

Psychotherapy and indigenous people in the Kingdom of Denmark

Niels Bagge^{1,2}  | Peter Berliner^{3,4} 

¹Institute for Emotion-Focused Therapy, Roskilde, Denmark

²Private Practice, Roskilde, Denmark

³Dept. of Social Science, Ilisimatusarfik / University of Greenland, Nuuk, Greenland

⁴Danish School of Education, Aarhus University, Aarhus, Denmark

Correspondence

Niels Bagge, Institute for Emotion-Focused Therapy, Ringstedgade 10, 4000 Roskilde, Denmark.

Email: psykolog@nielsbagge.dk

Abstract

Greenlanders are the indigenous people of the Kingdom of Denmark. Through the study of literature, the authors conducted a preliminary investigation into the psychological and social problems of Greenlanders as well as the status of psychotherapy. The main type of therapy offered takes a Western cultural perspective, but the prevalence of culturally sensitive psychotherapy practices is increasing. The authors examined the traditional indigenous healing practice of the *angakok* (shaman), concluding that it is not a living tradition but can be traced from the indigenous Inuit culture alive in Greenlanders today. Three key areas for culturally sensitive psychotherapy practices are identified: (1) global, holistic, visual and bodily ways of learning, (2) community-based and collective practices, and (3) social values and the collective healing of broken social values (taboos). The authors concluded that more research is needed, along with the development of guidelines for culturally sensitive therapy for Greenlanders and the integration of indigenous practices and perspectives into psychotherapy.

KEYWORDS

cultural sensitive practices, indigenous healing, social values

1 | INTRODUCTION

What do we know about psychotherapy in relation to indigenous people in the Kingdom of Denmark? Before we could answer that question, we had to first identify if there are in fact indigenous people in Denmark. Within the Kingdom of Denmark (i.e., the territories of Denmark, the Faroe Islands and Greenland), there is the Inuit

population from Greenland—the Greenlanders—who are identified as indigenous people (Barten & Mortensen, 2016; Gulløv, 2017; Jacquelin-Andersen, 2018; United Nations [UN], 2016). The Inuit people were the first inhabitants of Greenland. They came from Canada to the northwest part of Greenland and migrated down the west coast and then up the east coast. The first contact they had with outsiders was with the Norsemen settling in the southern part of Greenland in the Viking era, but they disappeared after a short time. The Inuit in Greenland also had contact with whalers before the permanent settlement of foreigners, when Greenland was first colonised by Denmark in 1721.

Since then, Greenland and the Greenlanders have gone through stages of being a colony, a region in the Kingdom of Denmark from 1950, Home Rule in 1979 and Self-Rule in 2009 (assuming responsibility for self-governance of all parts of society except foreign affairs and defence, of which Denmark still remains in control). It has been argued (Barten & Mortensen, 2016) that the Greenlanders' status as an indigenous people is complex because of the change of Greenland to Self-Rule and the recognition of Greenlanders as a people under international law. Furthermore, Greenlanders are the majority in Greenland. Approximately 90% of the population of Greenland are of Inuit ancestry, speak the Inuit language (Kalaallisut) and define themselves as Greenlanders. But throughout the history of Denmark and Greenland (in the Kingdom of Denmark), the Greenlanders have been a minority that lives up to the common understanding of what constitutes an indigenous people according to the UN (2016):

- Self-identification as indigenous peoples at the individual and community level.
- Historical continuity with pre-colonial and/or pre-settler societies.
- Strong links to territories and surrounding natural resources.
- Distinct social, economic and/or political systems.
- Distinct language, culture and beliefs.
- Form non-dominant groups within society.
- Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities.

This paper examines the practice of psychotherapy with and by the indigenous Greenlanders in the Kingdom of Denmark today. This includes looking at what type of psychological problems are common for Greenlanders, and how those are helped by psychotherapy. We include a cultural perspective on the matter, knowing that psychotherapy culturally is a Western healing practice for psychological problems. We then look at how a culturally sensitive psychotherapy can take account of the Greenlanders' culture. This raises the question of what Greenland culture is, and in what way this culture is indigenous—a complex question since multiple cultural influences stem from aboriginal Inuit culture, Christian culture and modern secular Western culture, to name some key influences.

An indigenous culture is usually defined as the culture the indigenous people had before the colonisation of the later dominant people (Martinez Cobo, 1986). The Greenlanders had a distinct Inuit culture before colonisation that is well documented by Danish, Greenlandic, and foreign polar explorers; scientists; and anthropologists. The Greenlanders' pre-colonial Inuit culture also had a healing culture, which included a perception of health problems in the psychological domain. What are the indigenous healing practices of the Greenland healers, the *angakok* (shaman)? Are they practised and asked for today by Greenlanders? Well-documented indigenous Greenlandic culture has found its way into the fascination with traditional shamanic healing practices in the West in neo-shamanic practices, which have been integrated into psychotherapy and new age spirituality. Do these neo-shamanic practices draw some of their inspiration from the traditional Inuit culture used by Greenlanders today? We will look into these questions, and examine the relationship between traditional healing practices and psychotherapy.

Psychotherapy is a widely used and accepted way of healing psychological problems for Greenlanders. Psychotherapy can play a role for Greenlanders who seek their indigenous roots in healing, and psychotherapists can work from a cultural diversity perspective, understanding traditional healing practices or integrating them into psychotherapy practice. Drawing on one of the authors' experiences with Greenlanders in psychotherapy, we formulate preliminary guidelines for a culturally sensitive psychotherapy for Greenlanders today. The sources for this paper include a literature review on the topic and the authors' lived experience. This paper is a preliminary investigation, and further research regarding the issues at hand is recommended.

2 | MENTAL HEALTH CARE IN GREENLAND AND DENMARK TODAY

Today, Greenland has Self-Rule, but still is a part of the Kingdom of Denmark. In 2018, approximately 5.8 million people lived in Denmark (Danmarks Statistik, 2018) with 16,370 born in Greenland (Statistics Greenland, 2019). The population of Greenland is 55,847, with 49,826 born in Greenland and 6021 born outside Greenland (Statistics Greenland, 2018).

