

DOSSIER

Perspectives on Indigenous Psychology in Brazil: ethical and epistemological challenges

Editor

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Explanatory factors of suicide from the indigenous perspective: a literature review

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Abstract

Objective

Indigenous suicide in Brazil is an epidemiological, complex, and multifactorial phenomenon for which conclusive answers to risk factors remain elusive. Based on a literature review, the objective is to identify factors that contribute to the phenomenon of suicide from the perspective of Indigenous people.

Method

The PRISMA model was employed, and literature was sought in the Scientific Electronic Library Online, *Literatura Latino-Americana e do Caribe em Ciências da Saúde*, and the Periódicos Capes databases between August and November 2022, utilizing the Portuguese descriptors "*indígena AND suicídio*" (indigenous AND suicide), "*índio AND suicídio*" (indian AND suicide), and "*indígena OR suicídio OR Brasil*" (indigenous OR suicide OR Brazil).

Results

The search yielded 235 articles, and after applying exclusion and inclusion criteria, 14 were retained. These articles formed the basis for identifying several categories which indicate the explanatory factors of indigenous people's suicide, the first three of which are shared with Western scientific explanations: loss of "good living", especially among young people; alcohol consumption; abandonment of Indigenous traditions; symbolic universe and myths; witchcraft and harm; and collective suicide.

Conclusion

Our analysis critiques the exclusively Western perspective and psychological approach, emphasizing the need to embrace Indigenous perspectives on this phenomenon.

Keywords: Brazil; Indigenous; Risk factors; Suicide.

According to the *Associação Brasileira de Psiquiatria* (2014), suicide is understood as a deliberate, conscious, and intentional act carried out by the individual with the intention of death. It was traditionally perceived as a "total social fact" typical of a social group that maintains relatively stable rates over time (Durkheim, 1897/2000). Currently, this act is considered complex and multifactorial, involving the

following: biomedical aspects; lack of social support networks; religious beliefs; weakened subjective constructions; socioeconomic conditions; social determinants of health; deep psychological, cultural, gender, and generational factors; a weakening sense of belonging; individuals' life history; identity changes; and symbols associated with death (Cavalcante et al., 2015; Marquetti, 2014).

Suicide has been recognized as a global issue impacting families, communities, and entire countries, with a higher prevalence in poorer nations, particularly among individuals aged 15-29, and within specific social groups, such as indigenous peoples (World Health Organization, 2021). Within these distinct groups, suicide rates surpass those of the general population, reaching almost epidemic proportions (Ramírez et al., 2018). In Brazil, while suicide rates have increased in the overall population, the escalation is more pronounced among indigenous peoples. Between 2010 and 2018, rates for the general population ranged from 5.2 to 6.3 per 100,000 population, reflecting a 20.0% increase – placing Brazil among the nations with the highest rates globally. In contrast, rates among indigenous peoples during the same period varied from 12.2 to 18 per 100,000 population, signifying a 50.9% increase (Ministério da Saúde, 2020).

Depending on the Brazilian region, suicide rates may be similar among the indigenous and non-indigenous populations, such as in Pará (17.9 and 18.3 per 100,000 population, respectively) (Braga et al., 2020), or disparate, as observed in Roraima (15.0 and 8.6 per 100,000 population, respectively) (Souza & Onety, 2017) and Amazonas (18.4 and 4.2 per 100,000 population, respectively) (Souza & Orellana, 2013). In Amazonas, the disparity in indigenous suicide rates further increases according to the municipality, as in Tabatinga (25.2 per 100,000 population), São Gabriel da Cachoeira (27.6 per 100,000 population), and Santa Isabel do Rio Negro (36.4 per 100,000 population) (Orellana et al., 2013), being considered a public health problem in these areas.

Generally, among Brazilian indigenous people, there is a higher prevalence of suicide rates in the Midwest (35.6 per 100,000 population) and North (24.1 per 100,000 population) regions, compared to the Northeast, Southeast, and South (3.8, 4.1, 9.7 per 100,000 population, respectively). These incidents predominantly occur among men aged 15-29, who are single, possess low educational attainment, and primarily involve hanging (Ministério da Saúde, 2020). While rates are higher among young and adult indigenous individuals, Souza (2019) highlighted that among indigenous children, rates were 11 per 100,000 population, which is 18.5 times higher than that observed among non-indigenous children (0.6 per 100,000 population), with variations depending on the region or municipalities for higher or lower rates.

The issue of indigenous suicide went unnoticed until the 1980s, despite the phenomenon being recurrent among many ethnic groups (Poz, 2000). From the 1990s onwards, with the escalation of excessive alcohol use and suicide among indigenous populations, there has been media and academic interest in these and other phenomena related to indigenous health. From the 2000s onwards, scientific interest in indigenous health has solidified in dialogue with public policies and social concerns focused on these peoples, becoming a theme in the field of Public Health (Kabad et al., 2020). Gradually, it has also become a topic of interest in Psychology, especially concerning “indigenous mental health”, an area still under-researched (Batista & Zanello, 2016).

