



Indigenous health in Brazil in the 21st century and indigenous psychology

Saúde indígena no Brasil no século XXI e a Psicologia indígena

Santé indigène au Brésil au 21^e siècle et psychologie indigène

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Abstract

In the 21st century, indigenous peoples in Brazil face challenges that go beyond physical health, encompassing psychosocial and cultural issues. This article explores the interface between indigenous health, psychology and critical phenomenology, highlighting the contributions of a decolonial approach to more contextualized and culturally respectful health practices. Based on data on health conditions and indigenous epistemologies, the article discusses how Psychology can integrate ancestral knowledge and confront structural violence. The question that guides this reflection is: how can Psychology, based on a decolonial and critical phenomenological perspective, contribute to health practices that respect indigenous cosmologies and confront the structural violence that these populations experience?

Keywords: Indigenous health, Decolonial psychology, Critical phenomenology and Epistemology

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Resumo

No século XXI, os povos indígenas no Brasil enfrentam desafios que vão além da saúde física, abrangendo questões psicossociais e culturais. Este artigo explora a interface entre saúde indígena, psicologia e fenomenologia crítica, destacando as contribuições de uma abordagem decolonial para práticas de saúde mais contextualizadas e culturalmente respeitadas. Com base em dados sobre as condições de saúde e nas epistemologias indígenas, discute-se como a Psicologia pode integrar saberes ancestrais e enfrentar violências estruturais. A pergunta que orienta esta reflexão é: como a Psicologia, fundamentada em uma perspectiva decolonial e fenomenológica crítica, pode contribuir para práticas de saúde que respeitem as cosmologias indígenas e enfrentem as violências estruturais que atravessam essas populações?

Palavra-chaves: Saúde indígena, Psicologia decolonial, Fenomenologia crítica e Epistemologia

Résumé

Au XXI^e siècle, les peuples autochtones du Brésil sont confrontés à des défis qui vont au-delà de la santé physique et englobent des problèmes psychosociaux et culturels. Cet article explore l'interface entre la santé autochtone, la psychologie et la phénoménologie critique, en soulignant les apports d'une approche décoloniale à des pratiques de santé plus contextualisées et culturellement respectueuses. Sur la base de données sur les conditions de santé et les épistémologies autochtones, nous discutons de la manière dont la psychologie peut intégrer les connaissances ancestrales et faire face à la violence structurelle. La question qui guide cette réflexion est la suivante : comment la psychologie, fondée sur une perspective décoloniale et phénoménologique critique, peut-elle contribuer à des pratiques de santé respectueuses des cosmologies autochtones et affronter la violence structurelle qui imprègne ces populations ?

Mots-clés: Santé autochtone, psychologie décoloniale, phénoménologie critique et épistémologie

In the 21st century, indigenous peoples in Brazil face challenges that reveal the persistence of historical and structural violence. Recent data indicate that infant mortality rates, infectious diseases, and limited access to basic health care remain disproportionately high in indigenous communities. In addition, the advance of deforestation and territorial conflicts intensify the vulnerability of these peoples, affecting their cultural practices and traditional ways of life. These elements highlight



the need for public policies that respect the plurality of indigenous knowledge and address institutional racism present in health services.

Brazilian Psychology, as a science and practice, is inserted in this plural context, where the recognition of different subjectivities is essential. However, psychological practice in Brazil has historically distanced itself from indigenous peoples, reflecting a Eurocentric perspective that has neglected ancestral knowledge and non-Western cosmologies. Although progress has been made, such as the inclusion of community and intersectional perspectives, there is still a gap in the incorporation of indigenous epistemologies and in addressing the psychosocial violence that these populations experience. In this scenario, indigenous psychology emerges as a field of resistance and transformation. This approach seeks to integrate therapeutic practices that value spirituality, rituals and traditional knowledge, without dissociating psychological care from the sociocultural and cosmological context. By expanding the understanding of mental health and well-being, indigenous psychology challenges the dichotomy between Western and non-Western knowledge, proposing a dialogue that respects the uniqueness of indigenous peoples. Critical phenomenology contributes significantly to this epistemological approach, by questioning the universal bases of classical phenomenology and bringing to light the historical and social conditions that shape human experiences. When considering the indigenous experience, critical phenomenology offers an interpretative horizon capable of revealing the tensions between tradition and contemporaneity, in addition to highlighting corporeality and the connection with the land as central aspects of indigenous subjectivity. This perspective not only expands the limits of phenomenological thought, but also strengthens more contextualized psychological practices.

