

Exploring consent as an aesthetic experience through applied theatre with people living with dementia

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Abstract

The process of giving or obtaining consent is typically seen as a series of language-based actions, either documented on a written form or communicated verbally. However, both methods can present challenges when engaging with individuals living with dementia. This paper explores how to understand consent as an aesthetic experience through applied theatre practices.

We draw on data from 12 applied theatre sessions in a residential care home in Northern Norway (2019–2021). The study design was practice led and situated in everyday-life practices at the care home. Through writing field stories collectively, based on a mixture of notes, video recordings, and embodied experiences, we analysed how people gave their consent to engaging in creative activities beyond using spoken and written language.

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We find consent in four key elements that play a major role when we work co-creatively with people living with dementia: 1) trust; 2) attunement; 3) sensibility; and 4) mutuality. Consent as an aesthetic experience is thus highly embodied, processual, and relational.

Our paper is written within an emerging discourse of relational perspectives in dementia research. It promotes the perception of people living with dementia as creative citizens who can equally contribute to art and research.

Keywords: consent, dementia, relational ethics, arts-based research, co-creativity, aesthetic analysis

Introduction

Consent derives from the Latin word 'consentire', which is a composite of 'con' and 'sentire', meaning "together/with" and "to feel/feeling" (Wiktionary, 2023). Consent as a theoretical concept stems from Plato (c. 380 BCE (1973)) and it has deep moral implications for the freedom of all human beings. The act of giving or receiving consent is often understood as a set of procedures, written down on a form or given orally. Both, however, are problematic when we interact with people living with dementia, who experience short-term memory and challenges with the use of language, mental capacities, and the rational mind (Tarawneh & Holtzman, 2012). Often either relatives or healthcare staff need to give consent on their behalf, which is fraught with difficulties (Lepore et al., 2017). Thus, there is a need to explore how to understand consent beyond the spoken and written word and in ways that open up to interacting with people living with dementia on a mutually inclusive basis. This is important in order to be able to allow people living with dementia to contribute to art and research as equal citizens (Lotherington, 2019). In this article, we understand consent in applied theatre practices relationally and situated as something that can be sought: '/.../' in response to circumstances that emerge and were not foreseeable' (Carter, 2017, p. 2). The element of risk is highly present during situated art interventions, in which the element of the 'unforeseen' affects the participant's engagement, and the '/.../' facilitator's ability to read and notice the unforeseen in the moment' (Heggstad, 2022, p. 34). We can see this aspect of unpredictability as an opportunity to connect on a common ground and to experience moments of co-creativity in here-and-now-situations.

Consent as an in-the-moment experience can be seen as an ethically important moment within a continuum of moments (Keady et al., 2020). Based on our experiences as research artists we define consent in a broader sense that supplements legal consent within procedural ethics (Bresler, 2006). By 'research artist' we mean someone who acts professionally at the intersection of an artist, a researcher, and a pedagogue (Juusola, 2009, p.1). In this paper we aim to explore how to understand consent as an aesthetic experience through applied theatre with people living with dementia. In order to understand consent as an aesthetic experience, the research artists can move towards an understanding of communication as processual, by reading and interpreting the participants' signals, by waiting, stopping, initiating 'play', and following/acting upon their own and others' impulses in different phases of the situated art intervention.

In recent years there have been increasing efforts to co-create art and research together with people living with dementia (Heggstad, 2022; Mittner et al., 2021; Zeilig et al., 2018; Kontos et al., 2021). The project that is the subject of this paper is situated within the tradition of applied theatre. It draws inspiration from Anne Basting's work on creative care and the question how we can invite ourselves into meaningful interactions with people living with dementia (Basting, 2020). Arts-based research has become a powerful tool to enable social innovation (Gjærum, et al., 2023) as well as novel research designs and modes of investigation, exploration, and knowledge creation (Mittner & Gjærum, 2022). To study consent as an aesthetic experience, it is therefore crucial that the research artists become explicitly involved in the phenomena they are studying.

