



The art of yoik in care: Sami caregivers' experiences in dementia care in Northern Norway

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Abstract

Purpose: Yoik is the traditional vocal art of the Sami, the indigenous people of Fennoscandia. The Sami people, their land and their culture have been subject to colonisation and assimilation for centuries, hence the practice of yoik was lost in many regions. Despite an increasing awareness of the benefits of health musicking, yoik is only sporadically included in musicking practices in dementia care contexts. Therefore, the purpose of this study is to explore Sami caregivers' yoik experiences in formal and informal care contexts.

Design: Qualitative in-depth semi-structured interviews with 17 Sami relatives of care receivers, and healthcare professionals. Qualitative content analysis from subthemes to main themes was used to identify themes.

Findings: The research revealed two key findings: 1) yoik enlivens, empowers, induces “good feelings” and enables reminiscence functions in elderly persons with dementia or impaired overall functioning, 2) yoik is not systematically applied in in-care contexts due to the history and consequences of assimilation and colonisation.

Originality/value: This study explores some of the consequences of colonisation and assimilation on healthcare services and provides insights into an under-researched topic, the function of yoik as a music-based practice for the well-being of older adults. The study reveals that yoik can act as an attunement tool. Yoik may manifest and enhance connectedness to oneself, to the natural environment and to the community. This type of attunement lies at the heart of person-centered care.

Keywords

Sami yoik, yoik in care, embodiment, colonisation and assimilation, qualitative study, music and wellbeing

Background

The Sami, yoik, and the history of colonisation

The Sami are indigenous people living in an area that spans four contemporary countries: Russia, Finland, Sweden and Norway. The Sami, their land and culture (e.g. language, clothes, customs) have been colonised and assimilated for centuries, starting with Christian missionaries labelling them “delusional” people and attempting to “civilise” them from the beginning of 17th century onwards (Viridi, 2007; Wersland, 2006). The most intense and systematic period of Sami assimilation in the region was from the mid-19th century to the decades immediately following World War II, which emphasised social cohesion as a component of nation-building and post-war rebuilding (Minde, 2003). The colonisation and assimilation of Sami people culminated in the four respective states’ adoption of nation-building policies primarily based on monocultural norms. In Norway, where this study took place, this policy was called “Norwegianisation” (Minde, 2003). The Sami share this history of colonisation and assimilation with many indigenous peoples throughout the world (Minde, 2003).

Yoik has been practiced since ancient times as a part of everyday life, most probably in all Sami inhabited areas (Graff, 2004). The features of yoik traditions vary from region to region, and even from family to family. However there are some similarities common to all regions, such as, 1) the expressive vocal ideal, also including sounds of nature and animals as a marker of quality, 2) the use of melodic features that enable improvisation and adaptability to various daily life situations, and 3) the referential, symbolic function—linking or connecting a yoik to a specific subject (Graff, 2004; Hilder, 2015). A common expression describing this connection is that a yoiker “yoiks someone or something rather than [yoiking] about it” (Hilder, 2015, p. 6). A distinct category of yoik is the *personal yoik* describing a particular person (Graff, 2004). A personal yoik often belongs as intimately to a person as a name, and is also called a person’s musical name. Early Christian missionaries’ descriptions of yoik provide some of the most detailed documentations of the practice. They describe yoik as so important and essential to Sami people that practicing it in everyday life as well as in ritual contexts was perceived as a prerequisite for a person’s health, wellbeing, happiness and success in life (Graff, 2004). Nonetheless, the Christian missionaries condemned yoik as the “devil’s work” and as a kind of sorcery. Consequently, yoik was banned by the Danish-Norwegian king in 1609 (Wersland, 2006), and a yoiker was at risk of being punished by death for engaging in the practice until the 18th century (Graff, 2004). Later, during the Norwegianisation period, yoik was unwelcome in public places and deemed un-Norwegian (Graff, 2004, 2016; Minde, 2003). These measures had detrimental consequences for yoik as a living tradition. Yoik went from being abundantly practiced in different forms throughout the vast territories inhabited by the Sami to gradually disappearing from many Sami areas and communities (Graff, 2004; Grenersen, 2002). Yoik’s survival despite the pressure of assimilation and colonisation indicates its fundamental role and significance within Sami culture (Hämäläinen, Musial, Graff, Olsen & Salamonsen, 2017).