Thus, the interface between indigenous health, psychology, and critical phenomenology points to opportunities for transformation, both in the theoretical and practical fields. The inclusion of decolonial perspectives and ancestral knowledge can enrich therapeutic approaches and provide support for more inclusive public policies. However, this process requires a shift from traditional psychology practices and attentive listening to indigenous narratives, breaking with the epistemicide that has historically erased this knowledge.



In this context, a question arises that guides this essay: how can psychology, informed by a decolonial and critical phenomenological perspective, contribute to the construction of health practices that respect indigenous cosmologies and confront the structural violence that these populations experience?

Indigenous health in Brazil: context and challenges

The health of indigenous peoples in Brazil is affected by historical and structural tensions, the result of a colonial project that still operates in public policies and institutional practices. In addition to a biological dimension, the indigenous body is also a symbolic, cosmological and political territory. This perspective is constantly denied by a health system that fragments the integrality of the indigenous being into isolated diagnoses and technical interventions. As Carneiro (2005) highlights, this logic makes ancestral knowledge invisible and perpetuates practices of epistemicide. Additionally, environmental racism intensifies vulnerabilities through territorial exploitation and deforestation, directly impacting food security, access to water and the preservation of medicinal plants, which are fundamental to traditional care practices.

Despite the advances promoted by the National Policy for Health Care for Indigenous Peoples (PNASPI), the health system faces difficulties in implementing intercultural practices. In 2020, 766,519 indigenous people were registered in the 51 Special Indigenous Health Districts (DSEI), each serving an average of around 15,000 people (Ministry of Health, 2020). However, the implementation of these policies often clashes with the hegemony of the biomedical model, which does not adequately engage with indigenous cosmologies. For these peoples, health is understood as a balance between body, spirit, and territory, a vision that contrasts profoundly with the Western biomedical paradigm, which focuses on the fragmentation of care.

Globalization introduces new challenges to indigenous health by changing eating habits, increasing dependence on allopathic medicines, and intensifying contact with urban diseases. These factors, combined with territorial pressure, promote forced displacement to urban centers, where inequalities in access to health become even more evident (Thomasi et. al, 2020). Furthermore, the COVID-



19 pandemic has exposed vulnerabilities, with indigenous communities experiencing high infection and mortality rates, highlighting the inadequacy of the health system in meeting their specific needs (Ministry of Health, 2021).

The indigenous health workforce, comprised of more than 22,000 professionals, of whom 52% are indigenous, reflects efforts to promote differentiated care that respects sociocultural specificities (Ministry of Health, 2020). Despite this, gaps persist in the treatment of chronic diseases among non-village indigenous people, such as hypertension, depression, and arthritis, revealing significant disparities (Francisco et al., 2022). These conditions highlight the importance of more inclusive public health strategies that consider the full range of indigenous experiences.

At the same time, the mental health of indigenous peoples reflects multiple forms of structural violence, such as territorial expulsion and cultural discrimination. Studies indicate that the high suicide rates among indigenous youth are directly related to uprooting and the difficulty in reconciling traditional cosmologies with contemporary demands (Almeida, 2023). This situation highlights the urgent need for public policies that prioritize both physical and mental health, recognizing the importance of community ties and ancestry.

