AESTHETIC UNDERSTANDING AS A PART OF PARTICIPATORY INNOVATION AND LEARNING

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ABSTRACT
Practice-based innovation can take place anywhere, anytime but in organisations, it needs input from several members of an organisation. Innovation refers to the employees’ and the managements’ renewal of their own operations i.e. development of new working methods, routines, products or services. This kind of renewal is based on learning and through work processes within the operations concerned. (Ellström 2010, p. 28) In this paper we discuss how spaces for participatory innovation can be created in organisations. As a result we suggest research-based theatre as a dialogical method for innovation and learning. Our study shows that theatre, as an element of participatory innovation activity, offers methods for both expressing one’s own and understanding others’ worldviews, attitudes and behaviour.

INTRODUCTION
A key issue for participatory innovation is how to enable wide participation and catch various viewpoints and insights into co-production of innovations. The challenge is especially how to capture knowledge embedded in ongoing practices. A collaborative form of inquiry is required to provide possibilities to articulate one’s own experiences and conceptions, and to expose others’ views and practices. (Van de Ven & Johnson 2006) The communication between various units and professional groups in an organization as well as with their customers is the key to constructing together both new insights and richer shared multi-voiced understanding.

This leads us to a research question: how can spaces for participatory innovation be created in work organizations? The potential of innovation triggered in a practical context seems to be widely understood, but methods to exploit that potential still seem to be missing to a great extent. We study aesthetic understanding (King 2008; Strati 1999) of Boalian theatre (Boal 1992, 1995, 1996) as a method to create spaces for participatory practice-based innovation (Harmaakorpi & Mutanen 2008, Harmaakorpi, V., Tura, T. & Melkas, H, Melkas & Harmaakorpi, forthcoming, Parjanen, Melkas & Uotila, forthcoming) and learning in organizations. Knowledge embedded in practice does not exist without social action. Innovations emerge through the interactions between the practices of heterogeneous groups in the social contexts in which they are located (Pässilä, Oikarinen and Vince forthcoming). In this paper we discuss a method called Research-Based Theatre (RBT).

AESTHETIC SPACE AND MULTI-VOICED UNDERSTANDING IN PRACTICE-BASED INNOVATION
Our approach rests on coproduction of innovations where the contribution of practitioners of various fields is crucial. We based our study on the idea that innovations emerge increasingly more often in practical contexts and conducted in non-linear processes utilising scientific and practical knowledge production and creation in cross-disciplinary innovation networks.
(Melkas & Harmaakorpi, forthcoming, Parjanen, Melkas & Uotila, forthcoming) From an organization’s point of view, practice-based innovation refers mainly to the employees’ and the managements’ renewal of their own operations i.e. development of new working methods, routines, products or services. This kind of renewal is based on learning in and through work processes within the operations concerned. (Ellström 2010, p. 28) This definition focuses on workplace learning as a fundamental mechanism behind practice-based innovation processes and highlights work processes as well as wide participation in learning.

In generating possibilities for communication and shared understanding we have turned on narrative and theatrical approaches (Pässilä & Oikarinen 2010). We study aesthetic understanding (King 2008; Strati 1999) of Boalian theatre (Boal 1992, 1995, 1996) as an organizational practice that can create spaces for innovation and learning. The strand of Boalian theatre, namely Forum theatre and the European strand Rainbow of Desire have been described before our study. But in this study we suggest, based on previous studies, that the innovation potential is triggered through an interactive art-based learning process and with the help of participatory exercises (Pässilä & Oikarinen, Parjanen & Partanan 2009). Participatory elements are essential to Boalian theatre (Meisiek 2004). The purpose of participation is to encourage and enable the employees to reflect upon and generate new ideas and share knowledge by interpreting the performances (Buur and Larsen 2010; Meisiek 2002; Darso 2004; Oddey 1994). On a general level, the learning focus is to reveal and discuss different world views and power positions (Taylor 2003) between groups of professionals and customers, to uncover problems which the customers point out, to question the employees’ assumptions and attitudes and make them transparent. The participatory exercises are related to the theatrical scenes. These exercises facilitate the employees’ redefinition and reconstruction of the theatrical scenes and stimulated dialogue. (Mienczakowski et al. 1996)

