

Jurupari committed suicide?: notes for suicide investigation in indigenous context'

Jurupari se suicidou?: notas para investigação do suicídio no contexto indígena

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Abstract

Several evidences shows that in Brazil, suicide mortality rates of some indigenous people are significantly higher than national and regional rates. Furthermore, evidence points to the difficulties to transport biomedical categories to the indigenous societies, because they use specific symbolic references to understand the health-disease process and the death. The aim of this paper was to reflect on the difficulties to use the concept of suicide in the indigenous context, an important principle to explore this theme from a less ethnocentric way. The proposed way for this was to resort to the so-called “anthropological strangeness” of the biomedical concept of suicide. To this end, we did an analysis of an indigenous myth that is widespread in the Upper Rio Negro region, the myth of *Jurupari*, using three guiding questions: *Jurupari* wanted to die?; *Jurupari* died?; Who killed *Jurupari*? To answer these questions we used the ethnographic information about suicide among Brazilian indigenous. Through the performed analysis, the difficulty to transport the biomedical concept of suicide to the indigenous context was demonstrated. This was down when we presented: i) the amplification of the difficulties to speak of intentionality in this context, ii) the different indigenous conceptions about death and dying, iii) the complex correlation between suicide and homicide in native’s etiological systems. Finally, even in a preliminary way, some potential difficulties and possible ways to approach indigenous suicide by qualitative and quantitative strategies was presented.

Keywords: Suicide; Indigenous Population; Interdisciplinary.

Resumo

No Brasil, há indícios de que alguns povos indígenas apresentam taxas de mortalidade por suicídio significativamente superiores às taxas nacionais e regionais. Por outro lado, evidências apontam para as dificuldades de se transpor categorias biomédicas ao contexto das sociedades indígenas, tendo em vista que estes se valem de referenciais simbólicos particulares para compreender o processo saúde-doença e a morte. O objetivo deste artigo foi refletir sobre as dificuldades para utilização do conceito de suicídio no contexto indígena, ponto crucial para abordagem deste tema através de uma perspectiva menos etnocêntrica. O caminho proposto para tal foi o de se recorrer ao chamado “estranhamento antropológico” do conceito biomédico de suicídio. Para tanto, nós fizemos a análise do mito do *Jurupari* amplamente difundido entre os povos indígenas da região do Alto Rio Negro, utilizando três perguntas norteadoras: *Jurupari* queria morrer?; *Jurupari* morreu?; Quem matou *Jurupari*? Para responder estas perguntas, recorreu-se a informações etnográficas sobre suicídio entre povos indígenas brasileiros. Através da análise realizada, demonstraram-se as dificuldades de transposição do conceito biomédico de suicídio para o contexto indígena. Isto foi feito na medida em que evidenciamos: 1) a amplificação das dificuldades de se falar de intencionalidade no contexto indígena; 2) as diferentes concepções indígenas sobre morte e morrer; 3) a complexa correlação entre suicídio e homicídio nos sistemas etiológicos nativos. Por fim, apresentaram-se, mesmo que de forma preliminar, algumas eventuais dificuldades como possíveis caminhos para abordagem do suicídio indígena, tanto por meio de estratégias qualitativas como quantitativas.

Palavras-chave: Suicídio; População Indígena; Interdisciplinaridade.

Introduction

Although Brazil has a low national suicide rate, there are certain regional, micro-regional and ethnic contexts in which suicide is considered a significant public health problem (Brzozowski et al., 2010). As has been observed in other countries (Silviken, 2009; Olson and Wahab, 2006), there are signs that, in Brazil, there are some indigenous populations where the suicide rates are significantly higher than national and regional averages (Souza and Orellana, 2012a). Despite the great diversity in Brazil's indigenous populations, with a population of 817,963 individuals of more than ethnicities and speaking 274 different languages (IBGE, 2012), there are few epidemiological and anthropological studies on the phenomenon of indigenous suicide. These studies include those carried out with Guarani Nhandeva and Kayowá populations (Coloma et al., 2007; Pimentel, 2006; Levcovtiz, 1998), with Tikuna (Erthal, 1998, 2001), with Sorowaha (Poz, 2000) and with the indigenous population of the Upper Rio Negro region (Souza and Orellana, 2012b).

