

Decolonizing Touch:
Intimacy Direction and COVID19

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Introduction

Intimacy Direction is seen or understood as the theatre and film industries' response to the #MeToo movement, which shed light on the horrific sexual assault and abuse occurring behind the scenes. Artists including Adam Noble and Tonia Sina¹ began exploring safer methods of staged intimacy years before the movement even began due to experiences they witnessed in their careers. This personal and extensive work led to the creation of a new field in theatre and film and organizations such as IDC Professionals² and Theatrical Intimacy Education³. Intimacy directors give actors, directors, stage managers, and others involved in a production the necessary tools needed to keep everyone mentally and emotionally safe by establishing boundaries and practices of care and consent.

I started my journey in intimacy direction in 2017 at a #HealMeToo Festival⁴ workshop taught by Claire Warden (who is now the main face of intimacy directors on stage and screen). Actually, my journey truly began when I started acting conservatory in high school. I spent years training, watching my colleagues work through trauma and being yelled at to use their panic attacks and other traumatic experiences to fuel their performances. When I realized I had no control, I transitioned from actor to director. Directing allowed me to treat the people I saw suffering differently than I had seen before. I understood what it was to be a young woman instructed to be touched by a male counterpart by an older male director. Intimacy direction was the culmination of the agency I had been searching for within theatre. I delved deeper into training and certifica-

¹ whose thesis introduced the idea of Intimacy Directors

² <https://www.idcprofessionals.com/>

³ <https://www.theatricalintimacyed.com/>

⁴ <https://skintheplay.com/healmetoo>

tion and began practicing as a freelance intimacy director. I trained in bystander intervention, anti-racism, and trauma therapy, and earned a Mental Health First Aid⁵ certification. I was one intimacy rehearsal into a production of *Titus Andronicus* at Queens College, finishing an independent project's intimacy choreography, and lined up for two more productions for intimacy directing when the world of theatre ended — or so it seemed.

For the first time in my life, theatre stopped. “The show must go on” lost all of its power, and artists who had spent year after year fighting for their place in the spotlight were, for the first time, forced to take a break. In a way, it was a gift to artists, like myself, who worked themselves to the bone in New York City with no rest. I had never known a world in which I could actually take a step back from theatre without “losing my place” in the field. None of us were in competition anymore as there was nowhere to compete. The pause in my career-trajectory allowed me to return to school and seek a Master's degree where I could explore intimacy direction from a theoretical point-of-view. Intimacy direction was taking the practice of theatre by storm, but no one had written anything theoretical about its history, impact, and necessity.

What is the effect of care on a colonial art form? If we insert care into a historically harmful institution, can we begin to undo the damage that theatre within the patriarchal-gaze society has created? Intimacy direction serves to decolonialize theatre practice, however, how do we touch on intimacy in a world where it no longer exists? With intimacy direction, we choreograph the touch that audiences observe but do not touch — with a pandemic, we removed our ability to touch and made us spectators of touch. We just spent over 15 months binging television

⁵ <https://www.mentalhealthfirstaid.org/>

shows where people touched, meanwhile, we remained isolated, untouched. We became the audiences who spectate intimacy without partaking.

In existing in this existential limbo, we see that theatre is not actually over, it is just being forced to change the same way we are. The theatre that we knew before coronavirus is bound to be drastically different from the theatre that comes out of the pandemic. How would/will the things we learned during this time influence how live performance returned to stages? The idea of hundreds of strangers, seated next to one another in one large room, watching a group of people interacting in front of us (possibly even kissing) seems like a far-off dream. How are we to go back to that when the only way we could interact with loved ones was through a pane of glass or via Zoom?

In my paper, I explore decolonizing touch as twofold: 1) intimacy direction as a practice of care and 2) how coronavirus has inadvertently taught society the pillars of intimacy direction. As we move back into theatre spaces and other social locations, it is vital that we do so with conscious care in regards to how we touch. The topics of decolonialism, care, and touch are incredibly expansive; as such, I will not be able to speak on any of them in their entirety. The aim of this exploration and explanation of intimacy direction coupled with quarantine is to start a dialogue that enables us to analyze and change the way we touch.