From the standpoint of the Brazilian State, indigenous health has been under the jurisdiction of different policies and organizations: *Serviço de Proteção aos Índios* (Indian Protection Service) (1910-1967); *Fundação Nacional do Índio* (National Indian Foundation) (1967-1999); *Subsistema de Atenção à Saúde Indígena* (Indigenous Health Care Subsystem), created in 1999 and currently in effect (Pontes et al., 2019). Having undergone several reforms since its establishment, the latter is guided by the *Política Nacional de Atenção à Saúde dos Povos Indígenas* (National Policy for Indigenous

Peoples' Health Care), created in 2002 and coordinated and enforced by the *Secretaria Especial de Saúde Indígena* (SESAI, Special Secretariat of Indigenous Health, created in 2010), managed by units of the *Distrito Sanitário Especial Indígena* (DSEI, Indigenous Special Sanitary District, created in 1999) through indigenous basic health units, base centers, and *Casas de Saúde Indígena* (CASAI, Indigenous Health Houses) (Nóbrega, 2016).

Only in 2017 was the Comprehensive Mental Health Care Policy for Indigenous Populations consolidated (Consolidation Ordinance No. 2 of September 28, 2017, originally published in 2007), with a subsequent booklet operationalizing the psychosocial care model (Ministério da Saúde, 2019a). Correlated with mental health is the issue of indigenous suicide, also addressed in a booklet focused on its prevention among indigenous peoples (Ministério da Saúde, 2019b). Currently understood from the perspective of *bem viver* "good living", mental health and indigenous suicide have worsened due to the Covid-19 pandemic, demanding new perspectives and coping strategies (Kabad et al., 2021).

Considering indigenous suicide as an epidemiological, complex, and multifactorial phenomenon, efforts have been made to explore causal and risk factors for high rates among these peoples, yet without conclusive answers. In a global article review conducted by Pollock et al. (2018), significant variations in rates were observed, indicating that it is not a universal or untreatable problem among different indigenous peoples. However, they pointed out that the highest levels are found among men, in contexts of structural discrimination, social inequality, profound disparities, and inequitable access to healthcare.

In Azuero et al.'s (2017) review of research in some Latin American countries, a "cultural death" resulting from cultural changes, lifestyles, industrialization, environmental invasion, and alcohol consumption was identified as an explanatory factor. However, none of these studies highlighted explanatory models from the indigenous point of view. In Souza et al.'s (2020) review of research in Brazil, the authors categorized 13 risk factors found in the literature, but none indicated the singularities, worldviews, and explanations provided by the indigenous people themselves, despite the authors citing some studies that presented indigenous accounts.

In Ministério da Saúde (2019b), which integrates scientific knowledge with the professional experience of indigenous and non-indigenous individuals in public policies, determinant aspects and risk factors are identified in three dimensions: 1) Relational issues (transition to adulthood, marital conflicts, generational conflicts); 2) Sociocultural factors (context of physical and symbolic violence, involvement with the surrounding society, difficulty in socioeconomic integration, discrimination); 3) Indigenous perspectives (witchcraft, memory of the deceased, spirits of the forest). Thus, the indigenous viewpoint on suicide is taken into account in the third dimension, even though this booklet does not delve into the elaboration and explanation of these factors.

In this regard, Kabad et al. (2021) highlighted recent research presenting indigenous explanatory models for the phenomenon of self-inflicted death, indicating particularities for each group: the Iny people (Karajá) identified the rupture in the transmission of values and rituals by young people; the Guarani-Kaiowá pointed to emotional conditions characterized by sadness and spiritual disturbance among the youth; among the peoples of Alto do Rio Negro, there is a failure to comply with rituals marking the passage from childhood to adulthood, in addition to the abusive use of alcohol by young individuals.

In summary, suicide among indigenous peoples is linked to highly diverse factors, which radically alter its epidemiology and etiology (Souza et al., 2020). In this context, our literature review

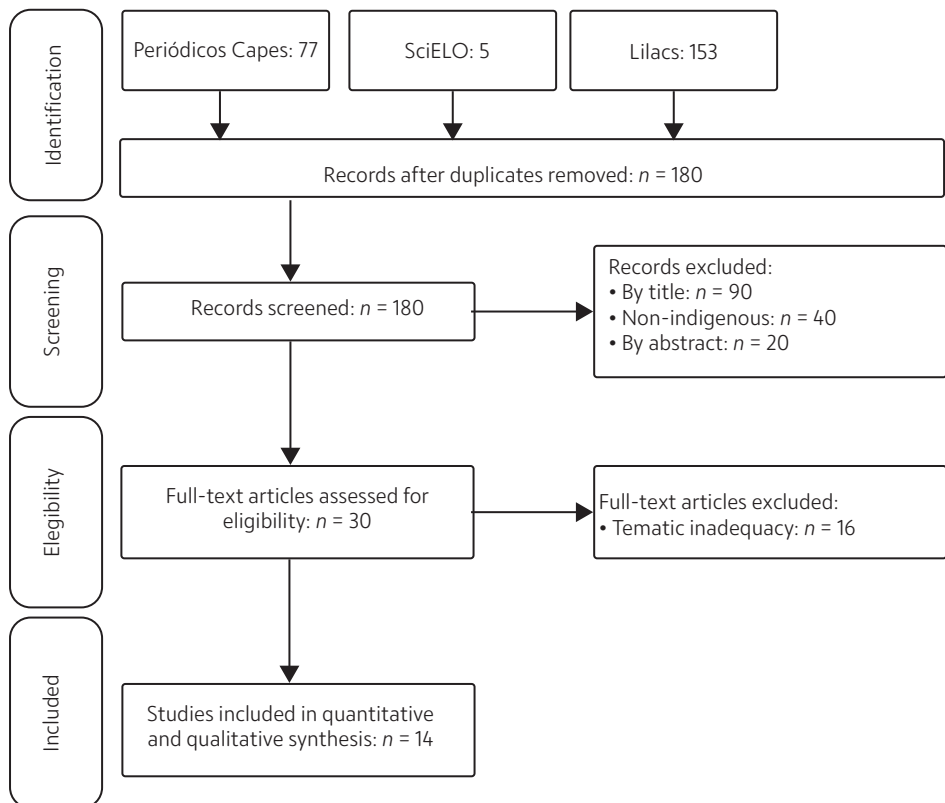
article aims to identify explanatory factors for suicide from the indigenous perspective regarding this phenomenon in the Brazilian context.