Suicide, as well as being a significant problem in specific national contexts and occurring in particularly vulnerable groups, also appears to be an object of interest in the field of public health which rebels against the limits of the discipline (Sevalho and Castiel, 1998), in that it should be understood as a complex historical, cultural, natural and collective phenomenon, expressing a bio-psycho-social synthesis (Minayo, 1998). Thus knowledge from different disciplines, including mental health, epidemiology and anthropology, appears to be necessary in order to develop an approach which takes into account the complexity of the topic of indigenous suicide.

Investigating suicide in the indigenous context becomes, if possible, even more complex as there is classical (Mead, 2001) and contemporary (Souza and Garnelo, 2006; Souza et al., 2007) evidence indicating the difficulties of transposing the biomedical classifications and concepts which reign in modern Western society (Dumont, 1993) in the specific and relational socio-cultural universes of indigenous societies. Whereas biomedical classifications based on a biological and universal perspective of disease are guided by the modern notion of the individual, in in-

indigenous societies, the health-disease-death process is understood through specific symbolic references (Helman, 2006) which inform the kinship relationships responsible for constructing the individual as a social being (Seeger et al., 1987). In contrast to the individualist ideology, indigenous societies operate using a notion of the relational person, as kinship groups formed by ties of substance - blood, semen, milk, etc. - are responsible for forging the individual as another limb of the body (Seeger, 1980).

The biomedical concept on which epidemiological studies, with some slight distinctions, are based, is itself based on three main ideas, which can be defined as follows: 1) it is an intentional act 2) leading to death, 3) carried out by the subject themselves (WHO, 2000). A possible starting point in recognizing the complexity of the topic of suicide in indigenous populations would be to question, theoretically, methodological limitations and potential difficulties of transposing the concept of suicide in the indigenous context, since, as in biomedical terms, suicide is committed by the individual whereas in indigenous societies the person is part of a context of kinship relationships constituting their identity.

Thus, without aiming to generalize the reflections presented here or to use a comparative approach, this article is a theoretical essay with possible methodological developments aimed at encouraging inter-disciplinary dialogue by outlining some considerations concerning the limitations of using the biomedical concept of suicide in the context of indigenous communities.

The context of the starting point and the path to strangeness

Our starting point for this undertaking was to resort to so-called “anthropological strangeness”, which can be seen as the theoretical-methodological position of seeking to transform what is familiar into something exotic, different or unusual (Peirano, 1995). What we proposed to “make strange” was the contemporary biomedical concept of suicide which, at first glance, may appear to be a simple, unequivocal and universally applicable definition.

We understood that it would be necessary to seek a strategy to access, if only in a partial, fragmented way, universal indigenous symbolism and its correlations with the topic that, in the indigenous context, is called suicide. The myths are of particular interest to this purpose as, in addition to describing events which occurred in a primordial past, they tend to be accessed actively to give meaning to today's day-to-day experiences. To do this, we decided to take a myth that is widespread among the indigenous of the Upper Rio Negro region in the northeast of the state of Amazonas as the initial anchoring point: the myth of *Jurupari*. We made this decision taking into account the following aspects: the experience of previous research in this region (Souza and Garnelo, 2006, 2007; Souza et al., 2007; Souza, 2009; Souza et al., 2010, 2011); evidence that suicide is a significant public health problem in this context, in São Gabriel da Cachoeira, a municipality in the region, between 2000 and 2007, the suicide rate was 16.8/100,000, four times that of the state (Souza and Orellana, 2012b); and as we will show, important elements of the above mentioned myth that allow us to construct symbolic bridges with the topic of suicide. It is therefore necessary to contextualize and describe, albeit briefly, this myth and the ethnographic context in which it was produced.