Yoik revival and other decolonisation measures

Ever since the multi-artist Nils-Aslak Valkeapää started introducing yoik in fusion with other music styles to mass media and public spaces in late 1960s, yoik has gone through what Hilder calls a “revival” (2015). From being the “devil’s work” and something many people would only do privately, yoik has become an increasingly accepted public practice, is mixed with new music styles, and is a subject of teaching and exploring in both university courses and public workshops (Hilder, 2015). In 2017 and 2018 yoik was even a form of Saturday night entertainment in Norway’s national media in two program series, “Muitte mu”

(Remember me) and “Stjernekamp” (Battle of the Stars) (Amlie, 2018; Blaauw-Hval, 2018; Solbakk, 2018). Moreover, in recent years increased public awareness of the Sami people’s original presence across extensive areas of Fennoscandia (Cramér, 2012; Kent, 2014; Nordin, 2018; Sjöström, 2018), and their loss of land and livelihoods, has resulted in measures attempting to amend and compensate some of the harm caused by colonisation. Yoik as an audible Sami presence in public spaces is growing. An example of an increasingly visible Sami presence in public is the growing use and crafting of the *gákti*, the traditional Sami dress, as well as other Sami traditional handicrafts or *duodji*, which have become a popular pastime (Eriksen, Valkonen & Valkonen, 2019).

Parallel to these efforts to be more inclusive and recognise the value of Sami traditions within Norwegian popular culture, an important official measure in addressing the impact of colonisation is the establishing of the Truth and Reconciliation Commission in Norway in 2018. The Commission’s mandate is to delineate and carry out an investigation of the effects of Norwegianisation policies. Acknowledging and investigating the painful consequences of centuries of colonisation and assimilation may contribute to Sami and non-Sami peoples within Norway finding ways to reconcile. The findings of the commission will no doubt call for raising awareness of how colonisation and assimilation has been enacted and may still be maintained within public sector structures and practices. Implementing strategies to counteract and repair the harm done in order to decolonise will be an important on-going project in public policy and services such as healthcare. Our study explores if the Sami cultural practice of yoiking can contribute to healthcare services.

Health musicking, personhood, cultural safety and embodiment

The literature on possible connections between yoik and health is limited. Hence, we present some closely related aspects from research on music and health in this section. Furthermore, we present additional concepts that will add to the understanding of different aspects of yoik in institutional care contexts.

Research on music therapy has revealed promising indications of the benefit of music in the treatment of a substantial number of conditions, especially dementia (Sihvonen et al., 2017). Familiar music has been shown to be effective in reducing anxiety and agitation as a consequence of disorientation and impaired cognitive functions for people with dementia (Sihvonen et al., 2017). According to McDermott (2014), the success of music-based interventions in dementia care is often due to their acknowledgment of the importance of *personhood* (Kitwood, 1997) and connectedness, as well as their use of emotionally meaningful activities with participants (McDermott, Orrell & Ridder, 2014). Pioneering work on the importance of the concept of *personhood* in healthcare services for older adults was developed by Kitwood in the 1990s (Kitwood, 1997). From Kitwood’s perspective, the effects of our relating to each other are not only psychosocial, they are also neurological or psychobiological, as our interpersonal experiences inevitably involve our physiological reactions to them. Acknowledging each other’s personhood is one of the key components in healthy relationships, including those in care contexts. McDermott and colleagues suggest that music familiar to and preferred by the person with dementia connects him/her to his/her identity and sense of self, as music is closely linked to personal life events, life story and the individual personality (McDermott, Orrell & Ridder, 2014). Successful interventions in dementia care based on the use of familiar music have led to a countrywide implementation in Norway under the concept “Musikkbasert Miljøbehandling” (MMB) or Music-based environmental treatment (Myskja, 2012; Nasjonalt kompetansesenter for kultur, helse & omsorg), and within the international

community of music and health professionals, similar measures are being investigated and implemented (McDermott et al., 2018; Ridder, Stige, Qvale & Gold, 2013).

