

Touch and consent: towards an ethics of care in intimate performance

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Abstract

Our personal experiences as women working in the performing arts and entertainment sector indicate to us that there is a need for actor-training that includes articulated pedagogical framework and methodological approaches that engage with the performance of intimate content and professional touch. Women's behaviour and communicative acts are often gendered through socialisation and gender hegemony that at times, are covertly upheld by the culture of a work context. Gender hegemony and perceptions about gender uphold and legitimize practices that do harm, impacting women's physical, mental and emotional safety. For women actors, this is exacerbated by expectations of what they should consent to in service of their work, including touch and intimacy. We argue that using a feminist ethic of care as pedagogical framework together with intimacy coordination as resonant methodological approach might offer an approach to actor-training that might further women actors' agency in giving meaningful consent with regards to professional touch, whilst cultivating a broader imperative of care.

Keywords:

- feminist ethics of care
- intimacy coordination
- intimate performance
- professional touch

Introduction

Being an actronⁱ often involves being conditioned to agree to what a scene or character entails in support of the script, performance authenticity or believability, the directorial vision, and to demonstrate professionalism. In the context of acting and performance, a character's story and relationships develop through action, interaction and often, touch. At the same time, touch holds much risk. This article offers a proposition for a pedagogical approach rooted in a feminist ethics of care and a resonant methodological approach, namely intimacy coordination, to further women actrons' agency to give meaningful consent in the context of professional touch when performing intimate content. Moreover, we posit that the interweave between the two assists in fostering radical empathy - positioning care as an embodied, performative act that encourages prosociality towards cultivating a broader moral imperative of care. Whilst the domains of intimacy coordination and the feminist ethics of care respectively has been the focus of research, research on their coupling in a performer training context - in particular focusing on intimate performance and professional touch - is lacking.

The performing arts and entertainment industry has become notorious for its tolerance of, and justifications for, sexism and sexual violence in the workplace (Liinamaa & Roger 2022, 16). Women actrons have experienced "disproportionate levels of being victimised" in terms of performing intimate content without complaining or resistance (Deboeck 2019, 35). This is corroborated by research by the Geena Davis Institute on Gender in Media (2019), and locally by SWIFT (2017), NFVF & SWIFT (2018) and Yende (2021). The heightened awareness of sexual misconduct and exploitation in the performing arts and entertainment industry since #MeToo and #TimesUp (Villarreal 2022, 8) brought a shift in thinking about touch in professional

contexts. The physical and emotional safety of actors and the performance demands pertaining to the use of touch in/and performing intimate content has come under close scrutiny. Intimate content includes, for example, scenes that contain physical intimacy, sex, nudity and sexual violence.

Working as an actor might involve a workplace with industry values and requirements that “fall outside the scope of social norms and guidelines that govern behaviour” (Pace & Rikard 2020, xii). Contractual and contextual factors compound the difficulties for actors to challenge embedded practices on set and stage. The relative scarcity of performance work in relation to the professional hierarchies often still found in stage and screen workspaces, sets up power-relations and mechanisms of coercion that are often challenging to navigate. Performance work is largely freelance (Paleker 2020, 43) and competitive. An actor’s hireability is frequently tied to a willingness to do what a scene, a character or the directorial vision requires (Sørensen 2021, 8), regardless of the performance content. Saying ‘no’ and questioning a director can create the impression that the actor is uncooperative or difficult to work with. By confirming and upholding messaging that positions an actor as “a person that says ‘yes’ and takes risks”, it implies that actors wishing to safeguard themselves and say ‘no’, is not suited for the profession (Pace & Rikard 2020, 8). Not only industry, but also actor training often covertly teaches actors that professionalism and their work reputations “are more valuable than their boundaries”, making actors “professionally vulnerable”, and bolstering the idea that actors are replaceable (Pace & Rikard 2020, 8) and liabilities.