Although they face significant challenges, indigenous peoples resist the erasure of their care practices, revaluing traditional knowledge such as the use of medicinal plants and healing rituals. This resistance exposes the limitations of the biomedical system and highlights the importance of an intercultural dialogue that values indigenous practices as legitimate (Krenak, 2019). The search for truly intercultural health involves overcoming colonial logic and building a model that recognizes indigenous people as protagonists of care.

In this context, recent data highlight the importance of culturally sensitive and effective public policies. Of the 1,298 indigenous lands identified in Brazil, only 408 are regularized, and another 287 are in different stages of demarcation (Instituto Socioambiental, 2022). Weak territorial protection aggravates health vulnerabilities and compromises the perpetuation of ancestral ways of life. Therefore, indigenous health cannot be dissociated from the struggle for land and cultural autonomy.



Having a health model that respects indigenous peoples requires more than just technical advances. An ethical and political commitment is needed that values non-Western care practices and recognizes the integrality of indigenous cosmologies. Only then will it be possible to build an emancipated health system that goes beyond subordination and meets the diversity and specific needs of these peoples, as advocated by Carneiro (2005) and Krenak (2019).

Indigenous Psychology: Recognition and Confrontation

In its emerging movement in Brazil, indigenous psychology finds itself among the epistemological and political challenges of a field that seeks to decolonize its foundations and practices. This effort is based on criticism of the universalizing model of the subject that ignores the particularities of indigenous experiences. Western psychology, by privileging a Eurocentric perspective, tends to make invisible the ways of being and existing in the world that are specific to indigenous populations, perpetuating processes of epistemicide (Carneiro, 2020). In this context, an ethical and epistemological reorientation that embraces the plurality of experiences is essential, recognizing indigenous cosmologies and spiritualities as central elements of subjectivity.

Indigenous authors such as Ailton Krenak (2019) argue that the intimate relationship with the land is a structuring axis of indigenous subjectivity, an aspect often ignored by hegemonic psychological models. This bond goes beyond the material dimension, incorporating spiritual and community meanings that unfold in daily practices of care and belonging. The denial of this foundation, a characteristic of colonial psychological interventions, not only disrespects the cultural specificities of indigenous peoples, but also reinforces dynamics of symbolic and material appropriation that have historically marked colonization.

Psychological practice aimed at indigenous peoples requires a shift from a normative perspective to a perspective that integrates traditional knowledge as legitimate components of care and mental health. Guimarães (2024) points out that healing rituals, the use of medicinal plants, and ancestral narratives play central roles in indigenous therapeutic practices, configuring a cosmology that challenges the predominant biomedical paradigm. These practices, far from being mere



alternatives, are forms of resistance that sustain modes of existence threatened by colonization and the advance of modernity.

Furthermore, the insertion of psychological practices in indigenous territories often faces tensions that reflect the imposition of colonial epistemologies. Interventions that disregard indigenous cosmology, in an attempt to universalize categories of suffering and health, become mechanisms of control and oppression. This criticism is supported by authors such as Davi Kopenawa (2015), who denounces the cultural erasure promoted by institutions that ignore the spiritual dimension of indigenous practices, treating them as exoticisms to be standardized or suppressed. The community dimension, an essential element in indigenous care practices, also needs to be included in the formulation of a decolonial Psychology. For Guimarães (2023), mental health for indigenous peoples cannot be understood in an individualized way, but as an expression of collective balance. This balance is mediated by the relationships between individuals, ancestors and territories, highlighting a relational ontology that contrasts with the modern conception of an autonomous and isolated subject. Thus, Psychology needs to expand its understanding of psychological suffering, shifting towards practices that promote the repair of community and spiritual networks.

It is equally important to denounce the impact of public policies that frequently disregard indigenous mental health in its specificities. Standardized policies end up reproducing the same instruments of colonial control, masking the structural inequalities that affect indigenous peoples. According to Guimarães (2024), the denial of the right to contextualized mental health care is a form of structural violence that perpetuates the psychological suffering of these peoples. Such negligence is not only technical, but political, as it prioritizes economic interests over the needs of communities.