The Upper Rio Negro region is inhabited by around 48,000 indigenous (IBGE, 2012). The region is characterized by its great ethnic, linguistic and socio-cultural diversity, as there are approximately twenty-two distinct ethnic groups which can be grouped into three different language families - Aruak, Maku and Tukano (Andrello, 2006). Despite this multi-lingualism and cultural differences, the Upper Rio Negro forms one cultural area “largely articulated in a network of exchanges and identified through material culture, social organization and world view” (ISA, 2013).

In this region, male rites of passage, which have largely been discarded in many areas due, at least partly, to the influence of Catholic missionaries, are related to the complex mythical-ritual of *Jurupari* and to the cult of sacred flutes on which women and children, who are not initiated, are forbidden to set their eyes (Reichel-Dalmatoff, 1986).

When the child's body begins to undergo changes and, more specifically, when the boy's voice begins to break, they are separated from the family group. In this separation, which can last for weeks or months, they are subject to a restricted diet based on pepper and flour and undergo intense instruction from older males on the myths and cultural regulations of their group. Properly speaking, the above mentioned ritual lasts for around three days. During the ritual they are presented with the sacred flutes, their bodies are painted and ornamented with decorations and, for the first time, they participate in ritual, collective flogging, something in which all men participate throughout their lives (Hugh-Jones, 1979). This is, then, an essential moment in the construction of the indigenous person and body in the Upper Rio Negro region.

As described, the myth of *Jurupari* plays a central role in the cosmology of these populations with regards to the cult of sacred flutes and male rites of passage which mediate the transition from childhood to adulthood. The narrative below is a synthesis of different versions collected in field research conducted by one of the authors of this article, investigating the relationship between youth and alcohol use and "interpersonal violence" in the Rio Negro context (Souza, 2009).

Jurupari, a type of being belonging to the space-time of the primeval world, possessed flutes within his body, which even sang with the wind. He was responsible for the rites of passage of the first youths in the complex mythical ritual of the cult of the sacred flutes. The process was marked by, among other aspects, dietary restrictions. Two youths under his care systematically disobeyed the restrictions. In reprisal, he swallowed them. Inside Jurupari, the youths, who were decaying, also planned how to escape. Using a whole set of tricks, the youths fled and went to tell their parents what had happened. They decided to avenge themselves. To do this, they drew up a plan consisting of inviting him to a caxiri (a traditional fermented drink) festival and, taking advantage of his drunkenness, kill him. A big drawback to the plan was that they did not know how to kill Jurupari. Moreover, Jurupari somehow knew of what was being plotted against him. Even so, he went to the festival. At first, they

offered him different types of caxiri, but he refused, saying he didn't like it. Finally, he accepted a type of caxiri. After this, they began trying to kill him, but without success. Jurupari was contemptuous, saying that there was only one way to kill him, which only he knew. After drinking caxiri for a while, Jurupari decided to reveal how he could be killed: by fire. When the different narrators were asked why he revealed this secret, some said "he wanted to die", "he needed to die". Others said: "the caxiri loosened his tongue", or that "he was tricked". So, Jurupari was thrown onto the bonfire. Soon after, a big bang was heard, as if his body had exploded. In the explosion, something flew out of Jurupari's body and far away. Later, they found that paxiúbas a type of (a type of palm) had been released from his body. People started to make sacred flutes from these palms, which the elders used in the rites of passage of the youths (Field Diary of the 1st author, September/2008).

Following the process of "making strange", we begin the theoretical exercise of analyzing whether *Jurupari's* death may or may not be considered a case of suicide from the biomedical perspective. To do this, looking back at the definition of suicide described above, we formulated the following questions: Did *Jurupari* want to die?; Did *Jurupari* die?; Who killed *Jurupari*? However, to provide more consistency and breadth to the theoretical enterprise in question, and in recognition that it is not possible to speak of one single, universal indigenous symbolism, as there is great socio-cultural diversity in the Brazilian indigenous populations (Coimbra Jr. and Santos, 2000), and also because we view the analysis of the myth proposed here as an interpretative exercise of the phenomenon recognized by biomedicine as suicide, we have added other methodological resources to the undertaking.