Women actors are especially vulnerable to these contextual factors. Patriarchy and a masculine bias, as well as gender stereotyping, are still prevalent in many workspaces of the performing arts and entertainment industry, both on screen and off screen (Paleker 2020; NFVF & SWIFT 2018; Engels 2018), broadly impacting women

negatively by upholding gender hegemony. Not only do women actors have to sustain their careers and creative agency amidst workplace sexism and male gatekeeping, they also are subjected to decidedly limiting socio-cultural and aesthetic ideals pertaining to the representation of gender roles (Liinamaa & Roger 2022, 16). This is not only the case in countries including the USA, Canada, India, Peru, the Netherlands, Denmark, Germany, Sweden, Senegal, Zimbabwe and Uganda (Geena Davis Institute on Gender in Media 2019), but also in South Africa (see Mkosi 2016; SWIFT 2017; NFVF & SWIFT 2018; Paleker 2020). Although men and women perpetrate sexual exploitation and harassment, and although men and women fall victim to such acts, perpetrators seem to be mostly men (Yende 2021, 8, 9, 15). In South Africa, women actors experience sexual harassment to a greater extent than their male counterparts (Yende 2021, 18, 19). We have both listened to the accounts of women actors and theatre-makers about their experiences of sexual harassment and coercion at the hands of men when working on stage or screen. Amongst others, one of the authors of this article had a male co-actor singing “I like big butts” and eyeing her gluteus maximus every day as she walked into a theatre rehearsal. In another instance, she had to change backstage in full view of a male co-actor who continually stared at her breasts when she changed. Being younger at the time such instances occurred, she felt that reporting these instances or demanding privacy might paint her as petty and prude - after all, nothing ‘serious’ happened...

The results of a survey by Sisters Working In Television and Film (SWIFT 2017) conducted in South Africa over a 4 month period showed that 66.7% of women respondents working in the South African film and television industry felt unsafe and demeaned due to the sexual harassment and gender discrimination they experience in the workplace (on screen and off screen), often expressed through male gazing, infantilisation

or the sexualisation of naming (“sweetie”, “princess”, “honey” etcetera) (Ntoele and Atouguia 2017, 9). Alarming, 64.5% of women reported on the normalisation and naturalisation of non-consensual sexual touch. The report indicates that “[i]nappropriate...and unsolicited hugging, butt-slapping, brushes or other ‘accidental’ contact (including that of genitals)” is commonplace (Ntoele and Atouguia 2017, 9). Instructions to wear more revealing or tighter clothes are commonplace (Ntoele and Atouguia 2017, 9). These instances also continue off set at for example wrap parties, which are accepted as being “predetermined site(s) of sexual contact” (Ntoele and Atouguia 2017, 9). Although we could not find similar statistics on theatre, Yende’s (2021) research maps instances of media reporting about such cases.ⁱⁱ This implies that the problem may be as pervasive in theatre than in TV or film, but not as well researched. All these factors create a workplace culture that is propitious for sexual coercion and exploitation – on or off screen and stage.

Exacerbating the problem, women’s behaviour and communicative acts are often gendered through socialisation. Women derive from social scripts niceties, compliance, politeness, self-sacrificing and other-oriented engagements and communication (De Azevedo Hanks 2016, 2, 3). Familial and educational settings can also discourage women from expressing strong opinions and feelings (De Azevedo Hanks 2016, 3). All these factors uphold gender hegemony and complicates communication about boundaries and non-coercive decision-making.

The discussion thus far indicates that gender hegemony upholds and legitimises practices that do harm. It also delegitimizes or silences voices of resistance. In the context of performing intimate content, gender hegemony impacts non-coercive and “meaningful consent” (Sørensen 2021, 8) when working with touch. This brings into play the ethics of professional touch.

Touch

Touch is an integral part of human development, our humanity, relationship building, communication and developing intimacy (Berendsen 2017, 86, 93). Touch is a complex sense, because “it is composed of so many interacting dimensions of sensitivity, involving a number of different functions (touch, pressure, texture, frequency, pain, and heat)” (Grosz 1994:98). Further, tactility develops tacit and explicit embodied knowledge, (Hamington 2004, 38-60) and plays a constitutive role in subjectivity formation and self-affirmation (Berendson 2017, 86, 93). These factors shape an individual’s mode of being-in-the-world. Touch requires physical proximity and contact that engenders personal connection and interpersonal understanding (Demasure 2017:72). Whilst touch has therapeutic, caring, and communicative potential that can have profound personal impact (Young 2006, 1), touch can also be coercive and objectifying, in particular with regards to male sexuality (Demasure 2017:72). Touch thus invokes “a discourse on power, on closeness and distance, on both the respect of boundaries and the transgression thereof” (Demasure 2017:80) and that demands engagement with the ethical dimensions of professional touch.

