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Yoik in Sami elderly and dementia care – a potential for culturally sensitive music therapy?

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ABSTRACT

Introduction: The positive impact of familiar, individualized and patient-preferred music in dementia care is acknowledged in the literature. However, traditional indigenous music practices in care contexts are less studied. This study focuses on *yoik*, a traditional vocal music of the indigenous Sami people of Fennoscandia. The aims of this exploratory study were to investigate key participants' experiences with yoik in care settings, as well as their thoughts with regard to a future study of yoik as a non-pharmacological intervention in Sami elderly and dementia care.

Method: Qualitative in-person in-depth interviews with close relatives of persons in need of care, as well as healthcare professionals were analysed using qualitative content analysis.

Results: The participants shared that they had observed positive effects whenever yoik was applied in Sami elderly and dementia care, even in persons without a known yoik familiarity. No unwanted effects were reported. The participants supported the idea of a possible clinical investigation of yoik as culturally sensitive music therapy in the future. They recommended that yoik should be implemented on a regular basis in Sami elderly and dementia care.

Conclusion: The participants agreed that yoik has potential as a non-pharmacological intervention in Sami elderly and dementia care, and that further investigation is warranted.

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KEYWORDS Sami yoik; indigenous singing; dementia; qualitative research; music therapy

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Introduction

Sami are the indigenous people living in Northern Fennoscandia and yoik is their traditional music. According to Arnberg, Ruong and Unsgaard,¹ yoik is considered the most ancient form of music known in Scandinavia (Arnberg, 1969). A particular variant of yoik is the *personal yoik*. It is used similar to a person's name, but also in other significant ways and contexts. Yoik has fundamental relevance in the lives of many Sami (Graff, 2004; Hämäläinen et al., 2017, 2018; Hilder, 2015).

The benefits of music therapy and familiar music in elderly and dementia care are generally acknowledged (Aldridge, 2005; Gerdner, 1997; Livingston et al., 2014; Myskja, 2012; Sihvonen et al., 2017). However, little is known about traditional indigenous music in care contexts. This may be due to issues related to persecution of and assimilation pressure on many indigenous people, including the Sami.

During the Christianisation of the Sami, yoik was interpreted to be associated with pre-Christian rituals and banned for centuries (Graff, 2004). Nonetheless, yoik has survived, and is still a living tradition for many Sami. However, yoik as music therapy has not been systematically implemented or systematically studied in Sami healthcare, nor in elderly and dementia care. This may be linked to the fact that yoik is a cultural identity marker of the Sami and connected to a painful history of cultural assimilation pressure. The aim of this early phase study was thus to explore the existing experiences of the use of yoik in Sami elderly and dementia care, and the Sami healthcare users' feelings and opinions with regard to future research on possible health effects of yoik implemented as music therapy in Sami care contexts. This study is based on the same set of interviews as our recently published article (Hämäläinen et al., 2020). As it was not possible to report on the rich materials from the interviews to a satisfactory extent in one article, the two articles report on different research questions, different parts of the interviews and different theoretical perspectives.

The Sami

The Sami consist of several subgroups with varying linguistic and cultural features (Hilder, 2015). Yoik is their traditional singing style (Hämäläinen et al., 2017, 2018). The exact number of persons with a Sami cultural background is difficult to estimate. However, in Norway's northernmost counties Troms and Finnmark, several municipalities are considered to be predominantly Sami populated (Slaastad, 2016).

The Sami were assimilated by the dominating cultures in the respective countries through Christianisation as well as educational and other public systems. Christian missionaries deemed yoik as sinful as early as 1609 (Graff, 2004). However, the most intense period of assimilation pressure in Norway was from ca. 1850 and continued for about 100 years (Graff, 2004; Hansen, 2011; Hilder, 2015; Minde, 2003). These assimilation policies were called "Norwegianization" (Minde, 2003). The social-Darwinistic ideology behind these policies and the related goal was to foster Sami

¹Matts Arnberg was a Swedish musicologist known for his exceptional work on collecting, recording and publishing living folk music for the Swedish radio archives all over Sweden in 1950s and 1960s for documentation purposes. This work includes yoik as well. Dr. Israel Ruong, a respected Swedish-Sami yoiker, scholar and pioneer in Sami education and research, was his partner in yoik collections and publication referred here. Håkan Unsgaard was the head of Swedish Radio's district office in Sundsvall (Austerlitz et al., 1971; Svenskt visarkiv (The centre for Swedish folk music and jazz research), 2016).

development by transforming Sami people into Norwegians. Sami culture was considered as lower developed, not viable, and thus doomed to extinction (Eriksen & Niemi, 1981c; Hämäläinen et al., 2017, 2020, 2018; Hansen, 2011; Jones-Bamman, 1993; Minde, 2003; Pedersen & Høgmo, 2012). As part of the processes of Christianisation and Norwegianization, conflicting attitudes among the Sami towards yoik and other cultural markers developed, and yoik as a living tradition suffered substantially (Graff, 2016; Hilder, 2015; Jones-Bamman, 1993).