The first of these was to reformulate the questions specific to the context of the *Jurupari* myth, extending them: 1) Does someone who kills him/herself want to die?; 2) Does someone who kills him/herself die?; 3) Who kills someone who kills him/herself? This procedure theoretically delineates the understanding that the formulated questions refer to important symbolic systems that, whilst keeping their specific features, can be applied to

other indigenous socio-cultural contexts. The second was to seek the answers to these questions, promoting a dialogue between the ideas contained in the biomedical definition of suicide, the representations which permeate the myth of *Jurupari* and ethnographic findings on suicide among other Brazilian indigenous populations available in the literature. Although it was necessary to conduct a review of the literature on indigenous suicide in Brazil, this text does not pretend to be a systematic or detailed review of the topic. Basically, we relied on work conducted with the Guarani Kayowá and Nhandeva, the Tikuna and the Sorowaha. These tribes were chosen as the most consistent academic research on indigenous suicide in the last 20 years was conducted with them.

The Kayowá and the Nhandeva belong to the tupi-guarani family, of the tupi branch; nowadays, they largely live in Reserves and indigenous Territories or even temporary camps in the state of Mato Grosso do Sul. The majority of work on indigenous suicide in Brazil has, indubitably, been conducted with indigenous from this tribe (Pimentel, 2006). In the Guarani Kaiowá and Nhandeva of Mato Grosso do Sul, between 2000 and 2007, the suicide rate was 118.4/100,000, a figure almost six times that of the state and 12 times the national rate (Coloma et al., 2007).

The second indigenous tribe we analyzed was the Sorowaha, a small tribe with a relatively recent history of contact with developed society, formed of the descendants of different tribes that had been decimated by “infectious-contagious disease and the ruthlessness of the rubber industry, [...] in the first decades of the 20th century, the period of the greatest expansion of extractive activities in the Amazon as a whole” (Poz, 2000, p. 91-92). This tribe is recognized in the specialist literature for its high rates of suicide and for the profound internalization of suicide in its myth system. It is estimated that among the Sorowaha, an Arawa-speaking people, formed of at least one hundred and fifty individuals, inhabiting Lábrea, Amazonas, between 1980 and 1998, there were 38 deaths from suicide, a shocking suicide mortality rate of 1,922/100,000 (Poz, 2000). Speaking of this rate, Adams and Price (1994 apud Poz, 2000) warned: “The reduced sample size

and low frequency of events, as we know, means demographic data on ‘small scale’ societies should be handled with care” (p. 98).

Either way, this high value cannot but be regarded as a proxy of the impact of suicide on the already small population of this group

The last tribe was that of the Tikuna of Alto Solimões, speakers of an isolated language and currently the most populous tribe in Brazil (Erthal, 2001). Nowadays, a large part of the population live in amazon border cities, such as Tabatinga, which now forms part of an international drug trafficking route. Although there have not been any epidemiological studies on the Tikuna in the Alto Solimões region of the state of Amazonas, anthropological research indicates that suicide is a significant public health problem (Erthal, 1998, 2001).

Does someone who kills him/herself want to die?

Considering the biomedical definition of suicide, guided by the modern ideology of individualism, the idea underlying the question “Does someone who kills him/herself want to die?” is to evaluate whether the act carried out by the subject themselves, leading to death, was intentional or not. In other words, was there an individual, conscious decision, made by the individual themselves, that led to the adoption of specific conduct culminating in their own death? The importance, in biomedical thinking, of evaluating intentionality lies in making the distinction between suicide and another cause of death, accidental. In the latter situation, the subject performs an act which “unintentionally” leads to their own death.