Context, relationship, gender, culture, and history are all markers impacting on touch (Young 2006, 1). In performing a character, these aspects are often delegitimised by notions of professionalism and the ethos of serving the demands of the character and scene (as explained earlier). Ethical professional touch involves three key aspects that are encapsulated by a broader frame of beneficence and nonmaleficence (Fuller 2006): firstly, an understanding of what ethical and/or appropriate touch is; secondly an understanding of what kind of touch is inappropriate and unethical; and thirdly clarity of intent and boundaries and openness between those touching. Yet, in the South African context, women actrions are at times asked to perform intimate scenes containing touch

without any direction, to co-improvise intimate content or are surprised by directorial interventions amidst performing intimate content to enhance the authenticity of the performance (Haarhoff, 2022). The briefs women actors receive do not always include a full touch or nudity rider.

Pertaining to the treatment of a ‘character’ body, what appears as make-believe for an audience is real for an actor (Pace & Rikard 2020, xii) on set or stage. The blurry line between the story “truth” of the character, differing images of intimacy and the reality of physical touch (Pace & Rikard 2020, 1, 2) leaves much room for exploitation. Even when in character, a hand touching a breast is not an abstract occurrence but a physical, felt experience on the actor’s body. Unethical professional touch coupled with the content and demands of an intimate scene seem not only to provide a breeding ground for sexual misconduct, but it can so lead to “post-dramatic stress” (PDS) (Steinrock 2020, 83). PDS is caused by re-triggers trauma and the impact of new trauma pertaining to the performance of intimate content (Steinrock 2020, 83) on stage or screen. Touch has a psychobiological base - an experience that is physical becomes part of the neurophysiological adjustments of the brain and the nervous system and bodymind, and relationally engages with an individual’s socio-cultural context (Berendsen 2017, 88). In the light of the above, questions arise as to the ethics of professional touch and surfaces the need for ethically navigating professional touch to avoid harm.

We acknowledge that the issues we surface are not limited to women actors. Further, we acknowledge the problematics of homogenising women (and men) as a group, as well as that of sex and gender self-identification. Not only gender, but the intersectional dynamics race, class, ability, sexual orientation, self-identification etcetera impact on actors’ experiences of workplace dynamics, touch and performing

intimate content. For the purposes of this article, we refer to individuals who are sexed as women and self-identify as cisgender. This article might serve as a starting point for future research in which the specific dynamics and challenges of specific racial groups, intersexed bodies, genders (whether binary, non-binary, trans or fluid) or sexual orientations might be mapped out. We offer our understanding of the concepts we deal with, and our pedagogical and methodological propositions, from our perspectives as white, heterosexual, cisgender women.

There is no doubt that the problem must be addressed at a structural level, as it is steeped in gender hegemonies and coercive power-relations. Addressing the problem at this level is beyond what we can offer in this article. However, there are measures to be taken that might intervene on smaller scale that might shift an ethos of working with professional touch and might foster critical awareness of these structural dimensions and the need for agentic communication. One of these measures is for training institutions to develop focussed and articulated pedagogical frameworks and methodological approaches related to professional touch in/and intimate performance. Such approaches may offer ways to bolster agency so as to navigate professional touch and give meaningful consent. Below, we offer our pedagogical and methodological propositions.

Pedagogical proposition: feminist ethics of care

Feminist ethics of care (FEC) is rooted in a cluster of feminist critique that arose in the latter part of the 20th century in response to prevalent theoretical approaches to ethics, virtue and morality, more vociferously coming to the fore in the 1980s. The prevalent approaches were predominately “rules, rights-based, and consequence-based approaches” (Hamington 2012, 32) that frames morality and ethics as matters of free

will and individual choice (Watts 2017, 28), ignoring amongst others, systemic and structural factors.