Yoik

This section offers some general features of yoik, as comprehensive descriptions are found in the referenced yoik literature. Yoik and other indigenous singing traditions are often associated with different modes of chanting connected to pre-Christian rituals and ceremonial practices linked with altered levels of consciousness (Jones-Bamman, 1993). However, the participants in recently published studies of yoik and health describe contemporary yoik practices primarily as a culturally significant daily musicking practice, connected to daily life activities and interpersonal relationships (Hämäläinen et al., 2017, 2020, 2018). Ritual and ceremonial practice of yoik may still exist (Graff, 2004; Hämäläinen et al., 2017; Jones-Bamman, 1993), but currently the musicological focus is on yoik's meaning as a cultural marker rather than on altered levels of consciousness (Graff, 2004; Hilder, 2015; Jones-Bamman, 1993; Stoor, 2015).

Yoik encompasses a wide range of vocal expressions from imitations of animal sounds to other possibilities within the capacity of human voice (Daling, 2014). Personal variations and improvisation on yoik's short melodic and rhythmic motives are common and encouraged. The melodic motives may be within major, minor, as well as pentatonic and microtonal modes, and the rhythmic motives may vary within regular meters and free non-rhythmicality. Both melodic and rhythmic motives are repeated and improvised on according to the yoiker's preferences. These kinds of yoiks may have a circular or chain-like musical form, and the yoiker may interrupt the yoik anywhere in the course of it (Buljo, 1998). Traditionally yoiks were performed unison, a cappella, as an integral part of daily life. The yoiker may or may not use words, and yoiks can be performed alone or in groups, independently or as (a part of) a narration (Graff, 2004; Hilder, 2015; Jones-Bamman, 1993; Marainen, 2020). The many variations in yoik features and styles follow the linguistic regions in Sami inhabited areas (Hilder, 2015). For a non-yoiker it may be challenging to define what is yoik and what is not, as many yoiks appear to be song-like with similar musical phrasing as common folksongs in the region, following minor/major tonalities. What makes yoik different from singing is its reference function, i.e. that yoik by its organization of musical elements (e.g. tones, timbre, rhythms, melodic and rhythmic motives, tonality, and tonal ambitus), usually symbolizes or refers to a subject (Graff, 2004). Precision in the musical description of a yoik's subject is highly valued (Graff, 2004; Hämäläinen et al., 2017, 2020, 2018).

Yoik's subject could be a natural element like a landscape or an animal (Dikkanen, 2020; Persson, 2020), a psychological element like a feeling or a memory (Vahlberg, 2020), or a social element like a description of another person called the *personal yoik*. The personal yoik is an in-depth communication of a person's place in and significance for their community. The personal yoik's features are unique among Scandinavian music traditions (Graff, 2004; Jones-Bamman, 1993). Personal yoik is usually received from another person, often from a close family member or another close person. In

personal yoik, the yoiker vocally expresses and performs their impression of the core character of the other person in the melodic and rhythmic organization of the yoik (Hämäläinen et al., 2017). Yoik's performance practice may also add elements of movement and drama to yoik. A well-known element is the so called *yoik hand*, a hand-movement characterizing the yoik's movement or its subject (Graff, 2004). In family relations, as well as in other close relations, yoik is primarily an expression of love and affiliation and evokes strong feelings (Hämäläinen et al., 2017). Many yoikers capsulize yoik as a way of remembering, because as long as someone is yoiked, the person belongs to a community (Graff, 2004; Hilder, 2015). Hence, yoik is a significant cultural means of communicating core values like cultural identity, as well as honoring and connecting a person to a community (Graff, 2004; Hämäläinen et al., 2017; Jones-Bamman, 1993).

In a qualitative study we conducted in 2015, yoik's possible significance for health, wellbeing and quality of life was investigated (Hämäläinen et al., 2017). Listening to yoik and the act of yoiking were characterized by the study participants as very positive and joyful experiences, even for those who grew up in a time where yoik and yoiking were subjects to restriction, and practiced in privacy (Hämäläinen et al., 2017).

Dementia

In the current study, we explored yoik experiences in Sami elderly and dementia care in preparation of a future intervention study. It is estimated that 80,000 Norwegians have dementia and that at least 10,000 new cases occur per year. Accordingly, the socio-economic costs are remarkable: A review from leading European economies in 2009 revealed a mean total annual cost of 28,000 Euro per patient (Jönsson & Wimo, 2009).

Dementia affects the lives of the diseased persons and their families dramatically (World Health Organisation, 2019). Common symptoms for dementia are reduced cognitive functions like memory, speech impairment, problems in orientation as well as well as a reduced ability to plan or comprehend. These symptoms cause most patients to feel depressed, anxious and irritable, and often lead to social withdrawal. Changes in personality, hallucinations and delusions may also occur as the disease progresses (Jönsson & Wimo, 2009; World Health Organisation, 2019). Consequently, the ability to function in daily life decreases substantially.

In many western societies, the prevalence of dementia is increasing and this is true for Sami populations as well (Helsedirektoratet (Norwegian Directorate of Health), 2013). Treatment with psychopharmacological drugs is often associated with an acceleration of the dementia processes and increased risk of serious side-effects such as falls, memory loss, and constipation (Livingston et al., 2014). Therefore, non-pharmacological interventions such as music therapy are important additions to dementia care (Fusar-Poli et al., 2018).