Forum Theatre is interactive theatre in which the audience have the power to suggest and make changes to events onstage. Augusto Boal invented Forum Theatre in a context of social change and democracy. Forum Theatre explores emotional and political dynamics of community and in practice. The Rainbow of Desire is extended from Forum Theatre. According to Boal it is a European mode of exploring oppressive tensions and power relations. In the Forum Theatre the members of the audience are encouraged to join the action onstage, become co-constructors and co-actors, which Boal terms ‘spect-actor’. Using the Greek terms ‘protagonist’ and ‘antagonist’, Forum Theatre seeks to show a person (the protagonist) who is faced with obstacles and resistance (the antagonists). In Forum Theatre, the facilitator of the action is referred to as ‘the joker’. The joker takes responsibility for the logistics of the process and functions as a neutral link between the actors and the audience, encouraging them to step into the role of ‘spect-actor’.(Boal 1992, 1995) We assume that in the context of participatory innovation and learning, theatre is not a method to find one single solution or truth. Instead, in theatrical interactions the participants look for many different meanings hidden somewhere in the process of finding solutions, new meanings and novel possibilities.

Boal explains theatre as an aesthetic space, and the understanding of it through the concept of metaxis. Novel seeing emerges through ongoing relations and roles in aesthetic space. The actual moment of subjective understanding is situated in between, metaxis, interpretations of imitations constructed in aesthetic space (Boal 1995, 14-20). Boal suggests that aesthetic space stimulates knowledge and discovery, as well as cognition and recognition, in a specific way, and thus it is a form of knowledge based on learning by experience, where transformational learning happens in reflections and interpretation between experiences of lived life and fictional life situations. Symbolic actions in role play scenes assist the participants in observing the existing situation (“as is”) and the non-existing possibility (“as if”) in order to investigate habits, beliefs, language and social relationships. The aesthetic space, formed in theatre contexts of imitation, is a specific place of representation (mimesis) in situated time and reality. Aesthetic space emerges temporarily during interactions between people when they reflect on organizational actions by acting and interpreting actions in scenes and roles. (Boal 1995, 13-20) Seeing roles and relations ‘acted out’ in theatre helps to reduce the unconscious acting out of emotional and political dynamics in practice. This approach helps to create a space in the mind that underpins engagement with collective spaces of learning and innovation. (Pässilä, Oikarinen and Vince, forthcoming,). We suggest that aesthetic understanding could be considered a multi-dialogue (Nissley et al. 2004, Pässilä & Oikarinen forthcoming) which invites one to observe ongoing relations and ‘experience the other side” (Buber & Smith 2002). So, aesthetic space is rather an imaginative and polyphonic space between people than a spatial metaphor or placement. Assuming that contextual and situated understanding is vital in a collective learning process, then making meaning in a context of theatre could be understood as a process of sense making (Pässilä & Oikarinen 2008). Therefore, awareness of how meanings are constructed appears to be a valid issue.

PARTICIPATORY ACTION RESEARCH
Our research orientation emphasizes social interaction between people, as well as changing practices. We create forums in which people are able to work as co-participants and develop practices related to their everyday working life. (Kemmis & Wilkinson 1998, p. 22) Methodologically, the study follows a specific artistic orientation of action research, namely, research-based theatre (Boal 1995; Pässilä & Oikarinen forthcoming) where theatre is applied (Mienczakowski 1995; Mienczakowski, Smith & Sinclair 1996, Mienczakowski & Morgan 2001) to participatory action research and we modified it for the micro-level practice-based innovation activities of organisations.

Research-Based Theatre (RBT) is used as a participatory method to bridge the experiences of various professional groups and clients and it is aimed to
construct user-oriented knowledge building. RBT applies narrative and dramaturgical intervention techniques within the organization. The practical actions of RBT concentrate on sharing, repeating, amplifying and interpreting everyday work processes and social practices in order to make those visible and to re-interpret and re-sequence them.

**MULTIPLE-CASE STUDY**

The empirical data is from action research based development projects in three different organizations (see Table 1). Common to these case organizations is the fact that they all operate in fields which have faced major structural changes during this decade. All the projects began with a development need identified in the organization. But in the course of planning together with the practitioners of the organizations and the researchers, the aim of development was widened to issues of innovation and learning. Altogether there were 21 sessions in the three organizations and over 130 participants. Researchers made notes of the sessions and some of them were videotaped (12 h.).

The foci of analysis were participatory and theatre-based learning interactions. Analysing the data was a heuristic process done jointly by the researchers, the development team of case organizations and the theatre team.