Intimacy as Decolonial Practice



Intimacy Direction, for FM by Kara Kind, above.

Beginning with how intimacy direction decolonizes touch, we first must look at intimacy direction itself as a decolonial practice. Intimacy directors are the artists who choreograph intimacy for the theatre/stage — similarly there are intimacy choreographers and coordinators. Intimacy choreographers are specific to film and coordinators are remote consultants for film or stage productions. Despite the nuance and difference within each title, for our sake I will speak on the topic as a whole as intimacy direction/director. Intimacy direction exists as a decolonial practice because of its insertion of care into the colonial art form of Western Theatre⁶. Performances on a proscenium stage were introduced in North America during the British colonization. The proscenium stage can be seen as a colonizing structure because of how it quite literally frames bodies. Laura Mulvey defines this framing, though specific to film not theatre, as the “Male Gaze” in which presenting female bodies in the arts exist as objects of pleasure for the

⁶ as in the current and historic culture of theatre within the United States.

heterosexual male spectator. Though this terminology lacks the nuance and spectrum of gender identity and sexuality that we understand today, it can be understood as a way of sexualizing and framing bodies deemed as ‘other’ by patriarchal society.

Western Theatre is heavily defined by the proscenium stage in which bodies are framed for and by the male gaze and, in turn, colonizes the performer’s body. In addition, the thrusting of this format of theatre upon and constructed on native lands and people, colonized the land. What became Western Theatre started by objectifying bodies on stages that buried native lands. Though this paper focuses on the decolonization of how we view and treat the performers on the stage, it is important to note that the colonization of native lands and people is another conversation of massive importance.

Staged intimacy is a reparative act that addresses the history of trauma performers have faced through existing under the framing of the male gaze. By working with context, consent, and communication, intimacy directors are able to clarify the line between performance and assault. In Laura Mulvey’s text, *Visual and Other Pleasures*, she states in subchapter III “Woman as Image, Man As Bearer of the Look” that:

“In a world ordered by sexual imbalance, pleasure in looking has been split between active/male and passive/female. The determining male gaze projects its fantasy onto the female figure, which is styled accordingly. In their traditional exhibitionist role women are simultaneously looked at and displayed, with their appearance coded for strong visual and erotic impact so that they can be said to connote to-be looked-at-ness. Woman displayed as sexual object is the leitmotif of erotic spectacle: from pin-ups to strip-tease, from Ziegfeld to Busby Berkeley, she

holds the look, and plays to and signifies male desire. Mainstream film neatly combines spectacle and narrative. . . the presence of woman is an indispensable element of spectacle in normal narrative film, yet her visual presence tends to work against the development of a story-line, to freeze the flow of action in moments of erotic contemplation” (Mulvey 19).

We are part of a visual and patriarchal society in which bodies deemed ‘other’ are viewed in relation to cis men and, therefore, an object for the male figure versus an independent subject. In Rebecca Schneider’s *The Explicit Body*, she references Carolee Schneeman’s work *Eye Body* (below).



In this piece, Schneider labels Schneeman as both the “image and the image-maker” and goes on to say that, “Nudity was not the problem. Sexual display was not the problem. The agency of the body displayed, the authority of the agent — that was the problem with women’s work” (Schneider 35). When a body is displayed nude and/or in a sexual manner, the male gaze accepts it with the understanding that the image is made for them. No longer do we have a subject performing, we have an object, and by revoking the actor’s personhood, we have taken away their agency and have made them objects of the colonial male gaze. Therefore, once we remove the framing and reclaim agency, we begin to tell a different story. As Mulvey says, the film imagery we see perpetuates that narrative in how the framing of the bodies and the thematic sexualization of female-presenting figures are observed. The objectification of these bodies is a direct act of harm.

We decolonize by safely choreographing scenes of intimacy that serve the story that the text is telling, not by playing into the spectators expectation of the performance. Can these scenes still create pleasurable viewing experiences? Of course — if that is what the scene is trying to invoke — but they can also portray stories of sexual violence and harm that leave us feeling uneasy. As they choreograph scenes that range from enthusiastic mutual enjoyment to sexual assault, intimacy directors are attentive to the requirement of consent. In contrast, the general consumer of media is unaware of this necessity. Commonly the world of consent is left intentionally blurred because it is the perpetrator of the violence whose story we are following. The subjects of this assault (usually the female-presenting characters) rarely, if ever, display their discomfort. By choreographing these moments, informed by the text and the actors, intimacy directors develop fuller stories around intimacy that serve all parties involved.