Awareness of the significance of cultural qualities within health musicking, i.e. music-based interventions and activities, is increasing worldwide (Kenny, 2016; Olsen, 2017). Furthermore, *cultural safety* is an established concept particularly relevant in healthcare practices in indigenous and multicultural groups (Browne et al., 2009; Papps & Ramsden, 1996). The concept includes regard for the physical, mental, social, spiritual and cultural components of the person in need of care, as well as the care provider's self-reflection regarding their own attitudes towards the person in need of care, including possible power issues between the care seeker and the care provider (Papps & Ramsden, 1996). Cultural safety can be seen as an application of the principles in *indigenous methodologies* in the field of professional healthcare (Porsanger, 2004; Smith, 2012). An important aspect in health musicking is the music-based intervention providers' awareness of colonisation and assimilation histories of indigenous peoples (Truasheim, 2014), because these histories belong to the *embodied knowledge* of the people concerned (Csordas, 1994; Engman, 2019; Kiil & Salamonsen, 2013; Merleau-Ponty, 2012). According to Merleau-Ponty's phenomenological perspective, our perceptions and awareness of the phenomena in the world belong to our bodily being-in-the-world, as perceptions and awareness occur and happen within our bodies. Hence, every perceived phenomenon is simultaneously a bodily sensation, thus belonging to whatever we embody as part of our *embodied knowledge*. Consequently, activities and impulses relating to sensory recognitions, i.e. embodied knowledge and memories, have been introduced as an important way to maintain quality of life in dementia care (Gonzalez & Kirkevold, 2014). Gonzalez and Kirkevold (2014) exemplify this with the use of horticulture, also called "sensory gardens". Recognisable, familiar song and music as yoik, is in line with the horticulture-based idea of using the senses to calm down and feel good, as well as to awaken reminiscences of embodied memories.

Yoik as health musicking?

In 2015, our explorative study on yoik and its possible connections to health was conducted. Due to the history and consequences of colonisation and assimilation, it was uncertain whether such a study was feasible at all or what the outcomes would be (Hämäläinen et al., 2017). In the study, participants were asked about the desirability of research regarding yoik and health topics, as well as their general yoik experiences. The study turned out to be highly desired and welcomed by the participants. The findings revealed yoik's innate qualities to be very useful in everyday self-regulation and ensuring good living and quality of life. This was the case on both individual and societal levels. The current study is directly motivated by our previous study (Hämäläinen et al., 2017). Regarding yoik in care contexts, only two studies have investigated this aspect (Hanssen, 2011, 2013). The studies by Hanssen emphasised the importance of understanding cultural symbols in intercultural dementia care, with yoik as an example. Despite the need for cultural awareness and safety (Browne et al., 2009; Kenny, 2016; Olsen, 2017; Papps & Ramsden, 1996), the use of yoik in institutional care (in this paper called "in-care") contexts is under-researched. Yoik is significant for a growing number of Sami people despite its historical repression as a Sami cultural practice. Findings from research on health musicking, as well as the limited documentation of yoik's health potential, evoke questions of whether and how yoik could function in care contexts.

We aim to explore Sami care receiver's relatives' and healthcare staff's experiences of applying yoik in care contexts. We explore issues connected to yoik and cultural awareness and safety in particular with elderly persons and persons with dementia.

Research question

What are the selected research participants' experiences with yoik in care contexts?

Methods

This study reports on data collected in 2017 via qualitative interviews about participants' experiences with yoik in care contexts. The research project was funded by the Northern Norway Regional Health Authority (in Norwegian "Helse Nord").

Recruitment of participants

The primary criteria for the recruitment of participants was that they should be associated with the Northern Norway Regional Health Authority primary administration area, either privately or professionally. This geographical area includes the northernmost counties Nordland, Troms and Finnmark. This area contains both regions with strong living yoik traditions as well as regions where yoik is not a pronounced practice, and could thus provide varied information. Participants could include: yoikers; healthcare workers in northern regions with yoik experiences; Sami persons with private and/or professional care experiences who were located in or originated from northern regions of Norway; non-Sami individuals and Sami not currently living in this part of the country were included as possible participants, but all the participants were currently living in the northern municipalities. The researcher approached potential participants at events related to Sami topics. Some of the participants were contacted by SMS or e-mail in the first phase of the project in the period from March to May 2017. Additional participants were recruited through snowballing, i.e. a participant invited or suggested others to join (Malterud, 2001). Thirty-three people were contacted, and 17 people consented to participate. Reasons given for choosing not to participate in the study varied from lack of time and relevant experience to a general unwillingness to be a study participant.