**AN EXAMPLE OF CASE: CARE UNIT**

In this study we illustrate more detailed the development project of Public health care unit where RBT was used as a participatory method to bridge the experiences of the teenage customers and the work of the dental care staff. Thirty-six service providers (dentists, nurses, assistants) and one hundred and fifty 13-16 year old customers participated (seven storytelling sessions, Forum Theatre session for customers, Forum Theatre session for service providers, and an action planning session). All interactions were documented and videotaped. Table 2 illustrates the steps. Through narrative and visual data (writings and drawings), the researcher, the artist and the pupils of one school class created a dramatised role-play character called Netta, a shy and quite ordinary school girl of 14. After the creation of the fictional Netta, we used her as a stimulus for storytelling in a drama-oriented workshop for the pupils of another school class. We asked them to describe Netta’s feelings, dreams and fears about the dental care process. Step by step, the researcher and the artist, with the help of the rest of the development team, sketched a picture of a teenage customer and transformed it into themes for scripting. Script writing was a way of analyzing the data, with the aim to change the results into drama.

We did not forget the employees’ voice either; when collecting and devising the customers’ voice and experience we simultaneously organized a storytelling session with the employees. The storytelling, Work Story, led employees to issues which should be reformed and improved. Stories were told in three stages. We used theatrical pictures to help the storytelling. Firstly, individual stories were told in

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<td>Field</td>
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<td>Public sector health care unit</td>
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<td>Boundary object</td>
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<td>Participating work units</td>
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<td>Operators</td>
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<td>Sales managers</td>
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<td>Sales assistants</td>
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<td>Participants</td>
<td>70</td>
<td>36</td>
<td>25</td>
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<td>Sessions</td>
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<td>Storytelling (7 sessions), Theatre session, Action planning session</td>
<td>Storytelling (2 sessions), Theatre session, Action planning session</td>
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<td>Managers</td>
<td>All occupations represented</td>
<td>Managers</td>
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<td>Empirical data</td>
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<td>5 hr videotape + researchers’ notes</td>
<td>3 hr videotape + researchers’ notes</td>
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Table 1: Case organizations.

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<td>Plotting realities; narrative data collection and interventions among customers and dental care staff</td>
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<td>Roundup from theatre session</td>
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<td>Reflection meeting</td>
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<td>Meeting with organization members</td>
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<td>Action planning session</td>
<td>27.3.2009</td>
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<td>Roundup from idea generation</td>
<td>28.3.–24.</td>
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<tr>
<td>Meeting with organization members</td>
<td>3.4.2009</td>
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<td>Action plan and action</td>
<td>3.4.2009–23.11.2009</td>
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<td>Reflection session</td>
<td>2.12.2009</td>
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Table 2: Phases of the case Public Sector Health Care Unit.
writing (4 pictures and one “free” story, altogether 30 minutes), secondly, a verbal story was gathered together in groups (seven theatrical pictures were to be reorganized and interpreted to describe a problematic episode which ends in a situation where the client is dissatisfied; altogether 45 minutes) and thirdly, each group presented its story to the others (45 minutes). This was followed by a discussion, facilitated by the researchers (15–30 minutes).

We were interested in dental care workers’ actions towards a patient, and more precisely, how young people had experienced these encounters. The main idea was to make visible how teenagers felt about the dental professionals’ actions in treatment (Figure 1). The forms of the scenes were different genres of applied theatre. For the most part, the emphasis was on Forum Theatre. The interesting question was how to transform the material into Forum Theatre. Before staging the action in front of the employees we had to confirm the validity of our Forum Theatre scene with the original informants - we had our first staging at the school where we presented the scene back to the teenagers. We asked their opinion on the scene, checking that it was their voice and that it was telling their story and their experience.

In the scene the young patient had the role of the protagonist and the dental care workers were seen as antagonists. This creates a different situation to the original concept of Forum Theatre, in which it is usually the protagonist whose story the participants are examining. We made this radical shift from the original form of Forum Theatre because it was a key issue to bring in user perspectives to the organizational settings. Power relations and distance between dental care workers and their teenage customers were so obvious that it seemed to be impossible to create a forum where dental care workers and their customers interact together. In the beginning of process the teenagers and workers world views and interest were afar from each other. “I could not be less interested” - attitude and “we just take care of teeth not the person” - attitude of workers blocked their communication.

That is why we wanted the young patient to be seen as the main character but still explore the story from the worker’s viewpoint. This shift also changed our scene into the application of Forum Theatre and Rainbow of Desire. It was interesting to see how the scene worked when the role of the antagonist was replaced by the audience. The scene lasted 4 minutes and presented how Netta was invited to the operation room and how the dentist’s actions were communicated to Netta. The questions we focused on during the Forum Theatre were: how events are seen from the perspective of patient, how dental professionals are acting in a specific situation performed on stage and how they could act differently.

