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Theatrical Intimacy Direction and Drama Therapy: A Community Workshop

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Capstone Thesis

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Abstract

Within the last several years, the field of intimacy direction and coordination has grown exponentially, both in usage within theatre and film and within public consciousness. Contributing to this rise is an increased awareness of and consideration for the potential psychological and emotional harm of production processes on performers. Both intimacy directors and drama therapists are uniquely equipped to handle such concerns: intimacy directors, due to their their frequent engagement with sensitive and potentially activating material, and drama therapists, due to their background in and understanding of both artistic and clinical processes.This thesis presents the process and results of a workshop for drama therapists in training and intimacy professionals. The workshop explored the similarities of the professions and the ways in which practitioners in both fields can borrow and learn from each other. Findings from both the literature and the workshop revealed common philosophies within the profession, including a focus on social justice and trauma considerations, as well as shared practices such as the use of dramatic rituals and de-roling.

Key words: drama therapy, intimacy direction, theatrical intimacy, consent, mental health

Introduction

Despite long-standing public fascination with actors and their mental health, there remains a dearth of research into the impact that actors' work has on their mental and emotional well-being, particularly compared to other performing artists (Martowska et al., 2006; Nettle, 2006; Robb et al., 2018) However, inter-industry conversations about this subject are becoming more common, and more public. Alongside these conversations have come increased efforts from theatre artists to disrupt cycles of harm within the industry and create a healthier, more humane field.

One way that this is being achieved is through the use of intimacy professionals. An intimacy professional is "a choreographer, an advocate for actors, and a liaison between actors and production for scenes that involve nudity / hyper-exposed work, simulated sex acts, and/or intimate physical contact" (*What is an intimacy director or coordinator?*, 2022). "Intimacy professional" is an umbrella term across all forms of entertainment; typically, "intimacy coordinator" is used to refer to television and film whereas "intimacy director" is used to refer to live entertainment. That said, the terms are also sometimes used interchangeably, along with terms such as "intimacy choreographer." I will primarily use the term "intimacy professional" throughout this paper.

This thesis focuses on the intersection between theatrical intimacy work and drama therapy, particularly therapeutic theatre, or performance-based drama therapy, and the ways that the two fields can learn and borrow from each other. A workshop was conducted for drama therapists in training and intimacy professionals in order to explore these topics, which I hope will be a starting point for future work in this area.

Author's Statement

This is work that is personally significant to me as a theatre artist. I grew up in theaters and scene shops as a second-generation theatre artist, and frequently mark significant periods of my life by what production I was working on at the time. Theatre was an immensely important piece of my development as a young person; however, the longer that I was involved in theatre, the more I noticed and experienced the unhealthy parts of this art form that I loved. I noticed that rehearsals were often emotionally unsafe for performers, that there was rampant abuse from those in positions of power, and that there was an expectation for theatre artists to push themselves past healthy limits in the name of their art; I also noticed that these were all considered part of the cost of creating art. Although through my childhood and adolescence I studied both acting and technical theatre, I made the transition to working in stage and production management, in large part to create the kinds of conscientious, caring, safe yet brave (Arao & Clemens, 2013) rehearsal rooms that theatre artists deserve.

I also believe that, in theatre, therapy, and research practices, one's identity cannot be separated from their work. Therefore, I find it important to name the social positions and identities that I bring into this work and acknowledge the privilege that I hold as an educated, white individual as well as the intersecting marginalization of being an openly queer, chronically ill individual, all of which has heavily influenced my work within theatre. My higher education and professional theatre work has all taken place within large urban metro areas, which I also acknowledge has influenced my perception of the field.

Literature Review

In this next session I will review: drama therapy and its core processes, theories of acting, secondary trauma in acting, and consent-forward practices in theatre in an effort to contextualize current research in service of the workshop led for drama therapists and intimacy professionals.

Drama Therapy & The Core Processes

Drama therapy is a form of creative arts therapy that utilizes theatre techniques to work towards therapeutic goals (North American Drama Therapy Association [NADTA], nd.) It has a diverse range of influences and roots in psychotherapy and psychiatric care as well as in acting theory and social activism (Johnson, 2021; Sayre, 2022). Drama therapists come to the field from a variety of backgrounds; Sayre (2022) noted that many drama therapists shared anecdotes of being led into drama therapy through "healing from participating in and creating art within marginalized communities" (p. 3). Additionally, Emunah et al. (2021) noted that "the drama therapist's skill-set is especially attuned to making visible what has been obscured, facilitating the expression of what has been suppressed, examining both internal dynamics and larger external systems at play" (p. 33) when discussing drama therapy's role in social justice efforts.