The mental healthcare systems in Denmark and Greenland operate in a modern Western manner. Psychotherapy is offered for children, youth and adults in both Greenland and Denmark, but we have found no systematic evaluation of psychotherapy offered to Greenlanders in either country. Psychotherapy is offered in psychiatric hospitals and psychiatric out-unit care in the primary sector by psychologists and psychiatrists; in municipalities and private organisations; and by psychologists, psychiatrists and psychotherapists in private practice. The approaches include individual, couple and group therapies. The schools of therapy that we found were existential, psychodynamic, systemic and narrative, and body therapy, but it is likely that cognitive-behavioural therapy is used as well.

Training in psychotherapy is offered to psychologists and is part of their specialisation. It is also offered to around 25% of psychiatrists and as private training for social and healthcare workers to use within their profession. Private psychotherapy training is offered as a private education to become a psychotherapist, which is not an accredited profession (unlike psychology and psychiatry) (Hansen & Dixon, 2012; Jacobsen, 2008). Some other professions like social workers, nurses and pedagogues train in psychotherapy for adaption in their profession, and some establish a private practice as psychotherapists. There are quite a few psychotherapists working in Denmark, but it is unclear how many psychotherapists work in Greenland. There are 55 psychologists in Greenland, of whom 35 speak Greenlandic (Tróndheim et al., 2017). They are mainly situated in the larger towns in Greenland (Østergaard et al., 2019). Psychologists and psychiatrists who do not speak Greenlandic use interpreters with Greenlandic-speaking clients. There is an effort to train more Greenlandic-speaking mental health workers in psychotherapy (Redaktionen Sermitsiaq, 2014, 2018). Historically, psychotherapy practitioners (psychologists, psychiatrists and social workers) in Greenland were mainly Danes who brought a Western psychotherapy perspective to the psychosocial problems of the Greenlanders. At the same time, psychologists are usually valued by most Greenlanders (Tróndheim et al., 2017).

3 | PSYCHOLOGICAL AND SOCIAL PROBLEMS FOR GREENLANDERS

According to the few available reports and papers from health researchers and government agencies in both Greenland and Denmark, the main psychological and social problems for Greenlanders are alcohol and substance abuse, suicide, violent behaviour, and incest (Baviskar, 2015; Bjerregaard & Lynge, 2006; Bjerregaard & Young, 1998; Dahl-Petersen & Bjerregaard, 2016; Rambøl Management, 2008; Togeby, 2004; Young, 2012). To a lesser degree, psychosis, depression and anxiety are also problematic (Lynge, 2000). The statistics show that Greenlanders suffer from the above social problems to a larger degree than Danes, but not compared to other indigenous people and people in the Arctic region.

Greenlanders in Greenland and Denmark typically suffer from the same psychological problems as other Danes (and Europeans): depression, anxiety, bipolar disorder, and psychotic and somatoform disorders (Dahl-Petersen & Bjerregaard, 2016; Lyng, 2000). There has not been a direct comparison between Greenlanders and other populations (including the Danes), but a rough comparison of two sets of research at different times indicates that anxiety and somatoform disorders are more prevalent in Greenlanders than in Danes and that depression, bipolar disorder, psychosis and other mental health problems occur at about the same rate (Bentzen & Paravaiz, 2018; Dahl-Nielsen & Bjerregaard, 2016; Lyng, 2000; Wittchen & Jacobi, 2005).

From a Western psychotherapy perspective, we noticed that the problems usually focused on with Greenlanders are behavioural issues (abuse, suicide, violence, etc.) and low psychological differentiation (somatoform and anxiety). When working with these problems, taking a psychological perspective on the inner individualistic emotional and mental world may be useful in assisting the client to put feelings into words and talk about psychological reactions instead of expressing them in behaviour or diffuse somatic or anxiety reactions. However, this is a Western perspective and we have to ask: How do the Greenlanders conceptualise their psychological problems? We will first look at how Western individualistic secular psychotherapy is used with and by Greenlanders today.

4 | GREENLANDERS AND PSYCHOTHERAPY

Typically, Greenlanders are not mentioned in overviews of psychotherapy in Denmark (Hansen & Dixon, 2012; Jacobsen, 2008; Kronberg, 2011). There have been a few papers on psychology and Greenland (Berliner & Hommelgaard, 1987; Elsass, 2003; Tróndheim et al., 2017). We found no papers or reports that made direct reference to Greenlanders as an indigenous people in relation to psychotherapy. There seems to be more accounts of other minorities and psychotherapy, for instance, therapy with refugees. Thus far, it is fair to say that psychotherapy with Greenlanders as an indigenous people and a minority in Denmark has been overlooked in research.

5 | PSYCHOTHERAPY FOR GREENLANDERS IN DENMARK

Psychotherapy for Greenlanders in Denmark is offered by seven municipalities and some private organisations (e.g., Det Grønlandske Hus and Kofoed Skole). There are outreach social work programmes and counselling available for Greenlanders, but there seems to be a lack of culturally sensitive methods in psychotherapy.

There has been no research on psychotherapy offered to Greenlanders in Denmark—we found only a few descriptions in professional magazines. One was a report on a psychotherapeutic clinic at Kofoed Skole run by two privately trained Danish psychotherapists, which offered free psychotherapy in Danish for severely traumatised Greenlandic women living in Denmark. The therapy involved both talking and bodywork (more specifically, 'shock/trauma therapy', somatic experience, neuroaffective developmental psychology and body therapy). The therapists listed the presenting problems and the gains made through therapeutic work, with treatment methods that are seemingly like those used with Danes experiencing the same type of symptoms. They describe the Greenlanders as having a more spontaneous attitude and natural access to their bodies and selves than Danes usually have. The Greenlanders are described as more intuitive and open to therapy when they get the hang of it. Family and relationship are important for Greenlanders, and they open their home for friends and relatives; but this can be a problem if they get an apartment and everybody moves in and drains their finances. The therapist tries to help the Greenlandic women protect themselves by 'setting limits'. The therapists understand that Greenlanders have a culture that favours closeness in the community, where disagreements are generally solved by leaving the group instead of 'saying no'. The therapist concludes that the Greenlanders have difficulties in Danish society, where

individualism is favoured over community. Perhaps, for the same reason, the therapists observed that group therapy is appealing for many Greenlanders, as is the use of storytelling as a group activity (Jensen, 2012; Pedersen, 2017; Smidt & Pedersen, 2010).