In *The Society of the Spectacle*, Guy Debord states that “The spectacle is not a collection of images; it is a social relation between people that is mediated by images” (Debord, 2). Hence, the images we see in mass media influence the ways in which we interact with each other and the society in which we exist. For too long, the images we have seen of intimacy have been aimed at the straight, male audience. As we change the direction of these scenes, we directly impact the audiences that watch them. Rather than continuous objectification and sexualization of certain bodies, we begin to see images of bodies that hold agency and exist for their own pleasures and comfort. Only when scenes of intimacy include clear communication and consent, mishaps and laughter, “no’s,” queer (but not fetishized) love, and non-conforming body types all begin to become the prominent imagery of intimacy, will we then begin to decolonize and dismantle the framing of the male gaze. The spectacle of intimacy no longer will be held solely by/for cis straight men’s pleasure but, rather, it will be representative of all experiences and give agency to those for whom it has been lacking.

Through the inclusion of intimacy direction, we change the images that “mediate our social connectedness”⁷ and hence shift our societal relationships with the spectacle. By changing the image, we change the audience’s response to the image. It is a cyclical process — to change the image we must change the audience and to change the audience we must change the image. It is with intimacy directors that we are able to interrupt that cycle and change both the image and audience simultaneously (I will expand on the role of the audience further on in this paper).

⁷ back to Guy Debord’s earlier statement

Care and Positionality

In chapter four of Diana Taylor's book *¡Presente!*, she discusses the nature of care and states that "caring, in one sense, is about positionality" (Taylor 122). In this case, she is discussing a piece by Regina José Galindo called Earth (below).



In it, we see a naked woman standing alone as the land around her is dug out, leaving her stuck in the only land left, surrounded by a ditch. The Galindo piece challenges proximity's effects on care in multiple ways — the photographer, the small live audience, and the spectator of the image each relate to the woman differently. Viewing this photo, one does not have the choice to act on the action as those present did. Similarly, the male gaze represents a positionality that puts the object of the gaze as separate from the viewer. We are detached from the images that we are being shown. The intimacy is happening in front of us, but we are not active participants. We

get to partake in the pleasure of simply looking or gazing upon the moment without having a stake in it.

When it comes to theatre, the positionality or detachment of audiences and producers from the creative process has made it easy to gaze upon the actors without caring. Earlier, I quoted Mulvey's claim that pleasure in gazing has been held as "active/male" and "passive/female." I argue that theatre holds a second, similar dynamic hat of active/audience and passive/performer in which we have created an inherent and expected position (or role) of care. Actors are who we, as audiences, gaze upon hence the audiences are the bearer of the gaze. The detachment of the audience from the performer is an expansion upon the male gaze and the gendering of the passive and active.

Audience, in this case, is defined in two ways — the first being the literal, understood version of a theatre audience and the second being anyone and everyone involved in the production process. To be an audience member is to be anyone with the knowledge of or access to the theatre. Despite our common awareness of traumatic and harmful experiences within theatre and film (the casting couch⁸ clearly comes to mind), we do not interfere. Our role as 'audience' has allowed us to be passive. We understand that the rules of theatre are that the audience does not interfere with the performance — we are meant to be silent spectators getting a view into another life. However, in doing so, we forgot that the performance on stage is not the only one existing. To allow ourselves to be immersed in the facade that is performance, we must objectify the actors to the degree that we detach from their actual subject-hoods. In some cases, audience mem-

⁸ defined online as "a euphemism for the practice of soliciting sexual favors from a job applicant in exchange for employment in the entertainment industry, primarily acting roles."

bers are astounded to learn that actors do not actually have the accent of which they were performing. We forget the people underneath the character.