This paper is divided into three sections. In the first, we situate the study within the performative research paradigm. Secondly, we tell two stories from the field and discuss the ways in which consent in a specific situation was given, perceived, and mutually enacted. Thirdly, we synthesise our findings and present four key elements that we find central for the understanding of consent in applied theatre practices.

Theoretical framework

Situated within the performative research paradigm (Østern et al., 2021), we understand arts-based research as in-becoming, dynamic, processual, and experimental. Applied theatre

practices create an aesthetic space in which research artists and people living with dementia can meet and interact. Research contributions from the field of therapy and the arts focus on process, context, and relations in health settings. Key concepts such as connectedness, active participation, sensibility, affect, and attunement have been developed and discussed by various scholars, for example in the field of music therapy (Stensæth, 2005, Rolvsjord 2010, Ruud 2009, Ansdell & Stige 2016). However, research conducted within the biomedical framework starts from a division between those who are healthy and those who are ill, those who give and those who receive. Within the Artful Dementia Research Lab, we supplement the biomedical model by situating our research design within the arts to create, analyse, and better understand shared experiences that are always mutual (Mittner et al., 2021.)

In our role as research artists, we use our bodies and imaginations to become aware of how we situate ourselves in the room and initiate aesthetic processes. The research artist needs to be ‘././ fully entangled with the research, not only as a research cognition capable of critically reflecting on their own influence on the research, but also as an affected researcher-body who needs their own sensuous body to engage, analyse and understand’ (Østern et al., 2021, p. 2). Research artists initiate shared moments of aesthetic experiences in the sphere of the care home by inviting people into creative expression within their everyday life situations (Basting, 2020). Those in-the-moment experiences have been previously described as resonating moments (Mittner, 2021) in which people and things become part of each other’s lives. The experiences we share are not isolated events but are always a result of a relationship that evolves over time. According to Dewey (1934), an aesthetic experience is created through a process of recognition at the interface between creator, artwork, and recipient. He describes an aesthetic experience as a sensory experience:

Experience in the degree in which it *is* experience is heightened vitality. Instead of signifying being shut up with one’s own private feelings and sensations, it signifies active and alert commerce with the world; at its height it signifies complete interaction of self and the world of objects and events (Dewey, 1934, p. 25).

Within the framework of relational ethics, consent can be understood as an aesthetic experience which is always mutual. While formal consent can be obtained by e.g. signing a consent form or giving oral consent, the framework of relational ethics opens up for other

forms of consent, which includes “engagement, mutual respect, embodiment, and interdependent environment” (Upasen, 2017, p. 2).

Based on our experiences as research artists we understand consent within a relational ethics that ‘situates ethical action explicitly in relationship’ (Austin, 2008, p. 748; see also Carter, 2017). Wendy Austin (2008) describes relational ethics as the way we explore *how* we should live together. Understanding consent as an aesthetic experience is based on key elements of Basting’s concept of ‘creative care’, which emphasizes aesthetic ways of ‘inviting’ the stories of people living with dementia, connecting and engaging in playful interaction with each other. In order to understand the process of ‘inviting’, the research artist needs to ask ‘how to invite it, affirm it, echo it, build it, and celebrate it’ (Basting, 2020, p. 39). All these elements are coherent in a processual matter. When to stop, pause, and proceed are reflections that stimulate the question of consent as an aesthetic experience and results in a question of ‘how should I act?’ in order to invite oneself into co-creative processes with people living with dementia.

Method

The situated art intervention project *Shorelines* was conducted together with a residential care home in Northern Norway and had a specific focus on applied theatre practices (Gjærum et al., 2023). As part of the Artful Dementia Research Lab (ADLab) it conducted research on innovative understandings of ageing and dementia (Mittner & Lotherington, 2021). The material derived from a series of 12 co-creative sessions conducted between 2019 and 2021. The Covid-19 pandemic put a temporary stop to the fieldwork on 12 March 2020. When we returned to the care home, in June 2020, there was a need to come up with innovative ideas about the positioning of bodies and materials in order to shape and create space that could keep the physical distance in creative interactions that was required by the Covid-19 regulations.

