

# Disability Justice: Case Studies from a Disabled Intimacy Coordinator

**Kaitlin A. Kerr-Heidenreich**—*Food for Groundlings*

## About the Author:

Kaitlin A. Kerr-Heidenreich (she/her) is a Pittsburgh native actor, director, intimacy director, and poet. As a disabled artist-activist and nurse educator, she holds degrees in English Literature and nursing. Kaitlin's primary passion in theatre is Shakespeare which she lives out by serving as Co-President of the Shakespeare Company Food for Groundlings, for which she directed two full-length audio dramas. She also recently directed *Macbeth* for The Heritage Players. Kaitlin has completed Heartland Intimacy Design's Core Curriculum; Level 1 certification from Intimacy Directors and Coordinators (IDC); and multiple workshops with IDC, Theatrical Intimacy Education, and Intimacy for Stage & Screen. Recent intimacy choreography credits include *Radium Girls* at Heritage Players, *Romeo and Juliet* (Youth Shakespeare Society of Pittsburgh), and *The Wedding Singer* at East Allegheny High School. Otherwise, Kaitlin enjoys resting at home with her husband, Jonathan, and their four cats.

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When determining whether certain practices are truly serving the disability community within the context of intimacy direction, I reflect on a quote that has been a guiding light to my approach to disability equity in the arts and in life: “If you aim for justice & equity, you’ll hit diversity. If you aim for ‘diversity,’ you’ll hit tokenism & justification of the unjust status quo.” (Berry 2021). This quote from teaching pastor Rasool Berry has guided me when navigating the intersection of lived experience and art, especially as a disabled intimacy director with chronic pain and rare diseases working as a disability nurse educator outside of the theatre. In my working framework, the moral underpinnings of disability-related considerations in theatre are closely tied to “disability justice”: a concept whose strategies are focused on dismantling the *causes of* systems of inequity and which understands that each body is unique, essential, and has both strengths and needs (Berne 2020).

I believe that intimacy directors and choreographers can ethically aim for, and get closer to achieving, disability justice within the artistic profession by centering accessibility in our care for artists’ boundaries and by considering inclusion, rather than simply checking a box for “diversity.” I believe my experiences in both directing able-bodied actors in their performances of disabled characters and in choreographing intimacy pertaining to disabled characters may lead to insights that other intimacy directors can weave into their own practices. This contribution to the field stands against the historic erasure of the work of disabled artists in consent-based practices, as those “whose work has gone unnamed” in this field are largely “artists of color, women, disabled individuals, trans and nonbinary individuals whose own experiences of disempowerment in society and in the performance industry forced them to forge practices to protect themselves” (Villarreal 2022). By sharing my experiences as a director, intimacy director, and disabled artist, I hope to continue in “the aim of strengthening and growing the accessible body of knowledge of intimacy professionals, practitioners, and educators” (Pace, Rikard and Villarreal 2022) and add to our collective professional work as we “shift our focus to creating spaces of acceptable risk” and do the very best we can to implement structures and practices that support participants (Rikard and Villarreal 2023).

### **The Praxis of a Disabled Intimacy Director**

The first consideration I make as a disabled intimacy director is whether or not a theatrical space is as accessible as possible to actors and crew members with various disabilities. It is rare

that a theatre company or venue wants to *avoid* being welcoming. However, it means little to say “You are welcome here” or “You won’t experience discrimination here” if the person in question cannot get in the door and is either dismissed or relegated to disabled-only roles. The concept that intention-to-include does not itself create a positive impact has been discussed broadly, including by Laura Rikard and Dr. Amanda Rose Villarreal, who write: “Simply stating that a creative process or environment is a ‘safe space’...does not actually make safety the reality” (Rikard and Villarreal 2023). With the goal of continually working toward disability justice, I will discuss ways in which intimacy directors can create spaces and employ practices that facilitate “acceptable risk” (Rikard and Villarreal 2023), including how to be as inclusive and accessible as possible for actors with disabilities.

Professional spaces and companies can set themselves up for success by offering to receive—while not demanding—disclosure of access needs as early as possible. An intimacy director (ID) can do so through simply asking *each* person—as invisible disabilities exist—what supports they need to function and work optimally. For example, in a physical space, one might make sure that the entrance is accessible to someone with a physical or mobility disability or facilitate and offer an alternative accessible entrance. One can ask each cast member, from pre-audition planning on: “What would you like us to know or provide so that you can participate fully and confidently in this space and process?”