Method

The systematic literature review followed the PRISMA model (Moher et al., 2009). In the identification stage, a search was conducted in the Scientific Electronic Library Online (SciELO), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (Lilacs), and Periódicos Capes databases between August and November 2022, utilizing the Portuguese descriptors “*indígena AND suicídio*” (indigenous AND suicide), “*índio AND suicídio*” (indian AND suicide), and “*indígena OR suicídio OR Brasil*” (indigenous OR suicide OR Brazil). The search yielded 235 works, of which 55 duplicates were excluded. Among the remaining 180 articles in the selection stage, exclusions were based on title reading (90), addressing non-indigenous populations (40), and subsequently, abstract reading (20). A comprehensive reading was then performed for the remaining 30 articles in the eligibility stage, of which 16 were excluded due to inconsistency with the review’s objective: not considering the indigenous perspective. In the final inclusion phase, 14 articles remained (Figure 1).

Figure 1

Flow of information through the different phases of the systematic review



Note: Lilacs: *Literatura Latino-Americana e do Caribe em Ciências da Saúde*; SciELO: Scientific Electronic Library Online.

The results highlight general quantitative aspects of the publications. Subsequently, the authors’ point of view of the indigenous perspective was factored in to present the qualitative analysis, organized into categories chosen for explanatory factors from the indigenous viewpoint (Table 1).

Table 1*Data from articles and categorization of explanatory factors for suicide*

Study	Research field	Ethnicity	Region	Indigenous factors
Adsuaara et al. (2019)	Collective Health	NE	Brazil	Factors A, D, F
Aparício (2015)	Anthropology	Suruwaha	Rio Purus (Amazonas)	Factors D, E, F
Coimbra & Santos (2000)	Collective Health	NE	Brazil	Factors A
Erthal (2001)	Public Health	Tikuna	Alto Solimões (Amazonas)	Factors A, B, C, D, E
Grubits et al. (2011)	Psychology	Guarani/ Kaiowá	Mato Grosso do Sul	Factors A, B, C, E
Orellana et al. (2013)	Epidemiology	NE	Amazonas	Factors B
Poz (2000)	Anthropology	Sorowaha	Médio Purus (Amazonas)	Factors A, C, D, E, F
Ramírez et al. (2018)	Epidemiology	NE	Colombia	Factors A, F
Silva et al. (2019)	Psychology	Amanayé	Pará	Factors A, C
Souza (2016)	Psychiatry	NE	Alto Rio Negro (Amazonas)	Factors A, B, C, D, E, F
Souza & Ferreira (2014)	Collective Health	Aruak, Maku, Tukano	Alto Rio Negro (Amazonas)	Factors B, D, E, F
Souza & Orellana (2013)	Epidemiology	NE	Amazonas	Factors A, B, C, F
Souza et al. (2020)	Public Health	NE	Brazil	Factors A, C
Staliano et al. (2019)	Psychology	Guarani/ Kaiowá	Mato Grosso do Sul	Factors A, C, E

Note: Indigenous factors: A: Loss of "good living", especially among young people; B: Alcohol consumption; C: Abandonment of indigenous traditions; D: Symbolic universe and myths; E: Witchcraft and harm; F: Collective suicide. NE: Not Explained.

Results

General Aspects of the Publications

We began our quantitative assessment by noting the year of publication: three articles in the years 2000-09, 10 articles in the years 2010-19, and one in the years 2020-22. This indicates that indigenous suicide became a subject of scientific interest and public policy actions starting from the 2000s (Kabad et al., 2020). We anticipate that by the end of this decade, there will be more articles than in the previous one.

Regarding the studies' field of origin, there is a predominance in the health areas (9): Epidemiology (3), Collective Health (3), Public Health (2), and Psychiatry (1). Psychology, a discipline that traverses both the Health and Human and Social Sciences domains, had three publications, while Anthropology had two. This reveals that the topic of suicide, despite the need for a multiplicity of perspectives, is primarily perceived within the purview of the Health areas (Batista & Zanello, 2016; Kabad et al., 2020; Kabad et al., 2021; Ministério da Saúde, 2020), with no contributions from other areas with historical, geopolitical, or socioeconomic interpretations, for instance.