Music therapy and music-based activities

Research suggests that the benefits of music therapy and music-based activities for people with dementia include reduced short-term agitation and symptoms of anxiety as well as improved cognition, mood and quality of life (Fusar-Poli et al., 2018; Livingston et al., 2014; Sihvonen et al., 2017). In the field of institutional dementia care, music therapy and music-based activities have been evaluated as cost effective,

easy to apply, and safe methods for the handling of various daily challenges (Sihvonen et al., 2017). Beyond systematic reviews, single studies have reported reduced agitation and a possible reduction in psychotropic medication (Hsu et al., 2015; Ridder et al., 2013), as well as improvements in communication and connectedness with other people, better quality of life, decreased anxiety as well as reduction in feeling isolated (Hara, 2011; Kvamme, 2013). Music therapy and music-based interventions based on the patient's preferred, familiar or individualised music and songs seem to have the capacity to improve memory, communication, mobility, self-consciousness as well as mood and behaviour in persons with unspecified dementia, and even in late stage Alzheimer's disease (Arroyo-Anlló et al., 2013; Dassa & Amir, 2014; Gerdner, 1997, 2000; McDermott et al., 2018; Myskja, 2012; Särkämö et al., 2014; Sihvonen et al., 2017). Parsons (2018) study on clinical improvisation with persons with dementia symptoms draws on the work of Aldridge (2005), as well as Aigen's (2005) thoughts on music-centred music therapy (Aldridge, 2005; Aigen, 2005). Parsons mentions the importance of the ideas of "emotionally informed music" and "musical simplicity and space" (Parsons, 2018, p. 15) in order to identify musical structures that contribute to reconstruct some of the boundaries caused by dementia (Parsons, 2018).

Beyond national Norwegian recommendations for effective and safe ways to provide music activities and music therapy, there are to date no particular cultural specifications (Myskja, 2012). Within music therapy, clinicians and scholars have acknowledged the importance of individual's cultural background when considering musical preference (Aldridge, 2005; Van Bruggen-Rufi & Vink, 2010). Yet, in Norwegian dementia care the documentation of possible effects of culturally sensitive music therapy and music-based activities is limited (Myskja, 2012). Internationally, the importance of culture sensitivity is acknowledged within multicultural, cross-cultural and global music therapy, and culture sensitive, context aware, and culture-centered music therapy is addressed (Gerdner, 2015; Lauw, 2016; Swamy, 2014; Van Bruggen-Rufi & Vink, 2010). Despite the fact that these aspects are being increasingly acknowledged in contemporary multicultural societies, it is important to consider not only cultural diversity, but also potential differences between *cultural* and *indigenous* aspects, regarding music as well as other therapeutic contexts. Indigenous matters and history often include serious historical collective and individual trauma, such as the exploitation of land, the rejection of beliefs, religion and spiritual needs, the denial of language and basic human rights (Truasheim, 2014). Hence, culturally sensitive music therapy in indigenous groups of people must not only be aware of cultural differences, but about the embodied histories of peoples as well (Morales-Hernández & Urrego-Mendoza, 2017; Truasheim, 2014). Much of the research literature on music and health activities among indigenous people tends to focus on music as part of traditional ceremonial and ritual practices (Hämäläinen et al., 2018; Kenny, 2016; Morales-Hernández & Urrego-Mendoza, 2017). The health-related aspects of indigenous peoples' important everyday mundane music activities have received less attention.

To the best of our knowledge, only one scholar has so far investigated yoik in a health care setting involving elderly Sami with dementia (Hanssen, 2011, 2013). The focus of Hanssen's study was on understanding the significance of culture-specific symbols, such as yoik, in successful intercultural communication in dementia care (Hanssen, 2011). Hanssen concluded that a prerequisite, but also a challenge, for successful intercultural health care is openness towards different cultural symbols' possibly deep significance for the patients. Being culturally

sensitive means to have cultural knowledge, and to meet patients with an open, curious, and person-oriented attitude. This represents an approach towards delivering culturally safe care, as described in Camphina-Bacote (2002). Based on the findings of both Hanssen and Hämäläinen, it would be timely to investigate the potential benefits of yoik as a culturally specific music therapeutic intervention in elderly and dementia care (Hämäläinen et al., 2017, 2020, 2018; Hanssen, 2011).

Yoik and Norwegianization of the Sami people-ethical considerations in research

Due to histories of colonization and assimilation, studies concerning indigenous people always include ethical questions. The past, with its questionable motives and objectifying of indigenous peoples, obligates any research to investigate the ethics, desirability and appropriate methodology of a research topic for and with the people it concerns, before carrying out any research on the actual topic itself (Minde, 2003; Smith, 2012).

A systematic participant involvement and a democratic research process is commonly required. The research should be grounded in and benefit the participating community (Smith, 2012). In this project, we invited the participants to participate in all phases of the study, to the extent they themselves wished to.

Study aims

The general aim of the study was to explore whether the study participants thought that yoik as indigenous singing has therapeutic potential in Sami elderly and dementia care. Furthermore, if so, the study should investigate whether the study participants thought that yoik's potential as a music therapeutic intervention should be investigated in a larger study. Particular emphasis was placed on the participants' yoik experiences with regard to Sami elderly, with or without dementia.