Our entry point into FEC is the work of American developmental psychologist Carol Gilligan (1982) who focuses on care ethics as a moral framework in the context of undoing of patriarchy - “an ethic of resistance” Gilligan (2011) - that advocated for the inclusion of women’s voices in the moral and ethical domains. Ethics is a “system of moral principles, or rules of conduct recognized in respect to a class of human actions, a particular group or culture” (Vineyard, 2021-2022:9). Morals refers to shared societal or communal norms about right and wrong, whilst morality is a code of values broadly concerned with distinguishing right from wrong, good behaviour from bad behaviour, and the degree to which this is right and good (Zanou 2022). Morality informs understandings of ethics and steers ethical decision-making. The ‘feminist’ coupling with the ethics of care thus notes a concern with models and theories of morality and ethics regarding women, gender bias, power-relations and social change. Broadly speaking, FEC interrogates the ways in which gender operates within moral and ethical theories, beliefs and practices. It interrogates how historical male privilege maintain oppressive and harmful social practices (particularly women and girls), and the ways in which the sexes might ‘do’ ethics and morality differently (Lindemann 2005, 4).

Conceptions of morality and ethics are historically rooted in traditions of Western philosophy that sees conceptions of human ‘nature’, ethics and morality as structurally anchored in themes such as rationality, reason, autonomy, and individuality. This provides an abstract model of Self that is rulebound and supposedly universally applicable. Reason and objectivity had to overcome illogicality, passion, emotion and the bodily – qualities deemed lacking, defective, wily, and dangerous (Held 2006, 60).

These qualities were associated with women. Thus, only men are morally sound Selves. Gilligan (1982, xiii, 27) argued that “Men’s experience stands for all of human experience” as for example reflected in the gender bias in ethics and moral theory (the ethic of justice), and in the field of psychology in that psychologists studied mostly privileged heterosexual, white men and generalised to humans. This bias denotes ontological and epistemic privilege that also found expression in further hierarchies and domination in terms of race, class and ethnicity (Raghuram 2019, 624-615). Gender bias comprises a harmful entanglement of societal systems and power-dynamics that structure modes of being-in-the world, human relationships, and knowledge creation.

Gilligan (1982, 100) demonstrated that for men, the moral imperative resonates with the philosophical tradition we discussed earlier. This has implications for ways of being-in-the-world, as male dominance in thinking impacts how the world is ‘lived’ and understood (Held 2006, 60) in particular spaces by particular bodies. For women, ethical and moral action is structured around interpersonal relationally foregrounding the values of care, compassion and the welfare of others are central (Pulchini 2015, 2). For women, inclusivity, interpersonal relationality, emotionality, affection, flexibility, responsiveness and sensitivity and context are integral to moral life and form the basis for moral action. This offers an alternative conception of Self that positions the Self as a moral agent who is emotionally embedded in concrete human relationships, and who acquires a moral identity through human connectivity and interdependency. Moral identity is in a continuous process of becoming, implying that the construction of moral identities and ethical actions are social practices that are contextually determined and constituted through practices of care. Gilligan’s “different voice” was a voice that connected the “self with relationship and reason with emotion” (Gilligan 2011).

Key tenets of FEC thus include a focus on emotionality, relationality, compassion; action, intersectionality (the “interlocking identities of oppression” (Gouws, 2017:19)); context (care activities are inseparable from contextual circumstances); relationality (humans are relational, social, and interdependent) (Fisher 2020, 5) and meaningful consent (Green 2012, 3). FEC values not only explicit, but tacit, sensory knowledge (Held 2006, 10), but also shared meaning making, dialogue and mutual understanding (Smit & Scherman 2016:3).

FEC offers a framework through which to interrogate the ways in which the historical bias and associated gender hegemony arguably continues to shape workplace cultures, finding expression in amongst others, coercive power relations and women’s sexual exploitation.

In repositioning ethics and morality to centre on relationships, FEC shifted the focus on the individual that was found in dominant moral theories (Hamington 2012, 32). This shift resonates with a principle central to Southern African conceptions of ethics and morality, namely communitarianism. Below, we discuss the communitarian dimensions of care as theorised for in the South African context.