Drama therapy, across approaches, populations, and settings, has several common therapeutic factors commonly referred to as the core processes of drama therapy (Jones, 1991). In the decades following Jones' initial publication, there have been different attempts by researchers to establish a clear understanding of the core processes and operationalize the terms; sometimes, in this effort, the core processes themselves have shifted. The most recent and comprehensive of these is the work of Frydman et al. (2022), which examined drama therapy literature and surveyed experts in the field in order to operationalize the core processes within a North American context. The study defines the following as the core processes of drama therapy:

engagement in dramatic reality, dramatic play, active witnessing, distancing, dramatic projection, embodiment, and *multidimensional relationship* (see Appendix A).

Theories of acting

Acting is a complex interplay of language, physical action, and cognitive processes (Kemp, 2012). Due to the connection between mind and body (Lane et al., 2002), having an understanding of psychophysical processes can also deepen understanding of the processes of acting (Kemp, 2012). Though one's precise definition of acting may depend upon the theory of acting one subscribes to (Guo, 2022), acting can be broadly understood as imaginative response, or what drama therapy understands as *engagement in the dramatic reality*, or "bringing the imaginal realm into outward expression" (Frydman et al., 2022, p. 8).

Method Acting, which built upon the work of Konstantin Stanslavski (1936) by Stella Adler, Sanford Meisner, and Lee Strasberg in the United States, has a focus on leading the actor to experience their characters' circumstances as genuinely as possible (Guo, 2022). This frequently relies upon actors accessing their own affective memory (Stanislavski, 1936; Strasberg, 1988). Particularly in his early conceptualization of his system, Stanislavski valued the actors' use of drawing upon fiction and the stories of others in addition to personal experiences (Carnicke, 1998) and throughout his life had a "profound faith in the mind-body continuum" (McFarren, 2003, p. 99). Despite this, Stanislavski and his system are associated strongly with the idea of actors' central tool being purely their own experiences and memory. This may be, in part, due to Stanislavski's lack of describing specific exercises in accessing affective memory as well as the way that Strasberg moves from describing affective memory as a phenomenon that actors can utilize as one artistic tool into a codified exercise (McFarren, 2003).

Alternatively, there are acting methods that focus on a more physicalized approach, such as Alba Emoting (Kalawski, 2020) or Michael Chekhov's work with Psychological Gestures (Pitches, 2007). There are several unpublished theses and dissertations (Arias, 2019; Burke, 2023) which assert that Alba Emoting, due to its de-emphasizing of personal experiences, is the safest approach to use with actors to minimize risk of emotional harm. Instead of drawing on personal experiences of emotion, Alba Emoting essentially manualizes the expression of emotion, for instance through breath. Chekhov's method was borne out of his disagreement with the usage of affective memory in Stanislavski's work due to the harm it can do to actors (Townsend, 2009). It has been posited that those with trauma histories are particularly vulnerable to harm from affective memory exercises, even as they may seek them out due to the hyperarousal they bring (McFarren, 2003). Other prominent physical-based acting approaches include Viewpoints (Bogart & Landau, 2004), which draws from postmodern dance and focuses on time, space, and voice, and the Suzuki Method, which aims to "restore the wholeness of the human body in performance" (Suzuki & Matsuoka, 1984, p. 30) through specific physical discipline based on traditions including Noh theatre and classical ballet (Suzuki & Matsuoka, 1984). Burgoyne et al. (1999) found that actors that utilized these types of action- and physicality-based acting methods had less boundary blurring between themselves and the material they were working with.

Kemp (2012) cited recent findings in neuroscience to support the idea that there is actually little difference between these "outside-in" or "inside-out" methods of acting in terms of the final result. This is because mirror neurons' mechanisms while engaging imaginatively with fictional material lead to very similar results as experiencing something in one's actual life. This is preliminarily supported by an fMRI study with trained actors (Brown et al., 2019). While this

visceral experiencing of fictional situations can be considered as a reason why acting is so powerful (Emunah, 2020), it also can be a potential vulnerability for actors.