Generally, in biomedically oriented studies of suicide, discussion is almost exclusively centered on evaluating whether the behavior that led to death was conscious or not, or whether there were other factors which in some way clouded the subject’s judgment, which calls into question the principal of intentionality of the act of suicide. At this time, we will only deal with this issue, although we emphasize that, in the case of indigenous populations, we should also question how the issue of the subject’s intentions on acting emerge in socio-cultural con-

texts in which the relational person is constructed based on the corporeal links established with their kin. In the second point, we deal with the topic in more depth when we discuss “Who kills someone who kills him/herself?”.

In the *Jurupari* myth, the act he performed that led to his own death was to reveal how he could be killed. If they had not had access to that information, he would not have died. In the myth, as in many cases of suicide, there is no, at least not explicitly, access to the thoughts of those who kill themselves. It is only possible to access the opinions of third parties. In the case of the myth, the opinions are of the narrators, and they vary widely. Some support the hypothesis that he wanted to die, and that it was therefore an intentional act, others understand that consuming alcohol affected *Jurupari* to a certain extent, and that he unintentionally revealed his secret.

In the biomedical literature, there is a great deal of discussion concerning the intentionality of an act committed while under the influence of psychoactive substances (Meleiro et al., 2004). Some defend the idea that, being intoxicated, the subject's capacity to make judgments is compromised, making it difficult to evaluate their intentions. Based on the literature, we could propose that the Tikuna of Alto Solimões appear to be in line with the understanding that it would be impossible (or very difficult) to talk of individual intentions in situations in which suicide occurred associated with alcohol consumption. Erthal (2001), for example, reports that the Tikuna describe how, after discussions and quarrels with relatives, young people commit suicide in a state described as “losing their reason”, associated with “drinking large quantities of alcoholic drinks” (p. 307).

This difficulty in analyzing suicidal behavior in situations in which alcohol had been consumed becomes even more significant when we consider the fact that alcohol use among those who kill themselves is not uncommon (Ponce et al., 2008; Ocampo et al., 2009). There is even evidence in the literature indicating this association in the national indigenous context, in scenes as different as the Upper Rio Negro region (Souza and Orellana, 2012b)

and in the context of Mato Grosso do Sul, especially among the Kayowá (Azevedo, 1987; Foti, 2004).

When this issue is analyzed from an exclusively biomedical point of view, the conceptual difficulty of using the concept of suicide exists, as it can be assumed that alcohol use leads to a type of clouding of judgment, that “loss of reason” reported by Erthal (2001). On the other hand, when an anthropologic view is added to the discussion, the importance of conflicts between relatives in generating suicidal behavior can be verified, which seems to refer to the relational character of the person in the indigenous societies considered here. Such aspects together demonstrate the difficulty of verifying, in indigenous contexts, whether the action which led to death in situations involving both alcohol and family conflicts was the result of a decision that was both conscious and individual, as is assumed to occur in non-indigenous contexts.

On the other hand, we must be aware that, beyond the difficulties related to transposing the concept of suicide in the indigenous context, the issue of alcohol consumption is possibly associated with a series of aspects that contribute, in a complex way, to different configurations of the phenomenon of suicide in specific indigenous communities.

Other situations are described in the biomedical literature as particularly problematic when analyzing intentionality. Among them, situations in which the supposed suicide has been committed by children stand out. It is asked, for example, whether a small child understands what it is to die, it being therefore impossible to determine whether it wants to kill itself or not. This question is also posed with subjects with psychotic symptoms, such as delirium or hallucinations (Meleiro et al., 2004; Dalgalarondo, 2008). In the case of a psychotic with delusions of persecution acting to defend themselves from an imagined enemy or believing that they wouldn't die, they do not have the intention of taking their own life. Thus, these two radically different situations call intention into question, but enter into the territory of different concepts of death, dying and the cosmos, leading us to the next question: “Does someone who kills him/herself die?”

Does someone who kills him/herself die?