As per the employed methodology, there were: five qualitative research, of which three were ethnographies; four theoretical essays; three literature reviews; and two retrospective studies. It is observed that qualitative research directly involving indigenous peoples is still in the minority. Most articles addressed the phenomenon of suicide through secondary data, which, despite its importance for a more general overview, can be an indicative of an existing distance between researchers and indigenous peoples. Consequently, few studies manage to convey indigenous explanations and worldviews regarding the phenomenon of suicide.

In the examined indigenous groups, seven ethnicities were identified in the articles: Amanayé, Aruak, Guarani/Kaiowá, Maku, Sorowaha, Tikuna, and Tukano. Seven publications did not specify the ethnicity of the groups. Regarding the investigated Brazilian regions, eight studies were conducted in the state of Amazonas: two encompassing Amazonas as a whole, two in Alto Rio Negro, two in the Purus River, one in Alto Solimões, and one on the border with Colombia. Other studies were

distributed as follows: three covering Brazil in general, two in Mato Grosso do Sul, and one in Pará. We hypothesize, being from Amazonas, that there is a closer proximity of researchers from public research centers in our state – such as Fundação Oswaldo Cruz, the Universidade do Estado do Amazonas, and the Universidade Federal do Amazonas – with indigenous peoples, especially because it is the state with the highest number of ethnicities and indigenous people in Brazil. The lack of studies in other Brazilian states indicates how much the topic is still neglected, along with the belief that there are few, or none at all, indigenous peoples living in those states.

As for indigenous explanatory factors identified in the articles as being from the indigenous perspective, they were organized as follows: (A) loss of “good living”, especially among young people (11); (B) alcohol consumption (5); (C) abandonment of indigenous traditions (8); (D) symbolic universe and myths (6); (E) witchcraft and harm (7); (F) collective suicide (7). These factors will be qualitatively explained below.

Indigenous Explanatory Factors

This section presents categories of suicide factors found in the reviewed articles, which we, as indigenous peoples, attribute as explanatory. The first three factors are shared with the perspective of science and Western society, while the last three refer to factors intrinsic to indigenous cultures. We emphasize beforehand that the categories listed below are far from covering the entirety of the symbolic universe explaining indigenous suicide, as it is vast, multidetermined, and has various facets.

A. Loss of “Good Living”, Especially Among Young People

According to Adsuara et al. (2019), *bem viver* “good living” refers to the vital principles that organize the life of a people, according to their own project of collective existence, aiming to safeguard the well-being of populations, and is related to the territory and to both human and non-human beings. In this sense, Silva et al. (2019) emphasized that territory and community are essential for indigenous life, as they provide survival and care for all beings, thus constituting a condition for “good living” through communal life with all beings in the cosmos.

However, objective and social conditions, such as the colonization process, loss of territories, intercultural contact, lack of effectiveness of public policies, etc., compromise traditional indigenous life, imposing limitations on their “good living” (Souza et al., 2020). Added to this is religious imposition, through which there is prohibition and abandonment of culturally specific practices and behaviors of indigenous populations (Erthal, 2001; Souza, 2016). Therefore, the invasion of indigenous lands, expropriation of communities, and regional and national development projects directly interfere with the health-disease and life-death process, producing psychosocial suffering in indigenous populations and characterizing their genocide (Adsuara et al., 2019; Staliano et al., 2019).

Having said that, the losses of conditions for “good living” in general, refer to the confusion that indigenous people, especially the youth, experience due to the interference of the surrounding society in traditional ways of life – referred to as risk factors in some articles (Ramírez et al., 2018; Souza & Orellana, 2013). This involves migration to urban areas, conflicts in their territories, insufficient infrastructure and health and education services, difficulties in entering the job market, family disarticulation, lack of prospects for the future, and a shortage of leisure alternatives. All these elements promote imbalance and disharmony, leading to illness and deaths by suicide (Coimbra & Santos, 2000; Ramírez et al., 2018; Silva et al., 2019; Souza et al., 2020; Souza & Orellana, 2013).

Ramírez et al. (2018) pointed out that indigenous youth, in their respective traditions, are prepared and guided to follow customs, rules, and rituals according to the ancestral cosmology of their people. When coming into contact with the surrounding society, the youth encounters a different world that demands other behaviors, thoughts, actions, and care, interfering with the construction of their identity, belonging, and way of life. This is exacerbated by the use of drugs and excessive alcohol consumption, accentuating these problems of contact with the surrounding society, leading to suicidal acts.

Additionally, the scenario of food scarcity and illnesses reflects, for example, in suicides committed by young Kanamari in Vale do Javari/AM (Aduara et al., 2019). As Poz (2000) highlighted, another requirement present in the indigenous life of the Sorowaha young people, for instance, is the emphasis on physical and moral virtues, including individual performance (physical strength, ability, disposition, beauty, control of sexuality, etc.). Due to such requirements, young people become vulnerable to disagreements and displeasures, which can lead to suicide.