Secondary trauma and "Post-Dramatic Stress"

The term post-dramatic stress describes the experience of actors having traumas re-opened or new traumas formed by their work, particularly within the context of training (Seton, 2006). Due to the structural changes that occur in the brain of those who experience trauma (Kunimatsu et al, 2020; Liu et al, 2017), those with trauma histories can operate in a state of hyperarousal more often than those without trauma histories (American Psychiatric Association [APA], 2023). This, combined with the similarity in brain responses to imagined and real situations, means that enacting traumatic material in the context of acting can be harder for those with trauma histories to differentiate from actual threats (McFarren, 2003). Although those with trauma histories and traits of Post-Traumatic Stress Disorder (PTSD) may be especially vulnerable to this, the embodied nature of acting leaves all actors vulnerable to being traumatized by enacting dramatizations of violence (Seton, 2013). When actors view this potential for traumatization as an inherent part of the acting process (Barclay, 2019; Green, 2022; McFarren, 2003; Seton, 2010), actors and directors will not be able to properly address the harm in the moment, which in turn can lead to lasting damage (McFarren, 2003).

Boundary blurring

The blurring of boundaries within acting has been long criticized within acting pedagogy spaces (Kemp, 2012). The first academic mention of this topic occurred in 1999, with the paper "The Impact of Acting on Student Actors: Boundary Blurring, Growth, and Emotional Distress" (Burgoyne et al.). This paper joined the fields of theatre pedagogy and counseling psychology to interview university student actors about their experiences. One finding was that boundary

management was not taught within training programs, despite problematic boundary blurring occurring within their work. This boundary blurring may be attributed to the way that there is little to no difference, on a neurological level, between experiencing an emotion as oneself versus as a character (Brown et al., 2019), especially when looking at acting methods that encourage use of affective memory and personal experience. Burgoyne et al. (1999) found that actors that utilized these and similar methods had less boundary blurring between themselves and the material they were working with. Saslov et al.'s 2022 paper "Showmance": Is performing intimacy associated with feelings of intimacy?" further established the link between affective behavior (in this case acting out eroticism and intimacy) and genuine emotion. These findings suggested a need to protect the boundaries of performers and can be expanded from just intimacy to all sensitive material, particularly enacting violence and trauma.

Consent-forward Practices in Theatre

Rise of Intimacy Coordinators and Directors

There has been a recent, rapid rise in public awareness of intimacy specialists within the performing arts, which may be due to recent profiles of such workers and op-eds on the subject. These pieces are themselves a result of an increase in the utilization of intimacy specialists (Manelis, 2023), attributed to the recent professionalization of the field as well as the #MeToo movement (Fairfield, 2019).

Though the phrase "Me too" to refer to sexual abuse and harassment was coined in 2006 by grassroots activist Tamara Burke, it found popularity and visibility as a viral hashtag (#metoo) in 2017 (Me Too Movement, 2020). Though the grassroots, social media-based movement resonated with many individuals, particularly women, it quickly became linked to the

entertainment industry, with many women speaking out about the systemic abuse they faced in the industry, and a high-profile interview with actor Rose McGowan (Jubas, 2023, Smith, 2020).

This watershed moment led to television networks, production companies, and theatre companies committing to utilize intimacy professionals in their work. It is difficult to ascertain exact numbers of intimacy professionals, particularly pre-2017, due to qualifications not being standardized. However, it seems agreed upon that the number of trained intimacy professionals working in the United States grew exponentially directly following 2017 (Manelis, 2023). It was around this same time, perhaps due to the growing need and awareness of the field of intimacy coordination that several organizations dedicated to intimacy training, certification, and related resources were founded (Fairfield, 2019). The number of academic manuscripts on the subject also rose alongside the aforementioned popular media pieces on the subject (Pace, 2020; Barclay, 2020; Steinrock, 2020; Villareal, 2021; Cobb, 2022).

Despite the relative newness of awareness around intimacy specialization, with the term only first appearing in Tonia Sina's (2006) MFA thesis, the work of intimacy coordinators is far from new. As Sina (2006) pointed out when coining the term, there is overlap with fight choreography and many fight choreographers did this work before there was a term for it (Noble, 2011). Additionally, there is unacknowledged, uncredited, and often unspoken work of artists, typically marginalized artists, working to protect themselves and others (Dunn, 2019; Villareal, 2022). As Fairfield (2019) pointed out, this work also draws upon the decades of work done in non-simulated sexual spaces by sex workers and in BDSM and queer spaces to create common vocabulary and practices around consent and safety.

Pillars of Consent

In 2016, Intimacy Directors International published the five Pillars of Intimacy: *context, communication, consent, choreography,* and *closure* (Intimacy Directors and Coordinators, 2022, referencing Intimacy Directors International, 2016) (See Appendix B). The common conception of intimacy direction and coordination is that it begins and ends with choreographing sexual content. However, as these pillars establish, choreography is just one part of what an intimacy professional does within a production, and there are many types of content in which theatre artists would benefit from either the direct involvement of an intimacy professional or through the application of intimacy work principles by directors. This can include "breastfeeding, childbirth, or a support worker assisting a person with physical disabilities" (Fairfield, 2019, p. 68), all intensely intimate and exposed without being sexual, or material that requires particular trust and intimacy between artists in the room due to its activating nature, such as depictions of power imbalances (New York Film Academy, 2023) or some content related to actor's characteristics, such as race or gender (TIE, 2021).