The data showed us how communication and shared understanding was constructed in aesthetic space. In one part of Forum Theatre Henrik, the employee (as a spectator), pointed out the moment for change. He shouts “Stop!” and suggests that the place for this moment is in the corridor. The Joker points with her finger to the floor behind her and asks Henrik “You mean here in the corridor?” (The stage is an empty place; there is only one chair and three actors standing on the floor.) Henrik responds “Yeah, in the corridor.” And all of us, as spectators, imagined that events were now happening in the corridor. The corridor becomes imaginatively “real”.

It seems that the “in the corridor” -phrase on stage refers to the situation in real life as well as spectators’ imagination and events on the stage. Thus we suggest that aesthetic space of the Forum Theatre is a bridge from real life actions and reflection of it. Through aesthetic space it is possible to demonstrate the present situation of reality as it is experienced and it also offers a place for simulations of various situations as if it might happen.

Figure 1: An example of Forum Theatre scene.

So, during the theatre session the care unit members of the organisation performed, examined and deconstructed a codified event which could have happened or has happened in their organisation. With the help of the Joker guiding the discussion, they started to recognise and define problems behind events when they jumped on stage and took a role.

During and after the performance the spectators posed questions to each other with the help of the codified event: What actually happen in that event? What was that story about? What other changes characters could have done? And what would they have done in a similar situation in a real life? During the reflective conversation they pointed out that it was a unique situation for Netta but routine for themselves. “Oh, I didn’t realise how such small things could affect a teenagers feelings on how an operation is going.” Problems and possibilities surfaced as well as the generation of new ideas. Through the codified event they distanced themselves from an event in order to make sense of it.

DISCUSSION AND CONCLUSION

The problem this research aims to resolve is: how the teenagers’ experiences can be transformed (especially through theatrical interaction) by participatory innovation and learning in health care organizations. In our case, Forum theatre was an application of the original Boalian form of it. We try to engage employees and managers in observing themselves and their actions. We explored how public service employees, using aesthetic analogy, obtained distance from their own activity, enabling them to see what could be renewed in the organization (and how). In our case, the bridge was built on aesthetic space; we found that the language of theatre – play between imitation and imagination – forms a socio-cultural bridge between professionals and young customers. Theatricality allowed professionals to imagine variations of their actions and the radical achievement was that professionals (dental care workers and managers) also reached the organizations cultural assumptions behind actions.

Aesthetic space formed in theatre context was needed to create a safe envi-
The goal of participatory innovation is to discover new meanings. This process of making new meanings is understood to be a multi-voiced process of sensuous dialogue, which emphasizes interaction and communication. The social infrastructure of innovation process is formed incrementally through social and political change within organizational settings. Figure 2 illustrates the learning process of aesthetic understanding.

In a context of aesthetic understanding the customers’ experiences and ideas are crucial triggers for organizational innovation, but in the present case there were many different barriers between the young customers and the dental care professionals. In order to enable organizational learning and innovation based on customers’ experiences, these experiences were transformed into a shared format. Aesthetic understanding was a dialogical method for innovation and learning. Our study suggests that theatre, as an element of participatory innovation activity, offers methods for both expressing one’s own and understanding others’ worldviews, attitudes and behavior. Symbolic actions in role play scenes assist the participants to bridge (Burt 2008) the existing situation (“as is”) and the non-existing possibility (“as if”) in order to share experiences, generate ideas and gain knowledge together.

The aesthetic space, formed in theatre contexts of imitation, is a specific place of representation (mimesis) in situated time and reality. (Boal 1995, 13-20) We suggest that aesthetic understanding could be considered as multi-dialogue which invites one to “experience the other side” (Buber & Smith 2002). By this we mean first to gain understanding of the views and practices of customers and other professional groups and after that, professional groups construct shared meanings and practices together. This type of polyphonic interpretation is a local and personal (it takes place between participators). Power relations between participants and their customers are part of this process. Figure 3 illustrates the creation of polyphonic interpretation in aesthetic understanding. We conclude that process of participatory innovation and learning is always full of tensions related to participants various interests and power relations.

It is important to remember that what is seen on the stage and through the stage is always an interpretation that is embedded in the performance and realized through it (Clark 2008, p. 403). Theatre itself does not engender social change but it can allow members of organisations to confront hidden conflicts, behavioural patterns or critical routines (Schreyögg, quoted in Clark 2008, p. 405) in order to support attempts at change.

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Track 3: Organising Participatory Innovation