Grubits et al. (2011) described that among young Guarani-Kaiowá individuals, signs of discouragement, maladjustment, melancholy, and sadness were observed before the suicide attempt. This period of distress, according to them, lasted approximately two weeks to a month, characterized by hearing voices and noises in a persecutory manner, which drove them towards self-extermination, not allowing them to react. They did not recall the moment they attempted to take their own lives, stating they had no control over what they were doing. They reported that chants, prayers, and dances performed by their family members under the guidance of religious leaders contributed to their return to a normal state. For this people, suicide is understood as supernatural, where forces of good and evil confront each other; this will be discussed in a further section.

B. Alcohol Consumption

Another serious problem among indigenous peoples contributing to suicides is the abusive consumption of alcoholic beverages, with the incidence of substance use preceding suicide attempts, generally involving young men during the weekends (Erthal, 2001; Orellana et al., 2013; Souza, 2016). According to Grubits et al. (2011), the imposition of new religions, which disrupt the population and lead to conflicts and maladjustments, also contributes to the adoption of vices such as alcoholism.

Souza and Ferreira (2014) pointed out the intentionality of the act among those under the influence of alcohol, arguing that intoxication compromises their judgment. For Souza and Orellana (2013), these substances induce behavioral changes, leading to actions that would not occur without their use, turning into a courageous conduct that propels them towards suicide. In this regard, Souza (2016) described that although alcohol consumption is an important element in understanding indigenous suicide, it should not be an explanatory factor but rather seen as an encourager of conflicts. Therefore, despite the traditional use of alcoholic beverages by indigenous peoples, the consequences of its abusive use have been experienced in physical, psychological, social, economic, and cultural problems.

These aspects are apparent among the Tikuna people, where the youth often resort to suicide following disagreements with family members, marked by a “loss of good judgment” attributed to alcohol consumption (Souza & Ferreira, 2014). This factor is further illustrated in a narrative featuring a son who, habitually consuming alcohol until late at night, defied his father’s rules; subsequently reprimanded, the son, overcome with sorrow, took his own life (Souza, 2016).

Even though years have passed, alcoholic beverages still seem to serve as a weapon against the lives of indigenous peoples, placing alcoholism as another serious current public health problem. Souza (2016) pointed out that the consumption of traditional alcoholic beverages would only begin after undergoing initiation rituals. The author added that there is a prevalence of early alcohol consumption in male indigenous individuals and the difficulties adults face in disciplining this consumption. However, we acknowledge that in some indigenous territories and ethnicities, alcohol consumption occurs at younger ages, as observed in reports from our personal experiences.

Erthal (2001) attributed the consumption of alcoholic beverages to the loss of cultural patterns and the promotion of various types of violence among the Tikunas, including suicide. Similarly, among indigenous communities in the Alto Rio Negro region, Souza (2016) pointed out that alcohol consumption creates a conducive moment for the surfacing of everyday conflicts. In this context, alcohol consumption provides a sort of “release” from negative feelings. The author argued that adults complain that the youth are disobedient, while the youth, on the other hand, claim to imitate their parents’ actions. Consequently, advice directed at the youth has been ineffective due to the discontinuation of the use of “cigarette smoke”, which was previously employed during rituals to counsel the younger members.

C. Abandonment of Indigenous Traditions

The abandonment of indigenous traditions, especially among the youth, refers to the deviation from initiation practices and rituals, as well as other life cycles, such as the transition from childhood to adulthood, which encompasses the religious and cultural imposition of the surrounding society (Erthal, 2001). Examples include the initiation of Guarani-Kaiowá boys, which consists of piercing the lower lip and is a secret to these people (Grubits et al., 2011). Among the Sorowaha, there is the placement of the *sokoady*, a penile suspender, which is no longer performed (Poz, 2000). Thus, in the absence of initiation rituals, young indigenous individuals may experience confusion and disorientation regarding their position in their community’s organization (Souza, 2016).

Therefore, Souza (2016) and Souza and Orellana (2013) argued that the current non-adherence of young people to certain protective rituals when faced with otherness, either due to disobedience or lack of learning from parents or grandparents, makes them vulnerable. In this regard, there is also the idea that the loss of certain ancient beliefs correlates with current existing conflicts, leading to the phenomenon of suicide. All of this constitutes the abandonment of forms of cultural organizational that give meaning to indigenous identity and guide the youth along a line of continuity, considering the past and future of their people (Grubits et al., 2011).

Contact with the surrounding society has brought about other changes as well. As described by Erthal (2001), Tikuna youth in the age range of 10 to 15 years, for instance, were taking their lives due to traditional marriage rules that are outdated in the current reality. They had become “problems for the nation”, limiting the choices of the youth, who, faced with the prohibition of certain behaviors, sought death by hanging or poisoning. On the other hand, we have the limiting and insufficient practices of *teko*, “way of being” among the Guarani people, due to the expropriation of their sacred territories, preventing them from continuing their customs, beliefs, rituals, and subsistence practices (Staliano et al., 2019).

Souza (2016) described that suicide in the Alto Rio Negro region has always existed but has undergone transformations due to sociocultural and historical changes in society, especially as a result of contact with the surrounding society. Thus, there is a perception that ancient times were perfect, while current times are seen as ruinous, leading to the attribution of trivial causes to suicides in the

present. In this sense, Souza et al. (2020) elaborated that the possible explanation for the current “ruinous” times and suicide may be related to changes in indigenous territories, stemming from the increased presence of non-indigenous people and the urbanization of the indigenous population.