The first author facilitated the sessions by inviting residents, relatives, and healthcare personnel into creative expressions (Basting, 2020). She organised and framed each session, and made together with the residence dramaturgical choices based on what was happening during the processes. In order to understand the role of the research artist, we situate this paper within the framework of applied theatre. As highlighted by Bogart (2021, p.

16), answers to the questions such as 'How am I being with others?' 'How am I listening?' 'How am I inviting resonance?' need to be continuously explored by the research artist and all who become involved. A variety of dramatic conventions (Neelands & Goode, 2015) became central during the sessions, such as improvisation, movement, narration, dramatization, character, clowning, image theatre, and tableau. Over the course of 12 sessions, a total of 44 people became involved, including research artists, staff, residents, relatives, and friends. The number of participants varied between two and 21 during the sessions. The participants were recruited with the assistance of the leader of the care home and a cultural worker who also identifies as a professional musician. The study design was practice-led (Preston, 2016) and based on situated art intervention research in which the research artists were part of the micro moments that were analysed (Mittner & Gjørum, 2022).

Based on a blend of embodied experiences, memories, field notes, writings, and video recordings, we created two field stories that describe, crystallise, and enhance two micro moments that resonated specifically between all those who became involved – both during fieldwork, during the collective analysis within the Artful Dementia Research Lab, and during the peer reviewed process initiated by the *Nordic Journal of Arts, Culture and Health* and the *Nordic Journal of Art and Research*. During a process of playfulness, imagination, exploration, and improvisation, the field notes became field stories through an aesthetic analysis (Mittner & Gjørum, 2022). The field stories were drafted, written, re-written, and pruned by the first author and simultaneously analysed collectively by all three authors (Eggebo, 2020). A collective understanding of the moments evolved in an abductive process resulting from conversations within the research lab, in dialogue with theoretical perspectives, and in the processes of writing and reading field notes and revisiting video recordings. Hence, the field stories presented below offer variations '.../ of reality that are as loyal as possible to the context, the embodied, sensory, and affective experiences' (Pink, 2013, p. 35). The re-writing and re-reading of the field stories enabled the research artists to discuss consent in applied theatre practices and to better understand the role of aesthetic experiences in the broader framework of relational ethics.

Ethics

The project *Shorelines* was approved by the Norwegian Agency for Shared Services in

Education and Research (524037) and formal consent was received in writing by all residents (or their next of kin in cases where they could not give formal consent themselves). The written information sheet provided information about the study and the fact that fieldnotes, sound, video, and photos would be collected from the sessions, as well as providing information about the possibility to withdraw from the project. It was crucial that next of kin were also invited to participate in the sessions in order to gain a better understanding of what they were giving consent to. Healthcare staff and next of kin became involved in the research process as participants and were invited into creative play. All those who became involved in the project became co-researchers in the sense that they were invited to make creative decisions which had an impact for the research design (Artful Dementia Research Lab, 2021). All forms of participation and creativity that were brought to the interaction by the group members were crucial for exploring consent in applied theatre practices. Consent issues were our focus from the very beginning of the project and they became even more apparent during the fieldwork. In the field stories we refer to in the following sections, all names have been anonymised by use of pseudonyms from the very beginning of data handling.

Approval by a medical board was not needed due to the fact that no health-related data was collected. The fact that the arts-based research project was conducted at a residential care home was crucial for the project design that aimed at exploring what it means to live with dementia. Everyone in the room was seen as an active citizen who could make an equal contribution to the creative activities. Research design, research methods, central concepts, and results were discussed within a reference group. Close collaboration with healthcare professionals, the leadership of the residential care home, and next-of-kin facilitated recruitment procedures were crucial from the very beginning of project design. The research artists (re-)considered constantly whether the residents consented to engaging in a creative activity or not.