The research questions were: Could yoik be applicable therapeutically in care situations? If so, should yoik's therapeutic impact be studied systematically in a larger study in the future?

Method

Design

A qualitative research design with open-ended in-depth interviews was chosen to explore participants' experiences and meanings in an under-researched field. Our approach was phenomenological and descriptive. We applied directed content analysis with predefined coding categories, and looked for manifest content in the interviews (Hsieh & Shannon, 2005).

Ethical considerations

The study was registered with the Norwegian Centre for Research Data NSD (project number: 52,997). Data were stored and managed according to the procedures

suggested by NSD- Norsk senter for forskningsdata (Norwegian centre for Research Data, n.d.). Written informed consent was obtained from all participants.

Participants

Because of the exploratory nature of this study, we aimed to investigate the use of yoik in care situations in general with a focus on elderly and dementia care. As yoik at the time of the investigation was still regarded as a challenging subject to study, we were open to include people with any experiences and thoughts of yoik in healthcare, in order to explore whether research on this topic was feasible at all.

People were eligible to participate in the study if they (a) were connected to the Northern Norway Regional Health Authority administration area, either professionally or privately. 'Professional' refers to any healthcare profession – e.g. nurses, doctors, art and music therapists, while 'private' refers to next of kin; or (b) originated from, or lived and worked in the counties Nordland, Troms and Finnmark; (c) had personal or professional experience related to yoik and/or Sami care, even if they themselves were not of Sami origin. The first author approached a total of 33 possible participants directly. Six persons who were approached in public arrangements like local seminars, conferences and events about Sami issues targeting both professionals and lay persons, enrolled in the study. The first author also contacted some of the participants of a previous study on yoik via email or text message and five of them joined (Hämäläinen et al., 2017). Six other participants were recruited using snowballing sampling (Babbie, 2010).

Eligible participants received information about the project in advance, including the interview guide and information about the possibility to withdraw from the study at any time. Seventeen people gave their written informed consent to participate and were interviewed. Reasons for not participating were practical issues like lack of time, not being willing to be interviewed, or people stating that they lacked relevant experience and insight.

Qualitative interviews

Due to the novelty and complexity of the research topic, we used qualitative semi-structured interviews with open questions (Denzin & Lincoln, 2000). The interviews were guided by the following questions:

1. What are the participants' experiences with (a) yoik, (b) yoik with older adults, (c) yoik versus singing, and (d) yoik in care situations in general?
2. What are the participants' (a) attitudes related to the use of yoik in care situations, and (b) thoughts and opinions about yoik's significance?
3. What do Sami users of health care services think about research on yoik as a music therapeutic intervention in care situations? What are the participants' possible methodological preferences for this kind of research in elderly and dementia care?

Some participants preferred to be interviewed together. One such group consisted of two healthcare workers, the other of a family member and a former healthcare worker.

The first author conducted the interviews in May and June 2017 in places chosen by the participants such as private homes, the participants' working places, or outdoors. The interviews lasted between 1 and 3.5 hours. They were audio recorded and transcribed by a professional transcriptionist, except the two group interviews, which were transcribed by the first author. The interview language was Norwegian, as was the transcription language. The transcriptions were anonymized before analysis.

Analysis

We consider knowledge production through qualitative methods as interpretive, reflexive, socially situated and constructed (Denzin & Lincoln, 2000; Hämäläinen et al., 2017; Hsieh & Shannon, 2005; Schreier, 2012). The interviews resulted in rich data. Because of the character of our research questions, we chose to use a method of analysis that limits the amount of information instead of widening it. We conducted a qualitative content analysis as this method is considered reductive (Schreier, 2012), and a suitable and descriptive analytical approach when exploring under-researched phenomena (Hsieh & Shannon, 2005) such as yoik in care situations.

Qualitative content analysis is characterized by a possibility to choose initially whether to include both latent and manifest content of the data in the analysis process or not (Vaismoradi et al., 2013). We chose to include manifest content in order to analyze the participants' statements as closely as possible, and at the same time, be able to condense the richness of the data (Vaismoradi et al., 2013). We conducted a directed content analysis as we applied *a priori* code categories derived from the interview guide (Hsieh & Shannon, 2005). The *a priori* main code categories were (a) yoik experiences, (b) yoik experiences in care situations, (c) yoik's significance, and (d) desirability of future research studies. These main categories included *a priori* determined subcategories such as "yoik experiences," "yoik experiences in care situations," "possible restrictions related to yoik," and "yoik versus singing." The category of "desirability of future research studies" included a subcategory of "possible research methodologies."

We used respondent validation, also called member checking to strengthen the validity of our interpretations of the data (Hsieh & Shannon, 2005; Kvale & Brinkman, 2009; Malterud, 2001). The anonymized and analyzed interview transcripts were sent to the respective participants for their input. We did not receive any comments on the analysis. The transcriptions also contained excerpts of quotes to be included in publications. The participants were invited to either accept, correct or reject the use of these quotes, and everyone accepted.