In addition to these factors, Silva et al. (2019) pointed out the ridicule and promotion of the feeling of shame associated with being indigenous in the face of the dominant Western culture, which imprisons them in a colonialist and Eurocentric model. Besides the cultural devaluation that indigenous peoples have been experiencing over the years, the difficulty that ethnic groups have in adapting to urban areas has also been described in the scientific literature as an exacerbating factor for self-inflicted violence (Braga et al., 2020).

The devaluation of indigenous culture can be attributed to the progressive overvaluation of Western culture, technology, and modernity, contributing to many young people forsaking the traditions of their peoples (Silva et al., 2019). Thus, the high expectations of youth, contrasted with the reality they encounter, especially in small cities, denote the challenges faced by the population in public policies that could assist in addressing vulnerabilities, such as suicide (Souza, 2016).

D. Symbolic Universe and Myths

Each indigenous community or people have their own symbols that culturally explain the phenomenon of suicide. Some interpretations of one people may resemble others, but each peoples signify it in a particular way, depending on their historicity, worldview, and symbology. Therefore, indigenous suicide is a phenomenon that affects specific communities and ethnicities and should not be viewed in a generalist and simplistic manner, as it corresponds to specific contexts and moments in which it occurs.

To understand indigenous suicide, it is necessary to consider the characteristics of the symbolic universe and myths of indigenous peoples. In the context of the Rio Negro indigenous population, for example, older indigenous individuals, referred to as *kumus* by the Tukano people or *pajés* by other ethnicities, hold ancestral knowledge that is important for understanding the health-disease and life-death process (Souza, 2016). They are consulted in case of sudden death or suicide to discover the one responsible for the witchcraft, assess the circumstances, or assign blame for what happened.

In this direction, Souza and Ferreira (2014) as well as Souza (2016) explained that within the indigenous communities of Rio Negro, it is customary for the elders to recount tales about the fate of individuals who have taken their own lives. These narratives may depict the person undergoing a transformation into an animal, an enchanted spirit, or even raw material, resembling the myth of *Jurupari* following his demise. Consequently, these myths, beyond being historical accounts, serve as tools to provide explanations for contemporary situations.

Among the Sorowaha, Poz (2000) argued that they believe in another life after this one, the real one, which will depend on how the person died. After death, the person’s soul would leave the body and head to the waters of small streams, and with the arrival of the rainy season, it would reach larger rivers to ascend to the heavens. This journey can be undertaken through three different paths leading to equally distinct destinations: the *mazaro agi* (“path of death”) for those who die of old age; the *konaha agi* (“timbó path”), where suicides go; the *koiri agiri* (“snake’s path”) for those who die from snake bites.

The timbó (plant containing fish toxins), used to catch small fish in streams, is the Sorowaha’s way of ending their lives, through its ingestion. For Aduara et al. (2019), the consumption of the

timbó root constitutes a ritual that takes the Sorowaha to the other world, in a reunion with their ancestors. This is what Souza and Ferreira (2014) describe as the path leading to the Thunder's house, where spirits reunite with the timbó people and transform into fish. As complemented by Aparício (2015), there is a myth that narrates the entire transformation from human to fish through the ingestion of timbó. And Poz (2000) brings the connection between the *konaha* (timbó) poison, the waters, and the fish, as a metaphor that identifies fish with humans, pointing to a reflection on the notion of personhood among the Sorowaha.

According to Erthal (2001), in Tikuna society, a part of the soul (*nacii'*) of the suicide victim remains in the place where the indigenous person dies, which can lead to disastrous events and unhappiness or even the death of those who come into contact with the suicide victim. In summary, as indicated in the articles of this section and based on our personal knowledge as indigenous people, many of us do not consider death as the end of life. Therefore, in the indigenous context, it is challenging to assert what happens to a person after their suicide, as conceptions vary among each people and region, as well as the circumstances that preceded the act.

E. Witchcraft and Harm

It is often explained that, in an indigenous suicide, the person committing the act is not necessarily held accountable. Instead, it is believed that another person may be responsible for the death, which is then perceived as homicide and translates into the meaning of witchcraft (Souza, 2016; Souza & Ferreira, 2014). As an example, Erthal (2001) attributed the conception of Tikuna suicide to the act of witchcraft, which can target not only the youngest, who are the most vulnerable, but also those who have accumulated some wealth or achieved a better standard of living than the community, attracting envy. Within the Tikuna perspective, witchcraft seems to function as a mechanism of social control, as the sorcerer captures, at times, the dissatisfaction of the group, which is transferred to the spiritual plane of witchcraft. Through alliances with malevolent spirits, individuals are induced to suicidal behaviors.