Field stories

In this section we present two stories from the field that we would like to discuss in the following section. The relationship between the first author (Karoline) and care-home resident Kari had evolved throughout several sessions during the fieldwork. Karoline became fascinated by Kari's directedness, formed by her aesthetic awareness and presence during the shared aesthetic experiences. Both during and after the pandemic, Karoline wanted to

challenge what she perceived as passivity in the living room, by exploring how to invite herself into the residents' worlds through applied theatre practices. Karoline knew that Kari enjoyed dancing tango, because of their relationship that had evolved within the shared moments of dancing together with the tunes of tango music. In earlier sessions she had revealed strong improvisational skills and an understanding of 'co-creativity' which inspired Karoline to dig more into the relationship through co-creative practices. These past experiences during the fieldwork had created a connection between Karoline and Kari. One day, however, Kari was drowsy in her chair from the beginning of the session. Karoline was wondering how she could reach out to Kari.

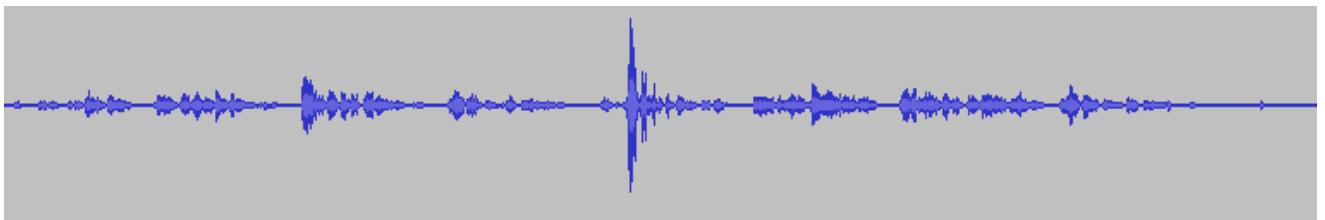
Who can sail without the wind?

Kari was sitting in the corner of the room with her eyes closed drowsing in her chair when I [Karoline] entered the living room. Lise, another resident, and Sunniva, the formal carer, were sitting next to her. When Sunniva moved Kari's chair closer to the group, I asked whether Kari wanted to join us. She responded with: 'well [...]'. I received neither a 'yes' nor a 'no'. I talked with Lise, and after a while, I put on some Norwegian fiddle music, which I thought Kari would be interested in. When I stopped the music, I asked Kari if she had played fiddle. She responded with a 'yes', still with her eyes closed. Lise added: 'You were really good. Well, you still are'. Kari opened her eyes while stroking her fingers. It seemed as if she was trying to sense herself. I did not feel connected with her.

After 38 minutes, and still with little response to my initiatives, I felt a growing restlessness. I found it challenging to continue finding the right key to invite Kari into a creative expression. I asked Lise if we could sing a song. Lise said: 'Well, I'm not really that...'. I didn't let her finish her sentence before I said: 'We can all sing together'. Lise replied, 'yes' and cleared her throat slightly and said: 'I never sing at home'. I started singing: 'Vem kan segla förutan vind?' and Kari, Lise, and Sunniva gradually joined the singing. When we came to the second verse, Kari started to sing a second voice in harmony: 'Jag kan segla förutan vind. Jag kan ro utan åror /.../' 'That was lovely!' responded Lise and looked at Kari. Kari then looked at me, and I said to her: 'You sang harmonies so beautifully'. She smiled and replied 'Mmm'.

Field story based on field notes from 29. June 2020

A sound recording exemplifies Karoline's attempts to invite herself in to a dialogue with Kari. Initially Karoline attempts to approach Kari through verbal language. Trying to establish a connection, Karoline starts to sing, which gave a spontaneous impulse. Kari responded to the song which leads into a co-creation. The sound recording further reveals how the song transformed from a personal and cautiously solitary song (sung by Karoline) into an aesthetic experience in which all four women took part. The fact that all the participants in the room joined in seemed to create an aesthetic space in which Kari could engage. Kari's experiences with music and dance appeared to be sparked by a series of moments, and she became active and present in the music.