Description of participants

Table 1. Description of participants

| |
|--|
| Participants n=17 |
| Gender: Men : 1 Women: 16 |
| Age span: 33–50 years: 4 51–70 years: 10 71–88 years: 3 |
| Caregivers role in the interview: Informal*: 6 Formal**: 10 Mixed: 8 |
| Relation to yoik: Professional yoiker : 4 Unprofessional yoiker: 9 Non yoiker: 2 Experience of yoik in daily life: 9 Do not know yoik from growing up: 4 |

Education level:

Primary school: 2
 High school: 5
 Bachelor level: 5
 Master level: 4
 PhD level: 1

Recruited by:

By first author in Sami events: 4
 From former studies on the topic: 5
 Snowballing: 8

* a family member

** in this context, a person working or having worked within healthcare, including as a voluntary, unpaid worker, e.g. a regular visitor

All participants had a self-reported Sami background. The participant group was strongly gender-biased, with one male and 16 females, between the ages of 33 and 81. Their educational backgrounds varied from one year at public school to doctoral level (PhD) post-secondary studies. Ten out of the 17 identified as “formal caregivers”, i.e. persons working or having worked in healthcare professionally. These individuals predominantly worked in elderly care and dementia care. Six identified as “informal caregivers”—for example, relatives of a person with dementia who provided care in an informal way or in an informal setting. Some of the professional healthcare workers also reported that they had experience as relatives to persons in care. The participants’ yoik backgrounds varied from being unfamiliar with yoik to being an active yoiker since childhood. Six participants had not grown up with yoik and four had origins in areas without known yoik traditions at the time the data was collected.

Data collection

The data collection took place during 2017 in the counties Nordland, Troms and Finnmark in Norway.

Qualitative methodologies are designed to collect in-depth data (Erlingsson & Brysiewicz, 2013; Malterud, 2001). The strength of qualitative open-ended interview design lies in reporting the participants’ lived experiences by allowing the interviewee leeway to follow their own lines of thinking in response to the interviewer’s questions (Erlingsson & Brysiewicz, 2013; Kvale & Brinkman, 2009). This open-ended approach is different from more structured interviews in which responses are limited by the questions and the focus and direction of the responses is primarily directed by the interviewer. Open-ended interviews may reveal information not foreseen or directly requested by the interviewer in relation to the topic, allowing new information to emerge with participants’ responses (Bengtsson, 2016). Hence, qualitative methodologies are suitable to explore under-researched issues, such as potential connections between yoik and health, and to initiate change in existing practices such as the public healthcare system (Denzin, 2016).

We chose qualitative in-person interviews to collect data since the topic is potentially sensitive due to the colonisation and assimilation policies (Denzin, 2016) in Norway that may have impacted the research participants. Possible consequences of these policies for the participants might include painful memories and experiences associated with Sami cultural markers such as yoik, as well as scepticism towards people in positions of power. An explorative research approach gives space to participants’ lived experiences and is concerned with participant safety. We therefore designed both the information letter and the interview guide in a way that emphasised the voluntary and confidential character of what the participants would share, including the participation itself. Furthermore, the interview guide was organ-

ised in a way that honours the common Sami cultural feature of storytelling, with open questions encouraging sharing experiences and thoughts. The interviews were conducted at times and in locations preferred by the participants, which included outdoor locations, work offices and private homes. The interviews were conducted in the Norwegian language and lasted from 1 to 2.5 hours.

Analysis of data

Examples of questions from the thematised interview guide (Kvale, Brinkman & Torhell, 2014) are: i) What do you think about yoiking in a nursing home? ii) What do you think about healthcare personnel yoiking at work? In the examples above, the predefined themes are underlined as i) yoiking in a nursing home, ii) healthcare personnel yoiking at work.

As the interview questions were open-ended, we chose a qualitative content analysis and used an inductive approach, allowing emerging themes in addition to the predefined ones (Bengtsson, 2016) and the inclusion of theoretical approaches. This type of analysis was chosen in order to stay as close to the participants' own wordings as possible, thereby letting their voices be heard (Bengtsson, 2016; Graneheim & Lundman, 2004). As this approach resulted in very rich data, this paper reports and discusses emerging themes in particular (see Table 2, 3), while themes included in the interview guide are mainly discussed in another paper under preparation.