It is essential, above all, to point out that we are not arguing that there is similarity between childish or psychotic thinking and that of a mentally sound indigenous adult, which would be prejudiced, as well as anachronistic. What we in fact aim to explore in the following discussion is the fact that indigenous populations, due to socio-cultural characteristics, have an understanding of what happens after death to a suicide differing from the hegemony reigning in western society, especially when this is influenced by biomedical knowledge which sees death as simply the end of biological life, ceasing to exist.

In the myth, *Jurupari's* body explodes after being thrown into the flames, releasing the primary material to make flutes which will henceforth be used by adult males in the rites of passage of indigenous youths. *Jurupari's* death does not, as it were, exactly result in the end of him, but is rather a type of transformation producing adults able to be introduced into the world of cosmic ritual of the indigenous people of the Upper Rio Negro. Although the possible correlations between this aspect of the myth and contemporary indigenous knowledge and practice in this region concerning suicide do not form part of this undertaking at this time, it is a promising path to be explored in the future.

According to Poz (2000), the Sorowaha conceive existence in this world as a point prior to what will be true life. Moreover, for them, life after death will very much depend on how the person dies. According to Poz's description, constructed in dialogue between other authors such as Kroemer (1994) and Fank and Porta (1996), after death the soul abandons the body and follows the waters of small streams and, when the rainy period arrives, reaches larger rivers to then reach the heavens. This trajectory, according to Kroemer (1994), can follow three different paths which lead to three equally different destinations. The first would be the "path of death", that of those who die of old age. This path is painful, with suffering and no peace, but the person will reach a place in which they will have a relatively good, although not full, life. The second is the "path of the rainbow", reserved for those who die of a snake bite, leading them to

an intermediate world - between that described above and the real world. The third, the "path of the *timbó*", is for those who poison themselves with *timbó* extract, commonly used for fishing in streams, the only way Sorowaha use to kill themselves. This path leads to the house of Thunder. There, the spirits reenounter their relatives and live a real existence "with the real *Konahamady* (the "*timbó* people") in a "world covered by waters [...] where souls eat only *timbó* roots and are transformed into fish, their final destination" (Fank and Porta, 1996, p. 183-185).

Avoiding the error of adopting a culturizing approach to the phenomenon of suicide in indigenous populations, not taking into account the relationships of power and subjugation established in society during the process of colonizing Brazil, we need to consider that anthropological studies (Poz, 2000; Viveiros de Castro, 1986; Cesarino, 2011) indicate that various indigenous populations do not consider death to be the end of the person's life. In this case, death by suicide can also refer to the transformation in the *status* of the indigenous person in the socio-cosmic context in which they find themselves. This hypothesis needs to be verified in further studies. However, the discussion presented here is sufficient to demonstrate how difficult it is to evaluate what occurs, according to native concepts, to a person after committing suicide in culturally different contexts.

Who kills someone who kills him/herself?

The intention implicit in this question is to analyze whether the act leading to death was performed by the subject themselves or by another. In other words, at the same time as we focus on a significant aspect of the biomedical classification, that of distinguishing suicide from homicide, the latter referring to death caused by a third party, we are also examining the relational character constitutive of the kin among indigenous populations.

Considering that, in revealing how he could be killed, *Jurupari* acted in such a way as to provoke his own death, it was others who actually threw him into the flames. Here, an important aspect of the socio-cosmic perspective of different indigenous populations concerning the health-disease process

and death seems to be implicit. Even when the person can be held to some degree responsible for their misfortune, when, for example, they disrespect norms regulating their relationships with others inhabiting the world - human or otherwise -, in the lowlands of South America, disease and death are, in the last instance, fruit of agency exercised by others - be they spirits inhabiting the cosmos or spells by other tribes (Buchillet, 2004).

The idea that suicide could be the fruit of the action of a third party and not exclusively that of the person who killed themselves recurs in ethnographic studies of the socio-cosmic systems of indigenous populations. Among the Tikuna of Alto Solimões, for example, in-laws (parents-in-law, siblings-in-law) emerge as another danger. This danger is also expressed in a myth relating the story of a father-in-law who devoured his daughter's suitors. Erthal (2001) describes a version of this myth in which the father-in-law invites his future sons-in-law to eat *beiju* (cassava), but first asks them to climb a tree with a cord around their neck and, when they reach the top, he pulls the cord, killing them.