Sound recording 1: Resonating Moment: Who can sail without the wind? Artful Dementia Research Lab, 2022, <https://zenodo.org/record/7462736>, CC BY 4.0

In the case of Kari, and based on previous encounters, Karoline interpreted her 'well' not as lethargy or passivity, but rather as 'I don't know' and thereby as signalling a form of openness in the sense of being in the moment 'with the participants, experiencing, noticing and responding' (Preston, 2016, p. 46). As the field story shows, Kari's bodily and verbal 'well' created an option for Karoline to continue experimenting collectively, and thereby to test the opportunities offered in the interaction. When Sunniva moved Kari's chair closer, it made it possible for everyone to interact to becoming emphatically aware of each other. By taking part in these shared aesthetic experiences, everyone tuned into each other to better sense each other (Preston, 2016). Since none of the group members could know in advance what would happen, there was the need use one's courage to tune into each other in order to co-create something that none of us could create on our own (Zeilig et al., 2018).

Karoline experienced that Lise's positive feedback and empathy towards Kari created a connection between all of those present. Lise's praising of Kari's qualities within fiddle-playing obviously had an effect on Kari, who opened her eyes and herself to active participation, and became more alert with all of her senses (Dewey, 1934). From Karoline's point of view, Kari's and Lise's communication process created a sphere of mutuality, where all participants could take part in the joint aesthetic experience by exploring how to 'tune in' to themselves, the song, and the whole group. Gradually, Kari tuned into the mode of play. She moved from being drowsy in a chair to opening herself up.

Karoline knew from previous sessions that the purpose of the encounter was to be together, sharing creative expressions, and co-creating joyful moments. However, when she mentioned the term singing, people became hesitant and denigrated the creative potential of their voices which points at a lack of confidence about using one's own voice. Karoline had heard the residents say, 'I can't sing' repeatedly. Therefore, starting to sing instead of asking 'do you want to sing?' seemed to be a more appropriate way to invite the participants into a creative experience. Rasmussen and Gjørnum (2006) have underlined that everyone (including non-artists) can become part of an aesthetic experience which is always mutual (Dewey, 1934). However, daring to sing as a sign of trust is an important aspect of creating shared aesthetic experiences. In order to grasp what consent really means in the context of dementia, the research artist 'zoomed into the micro-moments' with Kari and was sensible to what she experienced as flow and resistance (Østern & Hovik, 2017). The very act of joining an ongoing song can be understood as a sign of consent. Since the whole group knew the song from before, their shared knowledge created the basis for mutuality and connectivity. The turning point in the session occurred after that magical moment in which the women sang together. It was Kari who spontaneously contributed with the second voice, to the surprise and admiration of the whole group. This shared aesthetic experience tells us something about the dramaturgic awareness and the presence of the whole group, where everyone's impulses and initiatives resonated with Kari, expressing a call to respond (Bogart, 2021) with the tones of her voice.

Hopeinen kuu – Guarda che luna

There was a long period of silence. Lise asked several times: 'When is it time for lunch?' I tried to ignore the formal framework of institutional life by immersing myself in the

interaction with Kari, who was starting to wake up after a long period of drowsing. It was when Kari opened her eyes and actively responded to what the others in the room were saying to her, that I got the idea to tune into Hopeinen kuu – Garda che luna (Virta, 1976). Based on our earlier experiences of dancing tango, I thought she would like it. I invited Kari to the dance floor by standing in front of her and making a curtsy. She first smiled, and then she stood up from the chair. I said: 'We must remember to keep our corona-distance'. She came towards me, and I pulled back a little, feeling a bit clumsy. I demonstrated with my hands how we could mirror each other. Kari was calm and understood the mirror-play immediately. This way of communicating through movement was known to both of us from earlier playful sessions. After a while, Kari started to take the lead. The improvisation led us to beautiful moments, and we entered a flow. We became both completely absorbed in our movements, which transformed from individual movements to mutual movements. We were connected. When the dance ended, Lise smiled and applauded. I said: 'Kari, you're amazing!'