Now I ask, how does our understanding of audience and performer function through/in a pandemic? We cannot simply be audiences to COVID19, we have become performers as well. The difference in our understanding of touch with coronavirus verses the #MeToo movement is visibility. For coronavirus, statistics are shown daily; reports are published of hospitals overflowing; we see pop-up medical tents in Central Park, masks, gloves, etcetera. The #MeToo movement, in contrast, was a visible (if not the most visible) moment for assault within theatre and film to be called out. Even such, it was not ‘visible’ on screen or on stage. The visibility of the pandemic gave us something tangible to respond to, something that did not just affect us individually but communally. It was impossible to avoid the pandemic, meanwhile the movies we saw looked the same; we could not point at a scene and say ‘that was assault.’ Through understanding our positionality in regards to touch we learn to hold both the passive and the active.

Taylor goes on to say that “Caring acknowledges the interconnectedness between ourselves and others, ourselves as only a part of that larger entity” (Taylor 122). The same way that intimacy direction acknowledges these relationships within theatre, the pandemic did for the world. To decolonize our touch is to understand that our positionality in touch is composed of equal parts — ourselves and whoever else is involved. As our cities and social lives begin reopening, we now find ourselves questioning if we genuinely wish to partake in a hug or if, out of habit, we raise our arms and walk into another person’s space without considering all the pillars of touch involved. Our understanding of intimacy has changed drastically during the 16+ months we have spent in isolation. It has become commonplace to unknowingly practice many of the

foundational aspects of intimacy direction in our daily lives. As we have begun social interactions again, it is ‘normal’ to now ask before hugging someone, to confirm vaccination/test results before agreeing to meet, as well as a plentitude of offering other clarifying questions to be able to make a well-informed decision on what we are willing to risk. We have owned our role as audience and performer — we understand that neither role can be passive; both must be active. We see and claim our own agency as well as that of the larger entity of society.

Intimacy direction functioned as a form of decolonizing touch before the global trauma of coronavirus infiltrated society. Care is infused on stage and on set by using the foundational pillars of intimacy direction as defined by IDC Professionals: Context, Consent, Communication, Choreography, and Closure⁹.

⁹ IDC’s Pillars sheet can be found in the notes section.

The Pillars and COVID19

IDC Professionals defines the pillars of intimacy direction as follows:

Context: Before any choreography can be considered, there must first be an understanding of the story and the given circumstances surrounding a scene of intimacy. All parties must be aware of how the scene of intimacy meets the needs of the story and must also understand the story within the intimacy itself.

Consent: Before any scene of intimacy can be addressed, consent must be established between the actors. Permission may be given by a director, script, or choreographer: however, consent can only be given from the person receiving or performing the action.

Communication: There must be open and continuous communication between the director, intimacy director, stage management, and the actors.

Choreography: Each scene of intimacy must be choreographed, and that choreography will be adhered to for the entire production.

Closure: At the end of every rehearsal or scene of intimacy, actors are encouraged to develop a closing moment between them to signify the ending of the work.

Using these carefully constructed pillars, intimacy direction offers a clearly defined line between what is performance and what might be assault. Each pillar supports care for the actor, and all parties involved, in creating intimate moments. Historically, agency has been a facade for actors. Actors are seen as objects to be placed around the stage to sing and dance for our pleasure, but the people who actually exist in those bodies are forgotten. In treating actors without care, assault and abuse easily, and notoriously, become a part of the equation. If one cannot say

no, imagine what another might do. There are things actors ‘just do’ to make it in the competitive entertainment industry. Through competition we lost our sense of community (back to Taylor’s point on caring acknowledging a larger entity). With actors, we have created an environment of fear and individuality — with intimacy direction, we now create an environment of care and community.