Access within intimacy work

Despite recent strides in the visibility and usage of consent-based practices in theatre, there is still much progress to be made. This work is often reserved for those who are certified intimacy professionals (Pace, 2021). However, certification is just one form of demonstration of knowledge within the field, and it is often inaccessible due to intense monetary and time demands. This privileging of certification over other forms of training and knowledge perpetuates harmful hierarchies within the field. (Pace, 2021). Additionally, the field of intimacy coordination is still overwhelmingly white (James, 2020; Acacia & Valentine, 2022). In 2020, during the peak of Black Lives Matter protests and a reckoning within the theatre industry

regarding many of its harmful practices, The We See You, White American Theatre movement came about to name the racist practices within theatre and create demands to create a more equitable field (We See You, White American Theatre [WSYWAT], 2020). This became a framework that many companies used to guide their DEI efforts (Meyer, 2021). They list as one of their demands: "employ mandatory hiring of intimacy directors with BIPOC Training for every show" (WSYWAT, 2020, p. 9), which speaks to both the importance of intimacy direction as well as the gap in training that exists for many of these professionals in working with BIPOC performers, which can perpetuate harm by way of forcing unwanted embodiment on already marginalized, historically abused bodies (Dunn, 2019). Different artists bring into the room different experiences and viewpoints, and what can serve one member of the team can isolate, or even harm, another (Barnette et al., 2019).

Theatre is a collaborative art form, and these principles of consent must be upheld by everyone involved (Pace, 2020). In order for this to happen, everyone involved must also feel empowered to assert their own boundaries (Shawyer & Shively, 2019). Noble's (2011) work creating the Extreme Stage Physicality protocol was designed for actors to be able to implement the protocol on their own, in order to protect artists when rehearsing on their own. Theatrical Intimacy Education is an organization that has chosen to not create any sort of certification, instead offering a selection of classes for specific disciplines, from directors to stage managers to casting directors, to implement intimacy work principles in the rehearsal room and/or classroom (Theatrical Intimacy Education, n.d.) Chelsea Pace's seminal text *Staging Sex: Best Practices, Tools, and Techniques for Theatrical Intimacy* (2020) is designed for "directors, choreographers, movement coaches, stage managers, production managers, and actors at the university and professional level." (Pace, 2020, para. 3). This guidebook allows for all theatre practitioners to

implement consent-forward practices in their work, and artists may benefit from utilizing them even in contexts in which touch is not involved (Roach, 2022). Such measures also serve to democratize an area which could otherwise be gatekept by expensive, involved trainings which are difficult for many to access (Pace, 2021).

Method

It was my goal, in the planning and carrying out of this project, to create a productive conversation and cross-pollination between theatrical intimacy professionals and drama therapists. This thesis aimed to foster an environment where the two disciplines could learn from one anothers' principles and practices due to a perceived overlap in intentions between intimacy professionals and therapeutic theatre practitioners.

I began recruitment for workshop participants by reaching out to personal contacts of working intimacy professionals, aspiring intimacy professionals, and drama therapy students to gauge interest and availability. The workshop was conducted via Zoom in order to include artists from multiple regions and to accommodate as many participants' schedules and needs as possible. The workshop had five participants, all located within the United States and between the ages of 24-32. Of the five participants, three were drama therapy students and two were theatrical intimacy professionals. Three of the five participants were white, with two being people of color. Four of the five participants were cisgender women, with one participant being nonbinary. Four of the five participants identified as being part of the LGBTQ+ community.

Introductions

We began with introductions, with each participant sharing their name, pronouns, location, and their reason for interest in the workshop. Due to the small size of the workshop, the sometimes personal nature of what was being shared, and the fact that some participants knew

each other already whereas others did not, the introduction portion proved to be important for participants building rapport and safety with each other. Additionally, it helped contextualize the background and frameworks of each participant, which allowed other participants and me, as the facilitator, to tailor the information and discussion.