'Now it's time for lunch. Would you like to come and eat with us?' the cultural worker asked with gentleness and in a bit of a hurry. Lise and Sunniva left for lunch. While Kari and I heard the noise from the kitchen, we continued our dance and it felt like moving into a different sphere. The scenery changed from an ordinary living room into a theatre scene. Kari showed an aesthetic awareness, the way she was listening to the music, looking out of the window at the dramatic scenery of the sea and mountains, moving gently in her own time and space. This is what Kari brought into the co-creation. When the dance ended, we held out our hands towards each other. This was our ritual: Kari directing my hands with her hands. Guiding them down, then up, and finally into a gesture that means Namaste. I thanked Kari for the dance with a simple gesture, and she responded equally. On our way to the kitchen, Kari walked with her back straight and an air of calm firmness. She turned to me one last time and asked: 'Would you like to come and eat with us?'

Field story based on fieldnotes from 29. June 2020

The long period of silence was an important impulse to enter the aesthetic encounter and become attuned to each other. Attunement is an act of tuning into the other's frequency

(Bogart, 2021). It is this type of attunement for which Hatton argues that 'it requires artists to register the atmosphere of space, to tap into different types of creativity, and to find performative ways of responding to the environment' (Hatton, 2019, p. 97). After Karoline realised that expressing herself verbally was not enough when interacting with Kari, she invited Kari into creative expressions with her movements. The song and dance were both initiated by an impulse from Karoline and continued by Kari as a co-creator. The mirror game transformed into a beautiful dance in which each related to the other with their subtle movements and with an attunement that created a shared consent. The dancing sequence revealed Kari's qualities of being aesthetically aware in improvisational processes. After Lise and Sunniva went out for lunch, the final dance between Karoline and Kari brought the interaction to a different level. This aesthetic experience stands out as an ethically important moment in a continuum of moments that created trust and sensibility (Hatton, 2019). Kari expressed herself with a heightened vitality in the presence of flow (Dewey, 1934), and contributed to the creative process by making a variety of aesthetic choices. Dance involves negotiations without words, as Eeva Anttila expresses so well: 'This process can be seen as a series of embodied, performative acts that alternate with acts of receiving and responding to others` performative acts' (Anttila, 2018, p. 6). Kari and Karoline somehow managed to rise above the institutional frame and enter a stage of co-creativity by trusting the aesthetic experience, themselves, and each other.

Throughout this session, Kari and Karoline became highly attuned and sensible in the sense of becoming emphatically aware and responsive towards each other. The fact that neither of them knew what might happen next created a sense of mutuality in which they both needed to trust each other. The requirements of courage and risk-taking were high for both. Kari's sensibility and improvisational skills moved them beyond their roles as research artist and resident and transformed them into wondering humans who were trying equally to make sense of the situation (Basting, 2020). Sharing their unique creative expressions unlocked a space for possibilities where Karoline and Kari could meet as co-creators in an aesthetic experience.

Discussion

When working with the stories from the field stories we understood that consent was embedded in an ongoing process, constantly renewed from one moment to the next. The way Kari, Lise, and Sunniva joined the singing and the way the dance between Kari and

Karoline evolved has been crucial for our exploration of consent. Without the engagement of residents and care staff in the co-creation of various creative activities we would not be able to study consent as an aesthetic experience at all. We made it clear each time we met that we were all part of an explorative research project. We wanted to find out what we could create together in a space where everything was possible. Our study was designed to be able to explore how to do art and research together with people living with dementia (Lukić & Mittner, 2023).

We learned in the field that the form of consent that was necessary to proceed with artistic practices needed to be sensed in an ongoing, flexible, and open-ended way. Based on our collective analysis through writing the field stories we discuss in this section four central elements that we find in applied theatre practices when deciding whether a creative interaction should stop, pause, or proceed: 1) trust; 2) attunement; 3) sensibility; and 4) mutuality (fig. 1). Those elements are not meant to be exclusionary, and there might be other elements for understanding consent as an aesthetic experience.

