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BIOETHICS AND INDIGENOUS MENTAL HEALTH: INTERCULTURALITY OR INTEGRATIONISM?

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Abstract: This research seeks to analyze how psychological practice constructs its bioethical limits in interventions in indigenous communities, taking into consideration, the eugenic and colonial history of the Brazilian State and the profession. We will discuss how the encounter between different cultures can take on a character of domination by non-indigenous professionals, since psychological knowledge is still permeated by Eurocentric theories and practices, which barely cover what indigenous mental health is and its complex subjectivities. This way, we will outline Brazil's colonial past and how it contributes to the current erasure of the original collective subject in mental health discussions. Furthermore, bibliographical research by indigenous health researchers was used to address the constitutional and political measures responsible for creating laws, guidelines and institutions that ensure the rights and access of indigenous populations to differentiated health. Based on the definitions of what health and illness are in the original worldviews, a parallel is drawn up to the need for bioethical psychological action based on the principle of autonomy, since it is essential to establish limits for the interventions of non-indigenous psychologists, who they are distant from traditional realities and, therefore, must assume a position of listening and learning in line with the cultural parameters of the people in question.
Keywords: Indigenous mental health; bioethical limits; interculturality; psychological intervention; colonialism.

INTRODUCTION

The central objective of the following work is to discuss how psychology professionals can establish bioethical limits for interventions in the field of mental health for indigenous populations, due to the paternalistic and eugenic history of health practices in Brazil. Firstly, we return to the Brazilian colonial period, in which the process of ethnocultural genocide of original populations began, mainly through land invasion, settlement, forced labor, rape and catechization.

The colonization process triggers various forms of psychological suffering due to cultural discrimination and the State's disregard for the needs of indigenous peoples. Thus, we will address the approximate definitions and practices of mental health adopted by indigenous peoples, the presence of shamans and shamans, faith healers and healers, the use of healing plants and spiritual influences on subjective aspects.

The work in question demonstrates the need for discussion in the scientific community of investigative methods and psychological intervention that respect the subjective and cultural diversity of indigenous peoples, due to the colonial and eugenic past of the Brazilian psychological experience, which sought to create a genetically standardized society and socially controllable. (FAGGION, 2018) The main motivation for delving deeper into this subject is the frequent violation of the rights to autonomy and self-management of indigenous peoples, as well as the ideology of technical and technological superiority that the scientific community exercises over original peoples. Therefore, the main contributions to the area are to develop ethical conduct with the aim of establishing ethnic-cultural limits for the work of a non-indigenous psychologist in an indigenous community. (MOONEN, 1983)

The aim is to bring the bioethical concept of autonomy to indicate its connection with situations in which the patient is a collective formed by individuals culturally distinct from the psychologist, with different health definitions and practices and how they can carry out interventions in accordance with the bases of knowledge of mental health

from this different culture, without there being an attempt to integrate the indigenous community into Western logic, given its paternalistic colonial past of health practices.

THE COLONIZATION PROCESS

After the invasion of the Portuguese in 1500 in the territory we know as Brazil, the process of colonization began, based on the domination of the original peoples who inhabited the entire territorial extension of the Americas with the objective of extracting and commercializing the natural resources present there. However, the traditional cultures and practices of indigenous populations were violently repressed and subjugated, since the European logic of domination was based on Catholicism and paternalism, aiming to expand the Christian religion and control the indigenous people. (MOONEN, 1983)

According to Sanches and Bento (2018), missionary villages became spaces for catechization and (re)socialization, grouping different ethnicities – with different languages and customs – in the same territory controlled by colonizers, who aimed to empty indigenous identity and their inclusion of colonial civilizational logic. The settlement process occurred through land invasion, massacre, rape, enslavement, forced labor, in addition to the prohibition of cultural and religious manifestations, which are so fundamental for traditional populations.