6 | PSYCHOTHERAPY FOR GREENLANDERS IN GREENLAND

Psychotherapy for Greenlanders in Greenland is offered in the psychiatric unit in Nuuk, by psychologists in private practice, and in social services in municipalities and private organisations. There are a few accounts of psychologists offering psychotherapy to Greenlanders (Carstensen, 2006; Gregersen, 2010; Østergaard et al., 2019; Pedersen, 2017; Rosenberg, 2004). Therapies are offered from a Western theoretical perspective, but there is also interest expressed in the indigenous historical traumas (Gone et al., 2019) of the Greenlanders inspired by a trip to Australia (Pedersen, 2017). Because of the high number of problems involving substance abuse, sexual abuse, physical abuse and suicide, there are psychotherapy programmes targeting these specific issues. One recent programme involves treatment for legally fatherless children born from sexual abuse and another area that has come into focus recently is grief and the treatment of grief through the Danish National Centre for Bereavement (Østergaard et al., 2019).

7 | THE GREENLANDERS' VIEW OF PSYCHOLOGICAL PROBLEMS AND PSYCHOTHERAPY

How do Greenlanders understand social, psychological and psychiatric problems from indigenous people's perspective? As we could not find any research pertaining to this question, we must rely on our experience from the treatment of Greenlanders in various settings: psychiatry, family counselling, psychosocial sessions and supervision of psychotherapy in Greenland.

In our experience, Greenlandic clients show a huge openness to confide in the therapist. In most cases, the client builds trust and rapport within the very start of the first session rather than through a long process of relating to the therapist. There is a high level of compliance and a process of reflecting on (but not challenging or doubting) the advice of the therapist. This implies an openness to listen, reflect upon and trust in alternative interpretations of symptoms, family relations and stories told. A particular trait we noticed is that the client sometimes says, 'Ah, that is how it is, now I understand it and I know what to do!' before standing up, saying goodbye and leaving the session. In most such cases, the client will agree to come back when asked to do so by the therapist, but often it is not the wish of the client.

The background of this experience may be that most people seek psychotherapy because they are in a crisis that calls for immediate amelioration (often related to victimisation by sexual violence, acute suffering or grieving). Very often, the client starts by putting their hands on the chest and saying 'There is a pain in here, it won't disappear. I need to let it out!' The therapist must then listen to the often short—but still clear—account of the experienced background of the pain and suffering. The client may have difficulty talking about feelings ('because I should not harass and disturb other people with this'), or they may lack words for the feelings, experiencing them in their bodies in a physical way rather than seeing them as concepts or words. Still, it is important to note that the ability to talk about emotions depends on both context and individual capacity (i.e., the capacity to talk about emotions is, of course, much higher in a context of trust, social support, and respect than in a context of slander, abuse, and neglect). After that, the client is, as mentioned above, very open to reflect upon the story and to listen to alternative understandings. It seems that many clients expect the therapist to make the (re)interpretation and help with finding ways of coping with the situation.

In this atmosphere of positive transference, it is important to be direct but not criticising or correcting. An appreciative approach is a way of showing respect and maintaining the rapport. An appreciative approach also allows for direct confrontation with emotions of shame, guilt and resentment. It is not difficult to address very challenging issues of trauma in the session. The challenge is to use it to make changes in daily life in the community. Massive social control turns sexual violence (and violence in general) into public secrets, sometimes with most of the local community acting as passive bystanders.

Coming back to the session and the issue of respect, we can add that the concept of respect is deeply embedded in the culture. This may be related to an old tradition of letting people lead their own life, if they did not put the survival of the group or community in jeopardy. The balance between respect for the multitude and mutual respect in the community seems to be in imbalance for many people, and this may be the reason why, on the one hand, rates of sexual abuse and violence are high (i.e., disrespect for the freedom of the victim); while on the other hand, there is a strong sense of longing for individual freedom. The therapist can overcome this dilemma by using positive reformulations, looking for intentions, proposing alternative stories and providing dialogue. A dialogue is to say 'Now I have listened to you, and I reflect upon it. It inspires me to say what it made me think, which is ...' In a dialogue, you may reach consensus or live with the richness of a plenitude of stories. Positive reformulations are often a good remedy for addressing social issues. In clients' stories, in both individual and group therapy, it strengthens mutual appreciation and makes room for alternative stories that broaden the understanding of the other. In trauma therapy, positive reformulations may provide an understanding of suffering as an expression of human dignity as it reframes the critical event, the victim's behaviour and the sequelae. In trauma therapy, a social justice and rights-based approach is highly recommended as it links the suffering to a violation of social values and human rights; that is, something that builds human dignity at a higher order. When the client shows that a story or an interpretation is meaningful to them, the Western psychotherapist will often tend to reiterate the interpretation. In some cases, this may confuse the client and evoke doubt: 'why keep repeating when we already built a shared knowledge?'

The client will often ask for advice. The advice can be direct, or it can be delivered through a story about somebody else, a myth or a legend. In almost all cases, the client will produce an explanation of the suffering in the social context of the family or the community. It is important to reflect on how the produced description may open or close options. As we are in small communities in Greenland, we may know about the context and be able to include it in the therapy, for instance, by asking the client 'Is there someone you would like to come with you to the next session?' You may choose to do family therapy, or multiple family therapy. You may even ask the client if you should go with them to see people, visit the graveyard, or just go for a walk while talking. One thing you can be sure of is that in small population groups you will meet the clients, their family, and their network outside the office: in the street, at local concerts and in the supermarket. Therapy is social in that sense—and one must benefit from that in the healing process of the client.

In many cases, there is resistance from the social network against the healing of the client. This is not surprising, as the network stick to what they see as the best solution to a complex problem; thus, it is difficult to change this reaction. An appreciative approach will disturb the system in a positive way, leaving the door open for new understanding and new skills. In cases of sexual abuse and collective passive bystanding, there is a need to provide security and safety, which is rather difficult in remote villages with tight-knit social control (to a great extent sustained by violent oppression of victims and witnesses). Besides immediate protection for the victims, there is a need for social therapy for violence-prone villages. Psycho-social approaches are applicable in such cases, linked to local development through sustainable and social innovation and entrepreneurship. There is growing interest in these types of approaches, both as social healing and as prevention.

8 | THE INDIGENOUS GREENLANDERS' VIEW OF PSYCHOLOGICAL PROBLEMS AND PSYCHOTHERAPY

We will now look at the indigenous culture of the Inuit of Greenland and try to shed some light on these two questions: what was the indigenous Greenlanders' understanding of social, psychological and psychiatric problems? What were the indigenous Greenlanders' psychological healing practices?