Didactic- Pillars of Intimacy and Core Processes

Next I provided a brief explanation on the Five Pillars of Intimacy (IDC, 2022), reading the definitions of each provided by Intimacy Directors and Coordinators and putting a text-based handout into the Zoom chat feature, thus allowing equal access for participants who prefer to take in information visually and auditorily. I then did the same with the core processes of drama therapy, using the definitions published by Frydman et al. (2022). Like with the Pillars of Intimacy, I both read these aloud and put a text-based handout into the Zoom chat. I did not change any of the language used from the original publications. Though this material was familiar for many participants, I wanted to ensure that the drama therapists had a solid understanding of the core tenets of intimacy work and vice versa. When elaboration was requested on any of the core processes, I used further explanation from Frydman et al. (2022) and/or an example from personal experience. No elaboration was requested on any of the Pillars of Intimacy.

Discussion

I then used the Pillars of Intimacy and the drama therapy core processes as a framework for discussion, asking participants where they saw overlap between the Pillars and core processes with particular emphasis on the workshop participants' professional and training experiences. I used the responses to this to prompt further discussion with participants. I chose not to have structured questions chosen ahead of time, instead letting the discussion be led by participants.

However, I did have a brief list of topics written (Appendix C); they were mostly to be used in the case that conversation stalled, but they were also topics that I was particularly interested in discussing. This included discussion around which of the Pillars and core processes participants felt most drawn to, or which they saw arise most in their work. It also included the connection between these concepts and the audience, and the differences between their use in therapeutic and non-therapeutic theatre. Throughout the discussion, I took written notes on participants' thoughts as well as my own, including connections I drew with the literature.

Arts-based processing

After this discussion, I offered to participants to engage in an arts-making process as a response to what they were taking away from the conversation. Although I offered that participants could engage in whatever art form they chose, including visual art, writing, music, or movement, all participants chose to create an embodied sculpt or short gesture sequence in response. I asked participants for a word or short phrase to accompany their sculpts, and arranged the participants' Zoom boxes to create a cohesive image. I then invited the participants to, if they felt called to, change their gesture to connect to the participants around them. I then presented a modified prompt, taking a cue from the seeming preference for embodied expressions, to create a machine (Boal, 1992) based upon their hopes for what the theatre field could look like. We ended with a reflection on anything participants wanted to take with them as they left the workshop.

Results

Boundaries

One of the unexpected themes that came from the workshop was the resonance that the Pillars of Intimacy had for the drama therapy students, not in their roles as clinicians, but rather

as theatre practitioners. There were several stories shared of directors, particularly in training settings, violating participants' boundaries, or not considering boundaries and consent to begin with. A few of these stories were nearly a decade old but still prominent in the memories of the participants sharing them, showing that they had a profound impact on the participants. As participants shared these stories, they were received with empathy by the other participants, many of whom echoed that they had similar experiences, indicating a widespread problem. This boundary blurring was also relevant for the intimacy professionals, with one specifically naming that it led them to the field.

De-roleing and ritual

Something all participants noted was the shared practice of de-roling and ritual. Though not part of the core processes, it was brought up by drama therapists in response to the pillar "closure" (IDC, 202?]. As a pillar of intimacy, this refers to the entering into and exiting out of what drama therapists refer to as the dramatic reality (Pendzik, 2006) and providing a container for artists. De-roleing, as referred to within drama therapy literature, is the "intentional, mindful act to create a separation from self and a character played" (Lasskin, 2017, p. 167).

Once this was identified, all participants compared their experiences and preferred methods of closure, en-rolement and de-rolement. Not only was there overlap in the actual practice (such as putting on and subsequently removing costume pieces, physical activation, and a practice of putting scenes, characters, and themes into an imaginary box), but there arose a discussion regarding building off of common practices of actors to find and formalize a de-roling process. All participants had acting backgrounds, and all noted that they had their own processes of de-roleing while acting, even before being formally taught about this practice. These processes included intentional playlists, particular ways of taking costumes or makeup off, and

mindfully closing up their dressing room for the night. Participants also found value in ritualized enrole-ing processes, such as group warm-ups, meditation, character-focused physical warm-ups, and application on costumes or makeup.

Containment and closure

De-roleing was not the only discussion that occurred around containment. Participants noted that "choreography" within intimacy work served as a container, with one drama therapist participant noting from their personal experience that this allowed for greater ability to co-create with the intimacy coordinator, director, and scene partners due to an increased sense of safety. Specifically, the way that choreography provides structure was contrasted against the mentality that many participants experienced in their training or early career in which directors would not scaffold any intimacy work and would instead rely entirely upon the actors to choreograph or improvise intimate moments themselves. One participant, who non-specifically disclosed having a trauma history, identified that having intimate and violent scenes be highly structured and rehearsed allowed them to stay present with their scene partner(s) and grounded in their work, whereas feeling underprepared in these same types of scenes frequently led to intense stress responses. This practice is aligned with principles of trauma-informed care (Substance Abuse and Mental Health Services Administration, 2014) in that it increases safety of performers and the transparency and reliability around the process. Many participants said that they felt increased ability to collaborate in these circumstances, which also falls in line with these principles. Utilizing a trauma-informed lens in the artistic process creates safer spaces for performers with trauma histories, in turn creating a more inclusive field.