Another point that emerges in this debate is epistemicide, or the systematic devaluation of indigenous knowledge in the academic and clinical fields. Carneiro (2020) argues that, by delegitimizing ancestral knowledge, the field of Psychology reinforces a hierarchy of knowledge that subordinates indigenous epistemologies to a universalizing model. This colonial logic makes a truly dialogical and integrative



practice unfeasible, reaffirming the assumptions of Western superiority that have historically marginalized indigenous cultures.

Furthermore, the training of psychology professionals, both at undergraduate and graduate levels, needs to include discussions on the decolonization of knowledge and the incorporation of indigenous knowledge. This training should not only be theoretical, but also practical, engaging future psychologists in a direct dialogue with communities. According to Nimuendajú (2021), they highlight the need for training programs that include indigenous epistemologies as part of the mandatory curriculum, recognizing the legitimacy of their practices and cosmologies as therapeutic tools.

Confronting the dynamics of colonization that permeate psychology requires a clear political stance that goes beyond the mere symbolic inclusion of indigenous knowledge. As Krenak (2019) emphasizes, the deconstruction of the colonial paradigm requires a structural change in the way we think about human beings, shifting the focus from domination to respect and coexistence. Indigenous Psychology, in this sense, is not just an emerging field, but an invitation to reimagine the ethical and epistemological foundations of the profession, based on practices that value the plurality and coexistence of knowledge.

The psychological suffering of indigenous peoples is permeated by multiple dimensions of structural and symbolic violence that compromise the collective and individual well-being of these populations. Data from the report of the Indigenous Missionary Council (CIMI, 2023) indicate that suicide rates among indigenous youth are significantly higher than those of other groups in Brazil, highlighting the impact of territorial loss, institutional racism, and the disintegration of community networks. Furthermore, studies such as that of Silva and Macedo (2021) show that the discontinuity of cultural ties and the imposition of Western models of mental health generate a feeling of helplessness that exacerbates depression and anxiety. This scenario requires psychological practices that understand psychological suffering as a result not only of individual factors, but also of historical and social processes, reinforcing the urgency of interventions based on intercultural dialogues and the appreciation of traditional knowledge.



Critical Phenomenology and Indigenous Psychology

Phenomenology, as an epistemological project, can be understood as a space of tension between different philosophical traditions and their ethical and political implications. Classical phenomenology, formulated by authors such as Edmund Husserl and Maurice Merleau-Ponty and Martin Heidegger among others, rooted in Eurocentric contexts, presented powerful tools to describe lived experience, but lacked an approach that critically incorporated the cultural and colonial forces that shape such experiences. This gap was partly filled by critical phenomenology, represented by thinkers such as Lisa Guenther (2013) and Sara Ahmed (2006), who introduce fundamental ethical-political questions by revealing the power structures that sustain epistemological exclusions. However, in order to engage in dialogue with the experiences of indigenous peoples, it is necessary to resignify these tensions, incorporating cosmologies, narratives and territorialities that escape Western ontologies. Classical phenomenology, by proposing a return to “things themselves,” neglected the historical and cultural conditions that determine which experiences can be considered legitimate or universal. Husserl (1973/), when introducing the concept of lifeworld (*Lebenswelt*), envisioned a primordial experiential field, but did not sufficiently question how this world is structured by relations of power and coloniality. In turn, Merleau-Ponty (2012), by exploring corporeality and intentionality, expanded phenomenology to include the body as a meeting place between the biological and the “cultural,” but remained anchored in a European perspective that rendered non-Western bodies and cosmologies invisible. This epistemological limit reflects a fundamental gap in the dialogue between phenomenology and the experiences of indigenous peoples. Critical phenomenology emerges as a “look beyond” these limitations, shifting the focus from the description of individual experience to an analysis of the structural conditions that shape these experiences. Lisa Guenther (2013) introduces the concept of “quasi-transcendental structures” to describe how cultural and social norms operate in a covert manner, determining what can be recognized as legitimate experience. This perspective allows us to question the familiar and the universal as specific cultural constructions that, in the case of classical phenomenology, reflect a normalization of whiteness and Eurocentrism, as



highlighted by Freitas and Garbelotti (2024). In this sense, critical phenomenology not only broadens the scope of phenomenology, but also repositions its ethical and political basis.