9 | INDIGENOUS GREENLANDERS' VIEW OF SOCIAL AND PSYCHOLOGICAL PROBLEMS

Indigenous Greenlanders had a conceptualisation of the world that differs from the Western view of psychology and mind. They believed all living beings consisted of a soul, name, and body (Engelbrechtsen & Thomsen, 2013; Hindsberger, 1977; Holm, 1972; Rasmussen, 1921, 1924, 1925; Sonne, 2017). Body and soul were connected but could be separated (Lyng, 2000; Jacobsen, 2001; Petersen, 1996). When animals were killed and eaten, both body and soul were consumed. The body had a soul that could be lost, or part of it could be lost. The body could also be possessed by other souls or spirits from animals or humans. Illness was explained as a loss of soul or possession of spirits or souls. Insanity and 'psychological problems' would be conceptualised as illness of body and soul. Extreme shortage of food drove some to cannibalism, and this was associated with insanity. An insane person was a cannibal at heart—a person to be feared or even killed (Lyng, 2000; Petersen, 1996). Another source of illness was the breaking of taboos. The pre-colonial Greenlandic society was filled with taboos, and it was believed that if taboos were broken, this could result in danger and attacks from powerful spirits in nature. A few culture-bound psychological problems from pre-colonial Greenlandic society are nangiarneq 'Kayak dizziness', pibloktoq 'Arctic hysteria' and qivittoq 'mountain wanderer'. These phenomena are still known in Greenland today (Lyng, 2000).

10 | INDIGENOUS GREENLANDERS' PSYCHOLOGICAL HEALING PRACTICES

Shamans have been described as the first healers in the world (Eliade, 1964; Gillberg, 1978; Halifax, 1979, 1982; Harner, 1990; Kalweit, 1987; Walsh, 2015). Angakok, the Inuit shaman, was the healer and religious figure in pre-colonial Greenlandic society. The angakok healed in the domain that a Western psychology would call 'psychotherapy,' but did not describe their practice as 'psychotherapy'. Angakoks could be men or women. Angakok was not a profession but an ability possessed by some individuals, who were simultaneously hunters, husbands, mothers, etc. In theory, everybody could potentially develop into an angakok, and around 10%–20% of people did (Jacobsen, 2001; Sonne, 2017). The training to be an angakok started early in life and could be a solitary pursuit or one guided by an older angakok. Angakok training had to be kept secret until the learner angakok had enough spiritual power to show the rest of the group that they were now an angakok.

The main training involved helping spirits through spiritual journeys in a non-ordinary state of consciousness induced by drumming, repetitive movements and/or taking solitude in nature (Jacobsen, 2001). Spirits could be won by not being afraid of them and meeting them three times (Rasmussen, 1924). The main healing principles were soul retrieval, battle with evil spirits and protection against evil spirits (Engelbrechtsen & Thomsen, 2013; Hindsberger, 1977; Holm, 1972; Jacobsen, 2001; Sonne, 2017). If a person felt ill, it could be due to a loss of soul, and the angakok could identify and help with retrieving the lost soul to restore the health of the ill person. Illness could also be caused by the possession of an evil spirit or soul, for instance, from an animal or person whom the ill person had killed, or because a taboo was violated by not performing a ritual after a hunt, birth or death. The angakok could assist in protection against evil spirits when the usual protections did not work.

The angakok had different means of healing such as shamanic journeying by inngerutit (drum singing), serratit (incantations) and arnussat (amulets). The angakok drumming séance was a group experience in which a house was darkened and the angakok was tied up with the drum (qilaat) beside him. The whole group could participate by singing and making sounds themselves, and in the dark, the tied-up angakok's drum would sound and fly around in the house while the angakok would call his spirit helpers. In the séance, scary sounds and movements of the helping spirits would be heard and felt. After the séance, the angakok would report on the journey and give advice to the community.

At other times, magical incantations or amulets could be used to deal with spirits and souls. The angakok could also use their powers and knowledge in malevolent ways by having their helping spirits attack others or creating a tupilak, a kind of Greenlandic 'voodoo doll', which was sent out to harm the angakok's adversaries.

The qilaat (Greenlandic drum) plays a central part in the indigenous culture that has survived until today. It was used in many parts of life, for example, in drum battles between people in conflict. The Inuits seemed to hold back open criticism towards each other in daily life. One way of indigenous conflict resolution was the drum battle, in which opponents sang provocative songs about each other while the group watched (like a modern-day rap battle). This seems to have served a variety of purposes related to emotional venting, social positioning and entertainment.

Another way of dealing with 'psychological problems' was leaving the group and becoming a qivittoq—a mountain wanderer—because of shame, sadness or madness. The killing or expelling of mad or violent people also occurred. Less dramatic ways of handling moods involved telling stories, playing games, and creating craftwork/handiworks—which the long, dark Arctic winter left lots of time for.

11 | INUIT INDIGENOUS HEALING PRACTICES TODAY

After the arrival of Christian missionaries in the 1720s, the healing knowledge of the angakok was gradually lost as a living tradition and only conserved in the documentation of ethnologists and explorers. This is unlike other places in the world, where indigenous practices are still a living culture (Walsh, 2015). In Greenland, no hidden Inuit settlement practising the old ways of healing can be found; although drum dance survived in the Qaanaaq area and in the settlements of East Greenland and now sees a huge revival in all Greenland. However, Greenlanders love their history and indigenous roots, which are kept alive in storytelling, artwork, drum songs, mythology, etc. (Hivshu, 2015; Kreutzmann, 2018; Petersen & Hauser, 2006; Thisted, 2002, 2018). Spirit beliefs were still present in older Greenlanders in remote areas until recently (Thisted, 2002), and beliefs in ghosts and mountain wanderers are still widespread. However, the modern Greenlandic will not go to an angakok for psychological problems. They usually consider themselves a modern person, and will seek help with a medical doctor, psychologist or psychotherapist.

Traditional Inuit spiritual practices have been an inspiration outside Greenland for professionals and researchers in the West interested in neo-shamanistic and core-shamanistic practices, and for shamanistic-inspired psychotherapy practices (Harner, 1990; Sollod, 1993; Walsh, 2015). References to the rich documentation of angakok practices are common. A quick inquiry into Greenlanders taking up their old ways shows that very few healers brand themselves with their Inuit heritage (Angajoq Nattoralissuaq, 2021; Hivshu, 2015; IceWisdom, 2021). It remains to be known how modern Greenlandic healers use indigenous Greenlandic practices, and to what degree they integrate shamanic practices from other parts of the world or psychotherapy practices in their work.