Witnessing and the audience

Active witnessing is the drama therapy core process "by which participants notice aspects of themselves, others in a group, or the drama therapist. At the same time, participants are seen by the drama therapist, other group members, or an invited audience" (Frydman et al., 2022, p. 8). The relationship between audience and performer in therapeutic theatre is a "kinship" (Emunah and Johnson, 1983, p. 238) that holds transformational potential for both parties. Although the same can be said of traditional theatre performance as well, there was a sense among participants of the relationship between traditional theatre performers and audiences as being more transactional, with the performance being a product or commodity. This contributed to some participants feeling as though the presence of an audience, while completing a theatre piece, was simultaneously a source of risk for performers.

Participants identified that, in the rehearsal room, artists have some level of control over who is witnessing their work, which provides some safety within the process. On the other hand, there is not that same level of control over who is in the audience, which introduces uncertainty and anxiety regarding audience reaction. This uncertainty and anxiety was discussed in two broad categories: uncertainty for the performers and uncertainty for the audience, with participants discussing their experiences as both artists and as audience members. Participants felt vulnerable in not knowing how audiences would react to sensitive material, particularly scenes of intimate violence and racialized and gendered trauma, with discussion on the latter centering around the way that audience members' identities in relation to the actors' identities impacted the experience of the performers. For instance, enacting scenes of racial trauma felt less safe to do in front of predominantly white audiences for one participant of color. Participants also discussed the necessity, as therapist-directors and as intimacy professionals, to consider how

such intense, potentially activating material may impact audience members, and that there is a difficult and delicate balance that exists in being guided by artistic intent versus impact. This led to a brief discussion regarding safeguards that can be in place to support the emotional health of audience members, including thorough content warnings, the ability of audience members to leave if a performance becomes overwhelming, professionals or trained volunteers for audience members to speak to during the performance, connection with relevant community resources, and trained volunteers leading post-show discussions.

Discussion

This workshop created a unique opportunity for practitioners in two aligned but separate fields to connect and learn from each other. The results support my initial idea that there are commonalities between intimacy work and drama therapy and that the two fields can learn from each other and have a positive impact on the field of theatre as a whole.

Theatre professionals, despite increased vulnerability to depression, generalized anxiety, vicarious trauma, and perfectionism compared to the general public (Robb et al., 2018) and increased overexcitability compared to other artists, which leads to more frequent states of hyperarousal (Martowska et al., 2020), are hesitant to seek out mental healthcare (Sherman et al., 2021). As intimacy professionals' job encompasses advocating on actors' behalf, it's important for them to have an understanding of the unique mental health impacts of acting, which is one potential utilization of mental health consultation within the field.

Many actors learn the first rule of improvisation as "yes, and?" which is frequently understood and taught as meaning that actors cannot strike down the suggestions of their scene partners; though not all actors seriously study improvisation, it forms the basis of many actors' training, particularly if they start studying acting in childhood or adolescence. Actors are taught

to take risks and to make big choices and are rewarded for doing so, most notably at auditions, which means that taking bigger risks can translate directly to an actor getting work and being able to make a living. In rehearsals, there is similarly a culture of needing to say yes and try any choice that is suggested. A frequent message in acting training, whether explicit or implicit, is that actors are replaceable, which can lead to actors feeling that they are not able to set their own boundaries for their own survival within the industry (Pace, 2020; Savard, 2023). As Pace (2020) writes "*Actors are trained to say yes*. By sending the message that an actor is a person that says "yes" and takes risks, it comes through loud and clear that a person looking to protect themselves and says no isn't cut out to be an actor" (Pace 2020 p. 13)."

The stories shared by workshop participants around boundary crossing from those in positions of power serves as a demonstration of one way in which the culture of theatre can have a negative impact on theatre artists' mental health, and the way that workshop participants connected over these stories and shared experiences, despite all coming from different training programs, regions, and artistic backgrounds, shows the ubiquity of boundary blurring within the theatre field and the lasting impacts that this boundary blurring has on artists' mental health.