Care is communitarian

Communitarianism extends the FEC tenet of relationality. Sandra Harding’s (1987) article, “*The curious coincidence of feminine and African moralities*”, revealed points of convergence between (broadly speaking) Western feminist ethics and a broadly ‘African’ ethic and approach to morality,ⁱⁱⁱ contending that both are (arguably) responses to a masculinist Euro-American ethic. Several other scholars recognise commonalities between an ethics of care and values in African moral thought (see for example Tronto 1987; Mangena 2009; Isike and Uzodike 2011). In many African

cultures, care is perceived as a universal quality of morality. Gouws and Van Zyl's (2014, 27) work on care notes that in conceptualising care, "humanist practices" such as ubuntu demands acknowledgement of not only individuals', but also communities' contribution to, and participation in, care.

The relational premise of care in the contexts of communitarianism focuses on the idea of "sharing a way of life *with* others" (our emphasis), not only on caring for the quality of life of others. (Metz 2013, 89). In this way, caring becomes a communal responsibility. For us, care as communitarian fosters what (Küpers 2015, 24) terms "We-Mode-intentionalities" rather than only me-mode intentionalities. We-mode intentionalities supports the development of caring Selves from a communitarian base of support that might cultivate a culture of care.

Embodied care

Like touch, care takes place from, and is practiced on, the body. Care is experienced and actualised through the 'doing' or the actioning of care (Hamington 2015, 83). From a phenomenological point of view, care and moral action and ethical action are embodied (Küpers 2015, 31, 33). Ethical professional touch similarly consists of embodied actions. Embodiment is "the deliberate and mindful simultaneous bodyminded engagement of the self with both the inner and outer environments" (Munro 2018, 6). From this perspective, any mention of body necessarily includes mind and *vice versa*. For Küpers (2015, 36), the embodied dimension of care necessitates a "body-integrating ethics" (Küpers 2015, 36). Feminist ethicist Hamington (2004) offers such ethics in proposing that care is an embodied interweave of caring habits, caring knowledge, and caring imagination (Hamington 2004, 2).

Habits, or “embodied practices of interaction” (Hamington 2004, 12) can develop or limit the caring practices individuals adopt (Hamington 2004, 13). Care habits contributes to the well-being of others. Care habits are not mere “rote” executions of actions, but rather “captures meaning” (Hamington 2004:46) in that they are “dynamic and imaginative responses” to, and an engagement with, the environment and with others (Hamington 2004:33). That habits are executed in changing environments, implies that habits can adapt or change (Hamington 2004:46), be cultivated, cited, stylized, and repeated over time – framing both habits and care as performative. This implies that in learning and practicing habits a continuous “creation and recreation” of self and others takes place through the ongoing iterations (performativity) of caring actions (Hamington 2012, 42). The regularity and quality of ‘doing’ or performing habits of care have implications for identity formations and relationships, which in turn has positive pedagogical implications for the training context we refer to.

Caring knowledge refers to “embodied understandings instantiated through habits” (Hamington 2004: 12). For (Hamington 2004, 46, 48), habits are dependent on knowledge and as such, habits are shifting “repositories of knowledge” and perception (that for us is also tied to the world and the body). Considering the earlier discussion on gender bias, and reflecting on representations of women, it is not only in the realm of habit that intervention is required, but also in the realm of knowledge. (Hamington 2004, 49). To see and touch another is to ‘know’ and ‘explain’ another. In our view, to shift knowledge that stems from gender hegemony and unequal power-dynamics, the mechanism upholding hegemony should be made visible through performing and embodying alternative, caring nodes of knowledge about gender.