The Tikuna not infrequently identify suicide as the result of another's "envy" or "rage" (Erthal, 2001). Thus, as with other indigenous populations in the Amazon, conflicts on the plane of inter-personal relationships are transferred to the plane of shamanic attacks using spells, attributing the cause of suicide not to the action of those close to the victim, with whom they interact, but rather to the action of an enemy shaman who, through alliances with evil spirits, causes changes in the person's behavior, leading them to commit suicide.

Among the Guarani Kayowá, suicide is repeatedly presented as homicide. According to Levicotivz (1998), the suicide is, in reality, the victim of a homicidal other. The author highlights the fact that the Guarani Kayowá repeatedly associate suicide with the native classification of *tajuru*. The author explains that an etymological analysis of this word would contribute to revealing the multiple meaning associated with this phenomenon by this indigenous population. The suffix, "ju" is associated with the idea of something sent or sacred, while "taju" has to do with the idea of damage or harm. In this case,

suicide would be harm caused by the shamanic activity of another. This idea is so present in Kayowá understanding that it leads them to demand police investigations to determine who killed someone who killed themselves.

In other contexts, it is understood that it is not living enemies who participate in the death of someone who kills him/herself but rather spirits of those already dead. Among the Sorowaha, the occurrence of death, regardless of the motive, tends to be associated with various attempts to commit suicide, and also to suicide. This occurs to such an extent that Poz (2000) even suggested that there was a "tug of war" between the living and the dead", in which the dead "pulled" the living towards them, and this pulling occurred through the "feeling of immediate weight or *saudade*, longing, which returned in memories and dreams" (p. 114). In other words, in this context, the dead induced the living to die, in a complex system that Poz (2000) called the "mortuary economy (in which) it is the dead who, on a large scale, produce new dead through a suicidal response to grief and sorrow" (p. 114).

The ethnographic examples above, then, indicate that it is not always the subject who kills themselves who is actually recognized as the author of their own death. Especially as, in this context, the subject does not exist as an individual separate from their kin but rather is constituted as a person by virtue of the multiple relationships established with them and with other beings inhabiting the cosmos. In this case, their action is influenced by the attitude others have towards them.

Final considerations

Drawing on the methodological approach of "anthropological strangeness", we try to indicate the difficulties and/or challenges in transposing the biomedical concept of suicide, nurtured in the context of individualist western society in the contexts of indigenous communities responsible for the production of relational and related people. We seek to do this by: 1) demonstrating the difficulties in evaluating the person's intention in the indigenous context; 2) approaching the different indigenous

concepts of death and dying; 3) as well as discussing the intertwined correlation between suicide and homicide in certain Amerindian etiological systems.

We highlight that the exercise undertaken here does not aim to disqualify the biomedical concept of suicide and its use in the indigenous context, and, in consequence, research which made or will make use of this concept. We do, however, point out the need to adopt epistemological vigilance in the use of this concept, so as to get closer to the indigenous populations' understandings of the phenomenon classified as suicide. We understand that based on the reflection presented here, it is possible to outline some theoretical-methodological notes for future qualitative and quantitative research needed to investigate suicide among indigenous populations. Especially as this is an object of interest in the field of public health which requires both "extended" description and "in-depth understanding/explanation" (Deslandes and Assis, 2002, p. 195).

Regarding the use of qualitative methodology, we seek to demonstrate the importance of the need for an in-depth theoretical-conceptual investigation approaching the topic of suicide among the indigenous populations. It is not enough to simply assume that a concept that is widely accepted in one context is applicable in another. Thus, we argue that in comprehensive, qualitative research even before investigating the possible causes of the suicide (a question usually easy to ask), it would be necessary to investigate people's understanding of this issue. Could it be that, from the point of view of these people, those who provoke their own death are really committing suicide?