Results

Participants' characteristics

The mean age of the participants was 59 years (range: 33 to 81 years). Thirteen participants were between 50 and 64 years. The participants' yoik background varied from yoik being something alien to being an active yoiker since childhood. One participant was male. Six participants had not grown up with yoik, whereas four out of 17 had origins in an area without known yoik tradition but restrictive attitudes towards yoik at the time of the data collection. Ten were healthcare workers, six were

close relatives to an elderly or a person with dementia, and one was an elderly yoiker. The categories are overlapping for most of the participants: some healthcare workers were also close relatives, some relatives also worked as volunteers in healthcare settings. The level of education varied from one year elementary school to a doctorate degree, but most participants' level of education was equivalent to high school and college. None of the participants stated being a music therapist.

Yoik's significance

Yoik's significance was reported to follow the individual from the beginning of life to beyond death. Some of the eldest participants knew yoiks belonging to persons who had lived 200 years ago. Yoik's significance was expressed in statements referring to fundamental, natural needs, for example, self-expression:

Yoik is an expression for feelings, which is a universal need. You know the birds twitter, they twitter their own melody to their nestlings so they learn to recognize and to express themselves. In Sami culture we used to give a child a *dovdna*, a little childlike yoik-to-become, adjusted and dedicated to that specific child. (participant 11)

Moreover, participants shared that the personal yoik has a significant cultural value:

For young people living in Sami areas it is priceless to get their own yoik. You know, today they have access to everything, but it is not personally theirs. The yoik you have, it is yours forever. Even when you pass away, the yoik remains. Yoik is a real treasure, kept alive by a very little number of people, as compared to the other thing. (participant 10)

Experiences related to the use of yoik in general and in care contexts specifically

The participants reported mostly positive yoik experiences, referring to yoik as being a fundamental, existential necessity:

Yoik is a way of structuring time, a way of thinking. Actually we could say that yoik is a way of being in the world. A mode of existence. (participant 5)

Yoik is my life. It is around me all the time, in my work, in my freetime, in my sorrows and my joys ... Without yoik, it's almost like having chopped off an arm. (participant 7)

The participants acknowledged, however, that other people could have negative experiences, and reasons to refrain from yoik, due to religious connotations:

I can understand that many Sami don't yoik. It has to do with the taboo around it: It is heathen, only drunk people yoik etc. Especially the religious stigma is very strong. (participant 7)

One participant described a very significant vocal praxis from the region without outspoken yoik tradition, called *árrmme*. This is a form of lament and has some functional similarities to yoik without being quite the same.

Many participants reported positive experiences with the use of yoik in elderly and dementia care. Ten participants reported that those afflicted by dementia might forget names and faces of their loved ones but still remember their yoiks. Seven participants capsulized yoik being like the best of medicines for the elderly with dementia.

Common experiences of using personal yoiks were from contexts where the healthcare worker knew the resident(s) and their family, and knew their personal yoiks. In those cases, yoiking common loved ones was like a conversation about them. Yet, the

yoiking healthcare workers appeared to be unaware of the possible scientific value of their everyday musical activity. They were rather happily surprised that a researcher showed any interest in it.

Some participants had experiences with yoik being a taboo in healthcare settings. An example of this was a description offered by two healthcare workers in a nursing home. They described situations in which they shared yoiking with someone – a resident, a visitor, or healthcare personnel – and everyone was having a positive experience with it in terms of recognition, memories, joy and contentment. Yet, some of the residents wanted to be assured that no outsiders had heard it and asked to not tell anybody that they joined yoiking. However, experiences indicating a taboo related to yoik were few among the participants in this study. Some participants expressed concern about the impact Christianity has had on elderly Sami living with dementia:

It is dreadful. I work in a section with most Sami speaking patients, and some of them belong to this group who have been “brainwashed” with the idea that yoik really is a sin and a shame, and then there are these patients who are so deep in dementia that these rules are no longer valid. For the latter, yoik is what is left as a means of communication. (participant 11)

An additional theme identified was the non-Sami healthcare workers’ lack of knowledge of the Sami cultural markers important to elderly persons in care. This was perceived by the Sami healthcare workers as unawareness of these markers in everyday matters. Participants shared that this lack of knowledge was exemplified by hushing occasionally yoiking elderly.

When asked about differential experiences of yoik versus singing, some of the healthcare workers shared that they had seen an observable difference in reactions by the residents with dementia in response to Norwegian songs, as compared to yoik:

We sing all kinds of nice Norwegian songs in every occasion, while yoik remains always as the last in the queue. It’s ok, of course, they do like it when we sing those nice Norwegian songs. But when we yoik, there’s life! The difference is huge, you see it in their faces, in their body postures, you feel it in the atmosphere! (participant 15)

Finally, when participants were asked about the option of healthcare personnel applying their personal yoik and yoiks of their families in an imaginary situation where they were in need of someone’s care, most were open to this idea. One participant shared:

I think I would feel myself *seen* if someone yoiked me, even if the person was not my family. You show a certain interest to a person trying to learn the person’s yoik. (participant 4)

Another participant stated:

If I was residing in a nursing home, I would have liked that someone came who knew the yoiks I know so I could yoik along with them. It doesn’t matter who the persons were, just that they knew the yoiks so that I could join in and yoik with them. (participant 6)

One participant, a practitioner of traditional yoik, expressed it like this:

There is something in yoik we need, it does something to us. It is like a massage for your soul. And when you yoik another person you see the person, not only the outside, but the person. And yoik awakens your memories. When I’ve met elderly people, and yoiked them, I’ve seen almost like a kind of blooming, their youth showing in their faces and their smiles. It feels like turning on a light in another person. I feel we are in contact with the fountain of life when we are in contact with yoik. (participant 4)

In summary, the healthcare workers interviewed in this study emphasized the positive significance yoik may have for the elderly. They also shared thoughts about utilizing yoik's potential to improve the everyday quality of life of the elderly and persons with dementia.