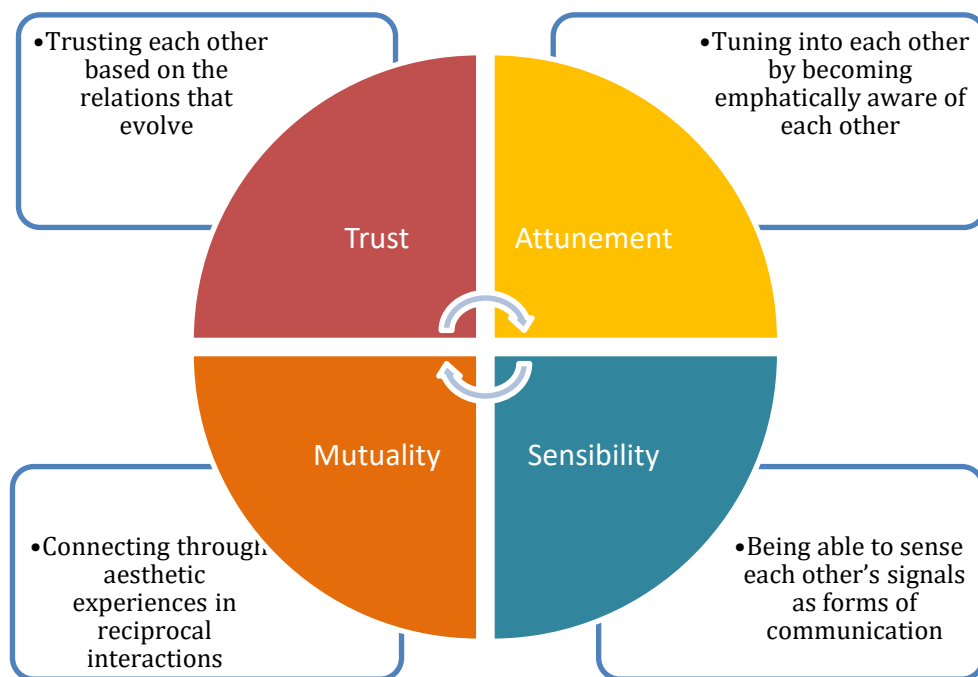


Figure 1: Four key elements of consent in applied theatre practices

Trust

Shared aesthetic experiences in previous sessions have built the basis for what has been termed in community science as credible trust (Charles et al., 2020). This specific quality of trust was necessary for all of those who became involved, including the research artists, to devote themselves to co-creative practices. The two field stories demonstrate that consent in applied theatre practices evolves throughout a continuum of moments that create trust. We invited the participants into shared aesthetic expressions by 'proof of listening' (Basting, 2020). This was one of our premises to create a sphere of trust. Trust became one of the catalysts that enabled the aesthetic encounter to happen in the first place. In the moment Kari, Lise, Sunniva, and Karoline dared to let it all go (regardless of time, space, health condition, or institutional setting), they gave their mutual consent to meet each other within the co-creation of the song. They all accepted the unforeseen (Heggstad, 2022), and creating something together towards an unknown outcome needs courage and trust. It is this kind of trust that we have witnessed through the interaction and that made the group move beyond feelings of insecurity. One could even argue that the group members became highly creative not instead of, but because of their vulnerability.

Attunement

Tuning into each other means becoming emphatically aware of each other in a specific space. This connects to the positioning of bodies in a room that is crucial in applied theatre practices (Preston, 2016). As Hatton (2019) argues, the practice of attunement allows participants to respond creatively to the different temporalities of everyday life in a care home. Anne Bogart (2021) describes attunement as one important criterion in creating a successful relationship. In our role as research artists we have seen that there is a need to critically reflect upon our signals and gestures, and how we position ourselves in relation to others. As creative expressions can change something within and between us, we need to constantly adjust. A sense of attunement can be achieved for example by sitting close to each other, singing a song together, or creating a dance. In our short empirical example, Karoline and Kari tuned into each other through music. It was the music that created what Preston calls an 'empathetically heightened connection' (Preston, 2016, p. 177). Tuning into each other means to become fully present in the moment (Giannachi et al., 2012) which is a precondition for knowing what it is we agree on.