We used respondent validation as a quality assurance for our work (Kvale et al., 2014; Malterud, 2001). The anonymised and pre-analysed transcripts of the interviews were sent to the respective participants, with an invitation to comment upon them. The transcriptions also contained suggestions for possible quotes, translated into English, that the researchers considered important to use in publications. Neither of the participants commented on the transcripts immediately, but nine commented later in new encounters with the first author.

Ethics

This study was registered with the Norwegian Centre for Research Data (NSD) as project number 52997, 2016. As participation required written and informed consent, the potential participants received project information in advance. Data storage and data handling were performed according to NSD guidelines. The participants' identities are anonymised.

Findings

The findings are presented in tables, quotes and explanations. Table 2 presents quotes that are interpreted by the authors as the participants' "embodied experiences". Table 3 presents the participants' reflections on why yoik is not excessively implemented in institutional care despite its experienced benefits.

Table 2. Examples of meaning units describing how yoik affects body and mind, creates an interpersonal connection and resonance, and reconnects people and nature.

| Meaning units (in Norwegian) | Condensed meaning unit Translated into English | Interpretation of the manifest/underlying meaning | Subtopic | Main topic |
|---|--|--|--|--|
| HN1702: “Inga Juuso er munter, (man) har lyst til å hive seg rundt..” | You want to “throw yourself around” along with yoik | Yoik makes you want to move vividly | Yoik makes the body move | Yoik affects the body & mind |
| HN1704: “Mor og en annen satt på kjøkkenbordet og joiket..., liv i kroppen” (manifest) “han var myk i kroppen, satt der og smilte” (latent) “joik er sjelelig massasje” | While yoiking my mother became animated He listened smiling, his body was relaxed Yoik is massage for the soul | Yoiking animates Listening to yoik relaxes the body and mind Yoik makes you feel good in body and mind | Yoik affects the desire to move Yoik contributes to overall wellbeing | |
| HN1702: “Valkeapää sine joik minner om fjell, vann...” | Yoik reminds me of mountains and water | yoik evokes feelings and memories of nature | Yoik presences nature | Yoik connects persons to their memories of nature |
| HN1711: “fuglene kvitrer sin melodi..” “joiken får vinger” | like the birds chirp their melody yoik gets wings | Yoik is natural like birds singing | | |
| HN1716: s.2 “de spør hvem sin jente jeg er. Og jeg forteller – og de husker ikke. Men så joiker de pappajoiken...” | The elderly recognise me through my father’s yoik | The elderly forget names but remember the persons yoik | Remembering characteristics of a person | |
| HN1711: “det var ei dame som hadde mista språket, og som hadde mista stort sett alt av uttrykk ...gikk rundt og hun joiked for å si: se på meg” | A woman who had lost all other forms of communication, she yoiked as though saying “Look at me” | Yoiks to communicate | A wish to communicate | Yoik reconnects people to the community: to themselves and where and whom they belong to |
| HN1707: “Yoik er forbindelse til den personen du joiker” | Yoik is connection to the person being yoiked | Connection | Making a connection to a loved one | |

Yoik enlivens and brings to life

The *emerging themes* related to yoik practice among elderly people living with dementia are outlined in Table 2. These themes include observations of the bodily impact of yoik in formulations such as “shining up”, “being here and now”, “moving along”, “posture” and “dancing”. The participants expressed that the bodily impact of yoik is clearly visible in

elderly people living with dementia. “It is like turning on a switch, you can see a totally different reaction, they wake up, a smile comes on their faces, you can see it in their eyes...” (participant 14, healthcare worker).

All the interviewees, both relatives as well as healthcare personnel who had experience with yoik, reported that yoik enlivens, empowers, induces “good feelings” and enables reminiscences among elderly Sami people living with dementia or impaired overall functioning. One participant, a relative, stated that:

All the elderly wake up, pay attention and attend to their surroundings when we yoik with them. They start communicating through it. Yoik is really like nourishment, it truly enlivens you. The whole atmosphere in the room changes when you yoik in a nursing home (participant 8, relative).

Another participant, a healthcare worker, commented that:

Yoik is originally a very natural thing to do... as a natural thing alongside your daily life activities... And of course, yoik kind of grows wings when you yoik outdoors, in nature. So in a way you bring nature into the nursing home when you yoik there. Yoik creates a connection between the patient and the natural environment (participant 11, healthcare worker).