Thoughts and opinions about research on yoik in elderly & dementia care

Regardless of age, education level, or yoik background, the participants supported the idea of investigating the therapeutic potential of yoik for elderly and persons with dementia in a future study. This was commented on by several participants such as participant 12: "Finally there is someone who is interested in this, this is a fantastic idea!"

Some participants elaborated on their point of view:

Yoik is part of the person accustomed to it. So what we do when we ignore this fact, is that we actually violate the person and his or her basic needs on a daily basis. I think the least we can ask for is to document the effect of yoik in elderly care, and thus validate yoik's function and place in Sami healthcare, so that the persons in need of yoik can feel safe. (participant 11)

Participants in yoik restrictive areas (see eligibility criteria) who were not familiar with yoik also welcomed the idea of future research on the impact of yoik on older adults and people with dementia in care contexts. Despite the restrictive attitudes towards yoik in their home areas, they suggested that it could not be harmful to include yoik in dementia care. One participants offered further explanation:

The hard rigidity disappears from most people when they are hit by dementia. Many of the learned societal rules about what you should and should not like fall away when you're hit with dementia. (participant 1)

The participants had various ideas and suggestions for data collection methods when we told them we would be interesting in pursuing further research to better understand the therapeutic benefits of yoik. The participants' ideas and suggestions can be capsulized in some participants preferring participatory observation, while others preferred questionnaires, surveys and interviews. With one exception, the participants were receptive to the use of video recording. In alignment with principles of indigenous methodology, the participants' preferences for specific research methods will constitute the foundation for research protocols for our possible future studies in this area.

Discussion

The overall findings of this study indicate that yoik is experienced as a creative vocal practice with significant value as a facilitator of everyday wellbeing, supporting fundamental human needs of self-expression, communication, social inclusion, and the feeling of being alive. This applies to experiences connected to dementia care as well. Yoik appears to connect the persons living with dementia with their past, and offers them an opportunity to recall their family members, ancestors and their lived lives. This connection appears to function as enlivening on one hand, and as calming on the other. Furthermore, patients not familiar with yoik also appear to enjoy yoik as a musical experience. Participants were supportive of the idea of using yoik both as part of music therapy and as an integrated part of care. Participants also supported the

pursuit of additional investigation on the impact of yoik on older adults and people with dementia in future studies.

An unexpected finding was the positive response from four participants who grew up in regions known for restrictive attitudes towards yoik (Jones-Bamman, 1993). These persons were most familiar with Laestadian hymns (Jones-Bamman, 1993; Læstadius, 2019) instead of yoik. Therefore, we expected more yoik restrictive attitudes from these participants, especially in the context of elderly care. Due to the impact of both Norwegianization as well as Christianity (Graff, 2016; Jones-Bamman, 1993) the tradition of yoik suffered substantially in these regions (Hilder, 2015). Elderly people in these regions grew up in times of total condemning of yoik, and might thus perceive it as unsafe (Eriksen & Niemi, 1981c; Hämäläinen et al., 2017; Hansen, 2011; Mінде, 2003; Pedersen & Høgmo, 2012). There might be several explanations for the unexpected positivity. First, we might have recruited only participants with a positive attitude towards yoik, and they might thus not be representative of the majority from those regions. Another possible explanation might be that in yoik restrictive regions, yoik might not be openly discussed, but similar phenomena might occur under a different name. The vocal praxis called *ármme*, a distinct vocal praxis and a form of lament from the region without outspoken yoik tradition, is an example of this. One reason for this kind of renaming could be safeguarding a precious tradition by disguising it through renaming.

With regard to yoik in care situations, the participants spoke mostly about their experiences with older adults. The expression of yoik being “the best of medicines” condenses the experiences reported by participants familiar to yoik. Yoik was reported to evoke life and function as a means of reminiscence and recognition when names and faces were forgotten. Also the notion that yoik remains as the mode of communication when everything else is lost, emphasizes the importance of this traditional practice. Despite the significant impact of restrictive assimilation policies on yoik in this generation of Sami, the value of yoik appears to go deeper. This effect might reflect the ancient origins of yoik and its fundamental embedding as part of the Sami culture (Arnberg, 1969).

The findings in this study not only support but also enrich the theoretical aspects of patient-preferred, individualized or familiar music known from research on music therapy and music-based activities (Arroyo-Anlló et al., 2013; Dassa & Amir, 2014; Gerdner, 1997, 2000; McDermott et al., 2018; Myskja, 2012; Särkämö et al., 2014; Sihvonen et al., 2017). Yoik, due to its characteristics described earlier, enriches the concepts of “individualized,” “patient-preferred” and “familiar” with “dedicated to” and “musically describing” the persons themselves, their loved ones as well as their surrounding natural environments (Graff, 2004; Hämäläinen et al., 2017, 2020, 2018; Hilder, 2015; Jones-Bamman, 1993; Stoor, 2015).