I have found that it is also important to consider breaks. While union break guidelines exist, these were largely established without disabled artists in mind, and do not serve every artist’s needs. Some individuals could benefit from a place that is separate and quiet where they can go to rest (due to pain or exertional needs) or a space that is quiet and private (for Autistic and neurodivergent individuals to tend to their sensory needs). If the ID has inquired about needs early in the process as described above, they will be prepared to advocate and advise other staff in considering provision of water, snacks, etc. while also noting food and material allergies that may come into play with props, costuming, etc. Staff may also need to know if an individual needs to regularly break for food or drink.

A list of questions for theatres to ask themselves to ensure access for all actors is available in a 2019 blog post “*Inclusion and Accessibility for Performers with Disabilities*” by Wendy Duke. This list includes, but is not limited to, making sure that there are enough accessible parking spaces close to the entrance; ensuring access to all areas for actors who cannot use steps; considering

stage access from both the wings and house; and ensuring that there are restrooms close to the stage for performers who may need them (Duke 2019). I believe that this supports the opportunity for production staff to ask actors, possibly on a pre-audition casting sheet, if they prefer to play a character whose identity as written aligns with their own, as well as asking whether actors would like elements of their lived identities—including disabilities—to be highlighted in their interpretation of the character.

Design choices may also influence the accessibility of the rehearsal and performance space. Lighting may affect sensory and vision considerations (Duke 2019). Set design may benefit from similar considerations, such as designers making sure that actors with physical, vision, hearing, and sensory access can move around the stage easily and safely (Duke 2019). The costume department can accommodate wheelchair users and users of other mobility aids, as well as actors with sensory needs. If an actor needs visual, mobility, or hearing accommodations, the whole production will run smoother when those needs are considered and addressed. Another possibility is working with a specialist whose training includes how to make spaces accessible in order to ensure that the space is as accessible as possible (Sylvester 2021).

The above considerations may also assist in determination of optimal approaches to intimacy direction of actors with disabilities. I only recently began implementing specific disability notes into boundary exercises with actors. It is also now my practice to consider disability when navigating boundaries and consent in exercises and choreography. During a boundary exercise, I now encourage actors to discuss their boundaries, using the language introduced by Pace and Rikard as “fences” and “gates” (2020) related to any of the following: mobility aids such as a cane, walker, or wheelchair; vision and hearing aids; as well as areas of their body that may be painful to touch or move in a certain way or that are simply off-limits. A specific area may have a “gate” related to pain or function. For example: “My left shoulder cannot be moved backward further than 45 degrees” or “My left upper outer shoulder has a gate for levels of touch. Skin-level touch is accessible to me; however, I have a fence around muscle-level touch or greater.”

I also recommend that casting directors carefully consider prioritizing casting disabled actors in disabled roles. This provides opportunity and avoids engaging in some call “cripping up” or “disability drag” (Brown 2021). It’s not as if disabled actors are not out there! And if they aren’t engaging with a certain theatre or production, I as the ID want to ask myself why not, and consider how to improve invitation and engagement, as well as how to best create an environment that

supports disabled actors and meets their needs. I would be remiss if I did not also mention the importance of considering and prioritizing, when possible, casting disabled actors as characters originally written as *non*-disabled, as well. Allison Cameron Gray, an actor with cerebral palsy and a speech disability who uses a walker and a wheelchair, says: “It’s very important that we don’t have to play characters with disabilities, because disability is natural...and I think it would help destigmatize the disability community if we could just be people” (qtd.in Brown 2021).

### **Insights into Disability and Intimacy Direction from Audio Drama Production**

During the height of COVID-19, to facilitate actors’ work when actors could not share space and to solidify income flow for institutions, many attempts to make “pandemic-accessible theatre” established ways of creating and viewing theatre through digital means. While the original goal was to solidify income flow for institutions and artists, these efforts increased accessibility to opportunities to participate in, and to watch, theatrical production. As the pandemic waned, the practices which had boosted accessibility were stripped away to re-prioritize bringing audiences and actors back into theatre buildings, returning to practices that exclude disabled artists. This left many disabled artists feeling left behind. After all, it was proven that efforts to promote accessibility *could* be done, and they could be successful.