This process of violent domination was responsible for the decimation of countless native peoples: their population was estimated at 5 million in 1550, and is currently reduced to around 817 thousand indigenous people in Brazilian territory, according to the 2010 IBGE census. This abrupt demographic reduction based on practices of genocide and ethnocide, combined with village settlement, enslavement, epidemics and catechization contributed to the colonial imagination considering indigenous people as defeated, and their cultures, subjectivities and religiosities exterminated. (SILVA, 2003, p. 3)

The tutelage of the colonial State has always been present with regard to original culture, religiosity and territory. According to Lima (2015), even though the second half of the 20th century was marked by certain advances in indigenous rights, such as the creation of the National Indian Foundation (FUNAI) in 1967 for the protection, elaboration and inspection of laws responsible for improvement in the lives of these populations, what can be observed is the continued protection of the Brazilian state, subjugating indigenous rights and ways of living. The laws created exercised control regimes over indigenous people "not entirely adapted to civilized society", with FUNAI being responsible for intervening and acting in the face of this transition from "indigenous" to civilized.

The infantilized representation of the indigenous subject, a European prejudice assumed since the first contacts with the native inhabitants that reveals the vision, also influences the imposition of state guardianship, since indigenous subjectivity is read as a primitive and acculturated state, that is, subject to of being civilized, with Western society being responsible for bringing the law and Christian faith (FEDERAL COUNCIL OF PSYCHOLOGY, 2022).

This way, we observe the historical process of successive political and religious attempts to erase the indigenous subject from the Brazilian imagination using different strategies and devices to integrate them into non-indigenous society. From Law No. 6,001 of December 19, 1973, the Indian Statute was created, which advocated the indigenous right to occupy traditional lands and the Union's duty to preserve the demarcations of these territories, establishing the occupied lands as inalienable, of permanent character, in

which indigenous people have the right to use them for productive, cultural, reproduction and well-being practices. However, what is observed is that the lands are not legitimate assets of indigenous peoples, since they belong to the Union, and the communities are only exclusive users of them, that is, assuming the status of mere occupants. (CALGARO et al., 2019).

INDIGENOUS MENTAL HEALTH

There is an infinite amount of diversity among the more than 305 indigenous peoples that inhabit Brazilian territory, resulting in more than 274 indigenous languages. Each people has its cosmology, ways of worshiping nature, sexual and gender diversity, political diversity, as well as different ways of preserving physical and mental health. The term "mental health", used by Western Psychology, is different for original knowledge, since indigenous health goes beyond biological and mental limits, encompassing the relationship with the territory, with cultural identity, with the community, family and with spiritual beings. (GUIMARÃES, 2022)

According to the Yanomami leader, Davi Kopenawa, in a book written together with Bruce Albert, The Fall of Heaven: words of a Yanomami shaman (2019), indigenous wisdom is essentially ancestral: its cultural roots are in plants, rivers, forests, In animals, their knowledge is passed on between generations, that is, there is interdependence and deep respect for the past and nature. For most original cosmologies, the human being is an inseparable part of the surrounding nature, therefore, composed of body, mind and spirit, whose elements are in constant interdependence.

The existence of the indigenous subject goes beyond the material and visible: their culture is essentially oral, knowledge is in words and practices, and the spirits of nature act intimately in the daily life of the community, being praised or repelled, according to the intentions and benefits that it brings to the people. Traditional memory is the basis for the group's life, covering rituals of passage from childhood to adulthood, funeral rituals or the beginning of a new cycle. Memory and orality are the connection between the past and the present, and, thus, the perpetuation of culture for future generations. Thus, life is in an eternal and profound relationship with the movements of nature, whether through visible or invisible beings. (FEDERAL COUNCIL OF PSYCHOLOGY, 2022)

For anthropologist João Paulo Barreto, originally from the Yepamahsã (Tukano) people:

> The indigenous "intellectual tradition", of seeing, thinking and organizing the world, beings and things, of relating, manipulating and perceiving changes, is anchored in an epistemology that is not the one we learn in conventional schools and universities. It is anchored in cosmology and cosmopolitics, which are the basis of knowledge and guiding thread of indigenous thought and practices. (...) The cosmopolitical relationship, therefore, is one of the basic principles for living well in the conception of the Yepamahsã. Maintaining a harmonious relationship with the waimahsã, beings that live in all cosmic spaces, who own the places and are responsible for the animals, vegetables, minerals and temperature of the terrestrial world, is a necessity to maintain social and environmental balance. (BARRETO, 2017, p. 603-604)