The participants had only positive experiences with the use of yoik in elderly care. This finding was unexpected as well, due to our above-mentioned preconception of conflicting attitudes towards yoik within Sami communities. At the same time, the participants also reported that yoik was not used on a regular basis or systematically. This might indicate a certain precaution towards the use of yoik, possibly causing a bias: healthcare workers might carefully ensure that the situation is acceptable for yoiking, and thus the experiences are only positive. On the other hand, this would be an appropriate approach to ensure cultural safety in any music-based activities with elderly, whether applied in therapeutic or leisure time settings, and whether “cultural”

refers to indigenous or other types of music. However, considering that yoik is reported to be like a way of being in the world, a life necessity and something that brings you closer to the fountain of life, the positive experiences of yoik with Sami elderly appear less surprising. It would therefore be interesting to explore the use of yoik experiences with elderly Sami in a study including several nursing homes, among them also some located outside the traditionally Sami inhabited areas.

We also explored the differences between observed effects of yoiking versus singing. Participants reported that a clear difference was observable in the residents' immediate reactions as reflected in their facial expressions, body posture and in the atmosphere. This difference was described as singing being nice, while yoik evoked "life!" Meanwhile, it must be noted that these observations were reported by healthcare workers in nursing homes in areas with a living and strong yoik culture. Nonetheless, these observations support the idea that a more structured use of yoik as a non-pharmacological music therapeutic intervention is desirable at least in those regions. Furthermore, for people with yoik as music of their childhood and youth, the practical care in a nursing home that include yoik would contribute to a person-centered and culturally sensitive care.

The participants' positive attitude towards the question of researching yoik in Sami elderly and dementia care differ from conflicting attitudes to yoik that still can be found in Sami communities (Graff, 2016; Hämäläinen et al., 2017, 2020, 2018; Hilder, 2015; Jones-Bamman, 1993). While yoik may evoke strong positive feelings, it may evoke negative emotions as well (Graff, 2016; Hämäläinen et al., 2017, 2020, 2018). These conflicting attitudes have contributed to the taboo on yoik. Therefore, the participants' unison welcoming of future research was unexpected. The yoik-practicing healthcare workers were unaware of yoik's importance and possible therapeutic and scientific value. For them, yoiking was a matter of everyday practice.

Despite the fact that conflicting attitudes about yoik persist within Sami communities, participants in this study acknowledged yoik as something that goes beyond being a central and important cultural marker. They acknowledged yoik as necessary for existence, as expressed in the metaphor of "fountain of life," and characterized yoik as a treasure and a way of being in the world. The notion that being unable to yoik would be as having an arm chopped off, describes yoik as an organic part of a person. The comparison of yoik to birds' singing characterizes yoik as natural and inevitable part of life, as singing is for birds. Yoik can thus be considered as embodied knowledge, passed on through generations (Kiil & Salamonsen, 2013). The embodied knowledge of yoik transmits connection with family members and ancestors, with nature, and with the ancient history of the Sami. This might be one of the reasons why yoik survived assimilation pressure. Yoik is currently undergoing a powerful revival especially within the younger generations (Hämäläinen et al., 2020; Hilder, 2015; Jones-Bamman, 1993).

The findings in this study confirm, supplement and extend findings from our former study on yoik and health, where yoik was reported to be an important cultural identity marker for many Sami persons, as well as a means to emotional regulation (Hämäläinen et al., 2017, 2018). Although our current study was not an intervention study, the findings are aligned with findings from research on music and dementia in the past decade (Dassa & Amir, 2014; Hsu et al., 2015; Kvamme, 2013; McDermott et al., 2018; Myskja, 2012; Ridder et al., 2013; Särkämö et al., 2014; Sihvonen et al., 2017; Van Bruggen-Rufi & Vink, 2010). Moreover, we argue that the findings in our study indicate that yoik, if included, might potentially enrich not only

the theoretical aspects of individualized, patient-preferred and familiar music, but also the different music practices within music therapy and music-based activities. For those familiar with yoik it appears to be a life necessity. Yoik in a music therapeutic setting could serve as “emotionally informed music” providing a “musical simplicity and space” (Parsons, 2018, p. 15), due to its non-complicated musical structures and openness for improvisation enabling playfulness as well as individual and situational adjustments (Graff, 2004; Hämäläinen et al., 2017, 2020, 2018; Hilder, 2015; Jones-Bamman, 1993). As the remaining mode of communication when everything else deteriorates, yoik might offer a valuable contribution to the music-based interventions and practices with older adults with what Aldridge calls *dialogic*-degenerative diseases (Aldridge, 2005). Aldridge (2005) argues for this term as an alternative to *neuro*-degenerative diseases, as these diseases ultimately disrupt the individuals’ possibilities of communication with their social environment (Aldridge, 2005).