Caring imagination speaks to the affective and empathetic dimensions of care. Hamington (2004, 12) defined caring imagination as “extrapolations from embodied

knowledge to understand situations beyond our immediate experience and to imagine caring courses of action.” Empathy entails affective responses to another - interweaving knowledge and emotion to better understand another’s inner life, feelings, and circumstances that one may not have direct experience of (Hamington 2004, 62). In attempting to bridge the gap between oneself and another, imagination thus comes into play. Whilst one may not have suffered sexual abuse, it is possible (to a limited extent) to imagine the felt experience the as one can draw on one’s own feelings of fear, hurt, etcetera and their embodied implications. Empathy requires us to imagine one’s body in the place of another (Caswell & Cifor 2026, 30). Imagination is embodied and so allows for experiencing some “commonality of feeling” (hooks cited in Hamington 2012:41) albeit limited - one cannot fully inhabit the embodied life world of another. The act of imagining is filtered through the matrices of our own embodied being, offering a starting point to bring to embodied awareness the feelings of another. This offers pedagogical possibilities of cultivating a care ethic though stimulating the imagination. For Hamington (2004, 6), social cohesion and equity relies partly on cultivating embodied habits that bolster the caring imagination. Hamington’s tiers positions care as embodied, imaginative and performative - encouraging self-authoring towards a “ethical self” and a “moral ideal” of care (Hamington 2015, 153, 155).

From the discussion of FEC, we identify the below as the key tenets for a pedagogical framework:

(1) Acknowledging that historical male bias and privilege maintain oppressive gender hegemony that legitimizes harmful social practices and impact meaningful, uncoercive decision-making related to touch and performing intimate content. Further, that contextual and intersectional dimensions are inextricably linked to responses to both harmful practices and care activities.

(2) Encouraging actors-in-training to author an ethical, and what Hamington (2012, 154) terms, a “caring self” - integrating care ethics and self-identity.

(3) Viewing ethical actions as communitarian, relational, mutual and co-operative. Positioning care as a communal responsibility stimulates we-mode intentionalities towards prosociality.

(4) Engaging with the embodied dimensions of care towards cultivating an interweave of caring habits, knowledge, and imagination that stresses a performative, body-integrating ethics that circles back to (2) and (3).

The question as to what methodological approach may resonate with the proposed pedagogical approach arise. It is our contention that this approach is intimacy coordination.

Methodological proposition: intimacy coordination

In a work context, such as what we described in the introduction, touch requires safeguards such as adequate training, sensitivity to others and oneself, responsiveness to cultural context, as well as supervision or professional direction (Young 2006, 2). It is in this regard that intimacy coordination (IC) can contribute. Also known as intimacy direction or choreography, depending on context or focus (Villarreal, 2022:8), IC is a relatively recent, but rapidly growing domain in television, film, and theatre. The aim is to manage risk and enhance the safety of actors in scenes involving intimate content. While intimacy coordination was used prior to the #MeToo and #TimesUp campaigns, it has gained prominence in the context of the increased awareness of gendered abuses of power and sexual misconduct in the performing arts and entertainment industry (Villarreal 2022, 6). IC centres on asserting boundaries as a means of navigating power imbalances and coercion in the workspace, while supporting both the production and the

performer (Villarreal, 2022:7). Some production houses, such as HBO, now made the employment of an intimacy coordinator compulsory on all productions containing intimate content (see for example Sørensen 2021). In the South African context, the employment of an intimacy coordinator is not mandatory and production budgets are often too sparse to accommodate the employment of an IC. This places women actors at risk of harm and motivates the need to start intervening at the level of actor-training.

IC gained track with fight director Tonia Sina's MFA thesis, *Intimate Exchanges* (2006) in which she focussed on processes of choreographing intimate scenes to address sexual harassment on set. IC draws from the discipline of stage combat (Fairfield 2019, 77) that offers protocols, strategies, and techniques to effectively create the illusion of physical violence between characters whilst safeguarding the actor's well-being (Deboeck 2020, 37; Noble 2011, 14) and communicating the intimacy required to support the scene/script. IC offers approaches to staging touch that allows actors to keep their personal histories, personal expressions of intimacy and sexual preferences separate from their professional work (Sørensen 2021, 7). Further, to "remove the "realness" (Cobb 2022, 3) of the scene – thus, desexualising it. From our perspective, approaching intimate scenes with a range of techniques to create a 'choreography' offers distancing mechanisms that draws attention to the fictionality of the interaction and heightens awareness of the personal/professional interface.