It has been argued that it is important to conduct culturally sensitive psychotherapy (Sue & Sue, 2008). Even though culturally sensitive psychotherapy for indigenous people is preferred by clients and shows respect for the client's worldview, traditions, social norms and values, there is currently no conclusive research showing that culturally sensitive psychotherapy affects the outcome of therapy (Hall, 2001; Pommerville et al., 2016; Zane et al., 2004). However, it is assumed that dropout rates are generally lower and alliances typically stronger. Culturally sensitive psychotherapy has yet to be formulated for Greenlanders. Therefore, the following is our

attempt to begin a formulation of what part of the Inuit culture still exists today and how psychotherapy may be integrated into indigenous healing practices and perspectives.

12 | THE INTEGRATION OF PSYCHOTHERAPY AND INDIGENOUS HEALING PRACTICES

Today, we see an ongoing endeavour in Greenland to develop psychotherapeutic and psychosocial methods inspired by the Inuit culture and the present Greenlandic culture. There are two strands in this endeavour. The first involves making therapy more culturally sensitive; the second involves utilising ideas from healing practices in the pre-colonial Inuit culture. We have identified three main areas where this is happening.

First, there is a growing awareness of indigenous learning in Greenland, and thus change is often visual, bodily and imaginary rather than just verbal. To see, to try and then to know is a common way of learning amongst children and adults. There is a tradition for visualisation, knowing the landscape through the vision, drum dancing, and dramatic or humorous storytelling. Thus, psychosocial sessions involving visual art, creativity, movement of the body, and theatre may help facilitate healing. In traditional healing, the *angakok* induced an altered state of mind to gain insight into the world of the spirits. Through the rhythm of the drum, they could also induce an altered state of mind in the audience and the ill or suffering person seeking help. Winkelman (2000) explained this state of mind as the 'integrative state of mind', where non-verbal ways of learning and thinking are heavily involved in a shared learning process with more conscious cognition. Art, images, movement, smell and sound invoke brain activity in pre- and non-verbal parts of the brain, and these may be used in a conscious learning process. If people are severely traumatised, their brain may stop functioning in this way as the meaning-seeking process is inhibited by anxiety and re-experiencing of the traumatic event. Nevertheless, even in these cases calming social support, building trust and the non-verbal ways of seeking meaning may gradually recover the learning ability. Eventually, in this process, the group and the individual must confront and remember the traumatic event and re-tell and reframe it. In the retelling, the trauma is put into a frame of shared values that includes support for the victim within a framework of social values: justice, rights, human dignity and caring. This process is a modern version of the divination used by the shaman, which puts human suffering into a larger-than-human world of values and order.

During the last 2 decades, professionals treating young people with behavioural problems have developed an understanding of the healing power of being in nature. They state that this approach is linked to Inuit culture, where people and environment are part of the same wholeness (i.e., nature is at the same time a state of mind and a space). In the old time, the *angakok* got their power and knowledge in and from the environment with its wholeness of space and spirituality. Nature was, therefore, seen as spiritual and sacred, and needed to be respected and valued otherwise social problems and illness would occur. This is still very strongly reflected in the idea that one must speak nicely about the animals which we eat, so that they will come to us again and give themselves to us as food. In a fascinating way, the cultural value of nature now seems to fuel ideas and activities relating to sustainable development and is seen as part of social and mental healing (often more explicitly voiced by civil society than by professionals). Here, we find a subtle reference linking the traditional healing of the *angakok* to present global ideas of sustainability. There is clear awareness of this; for instance, in the statue of 'the Mother of the Sea' which stands in the old harbour of Nuuk (and is still called 'the colonial harbour'—the 'oversea', an imposing power) in front of the old hospital (which may symbolise healing and caring in a global manner). The statue is only visible at low tide and is a non-aggressive manifestation of the need to respect and be part of nature. It aligns with the Inuit way as well as modern understandings of life and mind as nature (and nature as mind).

Second, the Inuit culture had a very strong sense of community. As the Inuit philosophy sees everything as part of the same wholeness, there is huge acceptance of multiplicity (i.e., of individual freedom) except when it leads to violation of the survival of the group. This is definitively not a contradiction in Inuit understanding, as wholeness is the coexistence of all kinds of beings (c.f., Questa & Neurath, 2018, for a global understanding of shamanistic

cultures). The individual freedom of the hunter secures more options for finding prey, and the sharing of the prey in the local community secured the survival of the group. The community (i.e., the group) was the social unit that extended to include the environment, animals and spirits. In Inuit legends, we find numerous narratives of animals, stones and, especially, communities protecting the individual from violence (including cannibalism).

Today, there is a marked search for more collectively oriented treatment methods in psychotherapy. There is also growing emphasis on developing psychosocial methods to prevent and heal suffering and mental illness. This builds on an implied (but seldom pronounced) understanding of the adjusting and healing power of social values and mutual support (Berliner et al., 2012; Glendø & Berliner, 2017; Wattar et al., 2012). Social support is part of healing when it recovers the wholeness of the *comunitas*. Mental and social suffering emerge when a person or group of people violate social values, as the social tissue is torn into fragments. This creates a vicious cycle, as a fragmented community opens up space for further sexual abuse, violence, neglect and other obliterations of social cohesion and responsibility.

Today, we see a growing focus on building supportive social networks and strengthening the social tissue through shared activities, public spaces, dialogues and visual art as part of the town centres. A current example is an art and community programme in Maniitsoq and Atammik, which addresses social healing through art done by people in the community and shared in public events. The programme is supported by the Arts Council Norway and the Danish Arts Foundation. Its approach is presented in Berliner and Enghoff (2019). The *angakok* used the public space as the arena for healing. Through rituals, the entire community was involved in sustaining social order, dialogue with the spirits and social engagement. The healing process was a ritual and, like other rituals of dancing and masks, it was a combination of entertainment and healing. To include the group and the community may be understood as a modern form of ritual and *comunitas*; but still, it is important to note that the shaman held power over the knowledge and made himself a nodal point between the community and the spirits. Today, the aim is to develop a shared and collective access to knowledge through a transparent and participatory creation of wellbeing and growth for everyone involved in the process. Community knowledge is not a power position for just one person. It is a shared, democratic and inclusive progression for awareness, behaviour and emotional skills for all.