A third participant, also a healthcare worker, explained it like this:

You know they ask me whose daughter I am, but they won't remember the name of the person mentioned. But when I yoik my father's yoik, they know immediately who we are talking about. So they may forget everything else except the yoik (participant 16, healthcare worker).

Not all of the participants were familiar with yoik in their everyday environments. However, those participants were either open or positive to yoik, as exemplified in these quotations: “Yoik touches the heart, it works for everyone. Yoik goes deeper than anything else” and “[There was] no yoik in my home area, only Laestadianism. I feel alive when I hear yoik”.

Yoik is not used in accordance with its potential

Despite the participants' overall positive experiences of yoik in both institutional and home-based care, it transpired that yoik is not systematically applied in in-care situations. As yoik is a mode of communication, healthcare workers who grew up with yoik as part of their everyday lives did yoik at work. Moreover, these healthcare workers saw the clear benefits of this cultural practice, especially for the elderly with dementia. This is a shared experience with many close relatives of dementia patients: “There are elderly people who [...despite all the shaming,] only communicate with yoik when they get deep into dementia”. This quote refers to the shaming of yoik in the centuries of colonisation and assimilation, either in the form of Christian missions or of Norwegianisation, as described in Background. And yet, deep in dementia, yoik bypasses this shaming. It turned out, however, that not all healthcare workers are familiar with yoik and the natural movements connected to it. Several participants reported incidents where a resident in a certain situation, deep in dementia, while trying to express him/herself with yoik or yoiking motions, was hushed and told to stop “that nonsense”.

Table 3. The participants' reflections over the unsystematic and random use of yoik in institutional care

| Participants' commentaries/meaning unit | Themes identified/condensed meaning | Category |
|--|--|--|
| HN1706: ...it's because of Christianity, the Christian relatives and elderly NOT affected by dementia might not like it. Those affected by dementia, they return to yoik... Laestadianism especially has done a lot of harm to yoik culture. | Yoik might offend Christian relatives, esp. Laestadian ones | Reasons why yoik is not systematically applied in care |
| HN1707: From early on you understand quickly where and when to yoik and when not, like in church. On the other hand, we do yoik our hymns. | Be careful before yoiking Yoik might offend | |
| HN1709: My mother never yoiked, so I didn't either, so as not to embarrass her. Sami cultural expressions were not allowed when I went to school. | Yoik might offend Sami cultural markers are undesirable Norwegianisation | |
| HN1715: The more I see it, the more I think: "What a horrible violation against fellow humans" Norwegianisation has been. Like in my home area, it turned out to be totally inhabited by Sami, but it took me years to find out. And in coastal areas they've lost all of their Sami inheritance, all of it! I mean, how has it been for my grandparents for instance? They dressed in <i>gákti</i> all the time, and suddenly it wasn't good enough. You suddenly have to be something other than yourself to be... a good enough human. | Sami cultural markers might offend Sami cultural markers are undesirable Being Sami is not good enough Norwegianisation | |
| HN1717: I didn't grow up with yoik. Around me it was like "Hush, you shouldn't yoik". | Yoik is undesirable | |

"Norwegianisation" and its consequences was a theme that all participants discussed and identified as an important reason why yoik is not practiced on a regular basis in Sami health-care contexts. A healthcare worker who had not grown up practicing yoik commented: "Basically we are so Norwegianised that we are not even aware of it... We certainly have to consciously lift yoik up to keep it going, we have to use it more... Now that more and more people are becoming aware of their Sami origins, and they sew and wear their *gákti*, it is becoming increasingly natural to yoik more as well."

Common statement: “Yoik could easily be implemented”

The participants spontaneously offered some practical advice in order to encourage non-yoikers to approach the use of yoik melodies in a safe and sensitive manner. According to a participant, one only had to learn a very few yoiks to be able to use yoik in care situations. Showing such an interest and making a slight effort could bring the healthcare worker closer to the person with dementia, contributing to care beyond the merely practical necessities of daily life. Some participants underscored that the use of personal yoiks should be clarified with the patients’ relatives in cases where it is not obvious that yoiking may have a positive effect. In group settings and in general, well-known traditional yoiks could be used. According to the participants, the challenge with the healthcare personnel’s lack of yoik competence could be solved easily with audio-recorded yoiks. They recommended that healthcare personnel learn some yoik melodies and adjust them to daily life situations in care contexts, so the yoik could be communicated by a person. Recordings could possibly be used as initial support.