In particular, an understanding of trauma and trauma-informed practices is important for those working in positions of artistic power within theatre. At its core, a trauma-informed approach means working in a way that: 1) realizes the impacts of trauma, 2) recognizes the signs of trauma, 3) Responds by integrating knowledge about trauma into policies and practices, and 4) resists re-traumatization (SAMHSA, 2014). In addition to these underpinnings, there are six principles of trauma-informed practice that SAMHSA (2014) has developed: 1) safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality,

5) empowerment, voice, and choice, 6) recognition of cultural, historical, and gender issues. Though SAMHSA's work originated for use within behavioral health and human services systems, they are applicable in many contexts, and trauma-informed approaches are finding a home within theatre, particularly theatre education (Hallman, 2022; Michael, 2019; Miller et al., 2023; Redfield, 2021; Schenk, 2021).

Training around trauma is completed by many intimacy professionals; Intimacy Directors and Coordinators requires Mental Health First Aid training for their diploma programs (IDC, 2024) and Theatrical Intimacy Education includes it as part of all their recommended tracks (TIE). TIE also offers further trauma-informed trainings (TIE, 2024) (at this time, IDC is undergoing restructuring of the certification process and thus does not have the current course progression published). Additionally, as identified during the workshop, practices central to intimacy work are aligned with trauma-informed best practices. Deepening understanding of trauma-informed principles and practices and using consultation and education on trauma from clinicians, who receive in-depth training and education on these topics can help to improve trauma-informed practices within theatre spaces, and ongoing collaboration between mental health workers and theatre artists can be highly fruitful in this regard (Miller et al., 2023).

The backgrounds and framework of drama therapists positions them uniquely to engage in this collaboration; theatre professionals are more open to receiving mental health support from experts who understand the field of theatre and its processes (Sherman et al., 2021). Additionally, drama therapists' use of arts-based processes will likely feel more natural to artists. All participants in the workshop discussed their own arts-based process to de-role, and many mentioned benefitting from ritualizing these processes, with ritual being an important part of the drama therapy process for many drama therapists (Emunah, 2020) and may be particularly

beneficial within the context of trauma (Lowry, 2018). Interestingly, the natural de-roleing methods referenced by workshop participants were primarily focused on the performance phase of a production, which still leaves actors vulnerable during the rehearsal period. It has been observed that there is, in acting contexts, often more emphasis on getting into character rather than getting out of character, which can lead to the actor taking aspects of the character outside of the rehearsal or performance space (Lassken, 2017). Utilizing dramatic ritual intentionally, from the start of a process, and to facilitate enrole-ing and de-roleing can help to support artists' mental health, particularly when working with activating material.

Artists don't need to be working with drama therapists directly in order to benefit from the principles of drama therapy, as demonstrated by this workshop. By increasing awareness of drama therapy and its principles among theatre practitioners, those theatre practitioners could feel more empowered to utilize them in nonclinical ways in the rehearsal room, similar to the increase in Mental Health First Aid training for theatre artists through organizations like Theatrical Intimacy Education. Increased contact between theatre workers and drama therapists also creates a network where the theatre workers can use drama therapists' mental health expertise as well as artistic knowledge and practice as a resource. Additionally, I feel that this is one way in which drama therapists can stay in touch with their artistic identity. Intimacy professionals are a natural point of connection between the two fields due to the fact that intimacy professionals work from a trauma-informed perspective and frequently interact with material that may be activating for both actors and audience.

Limitations

When I initially planned the workshop, I had intended to have a section in which participants could talk through previous challenges within their work and draw on the collective

knowledge of the group to discuss ways that utilizing drama therapy or intimacy work principles could have deepened their work. I was aware that this would be delicate, as it would require heavy anonymization due to privacy laws (for the drama therapists) and the small size of the field (for the intimacy professionals). Ultimately, the other sections of the workshop ended up taking longer than anticipated, so this did not end up happening. While at first this was disappointing, I think that I made the right choice in following participants in the initial discussion and embodied portions of the workshop and allowing them to take more space than originally planned. Were I to run the workshop again, however, I would schedule a longer time, or perhaps plan for multiple sessions in order to deepen the work that we did together and make space for that collaborative problem-solving. This workshop was, I believe, a good start to the conversation about what the fields of drama therapy and intimacy work can learn from each other, but ultimately was just a start.