In contrast to the separation between nature and human beings that exists in the Western Christian world, the native peoples of Latin America conceive the philosophy of good living, originating in the Quechua expression sumak kawsay, or teko porã in Guarani. Good living also encompasses a political, social and environmental movement among the indigenous people of Central

and South America, who seek to resume an ideal form of collective life, where there is otherness, respect, reciprocity and mutual care between human beings, animals, forests, rivers, minerals and spiritual beings, that is, there is an incentive to strengthen the sense of community through indigenous values. (CUNHA and SOUSA, 2023)

Therefore, there is a break with the extractive notion of the capitalist logic of accumulation of goods, considering that nature (water, trees, animals, ore) is not seen as a source of profits at the deliberate exploratory disposal of human beings, but rather as a fundamental part of preserving the balance of collective life. The practice of good living is based on the need to deepen relationships with the sacred ancestor, so that habits of preserving the planet are increasingly present in indigenous and non-indigenous daily lives, through public policies to democratize access to water and cultivable land, intercultural practices, knowledge and justice. (ROSA, 2019)

Good living creates an ancestral and dynamic cultural identity, as it expands the subject's relationships with the group, with the place they live in, with art, dance, music, clothing, language, memory, being capable of transforming the present and the future, supported by reciprocity, balance and resistance. Different cultures dialogue horizontally, valuing the coexistence of different views. Thus, good living can guide State policies and actions, which must ensure the mitigation of social inequalities and improve the quality of life of the most vulnerable populations. (ALCÂNTARA and SAMPAIO, 2017)

With regard to public policies that aim to expand access to indigenous health that is closer to living well, the National Policy for Health Care for Indigenous Peoples (PNASPI) was created in 2002 with the aim of ensuring access for indigenous peoples. to public services of comprehensive and differentiated care in the area of health. The guidelines of this public policy determine that health services act in line with the traditional values and practices of the communities in which they are present, aligning themselves with indigenous medicine specialists. (EL KADRI, 2021) The Policies for Comprehensive Attention to the Mental Health of Indigenous Peoples were prepared by Ordinance No. 2,759 of October 25, 2007 of the Ministry of Health, and establishes that each people recognize and deals with their own concepts of what is health and illness, what the specific causes of these processes are and what the ideal methods of treatment are within your culture. (DA SILVA PEREIRA et al., 2013)

In 2010, based on demands from the indigenous movement, the Special Secretariat for Indigenous Health (SESAI) was created, a specific body responsible for coordinating actions in this area, linked directly to the Ministry of Health. Within SESAI, there is a technical area specialized in health mental health system composed of a multidisciplinary team of psychologists, doctors, social workers, anthropologists, among others, who organize and execute actions based on the context and demands of each situation that the people face. (BATISTA and ZANELLO, 2016)

Thus, to carry out preventive or curative actions that promote mental health, it is necessary to understand the demands of traditional populations, establishing dialogues with political and spiritual leaders (chiefs, shamans, elder counselors, teachers), who are responsible for granting permission for non-indigenous professionals to carry out interventions and even academic research in the community. (DA SILVA PEREIRA et al., 2013)

Wayhs et al. (2019) state that the Ministry of Health recognizes that such populations are vulnerable, due to high rates of psychosocial

problems, such as chemical dependency (alcohol and other psychoactive substances), violence and suicide, which are endemic and serious problems. The issue of indigenous suicide is a particularly worrying and public health problem, as it is directly related to the violence and violation of rights that indigenous populations have experienced for centuries.

Souza and Orellana (2013) point out that in Amazonas, a state with the highest concentration of indigenous inhabitants in the country, there are high rates of suicide among this portion of the population, with a predominance of single men, whose mortality rate from this cause reaches 18.4 people per 100 thousand inhabitants, representing 20% of suicides in Amazonas. There are several factors that help us understand the reasons for this context: omission of public authorities in the face of social problems; racism and violence; increasing land invasion and deterritorialization; alcohol abuse; lack of opportunities in society; child mortality; lack of assistance in the area of education and in general.