In the ritual—and thus, in the altered state of mind—the shaman created a sense of belonging in the group, submersing into the group, and thus becoming one shared existence, a united expression of life, breathing and sensing together. The sensation of the ritual is melting into one being. Today, we see this cultural quality when a sense of mutuality is created as people unite in accord and harmony. We see it as people sing together in choirs, or simply sit quietly together. A drum dancer in Nuuk told us that the drumbeat is the sound of the heart; it is the essence of life moving. In that sense, it unites us all. Life is in all of us.

There is a growing interest in understanding therapy in a far more community-based way than as an individualised and hidden dialogue behind closed doors. One could speculate that secrecy is a contributing factor for continuously high levels of traumatisation from violence and sexual abuse. It seems that sometimes even psychotherapy may contribute to the culture-of-silence and thus, that civil society cannot take action to denounce and prevent violence and sexual violence. Through individualisation, the perpetrator and the victim are seen as characters socially detached from the rest of the community, which makes healing very difficult. Instead, the abusive and violent transgression of the integrity of the victim should rightly be seen as embedded in a subculture of passive bystanders, male chauvinism, oppressive taboos, objectification and disrespect for life. It is a subculture of violating the very values of the community. However, there is another side to the culture: values of caring, making life good for others, being kind and helpful. The community could openly confront these very different aspects of the subcultures to expel the evil spirit of violence and sexual violence through public events focusing on our common responsibility to protect children and adults from abuse. This, of course, must be combined with eradication of the well-known social determinants of violence and sexual violence. There is a huge openness to caring and supporting people who suffer, but there are very few community-based ways of doing it in a visible, shared and collective way.

Third, the shamanic way of healing included seeing human suffering as related to a spirit world above the human level. Through insight into the spirit world, the shaman could sometimes adjust the balance in the spirit world. As mentioned above, this included adjusting the social order at the human level. Evil thoughts and actions evoked evil spirits. This understanding implied a very strong set of social values (taboos). Violation of social values caused suffering. Today, one could use the same understanding in psychotherapy and psychosocial intervention by clearly interpreting mental suffering as an effect of violating social values. Today, human rights could be the framework of understanding social norms (but still these must reflect local pro social values). It is noteworthy that people in Greenland, in general, have a very accurate understanding of justice, mutual respect, caring and support. Some who speak about the Inuit community have created the notion that it was very tough socially (Steckley, 2007). However, it seems more accurate to see that the need to keep a well-functioning social environment was at the very core of the community and thus values of communality. Today, the welfare state system of institutional support for individuals and families has substituted this strong sense of communality. Nevertheless, it is still present in the symbolic order of the community as expressed in dialogues, art, behaviour and attitudes. Psychotherapy can benefit from this symbolic order to see healing as building social values rather than just aiming at an individualised state of well-being. In this sense, healing is social. It involves being an ethical subject in a cohesive and responsible social, cultural, economic and environmentally sustainable culture. As we have shown, there is a traditional and cultural base for developing a culturally sensitive approach in psychotherapy for Greenlanders, especially in Greenland, but also in Denmark.

13 | CONCLUSION

The Greenlanders are the indigenous people of the Kingdom of Denmark, and they use psychotherapy for their psychological problems. Too little research has been published about psychotherapy for and by Greenlanders. More importantly, there is a need for an investigation into a culturally sensitive form of psychotherapy that more systematically takes account of the Greenlandic culture and an awareness of the cultural way the Greenlanders think, feel and behave, while also being open for everyone's personal way of being (Sue & Sue, 2008).

We have created a preliminary description of what could constitute a more culturally sensitive therapy that integrates indigenous perspectives and practices. Three main areas have emerged: (1) working with a way of knowing that is visual, bodily and holistic (as opposed to following linear and verbal logic); (2) prioritising community and collective practices above individualism; and (3) focusing on collective values in society leading to mutual caring and support in local communities.

More research into culturally sensitive psychotherapeutic practice is needed to inform practitioners, develop guidelines and form part of psychotherapy training. We believe there is potential to be found in learning from the indigenous ways of healing by the Inuit shaman, the *angakok*. Creative integration of *angakok* practices with Western psychotherapy could be part of the movement in Greenland to embrace its indigenous culture and practices. The non-ordinary state of consciousness, the ritual and the community, and the relation to a symbolic order of values are ways of reinvigorating traits of the Inuit culture and the shamanic healing practice in modern life. In addition, journeying as part of mental health work, and drum song battles as part of conflict resolution could become new innovative methods in Greenlandic indigenous healing practices. Thus, traditional cultural knowledge could be recognised, honoured and integrated into a modern indigenous 'psychotherapy' practice.

CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.