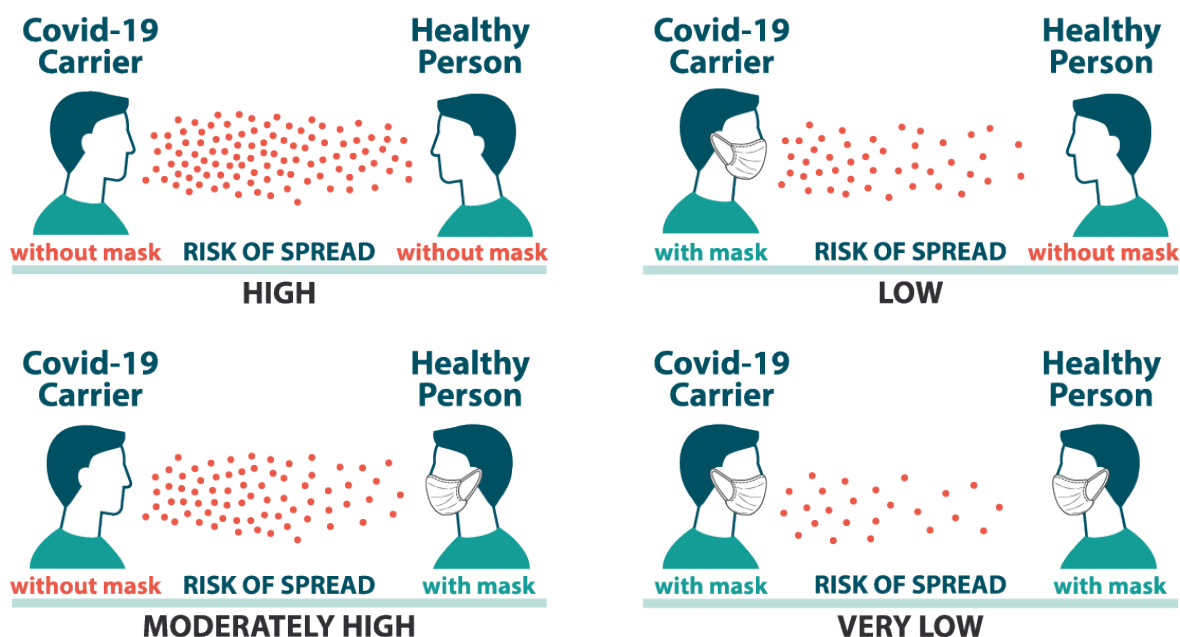
Each one of the pillars is founded on the premise of care, a word with a fascinating etymology. As defined by *The Online Etymology Dictionary*, it is “sorrow, anxiety, grief” also “concern, anxiety caused by apprehension of evil or the weight of many burdens.”¹⁰ The history of care is derived from a place of fear. It is only when used in the format of ‘care of’ or ‘to take care’ that care is understood to mean something else — what we understand now as caring. By limiting our definition of care as based in fear, we are acting solely on our own experiences and not of the larger entity that Taylor defines. The definition of care proposed by intimacy direction negates the historical understanding of the word and, instead, sees it as an active and uplifting term. The pillars exist through care as a collective term, one that is multidirectional and safety based.

We see the pillars in action in how we have governed our touch in the last year and a half. To provide an example, imagine a circumstance in which you were trying to meet with someone during the pandemic. You begin with Context — what are the given circumstances of meeting? What are your test results/vaccine status? Consent — do you both understand and agree to the possible risks posed? Communication is clear. Choreography — in many cases, this was being six feet apart and masked. And then Closure — when we leave the meeting, do we have a com-

¹⁰ <https://www.etymonline.com/word/care>

mon understanding of how we will notify the other if we do end up sick? To touch safely, we follow the pillars of intimacy direction.

Fear is nearly impossible to escape in how we understand care. We focus on our personal experience versus the experiences of others. It is in our positionality that care is formed, especially in terms of touch. First, not only does the receiver of touch need to consent, so does the ‘toucher.’ An exercise used by intimacy directors to challenge the perceived notion of touch being one-sided removes the feeling as the toucher because we see whoever we interact with as the object of touch. In reality, we are both subjects of the touch. The touch does not move in one direction. We see this similarly displayed in the COVID19 awareness poster below regarding bacteria spread. The touched and toucher are not separate people, they are both parties.



I want to expand further on touch with the following exercise that is used by IDC Professionals to train intimacy directors.

Stand in front of your partner. Come up with a request you'd like to make, be as specific as possible. For example, "May I lightly bop your nose with my right fore finger while hopping on one foot and saying the alphabet backwards?" Your partner will then repeat back to you what they heard you request, "You would like to lightly bop my nose with your right fore finger while hopping on one foot saying the alphabet backwards." (You can clarify things like "can you define lightly or bop.") If the clarification was correct and the first partner says yes then the second partner can either agree, disagree, or offer an alternative to one or multiple aspects of the original request. The idea being that we are as specific as possible with our touch, understand the communication, context, choreography, and consent of the touch.