Another factor that helps to understand the alarming suicide rates is the difficulty of indigenous people adapting to the ways of life in large cities: prejudice, unemployment, lack of access to basic goods and services, precarious housing, lack of future perspective, distance from traditional culture, among others. The precarious economic situation contributes to the development of psychological problems, as it exacerbates the marginalization of these individuals in society. Therefore, the psychologist must recognize that a large part of psychological suffering is related to the increasing loss of cultural and territorial ties due to the advancement of the capitalist way of life, which exterminates traditional identities. (PEREIRA, 2013)

a) Bioethical limits in the work of non-indigenous psychologists with indigenous peoples

According to Faggion (2018), Psychology, as an active area of knowledge about subjectivities, behaviors and mental health, has a historical trajectory of eugenic practices, especially by groups that sought to establish physical, psychological, cultural and moral improvements for the population. Hospices, mental hospitals and colonies responsible for remodeling and adjusting the deviant behaviors of the collective's unwanted subjects became common. According to Souza (2012), science, as a way of producing knowledge and applying it in society, also contributed to European domination, mainly with eugenic ideas. Eugenics was based on the idea of improving biological, genetic and phenotypic characteristics with the aim of promoting human racial evolution.

The term bioethics comes from the Greek: bío (life) and éthiké (ethics), and was conceptualized in 1970 in the United States as a mechanism for controlling scientific and technological interventions under biomedical practices that involve life, ensuring that there is responsibility and benefit for Humanity. Thus, fundamental freedom and the dignity of human life are universal needs, applying to all peoples and cultures as a way of preserving life. Thus, to prevent violent interventions from being carried out, the National Commission for the Protection of Human Beings in Biomedical and Behavioral Research was created in 1974, guiding basic principles before, during and after research with human beings. Thus, the bioethical principles of autonomy, beneficence and justice were listed (DOS SANTOS, 2014).

For Hogemann (2013), the bioethical principle of autonomy corresponds to the right of people to self-govern, that is, respect for individual decisions at a public

and private level. Although this principle has origins in bourgeois liberal thought and has individualistic connotations, it can be applied in the contexts of traditional peoples, with regard to the capacity and right that communities have to govern themselves, in accordance with the collective and cultural parameters of what they are. it is health, illness, justice, individuality, gender, sexuality, spirituality.

Albuquerque (2015) points out that bioethics becomes a fundamental mechanism in situations where there is a conflict between different cultures, guiding the decision-making process in contexts where there are contradictory values and distinct interests between groups, especially when there are cultural minority parties in opposition to a cultural and hegemonic majority. When there is a medical practice in which there are culturally based moral conflicts, this movement requires respect for the equality of cultures in dialogue, since human rights to exercise one's own cultural practices and freedom of expression must be guidelines for developing a solution.

The process of globalization, characterized by the dissolution of physical barriers in favor of the exchange of knowledge that is increasingly accelerated and present in everyday life, has created new ways of carrying out scientific work. However, what is observed is the homogenization of cultures and languages, since science seeks objective and irrefutable knowledge so that it is valid anywhere and for anyone. Panikkar (1990) criticizes how modern science builds its practices based on its own experience as universal, rational and mathematical, assuming a central and absolute stance in the production of knowledge, abnegating the effectiveness of traditional knowledge, not accepted by the scientific community. However, according to Panikkar (1990), a self-proclaimed universal science does not encompass other constructions of scientific knowledge, which use languages other than physical-mathematical language, reducing the plurality of realities present in other contexts and cultures.

In contrast to scientific universalism, Walsh (2005) defines interculturality as a dynamic and permanent process of communication and learning between different cultures, establishing the principles of respect, mutual legitimacy, symmetry and equality, building an enriched dialogical relationship, without abandoning identity cultural background of the interlocutors. Thus, in interculturality, there is a development of a space for negotiation and communication where economic, social and political inequalities are highlighted and confronted, since the hierarchy of knowledge and practices is a modern reality, especially towards European ethnocentrism. Grubits and Da Silva (2006) point out that this hierarchical structure of knowledge promotes prejudice and exclusion of indigenous knowledge in its own health management, whose autonomy is questioned due to the Eurocentric and patriarchal ideology of superiority and tutelage, carried out by various sociopolitical instances.