ORCID

Niels Bagge  <https://orcid.org/0000-0002-4560-6212>

Peter Berliner  <https://orcid.org/0000-0003-4801-4359>

REFERENCES

- Barten, U., & Mortensen, B. O. G. (2016). Er grønlandere et oprindeligt folk i folkeretlig forstand? [Are the Greenlanders an indigenous people according to international law]. *Nordisk Administrativt Tidsskrift*, 93(1), 5–19.
- Baviskar, S. (2015). *Grønlandere i Danmark. En registerbaseret kortlægning*. [Greenlanders in Denmark. A register-based mapping]. SFI – Det Nationale Forskningscenter for Velfærd.
- Bentzen, J., & Paravaiz, R. (2018). *Tal til psyken. Fakta om psykisk sygdom og sundhed*. [Figures of the psyche. Facts about mental illness and health]. www.psykiatrifonden.dk/media/1419051/tal-psyken-30-10-2018.pdf
- Berliner, P., & Enghoff, T. (2019). *Collaboration, dialogue and trust. Art and social resilience in Kalaallit Nunaat/Greenland*. University of Greenland Publisher.
- Berliner, P., & Hommelgaard, B. (1987). *Kulturforskelle og Psykologi* [Cultural differences and psychology]. Copenhagen: Dansk Psykologisk Forlag.
- Berliner, P., Larsen, L. N., & de Casas Soberón, E. (2012). Case study: Promoting community resilience with local values – Greenland's Paamiut Asasara. In M. Ungar (Ed.), *The social ecology of resilience* (pp. 387–399). Springer.
- Bjerregaard, P., & Lyng, I. (2006). Suicide – a challenge in modern Greenland. *Archives of Suicide Research*, 10, 209–220. <https://doi.org/10.1080/13811110600558265>
- Bjerregaard, P., & Young, T. K. (1998). The circumpolar Inuit: Health of a population in transition. *BMJ*, 318.
- Carstensen, J. (2006). *Hvis grønland frister (If Greenland temps)*. *Psykolog Nyt* (pp. 3–9).
- Dahl-Petersen, I. K., & Bjerregaard, P. (2016). *Befolkningsundersøgelsen i Grønland 2014 – levevilkår, livsstil og helbred*. [Population survey in Greenland 2014 – living conditions, lifestyle, and health]. Statens Institut for Folkesundhed/National Institute of Public Health.
- Danmarks Statistik/Statistics Denmark. (2018). *Folketal/population*. <https://www.dst.dk/da/Statistik/emner/befolkning-og-valg/befolkning-og-befolkningsfremskrivning/folketal>
- Eliade, M. (1964). *Shamanism: Archaic techniques of ecstasy*. Princeton University Press.
- Elsass, P. (2003). *Håndbog i kulturpsykologi. Et fag på tværs*. [Handbook of cultural psychology. A subject across]. Gyldendal.
- Engelbrechtsen, K., & Thomsen, J. (2013). *Inuitisk religion og mytologi [Inuit religion and mythology]*. Nuuk: linniusiorfik.
- Gillberg, R. (1978). *Ånder og mennesker*. Nationalmuseet.
- Glendø, M., & Berliner, P. (2017). Forty years of research concerning children and youth in Greenland: A mapping review. *International Journal of Circumpolar Health*, 76(1). <https://doi.org/10.1080/22423982.2017.1323526>
- Gone, J. P., Hartmann, W. E., Pomerville, A., & Wendt, D. C. (2019). The impact of historical trauma on health outcomes for indigenous populations in the USA and Canada: A systematic review. *American Psychologist*, 74(1), 20–35. <https://doi.org/10.1037/amp0000338>
- Gregersen, C. (2010). *Livsmød. Socialpædagogisk og psykoterapeutisk behandling af børn i Grønland*. [Perseverance. Social pedagogical and psychotherapeutic treatment of children in Greenland]. Milik Publishing.
- Gulløv, C. (Ed.). (2017). *Grønland. Den arktiske koloni*. [Greenland. The Arctic colony]. Gads Forlag.
- Halifax, J. (1979). *Shamanic voices*. Dutton.
- Halifax, J. (1982). *Shaman. The wounded healer*. Thames & Hudson.
- Hall, G. C. N. (2001). Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *Journal of Consulting and Clinical Psychology*, 69(3), 502–510. <https://doi.org/10.1037//0022-006x.69.3.502>
- Hansen, N. H., & Dixon, A. (2012). *Counseling in Denmark*. https://cdn.ymaws.com/www.csi-net.org/resource/resmgr/Research_Essay_Papers_Articles/Counseling_in_Denmark.pdf
- Harner, M. (1990). *The way of the shaman*. HarperOne.
- M. Hindsberger (Ed.), (1977). *Grønlands religion. Fra eskimoisk kultur til kristen kultur*. [The religion of Greenland. From Eskimo culture to Christian culture]. Gad.
- Hivshu, R. E. P., II. (2015). *Vores forfædre med shamaner*. [Our ancestors with shamans]. Maanuuq Atuakkiortia.
- Holm, G. (1972). *Konebådsekspeditionen. Etnologiske Skitse af angmagsalikerne*. [The wife boat expedition. Ethnological draft of the angamagsaliks]. Rhodos.
- IceWisdom. (2021). *Icewisdom*. <https://icewisdom.com/>
- Jacobsen, C. H. (2008). *The psychotherapeutic profession in Denmark*. https://cdn.ymaws.com/www.psychotherapyresearch.org/resource/resmgr/imported/events/barcelona/reports/report_denmark.pdf
- Jacobsen, M. D. (2001). *Shamaner. Mellem ånder og mennesker*. [Shamans. between spirits and humans]. Forum.
- Jacquelin-Andersen, P. (Ed.). (2018). *The indigenous world 2018*. IWGIA. <https://www.iwgia.org/images/documents/indigenous-world/indigenous-world-2018.pdf>