Directing an audio drama production of Shakespeare’s *Richard III* recently, several experiences led me to develop new insight into the intersection of disability and intimacy direction. Before discussing one of the most notable disabled characters from Elizabethan theatre, however, I will note one reason that audio drama can be uniquely accessible in the context of disability theatre discourse: it allows artists and audiences to engage from their personal spaces, which are already adapted to accommodate their needs.

For the past couple of years, I have had the pleasure of serving on the board of a theatre company that has produced audio dramas of Shakespeare’s works with the explicit goal of disability accessibility and COVID-related safety. Through thoughtfully designed and fully-produced audio dramas, complete with sound effects and music, we aim to create an experience that feels equivalent to listening to a well-produced a movie. Rehearsals and recordings can take place from the comfort of one’s home with one’s usual accommodations and without additional physical limitations.

Even in this physically distanced art form, there are possibilities to create solid practices and helpful considerations for abled actors who are playing disabled characters. The actor playing Richard and I—as the director—discussed disability at length; he does not identify as having a physical disability. The conversation with this actor delved deep into disability discourse. He was conscious of the potential to stray into ableist stereotypes and tropes, and he wanted to avoid doing so in his performance; of equal consideration was the fact that neither he nor I wanted to *ignore* the centrality of disability to his character. Consulting with someone who has a physical disability themselves can add insight and provoke disability-consciousness for an actor portraying disability with which they have no lived experience; in this case, it was myself as the director—someone with a physical disability—who conversed with the actor playing the titular role.

In an audio drama, the audience cannot see Richard’s physical disabilities, such as the “crookback” and “withered” arm that both *Henry VI, Part 3* (1.4.75) and *Richard III* (3.4.70) describe, much less observe how these disabilities intersect with intimacy in storytelling; therefore, additional work must be done to clarify the importance of these aspects of the character to the narrative. In rehearsing Act 1, Scene 2 and Richard’s exchange with Lady Anne, the actors and I acknowledged that, if we doubted that Anne would ever actually have romantic feelings for Richard, it might be useful to ask ourselves *why* we think so, and whether that reasoning is based on his actions or on the audience’s presumed biases based on socialized perceptions of physical appearance, ability, and other-ness.

We also had to deal with navigating boundaries and consent in the audio medium. My experience has led me to the conclusion that audio productions benefit from considering boundaries and consent, making the experience “safer” for the actors, recognizing that the terms “safe” and “safe space” have been historically insufficient and utilized as a misleading marketing tool for ID/IC services. Rikard and Villarreal (2023) examine the origin of the term “safe space” and the ways in which this term has been appropriated from its origins in queer communities by higher education administrators and theatre artists, resulting in ‘safety’ being defined by the comfort of the leader in the room. As faculty members of Theatrical Intimacy Education and as scholars of consent-based performance and leaders in performance pedagogy, Rikard and Villarreal analyze “safe” spaces as aspirational, something artists can continually strive for, rather than being an achievable state, writing: “safety is subjective... Facilitators of spaces can never know exactly what any particular person will need in order to perceive themselves as 100% safe” (7-8). However,

they conclude that artistic facilitators “can acknowledge that no space is truly ‘safe’ due to the power imbalances that are ever-present and can acknowledge that being asked to remain ‘brave’ is a difficult task that requires more effort from those whose identities have been historically marginalized. We can provide time, space, and actionable tools that can facilitate the process of caring for the needs of those who are concerned about their safety... and we can ensure that these tools are practiced, modeled, and used. By using these tools, we support those who need care in asking for it without fear of retaliation, and without requiring them to do the unpaid labor of educating” the leader of the space about their needs (8). Aligning with their analysis, my working definition of “safety” is “existing and operating within established boundaries,” which requires supporting actors in communicating their boundaries. While IDs cannot achieve a “safe space,” what IDs *can* do is understand that it is a collective and communal responsibility for people to care for one another’s safety; clearly communicate that “the construct of safety is dependent and built upon each individual’s perspective, privilege, and life experiences” (Rikard and Villarreal 6); provide time, space, and tools to meet the needs of those concerned about safety; and inform participants of identified risks. “Safety” is also often marketed as the ID’s sole purpose, and I have heard many versions of “We wouldn’t need intimacy professionals if there weren’t problematic people (i.e. potential boundary-breakers) in theatre.” I want to address this as, at best, incomplete. The intimacy discipline *would* still be needed, in my opinion, even if we had assurance of the good will and character of everyone in the room, to facilitate meaningful art through communication of boundaries and consent and through the consent-based creation of choreography. Furthermore, as movement specialists with training in the detailed movement-based performance of intimacy, the work of an ID can enhance performances even when the cast and creative team are already working in a consent-based practice. Safety is a factor to be considered, but there is danger in painting IDs as “responsible for everyone’s mental health and safety,” as some IDs have done in the past (qtd in Rikard and Villarreal 2023).