By incorporating indigenous narratives, it can be said that critical phenomenology reframes central concepts such as intentionality, corporeality, and intersubjectivity. In the context of indigenous peoples, as Meira et al. (2024a) point out, corporeality is not only biological or cultural, but territorial and spiritual, deeply interconnected with the land, ancestors, and the cosmologies that structure their existence. This perspective challenges the Eurocentric ontology of classical phenomenology, while expanding its horizons to include ways of being that have been historically marginalized. This tension also reveals an ethical and political dimension that was implicit in classical phenomenology but is made explicit by critical phenomenology. Incorporating indigenous narratives into a critical phenomenological perspective means recognizing that human experience is not homogeneous, but plural, traversed by power relations, histories, and specific territorialities. As Meira et al. argue, (2024b), this recognition implies not only a theoretical expansion, but also a transformation of research and care practices, in order to embrace the ontological plurality that characterizes human existence.

However, this incorporation is not without its challenges. The dialogue between critical phenomenology and indigenous cosmologies requires a review of the epistemological assumptions that support phenomenology itself. Freitas and Garbelotti (2024), when analyzing how whiteness operates as a veiled normativity, demonstrate that the inclusion of marginalized narratives requires a shift from the Eurocentric lenses that shaped classical phenomenology. This shift is not only a theoretical issue, but an ethical commitment to the decolonization of knowledge and the construction of plural epistemologies.

The redefinition of phenomenology in the indigenous context also implies a critique of colonial knowledge practices that reduced indigenous cosmologies to objects of study or external categories. As Ahmed (2006) points out, what is taken as familiar in the classical phenomenological tradition often hides power relations that sustain systematic exclusions. By revealing these exclusions, critical



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Decolonial perspectives on health and indigenous psychology

Decolonial thinking emerges as a call for a critical reassessment of health and psychology in Brazil, especially in relation to indigenous peoples. Despite its relevance, the implementation of this perspective faces significant obstacles, which reflect the structural resistance of hegemonic practices and the difficulty of breaking with a deep-rooted legacy of coloniality. As Miranda et al. (2024) observe, although Brazilian academic production has incorporated elements of decolonial thinking, this change often remains restricted to the discursive level, failing to effectively transform the ways of doing psychology and health. Thus, it is worth asking: to what extent are we willing to destabilize the hierarchies of knowledge to create a more inclusive field of practices?

The imposition of universal biomedical practices in the field of indigenous health, for example, is one of the most evident reflections of coloniality in action. Although Lopes and Sathler (2022) advocate for differentiated care that recognizes indigenous cosmological knowledge, it is necessary to consider whether the Brazilian health system is prepared to incorporate these practices in a genuine way. The risk of superficial or exotic appropriation of indigenous knowledge remains high, since health institutions often prioritize technical effectiveness over intercultural dialogue. In this context, it is urgent to reflect on the limits of current public policies and on the possibility of a health model that goes beyond the mere symbolic integration of traditional knowledge.

Indigenous psychology, in turn, emerges as a powerful proposal, but not without tensions. Almeida et. al. (2024) emphasize the need for ethical action that is committed to cultural specificities, but how can this ethics be operationalized in a field still marked by the centrality of the individual and the universalization of Western categories? Psychology training in Brazil itself lacks content that engages with indigenous cosmologies, which makes it difficult to build truly decolonial practices. Furthermore, there is the challenge of not reducing indigenous subjectivities to stereotypes or essentialisms that ignore the internal diversity of these communities.