Culture sensitive health and elderly care is a national question

In the briefing and debriefing conversations before and after the interviews, some additional aspects surfaced that are worth mentioning here. One of them was that the project topic is not a concern for the registered Sami areas only: in Oslo, the capital of Norway, there are Sami residents in at least 11 nursing homes. Oslo is located far away from the areas commonly considered as Sami. Little is known about the situation in other large Norwegian cities, but it must be assumed that the situation is similar. Securing good and adequate healthcare for Sami elderly – dementia as well as general healthcare – requires information about Sami cultural features in healthcare training, including music therapy education and praxis. This is not yet present for example in nurse education today in Norway to a satisfactory extent (Eriksen et al., 2017). However, it is not expected that all non-Sami music therapists and other healthcare workers in Norway and neighbouring countries should yoik. Yet, it is reasonable to assume that if they were sufficiently informed about yoik, they might identify it when it occurs in care situations, respond adequately and deliver culturally safe care (Camphina-Bacote, 2002). This would give healthcare workers a minimum of culturally sensitive knowledge to enhance the confidence of the elderly person with dementia. Music therapists as professionals are particularly important in this sense because of the character of their work.

Methodological considerations

A central research question for this study was to investigate what Sami users of healthcare services thought about the idea of investigating yoik as music therapy in Sami elderly and dementia care context in future studies. Prior to starting this study, we anticipated that participants may possibly feel that yoik is something so private and personal that it should not be researched. Moreover, we thought it might not be advisable that someone outside the Sami culture investigated the topic. It turned out that we were wrong with regard to both concerns. To the question of the participants’ views about a non-Sami researcher studying this topic, the attitudes were those of acceptance. The most important thing to the participants was that the person conducting the study show respect and be aware that they may have

a substantial lack of knowledge about certain aspects of the Sami culture (if the person is not Sami themselves). In future research studies, the researcher should also have a guide who knows the culture, is a yoiker, and speaks Sami language(s). Finally, participants recommended that the results be shared with the Sami communities.

Strengths and limitations

Besides the possible recruitment bias mentioned earlier, there may have been a selection bias concerning gender. The composition of the group of participants in this study reflects the gender balance in health- and elderly care professions in Norway, both being dominated by females. What the group composition of the participants does not reflect is the amount of Sami who yoik compared to the estimated total Sami population size. Although yoik may be seen as iconic to the Sami culture, the majority of the Sami people today do not yoik, due to reasons explained in the introduction. Furthermore, the rather homogenous age- and geographical distribution of the participants does not reflect the total Sami population. Regarding the geographical distribution of the participants, most of them lived in municipality centres in rural areas. However, similar to the general population, the majority of the present-day Sami live in urban areas (Broderstad & Broderstad, 2014; Broderstad & Sørli, 2012). Yet another possible selection bias, the absence of music therapists, might reflect the employment grade of music therapists within Sami healthcare. Furthermore, it might reflect music therapists' level of 'yoik awareness' or 'yoik knowledge', thus reflecting the level of yoik competence in general in healthcare professionals' education, including music therapy. However, in our opinion, these limitations do not reduce the value of the data collected, as some hitherto undocumented knowledge concerning Sami yoik has been disclosed. The data collected in this study also reveal possible explanations to the sensitivity of this research topic. The ability to adjust to a sensitive topic can be considered as a strength in this study, reflecting our understanding of ethical research methodologies. Our study outlines some of the conditions required for a potential research of yoik as a music therapy intervention in Sami elderly and dementia care. Furthermore, our study contributes additional knowledge of issues within culturally sensitive music therapy. Our findings may thus have transfer value to other cultural minorities in any society, not least those with indigenous populations.

Implications for music therapy

The reasons for the absence of music therapists among the participants were complex. They include the fact that there were no music therapists working in those institutions we managed to recruit from, or if there were, the music therapist(s) might lack relevant experience. However, music therapists might find this study adding useful information to guide their professional praxis. No matter where music therapy professionals work, the findings of our study call for increased awareness not only of including indigenous music into the music therapy repertoire, but also for knowledge of the possible assimilation history of the actual group of indigenous people, as this history often disregarded traditional indigenous music (Olsen, 2017). Olsen addresses this competency as an ability of being *culturally empathetic* (Olsen, 2017). Music therapy, music-centered or not, touches people in a particular way because it utilizes music, thus

reaching deep levels of our sentient bodies (Aigen, 2005; Levitin, 2013). In the case of our study, the mode of indigenous music is, as mentioned, traditional yoik a cappella. In other groups of patients or clients in other places, it could be something else. In order to work in the focus person's best interest, therapy needs to meet the person at "home," i.e. in therapeutic landscapes where the person feels familiar and safe (Mehus et al., 2019; Truasheim, 2014).

Conclusion

Yoik has been described by many scholars since the seventeenth century, but little is known about yoik from a health perspective (Arnberg, 1969; Graff, 2004; Hämäläinen et al., 2017, 2020, 2018; Hilder, 2015; Jones-Bamman, 1993; Stoor, 2015). The results of this study reveal yoik as an existential necessity for many of the participants of this study. The participants agreed unanimously that yoik has a potential as a non-pharmacological intervention in Sami elderly and dementia care, and deserves to be further investigated.

The work of the Truth and Reconciliation Commission is taking place in Norway right now. One measure of reconciliation could be increasing the necessary efforts on a practical every day level to provide culturally sensitive and safe elderly and dementia care. Moreover, it is expected that the knowledge and expertise about culturally sensitive and safe music therapy will be of relevance for future dementia care given the steadily increasing group of immigrants within Norwegian and other communities.

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