It is also necessary to be aware that the expected response to such a question, fruit of a theoretically orientated investigation, cannot summarize a myriad of interviewees' opinions of the issue. What is expected is an interpretative exercise that, in a process of successively drawing closer and in dialogue with the literature, presents its results in broader analytical categories. Although it is not always possible to know what will be the most relevant categories of analysis for understanding the object at the time the research is drawn up, it is possible, on certain occasions use is made of some native classifications that emerge based on the reflection

of the indigenous themselves and that can be potentially useful in casting light on the phenomenon being studied.

In the process of making the concept of suicide anthropologically strange, we formulated three questions: 1) Does someone who kills him/herself want to die?; 2) does someone who kills him/herself die?; 3) who kills someone who kills him/herself? Given the complexity of the issues raised by these questions, we propose that they be used to support the process of analyzing and understanding the indigenous perspective of suicide. Moreover, given the relationship of these categories and the biomedical concept of suicide, their use enables future comparison between emic (native) and ethic (scientific western discourse) concepts.

This is not simply about presenting these questions to interviewees but rather of having them in mind during the investigation process, seeking creative strategies to respond to them. Among these strategies, some of those cited throughout the text stand out. One of them is to seek, as Levcovitz (1998) did, terms in the native language that designate or are somehow correlated with the topic of suicide. Another is to investigate mythical narratives and their possible correlations with the topic of death in its different forms, as we did with the myth of *Jurupari* and as done by Erthal (2001) and Poz (2000). Also, within the ethnographic tradition, special attention should be paid to narratives on the moments leading up to and following death, as well as the specific form in which it was effected. Such aspects have the potential to reveal the specifics that death by suicide can acquire in specific contexts.

Regarding quantitative-epidemiological strategies, one may at first assume that the discussion here had little to contribute. Nations (2010), for example, conducted research in the interior of the state of Ceará, in the 1980s that demonstrated, among other aspects, a higher number of infant death than that verified by a previous epidemiological study used in official health care data. Using a qualitative approach, the author inferred that a possible explanation for this fact was related to the meaning system operating in the location studied. In this context, small children did not die in the way we understand death, they in fact became "little angels"

and, as a series of specific funereal practices were involved, this was difficult to communicate either to interviewers or to health care professionals. In summary, this author's work indicates that official data on mortality from specific causes are influenced by the way in which the local population represent and experience different forms of dying. Analogously, and bearing in mind the difficulties in transposing the biomedical, individualist concept of suicide in the universe of the indigenous, it is possible to assume that epidemiological research that does not take into consideration the native point of view may find difficulties related to under identifying cases.

Considering the high degree of imprecision in official statistics on suicide in the indigenous context, it is necessary to recognize the importance of a complementary approach between qualitative and epidemiological research of the phenomenon so as to better characterize it. The information collected in qualitative stages previous to the investigation may provide support in outlining a quantitative research approach guided by understanding of the indigenous perspective, which would contribute to attenuating any mutual communication difficulties between the researchers and the subjects of the research.

Finally, as we close the text, it is necessary to remind ourselves that the intention of this exercise of "making strange" was to provoke the interdisciplinary dialogue necessary in order to approach the complex phenomenon of suicide among the indigenous population in a way that is less partial and more culturally appropriate. What we attempted to do was to "borrow concepts from diverse areas, metabolize, translate, modify and import them for disciplines apparently far from where the concept originated, a common proceeding in making things inter-disciplinary" (Menezes, 2013, p. 19). This being so, this text is mainly aimed at those who seek to understand the complexity which constitutes the phenomenon of suicide, bearing in mind the aim of contributing to the development of an interdisciplinary approach that recognizes the contribution of indigenous knowledge and practice in discovering and intervening in public health problems the experience, as is the case with suicide.

Authors' collaboration

Souza was responsible for the concept, writing and analysis of the text on the public and mental health fields. Ferreira was responsible for writing and analyzing the text on public health and anthropology.

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