The focus on decolonial therapeutic practices raises another critical question: how to articulate mental health care with the political and historical demands that



indigenous peoples face? Santos (2010) argues that understanding psychological suffering in the indigenous context requires recognizing colonial violence and the conditions of social and territorial exclusion. However, psychological approaches often depoliticize suffering, treating it as an individual issue, detached from structures of oppression. This detachment reveals the limits of conventional psychology and the need for practices that challenge the role of the psychologist as an agent of social transformation.

The concept of health in indigenous cultures, by emphasizing relationality, offers a powerful counterpoint to biomedical reductionism, but it also requires a paradigmatic shift that is difficult to implement in a highly bureaucratic health system. Moebus et al. (2024) point out that the comprehensiveness of indigenous health depends on a vision that incorporates spiritual and community connections. However, how can we overcome the institutional and epistemological resistance of a health model that prioritizes objectivity and fragmentation? This reflection brings us to a critical point: is structural transformation possible without a direct confrontation with the colonial foundations that sustain the system?

Indigenous psychology has contributed to the strengthening of collective identities, but it faces the constant risk of being instrumentalized by institutions that do not share the same values. Ferraz and Domingues (2016) emphasize that cultural practices can revitalize languages and rituals, but how can we ensure that these actions are not just one-off initiatives without a structural impact? Indigenous cultural resistance is also political resistance, and psychology, to be effective, needs to align itself with the larger struggles for autonomy and self-determination of these peoples, which often conflicts with the interests of hegemonic institutions.

Decoloniality in Psychology therefore requires constant self-criticism. Silva and Macedo (2021) question whether training professionals who are sensitive to the epistemologies of the South is sufficient to transform a field that is still deeply marked by colonialist practices. This question leads us to think about the very limits of Psychology: can this discipline, with its theoretical and practical basis built around the modern Western subject, be truly decolonial? Or would it be necessary to radically reimagine the epistemological foundations of Psychology to meet decolonial demands?



The implementation of decolonial practices also requires a review of public health policies and the presence of indigenous professionals in the system. Lopes and Sathler (2022) emphasize that current policies often lack instruments to ensure the active participation of indigenous peoples in the formulation and implementation of these practices. This reveals a fundamental tension: how can institutional changes be promoted in a system that, historically, was designed to serve the interests of coloniality? Without this reflection, decolonial initiatives run the risk of being absorbed and neutralized by the very system they seek to transform.

Decolonial thinking applied to health and indigenous psychology should not be romanticized. Mendes and Vargas (2024) warn of the danger of treating these approaches as easy or universal solutions to complex problems. At the same time, it is essential to move beyond criticism, seeking concrete ways to operationalize care practices that are, at the same time, respectful and transformative. This task requires recognizing the limitations of psychology and health, but also a commitment to creating spaces for dialogue and experimentation.

Furthermore, by destabilizing hierarchies of knowledge, decolonial health and psychology not only challenge dominant paradigms, but also open up possibilities for rethinking the field itself. Moebus et al. (2024) suggests that the construction of a “Psychology to come” depends on a constant dialogue between tradition and modernity, ancestry and contemporaneity. However, it is necessary to question whether this dialogue can be carried out without confronting the structural inequalities that continue to define the relationships between indigenous peoples and Western institutions.

In short, incorporating decolonial thinking into health and psychology in Brazil is an urgent task, but one that is fraught with challenges. It is not enough to recognize and value indigenous knowledge; it is necessary to question the foundations of the disciplines and institutions that perpetuate coloniality. This movement, although limited, can pave the way for a deeper transformation, where health and psychology not only welcome, but are transformed by indigenous knowledge.