Melo et al. (2021) state that, in the scientific community, health knowledge coming from indigenous peoples is still seen only as "beliefs", as they are prepared and executed by healers, shamans and shamans, with materials from the environment (teas, herbs, blessings) and these practices are pejoratively called sorcery. In addition to this context, the diseases that affect indigenous populations more frequently and intensely, whether due to genetic or sociocultural factors, do not receive sufficient attention and investment, which makes it difficult to produce scientific knowledge aimed at indigenous peoples. Different cultures can establish limits of disagreement regarding their ethical and

moral values. However, in the field of health it is also possible for there to be dialogue about different paths that lead to the process of healing and restoring health, since the culture of a society is in constant transformation, developing intercultural strategies to achieve beneficial results for the community.

In Manaus, the Bahserikowi'i - Center for Indigenous Medicine was opened in June 2017 as an initiative by indigenous peoples of the region (Tukano, Tuyuka and Desano), who created a reference space for indigenous medicine. Treatments are carried out by kumuã (indigenous healers) based on their traditional medical systems, mainly through bahsese (blessing) and the use of medicinal plants. Bahserikowi'i enables indigenous and non-indigenous people to access traditional means of treatment in conjunction with Western biomedical practices, demonstrating that it is viable to carry out dialogues between both methods of health promotion, without excluding indigenous health knowledge. (BARRETO, 2017)

Through the historical trajectory carried out in the first section of this work, we observe the successive attempts of the Brazilian State to erase the ethnic, linguistic and subjective pluralism present in original cultures in favor of a monocultural and supposedly homogenized nation. For Candau (2008), the intercultural perspective requires questioning and problematizing existing educational, social and political models, approaching a counter-hegemonic sociopolitical practice, with the aim of building new references, in which there is, in fact, recognition of the another through plural dialogue between different cultures. Da Silva and Araújo (2015) argue that interculturality is a fundamental tool in the practical elaboration of public policies capable of recognizing and dialoguing with differences as a right, based on respect for the specificities of each people.

Therefore, so that there is no attempt to practice ideological domination, the non-indigenous psychologist must establish bioethical limits of self-determination of the people in which he is working. The psychology professional must recognize that each indigenous people is a spokesperson for their own origin, history and traditions, therefore, it is important that the non-indigenous psychologist recognizes their limitations when faced with situations that go beyond their academic framework. To this end, it is recommended that healthcare professionals expand their conceptions of subjectivity and possibilities of relating to the world. With regard to the researcher's feedback, he is responsible for returning to the community with results in languages and teachings accessible to the members studied, respecting the demands of the community's research evaluation committee, if applicable. (FEDERAL COUNCIL OF PSYCHOLOGY, 2022, p. 46).

FINAL CONSIDERATIONS

We presented the intentions of reflecting on psychological practice in indigenous communities and what are the bioethical limits imposed both by the people researched and by the State to protect the intangible assets and autonomy of indigenous people. We structured the work based on bibliographical research on the topics of bioethics and indigenous health, and how mental health professionals can act within the original community realities, respecting the cultural and scientific diversities present in each people.

The non-indigenous psychologist who aims to work in traditional communities must establish links with the community in question, with the aim of integrating into the environment and culture, and not carrying out academic-scientific integrationism.

The original knowledge is based on ancient traditions with positive experiences, manifesting itself in healing rituals using herbs, prayers, rituals and precepts passed on orally between generations. Another demand in working with indigenous people concerns the particularities of their narratives of psychological suffering linked to issues of territory and identity, and how such elements are constructed and modified throughout life, whether these subjects live in villages or not. (CONSEHO FEDERAL DE PSICOLOGIA, 2002, p. 157)

According to the present data collected, we can conclude that the historical path of indigenous peoples' struggle for their rights is marked by several attempts to protect and integrate subjects by the State, especially through socioeconomic public policies of identity and territorial erasure. As the inclusion of these peoples in health practices and constitutional decisions is increasingly discussed, we also observe the need for increasing participation of indigenous leaders in decision-making processes, especially regarding how research and interventions will be conducted. in the territory, what parameters will be followed and how they will effectively contribute to improving the well-being of the collective.

Academic ethics committees and research evaluation committees made up of members of the original people to be researched must be aligned so that there is scientific development capable of meeting local demands, using psychosocial parameters so that there are effective results in accordance with the well-being criteria of the community in question. During the theoretical analysis of the research, we noticed the growing presence of psychologists and indigenous professionals composing the multidisciplinary teams responsible for organizing and carrying out intervention work in traditional communities.

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