Discussion

Yoik as embodied knowledge: a way to connect and remember

The experiences of formal and informal caretakers in this study clearly demonstrate yoik’s positive bodily impact on older people living with dementia. It is as if the bodies of these elderly people recognise and resound with the yoik, as if the resonance of yoiks from their upbringings or healthier days has the power to tone down the symptoms of dementia. An important aspect is that yoik is deeply connected to nature, bringing “nature into the nursing home” (Table 2). These aspects can be interpreted as being related to possible *embodiment* of the persons with dementia (Merleau-Ponty, 2012). They may also relate to success factors of *connectedness* as well as *emotionally meaningful activities* for health musicking in dementia care as described by McDermott and colleagues (McDermott et al., 2014), and the *familiar music* referenced by Sihvonen (2017). The Sami generation living in nursing homes today grew up in close connection to nature (Eriksen, Valkonen & Valkonen, 2019). For someone living in an institution, we can only imagine the feelings evoked by familiar yoiks connected to familiar places in nature. Based on the results of this study, we argue that the most common definition of yoik as “a way of remembering” is truly precise, “remembering” considered not only as a cognitive function, but in broader and complete understanding, as *presencing* the subject of yoik (Hilder, 2015). Yoiks of familiar places in nature could function as “musical sensory gardens”, presencing the embodied memories of natural environments for persons in care who are unable to go outdoors due to impaired motor function. Yoikers describe yoiking as something one thinks about as though that person or something was right there with them. According to our study, this resonating or resounding – “the way of remembering” as though the subject of the yoik is there, present with them – may be understood as essential to yoik and its impact on wellbeing.

The participants’ yoik experiences illustrate yoik as being empowering, enlivening, a body-and-mind experience, and something that makes them feel happy (Table 2). Furthermore, the participants’ yoik experiences in in-care contexts reveal yoik as a strong agent for reminiscences, as well as for emotional, cognitive communication and motor functions in persons with dementia. The participants’ experiences reveal yoik to embody the success factors of health musicking with persons with dementia – familiar music, emotionally meaningful activities, and acknowledging as well as reconnecting the person to her/his personhood (Kitwood, 1997; McDermott et al., 2014; Sihvonen et al., 2017). Among the partici-

pants, these experiences are common to both the healthcare workers and the close relatives. However, this study has also revealed that participants experience that yoik is not being prioritised or systematically applied in in-care settings, despite the positive potential the participants have observed. Applying music-based activities in a sustainable way is generally acknowledged as a challenge (McDermott et al., 2018), and in the case of yoik, even more so. In in-care settings, yoik still lives on the margins, although the yoiking participants in this study experienced that in-care use of yoik could enhance wellbeing if applied in daily life situations. We suggest that for Sami elderly living with dementia, yoik could be an alternative in dementia care settings similar to the way that sensory gardens currently are (Gonzalez & Kirkevold, 2014).

The impact of colonisation, assimilation and Norwegianisation

The potential consequences of colonisation and assimilation of the Sami are so multifaceted that they cannot be covered in the limited scope of this paper. The Sami were assimilated by force (Graff, 2016), and the majority of them surrendered their cultural markers in order to survive (Table 3). The periods of assimilation particularly affected Sami spirituality and aesthetic cultural markers. In regions where yoik did not cease to exist altogether, the transition to Christianity forced yoik into private or secret domains (Graff, 2016).

The traces of assimilation and colonisation may be perceived in the subtle feelings of shame many Sami have expressed that they carry in relation to their Sami identity or heritage (Somy, 2015). It is worth inquiring into the effect the two predominant messages about yoik many Sami have heard throughout their lifetimes – “yoik touches the heart, it is a way of remembering your loved ones and blessing the connection with the spirit of nature” and “yoik is the devil’s work” – have had on Sami people’s perceptions and feelings about yoik. On the one hand, one might long for the language, the yoik, the acknowledgement of who one is. On the other, one may bear a general sense of shame for the very same things, transferred through generations of Sami people who were oppressed and devalued (Somy, 2015). The uninformed or negative attitudes towards yoik among the non-Sami healthcare workers in this study may be understood against this background.

Yoik and person-centered care: decolonising elderly care?