Final Considerations



Indigenous health in Brazil in the 21st century exposes challenges that are deeply rooted in coloniality and exclusion. The health system, in its current configuration, often neglects the cultural and cosmological specificities of indigenous peoples, reducing their demands to universal models that disregard their particularities. This context is aggravated in the field of psychology, where the ways of existing of indigenous peoples continue to be made invisible by practices that are based on Eurocentric paradigms, reinforcing the distance between psychological science and the realities of these peoples. Psychology, as a science and practice, urgently needs a critical and decolonial review of its epistemological and methodological foundations. The hegemony of universal models that do not consider the diversity of human experiences reinforces epistemicide, which is the denial of historically subalternized forms of knowledge. The lack of content that addresses indigenous cultures, cosmologies, and subjectivities in the curricula of Brazilian universities contributes to the perpetuation of a training model that excludes the singularities of these peoples, compromising comprehensive care.

To overcome these barriers, it is essential to deconstruct the idea that Psychology must be based on a homogeneous universalism. The appreciation of indigenous cosmologies and ancestral healing methods is an ethical and political necessity so that psychological science can expand its practices and epistemologies. Incorporating this knowledge implies recognizing that indigenous health and its subjectivities are not just questions of care, but of valuing and legitimizing other forms of existence.

This transformative movement requires profound changes in the academic curricula of universities and colleges. The inclusion of disciplines that address indigenous knowledge and practices, in addition to promoting research in dialogue with indigenous leaders and communities, is essential to deconstruct the colonial foundations that still support the teaching of Psychology in Brazil. This must be done in such a way that the training of psychologists enables them not only to serve these populations, but to learn from them, building more plural and respectful practices.

Critical phenomenology emerges as a rigorous perspective in this context, as it allows us to question the hegemonic structures that sustain exclusion and invisibility. By using lived experience as an anchor point, critical phenomenology



invites us to rethink the relationship between subjects, practices and institutions, problematizing the coloniality that permeates ways of being and knowing. This approach allows for a deeper reading of the power dynamics that permeate the relationships between Psychology and indigenous peoples.

In this sense, critical phenomenology stands out for opening space for the plurality of experiences, expanding the understanding of subjectivity beyond Western dichotomies. This perspective requires a radically open stance on the part of psychologists, who must learn to listen to indigenous narratives without reducing them to pre-established categories. It is an ethical practice that values the encounter with the other in their otherness, recognizing the richness of indigenous experiences as central to the construction of shared knowledge.

A psychological practice that adopts a critical phenomenological perspective can thus be transformed into a political action of resistance to epistemicide. This transformation requires a continuous engagement with decoloniality, in which Psychology not only recognizes the impacts of coloniality, but actively works to deconstruct them. This approach opens space for questioning the hierarchies that shape professional practices, allowing Psychology to be a field of emancipation rather than oppression.

Além disso, a fenomenologia crítica oferece uma base teórica sólida para compreender as tensões entre cosmologias tradicionais e influências contemporâneas vividas pelos povos indígenas. Ao explorar as experiências concretas de indivíduos e comunidades, essa abordagem ilumina as nuances dessas tensões, permitindo que a Psicologia atue de forma mais sensível e ética. A fenomenologia crítica, portanto, não se limita a interpretar a realidade, mas busca transformá-la ao expor as estruturas que perpetuam a desigualdade.

Por fim, a Psicologia precisa se comprometer com a construção de práticas que transcendam as fronteiras da colonialidade. Isso inclui reconhecer os direitos dos povos indígenas de expressarem suas subjetividades e viverem suas culturas sem serem violentados por uma ciência hegemônica. As universidades, enquanto espaços de formação, devem assumir um papel ativo na desconstrução de práticas excludentes e na promoção de uma ciência que valorize a diversidade.

Repensar a saúde indígena e a Psicologia no século XXI exige uma mudança de paradigma que vá além da simples inclusão, promovendo uma transformação estrutural e



ética. Somente ao adotar uma perspectiva decolonial, alicerçada na fenomenologia crítica, será possível avançar em direção a práticas mais justas e respeitadas, que reconheçam a integralidade dos povos indígenas. Essa luta é, acima de tudo, uma luta pela dignidade humana, pela justiça e pela construção de um futuro onde todas as vozes sejam ouvidas e valorizadas.

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