Sensibility

Sensibility is defined as “awareness of and responsiveness towards something” (Merriam-Webster, 2023). To become sensible to what happens during an artistic encounter is crucial for the artistic process and it is through an awareness and responsiveness to each other’s signals (Krøgholt, 2021) that we co-create. As the field stories have shown, obtaining and interpreting consent during aesthetic experiences is cyclical and recurs when reciprocal interaction takes place. It can thus be understood that it is the sensibility towards the reciprocal relationship that guides our decision as to whether an aesthetic interaction can begin, may continue, or must end. In this sense we agree with Bresler who argues that ‘artistic experiences, as well as the experiences of researchers engaging in research, include ways of *doing*, (which are inevitably also about *becoming*): cultivating skills, sensibilities, and sensitivities’ (Bresler, 2006, p. 54). In order to better understand consent beyond language and the rational mind, we need to scrutinize these ways of doing and becoming that occur in aesthetic encounters.

Mutuality

When analysing complex consent situations through writing and reading the field stories it became apparent that the aesthetic experiences were created in reciprocal interaction. The act of inviting someone into a creative expression (Basting, 2020) can be seen as a first step towards connecting and creating a sense of mutual consent. This requires that all who become involved in the interaction possess the abilities to navigate between the acts of pausing, stopping, and proceeding in relation to each other. By exploring different ways of responding to whatever may come created small bridges where we explored how to become a close associate (Bresler, 2006). The research artist needs to be open to different levels of participation by being directed towards communication with the senses, embracing the obstacles on the way as a part of the process of understanding the complexities of participation.

We can understand this as a form of dance, a dialogue of the senses, or as Bresler (2006, p. 63) describes it: ‘Entering a dialogue and mutual absorption require depth, introspectiveness and openness to change.’ It is this kind of openness that people living with dementia often bring into the aesthetic encounter and that is needed to build mutual relationships. In our

examples from the field stories, mutuality was expressed through the way in which Kari and Karoline sensed each other, how they positioned themselves in the room, and how they created impulses for co-creativity throughout spontaneous interactions. Throughout this process they become part of each other's lives and could sense mutual consent to what was going on in the moment.

Limitations

The moments we have described here are based on research conducted in one care home in Northern Norway. Further research is needed to understand the complexities of such experiences. Our research design is highly experimental and involves people that are considered vulnerable, and consent is usually given by their next of kin. Since we work mostly beyond language and the rational mind, our evidence of being connected is based on aesthetic experiences that are in the sense of Dewey always mutual experiences. A major limitation of communicating research findings concerned with aesthetic experiences in a linear written text is the fact that the object of interest needed to be sensed itself. The sympoietic work with the field stories, that can draw the reader into the sensation and the complex configuration of the aesthetic experience that we are analysing, was our way to address this limitation. The focus on music in the performative context that was created within an applied theatre session, and the fact that the song became an artwork in its function as a co-created piece as well as an item of research data needs further exploration. Other artistic expressions that derive from applied theatre practices, such as dance/body movement, facial expressions, laughter, smiles, or smell, are more difficult to document within current open research practices. Our exploration of relational consent as aesthetic experience will hopefully contribute to the discussions around whether, how, and why to make arts-based research involving people living with dementia more transparent.

Conclusion

With our paper we want to stimulate a discussion within arts-based research involving people living with dementia. Our aesthetic analysis in form of two field stories provides concrete examples of how to understand consent in applied theatre practices as aesthetic experiences that are processual and relational, and can supplement more formal consent procedures that are language based. Our collective aesthetic analysis in form of writing, discussing, and re-writing the two field stories revealed four key elements to better understand consent as an

aesthetic experience: 1) trust; 2) attunement; 3) sensibility; and 4) mutuality. Our findings show the ways consent emerges as we interact with each other. The four key elements are central for deciding whether a creative interaction should continue, pause, or stop. We invite our research community to give more attention to non-verbal consent when we co-create art and research together with people living with dementia. Understanding consent in applied theatre practices in terms of its etymological origin as a feeling of togetherness means understanding consent as a reciprocal process of becoming trustworthy and trusted, becoming listened to, becoming present, and becoming part of each other's lives.

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