A similar characteristic occurs among the Guarani-Kaiowá. According to Souza and Ferreira (2014), this community associates suicide with the native term *tajuru*: the suffix "ju" is associated with envy or sacred, while "taju" indicates the idea of harm or malevolence. Therefore, suicide is considered as harm caused to someone through the action of witchcraft, leading these indigenous people to demand answers from the police authorities to determine who was responsible for the death. On the other hand, Staliano et al. (2019) pointed out another explanation among the Guarani-Kaiowá, directing suicidal acts to *jejuvy*, understood as the act of hanging oneself. And there is the *angué*, understood as an evil spirit that shelters in one's throat and can end up taking control of the person's actions, leading them to commit suicide. Thus, suicide cases generate indignation among family, friends, or those close to the deceased, leading to retaliation, culminating in a continuation of intrigues and a sequence of witchcraft and havoc.

In the Sorowaha indigenous society, Poz (2000) noted that the consumption of *konaha* (timbó) is frequently used among the youth, and such behavior is viewed by the elders as normal and common. Youth is seen by the people as privileged, contributing to their assertion that "it is not good to die old, it is good to die young and strong" (Poz, 2000, p. 100). In this sense, death is understood as a voluntary act, an "authentic autoaggressive ritual" that follows a traditional method, carried out by a significant number of young people, due to individual, cultural, and social factors.

Aparício (2015) added that, for the Sorowaha, the practice of ingesting *kunaha* (timbó) represents the role that shamanism plays in the collective life of the people. The process of the

spell/witchcraft encompasses two aspects: (1) the human network is altered, creating a split between the *pajé's* (shaman's) predatory position, *mazaru agy*, causing the death of the victim; (2) the position of the victim of shamanism, *mazaru babini*, deceased as the "prey of the spell/witchcraft". In essence, witchcraft constitutes a knowledge and practice prevalent among various indigenous cultures, guiding individuals, through the influence of a third party, to take their own lives. Eliminating witchcraft would mean abandoning a cultural element, resulting in the loss of traditions, as indicated above.

F. Collective Suicide

Some indigenous peoples live with the expectation of suicide as the horizon of their personal and collective destiny, such as the Sorowaha, as described by Aparício (2015). According to the author, a Sorowaha person seeking death by poisoning is capable of causing the death of others (*dudy*), leading to a continuous reaction of people searching for *timbó*. Poz (2000) explained that within their community, it is customary to observe a successive occurrence of individuals affected by suicide, subsequently leading to additional suicide incidents, often involving individuals closely connected to the initial victim. It is a kind of continuity, carried out not only by one indigenous person, sometimes more than two, even happening on the same day that the family member/friend committed suicide.

Souza and Ferreira (2014) underscored that in specific indigenous contexts, those involved in the death of the person who has committed suicide are, indeed, spirits of individuals who have previously passed away. This creates a feedback loop from the deceased, akin to a "calling," where the departed play a role in guiding the living towards death. This is mediated by the yearning that manifests in the memories and/or dreams of the living, prompting them to contemplate suicide shortly after or at some point following the demise of their loved one.

Souza and Orellana (2013) attributed the influence of the supernatural world to the phenomenon of indigenous suicide in São Gabriel da Cachoeira/AM, where spirits of deceased young people would come to seek other young people. Reports from indigenous youth in Poz (2000) and Souza (2016) revealed that spirits approach them at night with a rope, intending to envelop them and make them faint or lose consciousness. One of the accounts from this research recounted that one of the three spirits that had assaulted a young man was someone he knew who had hanged himself, while the other two had also died in the same way. Such statements are present in the indigenous universe and are explained according to the particular and cultural understanding of phenomena in the region.

On the other hand, collective suicide is not only anchored in the cultural aspect but also in the political one. As argued by Adsuara et al. (2019) in the case of the Guarani-Kaiowá, the suicidal death of indigenous peoples can be understood as an effect of the colonial process and, therefore, should be considered as genocide. Therefore, in the Guarani-Kaiowá Letter from *tekoha Pyelito Kue/Mbarakay* in 2012, there was a protest for the removal of the people from their territory, claiming that their collective death should be declared so that they could all be buried with their ancestors. As emphasized by Ramírez et al. (2018), faced with the attack on their culture and the violation of their rights, they threatened collective suicide as a legitimate mechanism of resistance.

Discussion

From the perspective of Western science, the biomedical approach is often favored, correlating factors of collective, public, and epidemiological health, socio-historical aspects, and

the political-economic context, forming a set of risk factors leading to suicide (Souza & Orellana, 2013; Souza et al., 2020). In some perspectives, there is emphasis on processes of coloniality, inequity, and territory usurpation related to socioeconomic, historical-political, sociocultural, and geographic dimensions that create structural conditions of violence impacting the well-being of indigenous peoples through destructive processes (Grubits et al., 2011; Souza & Ferreira, 2014). All these elements would constitute the social determination of health that generates the phenomenon of indigenous suicide in the Western view (Ramírez et al., 2018).

Conversely, we indigenous peoples consider that these factors are important for explaining the phenomenon of suicide; however, there are other equally or more important factors to be considered. It is necessary to apprehend the meaning of cosmologies, myths, shamanic practices (witchcraft/harm), and relationships with beings from other planes specific to different ethnicities (Ministério da Saúde, 2019b). In this sense, a very important factor that differentiates indigenous cultures is that for us, the notion of collectivity prevails. There is a sharing of various ways of existence, eating, dressing, communicating, relating, and falling ill. The collective constitutes the way of being and existing in the indigenous world, contributing to the construction of ethnic/collective identity and interrelations in their territory and other environments. These interrelations are established from the real world with the symbolic/spiritual world, describing various events of daily life, such as suicide.