How might creating “spaces of acceptable risk” work in the audio/vocal space? I found that one way for the actors to foster communal responsibility to and understanding of each other was to establish a shared understanding of the imagined blocking of the show. This was especially helpful during Act 4, Scene 4, during which Richard is trying to strong-arm Queen Elizabeth into giving her daughter (also named Elizabeth) to him in marriage.

An issue we ran into in this process was the lack of opportunity for the actors to “play off of” each other: to see their actions and words effect a response in their scene partner. I expect this challenge in such a medium, but the actors highlighted this limitation’s impacts in the scenes between Richard and Lady Anne and between Richard and Elizabeth due to the intensity and violence of the storytelling in these exchanges. Because of the modality in which we were working, character discussions, line notes, and rehearsal still left us feeling like something was missing; without in-person energy exchange and the capacity to respond to one another in shared space, the scenes lacked momentum and fell a bit flat. After workshopping the Richard/Elizabeth scene one evening, we found ourselves suggesting blocking using tools that would typically be employed by an ID in-person. What was initially an experiment turned into something I continued to practice from that day on: we collectively suggested ideas, experimented with options, and agreed to a shared understanding of the imagined blocking in the scene.

On Elizabeth’s line “But thou did’st kill my children” (4.4.445), our imagined blocking had the actor playing Elizabeth slowly close the distance between herself and Richard. Richard replies to the line about Elizabeth’s murdered children with, “But in your daughter’s womb I bury them.” (4.4.446). Here we decided that Richard completes the closing of distance between himself and Elizabeth until his face is inches from hers in a moment of physical and positional domination. This line is deeply disturbing, and therefore, supporting the actors with choreography for their *characters* was found to be a valuable tool. We also imagined Elizabeth backing away on her last line of the scene, and after her exit, although Richard got what he wanted, it was not without great frustration and perceived insolence. We imagined (and supported with sound effects), Richard violently throwing and breaking a glass on his line “Relenting fool, and shallow, changing woman!” (4.4.454). Within the shared imagined blocking, we also agreed to uphold each participant’s boundaries, including *auditory* boundaries. For example: does an actor have a boundary around being “yelled at” (even in character)? It was also effective and beneficial to conduct regular check-ins before and after scenes to ensure the actors felt supported. By establishing imagined blocking, we upheld actors’ boundaries while enriching their performances of the scenes. Imagined blocking allowed actors to share an understanding of what was occurring and what they were using breath and voice to react to, while increasing the actors’ artistic agency and sense of control, safety, and trust in the process, in one another, and in the product they were collaborating in creating. This process aligns with the concept of the “agentic gaze” as introduced



by Villarreal (2021), expanded upon by Villarreal, Poynton, and Martineau (2021), and further defined by Villarreal (2024) as: “an adapted directorial practice in order to create a dialectic among collaborators characterized by agentic symmetry.”

This approach was effective not only in meeting the actors’ expressed needs for clarity of what each other’s responses and actions looked like, but also in achieving responses from listeners that were incredibly engaged and invested. I observed several listeners pause and quite literally drop their jaws, something I’ve certainly never observed in response to an audio drama. The actors’ creativity, teamwork, and commitment to communal well-being was the catalyst for this approach and is absolutely what I credit for the beautiful outcome of this recorded scene, among others.