IC protocols, strategies and techniques are predominantly developed for a context where a professional role navigates between the actor and others involved in a production, or for directors to apply IC principles to stage a scene with intimate content. An intimacy director or coordinator is involved in the planning of the physical, emotional, and psychological preparations for scenes containing intimate performances and intimate touch, as well as practicalities around staging/filming these scenes together

with the actors, crew, the director and the producer, negotiations around their staging/filming, as well as supervises their filming (Sørensen 2021, 6). This is an attempt to normalise negotiation around consent (Villarreal 2022, 8), navigate possible coercive power-relations of the workspace in making choices about staging intimate content. For this reason, intimacy coordinators are often brought in as external coordinators. Intimacy coordinators also act as ‘first responders’ regarding trauma and sexual misconduct.

IC uses five principles, namely consent (a voluntary and non-coercive agreement as to the involvement of actors in the action); communication (discussing process, personal position and concerns related to performing intimate content); context (understanding of the story, given circumstances and other information pertaining to the story and why intimacy is necessary); choreography (a map for the physical movements in the scene to limit improvisation and support actors’ emotional and physical safety); and closure (step-out or deroling) (Morey 2018; Percy 2020, 5). These five principles upholds Fuller’s (2006) guidelines for ethical profession touch we discussed earlier. For the five principles to be enacted, active listening is required. This includes listening ‘with’ the body and ‘to’ the bodies of others. This, for us, positions listening as an embodied act of care.

IC attempts to create “consent-forward” and consent-based approaches towards fostering ethical interactions and enhancing actors’ agency (Villarreal 2022, 7) when performing intimate content. We define IC as a consent-forward approach to setting and managing boundaries, to create clear actor-character differentiation and the use of overt strategies and techniques that encourages actor agency towards giving meaningful consent in performing intimate content.

There are many resonances between FEC and IC that supports our choice of coupling them. Both FEC and IC have an ethical imperative and are responses to patriarchy, unequal power relations and is attuned to the experiences of women. Both stresses context. The context of the actor, within the production and the work culture, as well as within their own personal context is crucial for communication and engagement. Both involves flexibility, action, dialogical communication, sensitivity, consent, deep listening, relationality, interdependency and mutual understanding. IC and FEC stresses the embodied dimensions of communication. Both acknowledge intersectional challenges, and have elements of advocacy and redress. FEC and IC invests in obtaining meaningful consent and setting boundaries without coercion. In performing intimate content, sharing close physical space and making bodily connection - touching - the agency of the subject of care in setting boundaries can thus be respected. Both are attuned to the needs of others and their well-being of others, yet counter women's socialisation towards self-sacrifice in tending to the needs of others or the greater goals of a project. Both 'do' or perform habits of care. FEC and IC acknowledge the effect of tacticity and emotion in human relationships. Both stresses the importance of empathy and compassion, and offers ways in which care in intimate moments and interactions could be approached.

FEC can enhance IC practice by providing an articulated ethical basis for engaging with ethical professional touch and performing intimate content. Further, this coupling might develop a communitarian context of care that supports women actors in enacting a more equitable work environment – enhancing their agency. These points of convergence 'layers' care and create a network of connections between the layered dimensions of care. This interconnected layering fosters radical empathy.

Radical empathy

Referring to archives and archival documentation, Caswell & Cifor (2016, 25) argues that empathy becomes radical if it defines interactions “even when our own visceral affective responses are steeped in fear, disgust, or anger.” Radical empathy is intentionally directed at others one may feel the least deserves it (Way, 2017, 25). It involves the notion of “affective responsibility” - the responsibility one has for the effect of one’s actions on others (Caswell & Cifor 2016, 24, 25). This is a crucial attitudinal position when working with touch in intimate performance.

Caswell’s and Cifor’s (2016) concept of radical empathy is rooted in FEC, and overtly stresses the transformation of inequities, even as it empathises both with those who holds (and might exploit) privilege and power and with those without (Watts 2017, 194, 195). As such, radical empathy has a restorative, rather than punitive dimension (Caswell & Cifor 2016, 29). It’s resonance with addressing gender hegemony and the workplace culture we described in our introduction, is clear.