What is vital about this exercise and often goes unnoticed is that the first partner (who makes the offer) may decide that they either no longer wish to do whatever oddity they asked, they do not want to do whatever alternative has been offered, or that they have been given consent and realize that they may not have fully wanted to do so in the first place. We learn that, in touch, consent works both ways. The purpose of having the most exaggerated and seemingly ridiculous requests of your partner or self is to really challenge our understanding of our role as the toucher. Similar to the point of being a passive/audience, if our requests live in a place of ones usual comfort, we will not question the role we play.

If the same exercise above were to be done with the request to "Touch your shoulder with my right hand" we may not think twice about it. Something so commonplace in the world of touch can go unquestioned (once again, reflections of the casting couch being seen as common-

place). Only when we are pushed out of what we understand to be normal touch do we realize how harmful touch can actually be; something actors know all too well.

We have allowed our bodies to be presumptuous, to infer our actions before we actually have time to process our feelings on the action. Another exercise to elaborate on that goes as follows:

In a large group of people, stand in a circle equidistant. One person begins, the one teaching the exercise. The object of the exercise is to cross the circle and take someone else's space. To do so, look around the circle, make eye contact with someone, gesture/point to them and say "You" or their name. It is up to the person now to say "yes" or "no" to your offer. If "yes," you may begin walking across the circle to take their place. If it is a "no," compose yourself, look around and try again as many times as it takes until you receive a "yes." In turn, if you say "yes," you must find someone else in the circle to take the spot as the first person did before you can exchange your spot in the circle.

Multiple learning experiences in our bodies occur during this exercise. It is common to get frustrated or nervous if you receive a "no" or multiple "nos." We also tend to begin walking forward before receiving a yes or no response. This is similar to when we hold up our arms and ask for a hug — if your arms are already up, you have assumed that you will be greeted with an enthusiastic "yes" while the other person feels pressured into agreeing out of discomfort. If you start walking towards someone before receiving a "yes" in the circle, they may feel pressured to say "yes" because our bodies are socialized to understand the action. Care requires us to take a moment to think, reflect, consider, and then respond.

It takes time for our bodies to unlearn the presumptions we make about our physicality. It is because of muscle memory that we walk, type, take stairs, etcetera, but it is precisely that muscle memory in regards to touch that stops us from considering all aspects of our behavior. Walking does not effect anyone other than ourselves unless we fail to pay attention to our surroundings and then might easily collide with someone else. Touch is similar to walking with our eyes closed, we believe we know how to do it but in practice there are dangers we have not anticipated. We presume we know how to hug, but when we cannot see someone else's trauma how can we know whether or not we will trigger it.

One of the first things that intimacy directors ask actors to discuss is their physical boundaries. The general¹¹ boundaries are chest, crotch, and buttocks — these areas are never to be touched unless discussed and choreographed by and with the intimacy director. Outside of that, actors are encouraged to be as precise as they can be at first to get more comfortable communicating their boundaries. We are un-training ourselves as spectators while also helping actors to unlearn harmful habits. The key to boundaries is that they do not need to be explained. Could I request that the back of my left knee not be touched? Yes. However, I do not need to tell my partner that it is because I had an accident on vacation three years back, a boundary is a boundary, it does not require explanation to rationalize or deem it worthy. One can say they have no boundaries other than general boundaries, but if then licked in the ear by the partner, we may realize that we have other boundaries that we have yet to discover.

¹¹ referred to as "General Boundaries" with a military salute in intimacy trainings

Conclusion: Sustainably Decolonizing Touch

Touch is something we are fairly bad at understanding — we steamroll into hugs and cheek kisses, we grab black women's hair, etcetera. Our touch has its roots in the practice of colonizing other bodies. We leave our mark, our scent, our feel on someone else's skin, whether asked to or not. It is vital to note that not all touch has to be colonizing. When initiated with care, touch can look different to different people, but the foundation of decolonizing our touch is acknowledging the history of touch pre-pandemic and historically, as well as the roles that each of us play. We have the ability now, as we move back into the world, to consciously choose how touch integrates itself back into society. It is not the past 'normal' that we should be looking to go back to; instead, it is a different version of the world we must expect and initiate purposefully.

