchal culture enables them (better than men) to understand the needs and pains of others. They maintain a relational approach that

interconnects them deeply with the experiences and needs of the members of their communities.

Their leadership is, at least partially, countercultural because they participate despite being denied the right to do so, mainly due to discrimination based on gender, class and race. They gain spaces to access resources and decision-making, in a format that is different from the leadership styles prominent among men. They are oriented towards the common good, they place an emphasis on the relationships of solidarity and mutual aid, and they prioritize those who live in more disadvantaged conditions.

Female leaders overflow the State, as they use public policies directed towards marginalized women to engage in public affairs that were previously denied to women. They exercise a mediating role in those places and spaces where the State fails to reach due to its detachment and verticality, especially during periods of heightened crises.

It is important to acknowledge that in the Chilean context, especially in rural areas, female leaders interconnect communities with the State and other entities. Without their involvement, many resources and support would not reach the groups that have been more excluded from the protection systems. They act as a bridge that enables the precarious care systems to operate on a logic of territorial and affective proximity. Moreover, they boost these care systems by interconnecting community life with other spaces that are difficult to access for the community members.

We would like to highlight that female leaders are true models in intercultural dialogue. *Mapuche* female leaders, in particular, demonstrate their ability to establish connections between different cultures.

It is important to consider that although community plays a crucial role in fostering self-organization, socialization and providing close care, in reality, we observe that women play a central role in boosting these processes. However, we understand that the State is still essential to promote, support and complement community experiences, but this has to occur respecting their logics, resources and particularities. Its public function consists in providing public goods that guarantee the universality of control over the material and affective-relational conditions of our existence.

The care crisis must be addressed with public policies and community management, using strategies that dismantle patriarchal, capitalist and colonialist logics. There needs to be complementarity between public policies that guarantee access to basic rights, and public policies that aim at collective rights within the context of a democratic state. Such a State should promote and ensure effective participation, social organization and the strengthening of community networks for social and territorial justice. Female leaders are strategic allies in these purposes, as they hold a comprehensive understanding of the collective responsibility that caregiving entails. They take on community care with a profound sense of the common good.

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