Importantly for pedagogy, Caswell & Cifor (2016, 30, 31) defines radical empathy as a “learned process of direct and deep connection between the self and another that emphasizes human commonality” by means of “thinking and feeling into” the inner life worlds of others through closeness and (for us, ‘embodied’) attunement, to increase compassion. Caswell’s and Cifor’s (2016, 31) understanding of empathy as radical reside in an “openness” and “willingness to be affected, to be shaped by another’s experiences”, without collapsing the boundary between the Self and another (thus steering away from self-sacrifice). Radical empathy focuses on subjects as deeply embodied, and inherently, relationally entangled with other bodies through complex relations imbued with power differentials and inequities. This entanglement happens without negating “meaningful differences” (Caswell & Cifor 2016, 31, 32), with an

awareness of the points of convergence and divergence between oneself and another. Radical empathy might assist in cultivating care and compassion as constitutive elements of selfhood, moral identity and ethical understanding. Ethical understanding in turn, as discussed earlier, is brought about by the active character of care, made possible in/through the body (body-integrating ethics). Radical empathy offers an embodied stimulus for transformation on personal and social levels that foregrounds inclusive, context-specific, intersubjective and communitarian engagement. Radical empathy, birthed in the interweave between IC and FEC, is a deeply embodied and performative act that assists in shaping identities, (inter)subjectivities and relationships in a prosocial manner.

Radical empathy further links the pedagogical nodes we identified to the broader landscape of inequities where issues of gender hegemony and workplace power-relations lie. This is because radical empathy is a “phenomenological stance” that also surfaces possibilities of enabling “structurally different ways of finding oneself in the world” (Caswell and Cifor 2016, 31). It thus has the potential to encourage critical awareness of the structural dimensions that shapes workplace relations and expectations impacting on meaningful consent with regard to professional touch.

Conclusion

The individual and the communitarian are mutually interconnected, implying that humans co-create ethical engagements and social contracts. The Self acquires a moral identity by being emotionally embedded in concrete and interdependent human relationships. FEC, as a pedagogical approach, can create the grounds for moral awareness and ethical action. The embodied Self is constituted relationally to others through embodied, performative acts that positions individual identity formation as part

of “the fabric of social becoming” (Küper 2015:33) – demonstrating a communitarian awareness. It is on this ground that embodied ethical relationships that further beneficence and nonmaleficence can develop. This implies a critical awareness of gender hegemony and social inequities that make women vulnerable to harmful practices. In our case, professional touch in performing intimate content.

IC was designed to intervene in harmful practices and power relations by offering ethical pathways to engaging with professional touch and performing intimacy. FEC offers pedagogical nodes that enhance IC in activating a moral imperative to care and stressing communitarian dimensions of human engagement. These pedagogical nodes encourage care and we-mode intentionalities. Embedding performer training in the interweave of FEC and IC has the potential to develop bodymind-integrative care ethics rooted in communitarian awareness that might enhance the agency of women actors-in-training to give meaningful consent when performing intimate content involving professional touch.

Further, the ‘layering’ of care that the interweave of FEC and IC brings about might stimulate radical empathy. Radical empathy, as an embodied performative, has the potential to shift phenomenological stances towards (re)shaping identities, (inter)subjectivities and relationships in a prosocial manner that supports the use of ethical professional touch. Further, it has the potential to activate what Küpers (2015, 38) terms “prosocial contagion” that might inspire common cause to work towards undoing gender hegemony and shifting workplace and training cultures that put women actors at risk. As such, the proposed pedagogical and methodological interweave might become a mode of radical empathy in and of itself.

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ⁱ The gender- neutral term 'actron', to us, indicate a performer that plays a character in a playtext or script, where characterisation is an attempt to create the illusion of a performer 'becoming' another.

ⁱⁱ Yende (2021) does not always clearly indicate whether the case reports refer to theatre, TV or film. Two much publicized cases of alleged sexual harassment in theatre and in theatre training contexts can be found at <https://www.dailymaverick.co.za/article/2019-07-18-mbongeni-ngema-removed-from-sarafina-set-after-more-allegations-of-sexual-harassment/> and <https://www.timeslive.co.za/news/south-africa/2013-03-08-wits-widens-sex-inquiry/>.

ⁱⁱⁱ We acknowledge the heterogeneity of African societies, cultures and thought, and the dangers of homogenisation or generalisation.