In view of this, we want to emphasize that indigenous suicide should not be looked at solely from a perspective that privileges Western aspects but rather take into account the indigenous symbolic universe (Kabad et al., 2021). For example, suicide is commonly discussed as something negative in the literature and in debates on the subject (Ministério da Saúde, 2019a). However, for some indigenous ethnicities, the suicidal act may not necessarily symbolize a harmful act; it can be seen as a ritual and/or a collective or political expression (Ramírez et al., 2018). Moreover, we have seen that taking one's own life may result from a practice of collectivity and induced by third parties, resulting from the interrelations between mythical knowledge, cultural practices, shamanism, spirits of the dead, and intra- and inter-family conflicts.

As an example, we emphasize that the understanding of the suicide phenomenon for us indigenous people of Alto Rio Negro interrelates factors of health, mind, body, spirit, and collectivity. This view/cosmology of suicide is different from the Western perspective of it being an intentional act of self-extermination. Among our explanations, we highlight the realm of spirituality, particularly on the concept of harm or witchcraft, actions that are undertaken by another individual.

Thus, for a long time, the issue of suicide in the Alto Rio Negro indigenous context has been seen as a kind of "curse", where third parties use herbal preparations, plants, spiritual methods, blessings, and prayers to enchant another person, for their own reasons. Among such reasons, the most common is disagreements with other relatives, whether among members of other families, communities, or ethnicities. This act, which results in the person committing suicide, is seen in our indigenous society as a kind of homicide since it originated from a third party. This generates commotion and outrage among the close associates of the suicide victim, raising questions and discussions in the community about why and who was the perpetrator.

In summary, we indigenous people have our own understandings of life and death that go beyond Western comprehension, as each person attributes particular and symbolic characteristics to social and individual phenomena. Recognizing these differences is a form of respect, avoiding generalization and homogenization of suicide characteristics. For these reasons, we argue the importance of the adoption of new explanatory theories of the human being by Western

sciences, especially Psychology, incorporating the indigenous perspective on the understanding of personhood/collectivity, integral health, and “good living” (Baniwa & Calegare, 2023).

Finally, when addressing the phenomenon of suicide among indigenous peoples, it is necessary to expand and consider other dimensions in the social determination of health: the etiology of diseases in the natural, social, and spiritual (supernatural) worlds from the indigenous perspective; to relativize intentionality, as there are different conceptions of death and dying, with a complex correlation between suicide/homicide; the witchcraft implicated in the concepts of life/death; the imposition of beliefs, values, and leadership foreign to indigenous culture that interfere with “good living”.

Conclusion

In this article, we aimed to emphasize explanatory factors found in research that focus on elements that we, indigenous people, consider to be pertinent in the topic of indigenous suicide. In our categorization, three factors shared with the perspective of Western science were identified: loss of “good living”, especially among the youth; alcohol consumption; and abandonment of indigenous traditions. Three additional factors were highlighted that are particular to the indigenous viewpoint: symbolic universe and myths; witchcraft and harm; and collective suicide. Self-inflicted death is considered a result of third-party actions (witchcraft/harm or induced by spirits of the dead) and, depending on the cultural context, it can be a collective political expression or a dignified way to transition to another existential plane.

A critique that emerges in this study aligns with what other authors have pointed out regarding the risk of adopting the biomedical model and “medicalizing” suicide and indigenous people themselves. This leads to the proposal of coping strategies involving pharmacological and psychotherapeutic interventions that do not factor in the social, cultural, and historical aspects of indigenous communities in their approach. On the other hand, strictly “anthropologizing” the interpretation of the phenomenon, while advantageous in understanding specific nuances of each ethnicity, poses the risk of naturalizing and stagnating culture, limiting the population’s access to other healthcare and support services.

Furthermore, upon identifying a prevalence of research within the Health fields (especially Public Health and Epidemiology), we noted a limited accumulation of studies within the Humanities and Social Sciences (including Psychology, in which we are trained) related to the issue of indigenous suicide and “mental health” among indigenous populations. In this regard, we encounter “translations” made by Western sciences regarding explanatory factors of indigenous suicide and its “mental health”, even though some studies did incorporate indigenous explanations, respecting their symbolic systems. However, by not considering indigenous perspectives, other explanations on this phenomenon may lack the necessary complexity, potentially leading to the delegitimization of indigenous knowledge on the subject and incomplete interpretations. Therefore, the act of killing oneself should not be viewed simplistically or solely related to Western aspects, as the indigenous context is permeated with its own meanings and symbolisms. In this sense, it is interesting to reconsider our Western theories, modifying or expanding them by incorporating indigenous knowledge and their conceptions of the human being.

Finally, we aim to focus on the symbols and indigenous worldviews brought forth in scientific research. We realize the importance of cultural and social knowledge of the context in which self-exterminations occur, as each territory carries historical marks and specificities. It is

crucial to emphasize that there is no single determining factor when it comes to suicide, especially among indigenous peoples, involving a diverse set of factors that may contribute to the behavior of self-inflicted death.

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