Such an approach differs from other techniques for staging audio drama in that it grew out of both a creative desire to engage with the characters and given circumstances as well as the actors’ concern for each other’s well-being. We checked in with each other before and after the scene; we communicated using the tools and language I use in physical intimacy direction; I asked the actors about physical boundaries in the imagined playing space and vocal boundaries, something we began to do at each rehearsal and recording, and we communicated if anything had changed or needed to be modified each day. We also prioritized respect for the portrayal of a disabled character that should not, in my opinion, be separated from his disability as it informs so many of his choices and behaviors. The performers were more secure, and a disabled voice was on board to support and facilitate dialogue, which I was honored to do with these committed and creative performers.

In addition to the above, I found it helpful to offer descriptions of self-care practices for audio drama actors, as well as to employ a de-roling practice, tools IDs often offer to support actors’ mental and emotional boundaries. I communicated what I as the director could offer in terms of support and offered suggestions for self-care and de-roling practices, especially as separating oneself from a character may be potentially *more* difficult in a home recording space. I invited actors to participate in a guided de-roling process, as well as offering solo practices for actors, including “Stepping Out” or the “Alba Emoting Method” (Bloch 2017); Layer Separation; Name Reclamation; and lists for Character Differentiation (Pace and Rikard 2020). All of this was done to prioritize actors feeling supported and respected in the space— even if that “space” is entirely online, and a metaphorical collective creation. The suggestions for self-care during and after recording included: repetition of lines, vagal anchors, and Springboard Gestures. Repetition

of one's lines alone can help create self-regulation (qtd. in Schreyer 2022, 57). We embraced the metaphor of "Vagal Anchors," a concept introduced by Deb Dana of the Polyvagal Institute to support individuals in seeking to manage their nervous system responses and pursue regulation (Schreyer 2022, 57). Springboard Gestures, a concept developed by Laura Rikard and discussed in *Staging Sex* (2020) and in *Theatrical Intimacy Education "Best Practices"* workshops, were identified as tools that could be used as vagal anchors (Schreyer 2022, 57). Such a gesture is a specific movement or sequence that lives in the world of the art piece to assist with mentally "exiting" a given action (Schreyer 2022, 57). Within our recording process, it was suggested that actors could decide on a movement to do by themselves when finished with a scene.

Finally, practices for dealing with elevated subject matter related to disability, even in the vocal-only space, were considered, as the actor's performance may still elicit the stresses, challenges, and sensations that occur in other modalities of performance. In audio drama, I considered that actors can benefit from familiarity with their fellow performers, as while the final performance is only heard by audience members, rather than seen, the actor's process still involves the combination of gestures, facial expressions, and physical impulses, as well as vocalizations, fueled by the given circumstances and their character's fictional intentions. These performed movements and words can have physiological effects, impacting the actor's thinking and bodily response. This is one reason why establishing boundaries and other consent-based practices are so important. By engaging in these practices, actors are better poised to achieve artistic freedom without unintentionally facilitating physiological distress in themselves or others.

### **Insights Regarding Non-Disabled Actors' Representation of Disabled Characters, from a Disabled Intimacy Director**

Disabled people are underrepresented in all aspects of life, and those few representations are overwhelmingly stereotyped and minimized. Many theatres attempt to check the box of "diversity" by way of representation. Yet representation alone is not enough to create and ensure "disability-attentive artistry," a term defined by Busselle et al. as being "alert to the artistic possibilities that emerge when we practice care for our bodies" (2022). It does the artists and the art no good to provide opportunities for people with disabilities if theatre companies do not also embrace the access needs of performers. As noted in the beginning of this piece, it does not matter how many people are invited into the room if the room is completely inhospitable to them once

they get there (Johnson 2022; Rikard and Villarreal 2023). Intimacy directors can, however, unlock insights that facilitate powerful performances of intimate scenes by being attentive to artists' bodies and needs, and to disability in particular. Although this section will discuss how a group can best facilitate a non-disabled actor in playing a disabled character, it is important to both welcome and fully consider disabled actors during the casting process.

The example I engage here comes from insights I recently gained in the role of intimacy director in the play *Radium Girls* (Gregory 2015). Discussions with actors explored the situational reality of non-disabled actors playing disabled characters, and also discussed internalized ableism, asking some questions prompted by my own experience. *Radium Girls* is a play inspired by a true story which follows the story of Grace Fryer and other young girls who worked as dial painters, using radium-laced paint in the early 20<sup>th</sup> Century. "In 1926...the girls who painted the dials began to fall ill with a mysterious disease," most of them developing conditions that came with severe chronic pain and eventual death (Gregory 2015).