I do think that, though this workshop generated interesting discussion, the work that we did together could be deepened in order to give participants more resources and tools to bring into their own work. I also think that the arts-based portions could have been integrated more thoroughly into the workshop. The arts-based processing inherent to drama therapy could be very useful to many theatre practitioners, as evidenced by the way that the workshop participants discussed their de-roling practices being rooted in their practice as actors. I knew many of the participants and several of the participants knew each other, which likely impacted what was shared, though it is possible it both led to participants being less or more likely to share certain things. Additionally, the results of this workshop were a reflection of the experiences of the specific participants involved, and while there were shared experiences and perspectives among participants, there were several aspects of identity which were fairly homogenous in the

workshop participants, namely gender and education level, and the group was predominantly white. While we discussed issues of ethnicity and gender, I would be interested in exploring these issues further as well as impact of other intersecting identities, such as class, disability, and size in future work.

Conclusion

This work points to a promising future for collaboration between drama therapists and intimacy professionals. There is already overlap in some of the working principles within the two fields, such as creating contained spaces to facilitate creativity, centering trauma-informed principles into theatrical work, and orienting towards social justice. Intimacy coordination builds on decades of work of activists and artists in its understanding and application of consent and communication, and drama therapy similarly builds on decades of work in both social justice and clinical settings. The specialized knowledge and training that drama therapists receive is beneficial for the field of theatre to draw from in a broad sense, and intimacy work, due to its overlap in principles and the material that intimacy professionals work with, is a fertile ground for this to take place. Drama therapy principles being taught in theatre training programs, including intimacy professional training programs, and access to drama therapy consultation within production processes would benefit all involved, and would contribute to creating a more ethical theatre field.

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Appendix A

Drama therapy core processes definitions

Active Witnessing- The process by which participants notice aspects of themselves, others in a group, or the drama therapist. At the same time, participants are seen by the drama therapist, other group members, or an invited audience.

Distancing- A process of titrating emotion and cognition through engagement with dramatic media.

Dramatic Play- Engagement in a co-created improvised relationship with reality, utilizing imagination and spontaneity. Typically, there is a sense of experimentation, and an engagement in experiential processes that are expressive and collaborative.

Dramatic Projection- The process of outwardly expressing and representing aspects of oneself, others, social forces, feelings, and experiences onto dramatic material (e.g., puppets, props, masks, text, role, story) and engaging with that material.

Embodiment- A physical, vocal, or emotional inhabiting of the body; attending to sensations; touch; the spectrum of physicalized expression of emotions, thoughts, reactions, impulses, and inner experiences.

Engagement in Dramatic Reality- Participating in a transition from external reality to a liminal state, bringing the imaginal realm into outward expression; an in-session departure from ordinary life.

Multidimensional Relationship- The inter-relationship between participant(s), drama therapist(s), and dramatic reality.

Appendix B

Pillars of Intimacy in Production Definitions

Context- Context refers to the shared analysis of the given circumstances for both the piece and the production as a whole. Each scene of intimacy will require a slightly different approach, and context allows for the unique attributes of each situation to be named, addressed, and understood by all those involved.

Consent- Consent is a freely given and knowing agreement between two parties to participate in a specific predetermined action. Consent can only exist when it is voluntary and allows for all parties to change their mind. In a culture of consent, individuals can choose between "Yes" and "No" freely, without fear of perceived negative consequences.

Communication- Communication must be open and free flowing during the production process to ensure that everyone understands what is being asked of them. Clear and continuous communication that uses inclusive language affords every team member the opportunity to give their informed and confident consent to both the story being told and to the actions in which they are involved.

Choreography- Choreography is a roadmap for the physical movements and emotional journey of the scene. It is a framework, within which actors can safely and effectively work physically and emotionally with one another. Intimacy choreography is meant to be adaptable to fit the needs of the storytelling. It can be hyper specific, or it may create broader containers for consensual impulse exploration.

Closure- Closure is a specific ritual or practice for the purpose of containing, processing, and categorizing feelings and experiences that emerge while working on a project. Building opening and closing practices help practitioners more safely explore imagined scenarios without experiencing repercussions in their everyday lives. Closure practices support the wellness of the entire creative team, and promote sustainability in the workplace.

From "The Pillars of Intimacy in Production" by Intimacy Directors and Coordinators, 2022.

Appendix C

Workshop topics/questions

1. What similarities and differences do you see between the core processes and pillars? Are there any that seem especially aligned or misaligned?
2. How, if at all, do you see the pillars of intimacy applying within therapeutic theatre?
3. How, if at all, do you see the core processes applying within non-therapeutic theatre?
4. Are there any core processes or pillars that appear more in your work, or you have found particularly beneficial?
5. What role do you see culture and identity playing in safety and consent within a theatrical space?
6. How do you see the drama therapy core process of *active witnessing* connect to the role of an audience? How does that change within the context of therapeutic theatre?
7. How does the concept of *consent* play out between audiences and performers?

THESIS APPROVAL FORM

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