After multiple days of training and exercises with the first five pillars, IDC then teaches the 'secret sixth pillar' — the pillar of Change. The mission of intimacy work is to change theatre and film for the better. Change is the next important aspect of decolonizing our use of touch as we emerge from a touch-less world. Plenty of us have discovered that we never actually enthusiastically consented to friendly hugs or touches from other people; we just did it because of societal expectations. We force children to hug and kiss others without any regard to what we are enforcing and reinforcing about their touch habits. If told to touch, we touch. We do not get to think before it has already happened and, in plenty of cases, that is detrimental.

I began this paper with the purpose of exploring touch in two ways; 1) intimacy direction as a practice of care and 2) how coronavirus has inadvertently taught society the pillars of intimacy direction. By viewing our pre-pandemic understanding of how we touch and informing our choices to touch post-pandemic, we reclaim agency of our bodies in a way likely many of us did

not realize we had lost. The same way intimacy direction cares for our actors, inserting care into our colonial systems allows us to begin the process of decolonizing our touch.

We have the responsibility both to ourselves and the “larger entity” that Taylor speaks on to move intentionally and with care in social worlds and theatre spaces. Intimacy direction decolonizes theatre spaces the moment that we work with care and consent. By putting the people within our community at the forefront, above capitalism, we actively combat the colonialism and framing that history has thrust on us. The growth and development of intimacy direction in theatre will continue to dismantle the institutional colonialism beyond just rehearsal spaces and into administration, spectatorship, and production. As well, as we continue to center the pillars of intimacy work into our society, we will create safer and more caring spaces than ever become. It is with these understandings and discussions that we can begin decolonizing touch.



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IDC Professionals, www.idcprofessionals.com

THE PILLARS

REHEARSAL AND PERFORMANCE PRACTICE

A NOTE ON THE ROLE OF INTIMACY DIRECTOR: Intimacy Directors with IDI are highly skilled collaborators trained in movement pedagogy, acting theory, directing, body language, consent, sexual harassment, Title IX, mental health first aid, and, of course, our best practices for Intimacy Direction. The Intimacy Director takes responsibility for the emotional safety of the actors and anyone else in the rehearsal hall while they are present. For this reason, we recommend seeking out a certified Intimacy Director with Intimacy Directors International.

CONTEXT

Before any choreography can be considered, there must first be an understanding of the story and the given circumstances surrounding a scene of intimacy. All parties must be aware of how the scene of intimacy meets the needs of the story and must also understand the story within the intimacy itself. This not only creates sense of safety, but also eliminates the unexpected and ensures that the intimacy is always in service of the story.

CONSENT

Before any scene of intimacy can be addressed, consent must be established between the actors. Permission may be given by a director, script, or choreographer; however, consent can only be given from the person receiving the action. Starting choreography from a place of understanding consent ensures that all parties are clear about to which actions they are consenting, and it provides actors with the agency to remove consent at any time.

COMMUNICATION

There must be open and continuous communication between the director, intimacy director, stage management and the actors. This communication includes but is not limited to, discussion of the scene, understanding of the choreography, continued discussion throughout the rehearsal period, frequent check ins during the run, and an openness to dissent any actions in the process. Avenues for reporting harassment must be made available to the entire ensemble.

CHOREOGRAPHY

Each scene of intimacy must be choreographed, and that choreography will be adhered to for the entire production. Any changes to the choreography must first be approved by the intimacy choreographer. It is the job of stage management to ensure that the choreography is performed as intended. Stage management must also address any discrepancies that may appear in the rehearsal process and all performances.

CLOSURE

At the end of every rehearsal or scene of intimacy, actors are encouraged to develop a closing moment between them to signify the ending of the work. This small moment or simple ritual can be used between takes or runs of the scene, and/or upon the close of rehearsal. We encourage this as a moment to leave our characters, relationships, and actions from the work behind, and walk back into our lives. Likewise, we suggest all parties (including outside eyes) exercise proper self-care during and after the run or filming of intimate projects.



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