My experience choreographing and directing intimacy in this production largely involved the actor playing Grace Fryer, who does not identify as disabled, and our conversations about Grace's acquired (and progressive) physical disabilities and pain, led to several key insights. As a disabled person, I am hesitant to co-sign non-disabled actors portraying disabled characters; however, our production took the position that it is not always morally wrong for an actor without a specific disability to portray it. We took this position in the case of characters with radium poisoning, a historical disability that has been minimized due to government regulations in the handling and use of radium that limit the public's exposure to radiation today. Furthermore, due to the importance of the character's journey with the sudden onset and progression of a new disability, casting actors without a disability could support the storytelling by highlighting Grace's experience as someone without a disability before showing her journey with disability. In cases in which the actors do not share the character's specific disability, it can be helpful for the actor portraying that character to gain insight from someone who is disabled or experiences symptoms and/or pain similar to that of the character. In this case, I happened to be both. In my opinion, it is walking a tightrope to do this without being inherently exploitative, therefore, we all agreed to check in with each other regularly to avoid that as best we could.

The character's disability and pain impacted how I choreographed moments of intimacy in *Radium Girls*. Many of our questions and insights as a collective arose during discussion of scenes

involving intimacy between the character Grace and her fiancé, Tom. Grace experiences physical pain from almost the beginning of the play due to her exposure to radium. The radiation poisoning that is beginning to affect Grace has already claimed the lives of several of her former co-workers, and Grace realizes that she does not have long to live. She also knows that, for the rest of her life, she will continue to experience increasing physical disability and pain, a co-occurring reality and lived experience for many disabled individuals.

In one scene, Tom asks Grace for a kiss and she is reluctant. Once she does kiss him, it becomes obvious that Tom notes some expression of pain, as his first line after they break from their kiss is to ask Grace “Is your tooth hurting?” (Gregory 2015). Later in the play, Grace breaks off her engagement with Tom. While working on this scene, I—as the ID—asked the actor how much internalized ableism—feeling like “I will be a burden”, or “I will ruin my partner’s life by being disabled”—played into Grace’s decision to end her relationship. After I inquired, the actor noted that she had not yet considered that for her character, and very respectfully asked if it would be ableist for her, as a non-disabled actor, to portray such a thing. That led me to ask for consent to self-disclose and when given permission, I discussed how it can feel to have internalized thoughts about one’s body as a “burden” to one’s partner, as well as how associated feelings can manifest differently in different partnerships. That led to another insight: that ableism, especially internalized ableism in relationships with others, can *itself* be deeply painful and even traumatic—not just the diagnosis or disease process causing the disability and physical symptoms. These two scenes prompted important discussion of subjects acutely familiar to many in the disability community, including how physical pain and disabilities affect our ability to be physically intimate with, and express physical affection to, a significant other, and the broad range of feelings that often arise from such circumstances.

The reality that ableism can be deeply traumatic, and the fact that acting out trauma can cause distress (Burgoyne 1999), and therefore actors can benefit from tools such as de-roling and debriefing. Discussion about Grace’s evolving frame of mind in relation to her disability, especially at the end of the play, informed how the actor could portray Grace throughout her journey, and the progression of her disability, with respect. The more the group considered disability-related questions, the more complex, beautiful, and truthful the scenes of intimacy appeared.

## Conclusion

When carefully considering the above case studies in light of recommendations and best practices from practitioners and scholars in the field of consent-based performance, we as intimacy directors can confidently advise each other and guide ourselves. I have discussed how theatre spaces and the intimacy direction process can become more inclusive and accessible for actors with disabilities by employing inclusion and accommodation practices; relayed insights into how audio dramas can be a robust way to create and disseminate theatre that is accessible to disabled actors and audience members; examined important considerations about intimacy direction that can and, I believe, should be employed when directing an audio drama; and finally, reviewed how facilitating disability-informed conversations and sharing relevant lived experience with actors can create effective performance and unlock insights that allow complex and beautiful expression of intimate scenes with disability in mind. I offer again the direction from Rasool Berry to “aim for justice & equity” when considering disability in the performance industry and in life. With this as our true north, we as intimacy professionals can discover many safe and artistically effective ways in which to weave together disability and intimacy praxis.

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