Based on the findings in this study, we argue that the Sami personal yoik appears to be a musical acknowledgement of and attunement to the other person’s personhood. While preparing the study, we questioned the advisability of personal yoik as an intervention in care contexts. The participants focussed more on just “yoik”. When asked about who should apply personal yoiks, the participants’ most prominent, common concern was one of respect and mindfulness of the person being yoiked. In that sense, anybody could learn the personal yoik melodies of persons in care in co-operation with the persons’ family members. Independent of the yoik skills of the healthcare worker on duty, the fact that a person hears his or her (personal yoik) melody might contribute to a feeling of empowerment and *cultural safety* for that particular person living with dementia (Browne et al., 2009; Papps & Ramsden, 1996). Nonetheless, as emphasised by participants in this study, it is fundamental that the healthcare worker acts with a respectful and positive attitude instead of “hushing away” or neglecting yoik in institutions. The experience of cultural safety might be much better for a person living with dementia when hearing his/her own personal yoik compared, for example, to listening to contemporary music from a random radio station. This applies to the experience of having one’s personhood acknowledged, which can be linked to attunement to the person in care. Minimal Sami cultural knowledge among healthcare personnel

may provide some attunement tools. Without such knowledge, healthcare personnel run the risk of providing “culturally unsafe care” of elderly persons who have a deteriorating perception of their surroundings. We argue that such “culturally unsafe care” may maintain mental and cultural colonisation in institutional care contexts.

Some of the participants in this study suggested concrete measures for the implementation of yoik in in-care settings that anybody would be able to do. According to them, in cases where the use of personal yoik is unclear, the ‘general yoiks’ could be applied. General yoiks are those describing animals, places and commonly known persons. They have a less intimate character than many personal yoiks. According to the study participants, it is important to keep in mind the original yoik performance tradition, which is without instruments. It is that form of yoik that possibly falls in the “familiar” category for elderly Sami. Such concrete measures for the implementation of yoik in in-care settings may contribute to “unofficial” decolonisation on an interpersonal level.

Conclusion

The aim of this study was to explore informal and formal caregivers’ experiences with yoik in the context of caring for elderly people with dementia. The findings indicate that the participants experienced yoik as enlivening, as empowering, as inducing “good feelings” and as enabling reminiscences amongst older adults with dementia. The participants also reported that elderly people living with dementia who yoik or make yoik motions are not necessarily met with understanding and supporting attitudes from healthcare staff, illustrating the need for further exploration of the potential of yoik intervention in dementia care and for yoik training for staff in these contexts.

Using yoik in care contexts for elderly Sami people living with dementia can be understood as a person-centered, culturally safe and sensitive care. A person-centered care approach can contribute to safeguarding the embodied personhood of the individual person and preventing the loss of dignity that often follows the onset of dementia. In our understanding, yoik is like a musical application of person-centered care in Sami care contexts. Moreover, and of equal importance, yoik manifests and enhances a person’s connectedness not only to his or herself, but also to his or her community. With regard to decolonising institutional care, we argue that the call for cultural awareness, sensitivity and cultural safety in healthcare practices should be taken seriously. This applies in particular to music-based activities, as music can engage people at deep levels within their embodied lives.

Limitations of the study

The small sample size in this study does not allow for generalisation of the results. This methodological approach can, however, guide possible subsequent studies on a larger scale (Malterud, 2001). The 17 participants in our study included only one male. This gender imbalance might reflect the gender disposition of caregivers, whether formal or informal, in Norway – especially in elderly care. Research on the possible use of yoik in Sami healthcare is potentially a highly complex issue due to the history of colonisation of Sami people and territory, and its consequences, which might explain why this is an under-researched topic. In the initial approach to a possible sensitive topic, we turned to persons with the ability to consent and cause the topic can be sensitive, a study was necessary before including people in vulnerable situations. In order to gather information, we thus included relatives and caregivers with relevant experience who consented to participate in the study. We argue that we collected potentially valuable information despite our pragmatic approach.

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Conflict of Interest

The researchers in the multidisciplinary research group are of different professional, geographic and cultural origins. Some of them are new to investigating Sami issues, while others have years-long experience and an ongoing professional focus on Sami issues in Norway. Due to the quality of their work in the field of Sami issues, these researchers are respected and acknowledged both among the Sami as well as majority cultures. Some of the research group also have a multi-ethnic background, including Sami roots.

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