- Jensen, T. K. (2012). Massiv indsats, der virker. [Massive effort that works]. *Hus Forbi*, 16(2), 18–19.
- Kalweit, H. (1987). *Shamans, healers, and medicine men*. Shambala.
- Kreutzmann, M. B. (Ed.). (2018). *Bestiarium groenlandica*. Milik.
- Kronberg, Y. (2011). *Psychotherapy in Europe: Disease management strategies for depression national concepts of psychotherapeutic care*. BpTK. http://www.npce.eu/mediapool/113/1137650/data/Nat_Development/Reader_National_Concepts.pdf
- Lynge, I. (2000). *Psysiske lidelser i det grønlandske samfund*. [Mental suffering in the Greenlandic society]. Nuuk: Afdeling for Psykiatrisk Demografi.
- Management, R. (2008). *Evaluering af opfølgningen på Hvidbogen om socialt udsatte grønlandere i Danmark*. [Evaluation of the follow-up of the white paper on social vulnerable Greenlanders in Denmark]. <https://www.udsattegroenlaendere.dk/wp-content/uploads/evalueringsrapport-ramboell-1.pdf>
- Martinez Cobo, J. R. (1986). *Study of the problem of discrimination against indigenous populations*, UN Doc. E/CN.4/Sub.2/1986/7/Add.4, afsnit.
- Nattoralissuaq, A. (2021). *Shaman & healer from Greenland*. <https://www.coronaspirit.dk/>
- Østergaard, T. G., Grube, B., & Larsen, C. V. L. (2019). *Sorg i Grønland. En undersøgelse af sorg og kortlægning af sorgaktører og tilbud*. [Grief in Greenland. A survey of grief and mapping of grief players and offers]. Copenhagen: Det Nationale Sorgcenter.
- Pedersen, L. N. (2017). Udsatte grønlandere i terapi. En faglig og personlig historie. [Vulnerable Greenlanders in therapy. A professional and personal story]. *Tidskrift for Psykoterapi*, 2, 38–43.
- Petersen, H. C., & Hauser, M. (2006). *Drum song tradition in Greenland*. Nuuk: Forlaget Atuagkat.
- Petersen, R. (1996). Body and soul in ancient Greenlandic religion. In J. Pentikäinen (Ed.), *Shamanism and northern ecology* (pp. 67–76). Mouton de Gruyter.
- Pomerville, A., Burrage, R. L., & Gone, J. P. (2016). Empirical findings from psychotherapy research with indigenous populations: A systematic review. *Journal of Consulting and Clinical Psychology*, 84(12), 1023–1038. <https://doi.org/10.1037/ccp0000150>
- Questa, A., & Neurath, A. (2018). Faces from other worlds. *Artes de Mexico*, 128, 75–78.
- Rasmussen, K. (1921). *Myter og sagn fra Grønland. Bind 1 Østgrønlandere*. [Myth and legends from Greenland. Volume 1. East Greenlanders]. Copenhagen: Gyldendalske Boghandel - Nordisk Forlag.
- Rasmussen, K. (1924). *Myter og sagn fra Grønland. Bind 2 Vestgrønland*. [Myth and legends from Greenland. Volume 2. West Greenlanders]. Copenhagen: Gyldendalske Boghandel - Nordisk Forlag.
- Rasmussen, K. (1925). *Myter og sagn fra Grønland. Bind 3 Kap York-distriktet og Nordgrønland* [Myth and legends from Greenland. Volume 3. Kap York district and north Greenlanders]. Copenhagen: Gyldendalske Boghandel - Nordisk Forlag.
- Rosenberg, N. (2004). Klinisk psykolog i grønland [Clinical psychologist in Greenland]. *Psykolog Nyt*, 14–19.
- Sermitsiaq, R. (2014). *11 nye psykoterapeuter*. [11 new psychotherapists]. Sermitsiaq. <https://sermitsiaq.ag/node/168789>
- Sermitsiaq, R. (2018). *Behov for flere psykoterapeuter*. [Need for more psychotherapists]. Sermitsiaq. <https://sermitsiaq.ag/node/207954>
- Smidt, P., & Pedersen, L. N. (2010). *Grønlanderbilleder*. [Images of Greenlanders]. Copenhagen: Kofoed Skole. <http://www.lisbethnuka.dk/groenlaendere>
- Sollod, R. N. (1993). Integrating spiritual healing approaches and techniques into psychotherapy. In G. Stricker & J. R. Gold (Eds.), *The comprehensive handbook of psychotherapy integration* (pp. 403–416). Plenum Press.
- Sonne, B. (2017). *Worldviews of the Greenlanders. An Inuit arctic perspective*. University of Alaska Press.
- Statistics Greenland. (2018). *Statistisk årbog 2017*. [Statistical yearbook 2017]. <http://www.stat.gl/sa/saD2017.pdf>
- Statistics Greenland. (2019). *Grønlandere født i Danmark*. [Greenlanders born in Denmark]. <http://www.stat.gl/publ/da/GD/201901/pdf/2019>
- Steckley, J. (2007). *White lies about the Inuit*. Toronto: University of Toronto Press.
- Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse* (5th ed.). Hoboken, NJ: John Wiley & Sons.
- Thisted, K. (Ed.). (2002). *Grønlandske fortællere. Nulevende fortællekunst i grønland*. [Greenlandic storytellers. Contemporary storytelling in Greenland]. Aschehoug Dansk Forlag A/S.
- Thisted, K. (2018). Åndernes kraft og kristendommen. [The power of the spirits and Christianity]. In S. R. Havsten, K. Langgård, H. A. Lynge, K. Pedersen, S. Petersen, & A. Rydstrøm-Poulsen (Eds.), *Kristendomme i grønland* [Christianity in Greenland] (pp. 251–284). Eksistens.
- Togeby, L. (2004). *Grønlandere i Danmark. En overset minoritet*. [Greenlanders in Denmark. An overlooked minority]. Aarhus: Aarhus Universitetsforlag.
- Tróndheim, T., Arnfjord, S., Sonnicks, M., & Berliner, P. (2017). Psykologi i grønland – en refleksion. [Psychology in Greenland – a reflection]. *Psyke & Logos*, 38, 13–31.
- United Nations (2016). *Indigenous people, indigenous voices. Fact sheet. Permanent forum on indigenous issues*. https://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf
- Walsh, R. (2015). *Shamanism: New views of an ancient tradition*. Woodbury, MI: Llewellyn Publications.

- Wattar, L., Fanous, S., & Berliner, P. (2012). Challenges of youth participation in participatory action research: Methodological considerations of the paamiut youth voice research project. *International Journal of Action Research*, 8(2), 185–211. https://doi.org/10.1688/1861-9916_IJAR_2012_02_Wattar
- Winkelman, M. (2000). *Shamanism: Neural ecology of consciousness and healing*. Westport: Bergin & Garvey.
- Wittchen, H. U., & Jacobi, F. (2005). Size and burden of mental disorders in Europe: A critical review and appraisal of 27 studies. *European Neuropsychopharmacology*, 15(4), 357–376. <https://doi.org/10.1016/j.euroneuro.2005.04.012>
- Young, K. T. (Ed.). (2012). *Circumpolar health atlas*. University of Toronto Press.
- Zane, N., Hall, G. C. N., Sue, S., Young, K., & Nunez, J. (2004). Research on psychotherapy with culturally diverse populations. In M. Lambert (Ed.), *Bergin & Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 767–804). John Wiley & Sons.

AUTHOR BIOGRAPHIES



Niels Bagge is a licenced psychologist and accredited specialist and supervisor in psychotherapy. He is head of the Institut for Emotions Fokuseret Terapi in Denmark, where he conducts psychotherapy, psychotherapy training and research in psychotherapy. He has an interest in indigenous peoples' healing practices and the integration of these practices into psychotherapy.



Peter Berliner is a licensed psychologist and accredited specialist and supervisor in psychotherapy as well as organisational psychology. He is a professor of community psychology and social work at Ilisimatusarfik/The University of Greenland in Nuuk. He was born in Tasilaq in Greenland and has conducted psychotherapy with Greenlanders in Greenland and Denmark as well as psychosocial programmes in Greenland. His present research is on social resilience in Greenland.

How to cite this article: Bagge, N., & Berliner, P. (2021). Psychotherapy and indigenous people in the Kingdom of Denmark. *Psychotherapy and Politics International*, 19(2), e1586. <https://doi.org/10.1002/ppi.1586>