



Ultimate Negotiation | DireWo1f

BeachBind 2018

DireWo1f has been in the lifestyle for over fifteen years, and is the founder leader of RopeLab and the BeachBind rope trip to Hedonism in Jamaica. DireWo1f teaches rope and kink workshops privately and as a presenter at workshops, events, conferences and rope groups.

GENERAL POINTS

- Negotiation is foreplay.
 - Don't always follow checklist. Ask general questions like "what turns you on?" Why do you want to tie me?"
- Negotiation is for all partners, e.g. bottom and top should both engage and seek information
- When and Where to negotiate - Negotiation timeline
 - Before, during & after
 - Negotiate in a place where play won't happen if possible
 - Eliminate distractions
 - Meeting in advance
 - Negotiation during a scene? Expressed Hard limit v. soft limit v. non-discussed limit or clarification
- "I do not think that means what you think it means:" Specificity and clarity
 - Example: Crotch rope
- Use of comprehensive negotiation form for certain negotiations
 - (ltr, C/cn) (email DireWo1f on FL to get a form)
- Use of a quick list – include at least safety, general intent, touching and sexual touching, rope placement preferences, health and safety issues, and what happens after the scene. If more than just rope, general limits
- Inclusive v. exclusive v. consent roulette
- Trust: Don't assume someone is safe just b/c they are well known, been around for a long time, know a lot of people, organize events, or have lots of cool pics on their profile. Get references, get to know them.
- Playing with new people
 - Don't assume they understand or that consent means they actually want to do something
 - Fetlebrities & community organizers
- Playing with people new to you: Pacing, leave them wanting more, don't push maybes.

KEY NEGOTIATION POINTS

- Who
- Time
- What (intent, type, toys, psychological style)
- Aftercare

CHECKLIST OF TOPICS

- **What** are we doing/type of scene?
 - Rope, D/s, pain, role play, c/nc, photography
 - Intensity - how much
- **Intent of Scene/Brainstorm**--why are we playing and what do we want to get out of it? Why do you want to play with ME?
 - Lab, Sensual, sexual, mechanical/technical, sadistic, artistic, photography, performance
 - Consider current headspace of everyone involved.
- Specific intent examples (this is not exhaustive):
 - Bondage/Restriction
 - Pain/pleasure/Sensation/Discomfort/Comfort
 - D/S

- Humiliation, degradation and/or shame
 - Exhibitionism /performance/entertain/Beauty
 - Photo shoot / art (but watch for scene interruption)
 - Play, Freedom, Mediation, Relaxation, concentration/distraction
 - Suspension/partial
 - Predicament/mind fuck/Anticipation/Danger
 - Sex, orgasm etc.
 - Dominance/submission
 - Role play
 - Learn/lab time
 - Struggle/Eel/Escapology
 - Leave marks, tenderize skin
- **General likes/dislikes**, experience (e.g. rope/suspension experience) and how does the good/bad make you feel?
 - **Good, Bad & Buzzkill.** What do you look like and sound like when a scene is going really well, really bad, or meh/boring? Things that are a scene Buzzkill?
 - **Bondage:** Are you comfortable being bound, are there limitations to bondage, like, dislike, etc. and
 - **Pain/impact/sensation/toys** (likes/dislikes, okay, not okay, want to explore)
 - Thuddy, stinky, whippy, clumpy, waxy, sharpy, hot, cold, paddles, canes, wicked stick, flogger, knives, hair pulling, face slapping, pussy/tit impact/torture
 - Pain tolerance, desire for pain, pushing pain limits
 - Anywhere were we can't leave marks? Work/school/family tomorrow?
 - **Gags:** are they okay, types, known jaw issues, and safe word/signal
 - **Blindfolds** and other sensory deprivation
 - **Soft limits**—Things that partner may want to push (not all necessarily in one scene but what are the options/possibilities for this or future scenes)
 - **Hard limits:**
 - Any where I can't touch, spank, hit, bind you etc.
 - Nudity
 - Sexual contact and what kind--Penetration /sexual stimulation /orgasm / vibrating things, safety and STI's (latex etc.)
 - Off-limit toys/acts
 - Marks--okay, where, showing, etc. - will you be going to the pool with your parents tomorrow or have a specific uniform for work, etc.
 - Anything you know you definitely don't want to or can't do
 - Advance hard/soft limits/likes/dislikes forms
 - **Soft/hard limit toy category game**
 - **Health/body/Injuries** - how is your body? (Top and bottom should agree to keep confidential):
 - Primary caretaker: Is there someone here that will take charge of you in medical emergency?
 - General condition. Do you need water, food - sleep - do you need to pee? Intake of drugs/alcohol?
 - Piercings (especially hidden/not obvious), implants, etc.; motor or nerve damage, history of nerve damage, flexibility issues/areas of low flexibility, cuts/bruises on body, latex or other relevant allergy, grass allergies - jute and hemp could be a problem
 - Nerve placement – known issues or preferences
 - Surgeries or other medical issues relevant to scene
 - Prior bad experiences
 - Triggers and mental awareness
 - STI's if applicable to scene
 - Asthma - avoid chest compression ties, ask about scents like aftershave and perfumes that can set off attacks and **ask where inhaler is**

- Diabetes- circulation is immediate issue - if limbs are red or purple you need to restore blood flow immediately
- Heart problems – electrical play
- Flexibility
- Meds needed during or after
- Spine alignment and back problems
 - Any way you can't hang - upside down, sideways, facedown etc. , vertigo
- **Time**- how long do we have, when do we need to stop, etc.
- **Space**--where, environment, music, temperature, etc.
- **Who**: who else is involved or can there be others involved and to what extent (e.g. sexual or not) and if so who is in charge of the scene
- **Communication during scene**
 - **Safe Words/Signals**: Is this a c/nc scene?
 - Primary: Red/Yellow
 - Secondary: (e.g. if gagged or having trouble talking): 3 head shakes & distinct sounds (e.g. "MEH MEH MEH"). Keep repeating if necessary.
 - Worst case: Distinct 3's of anything (stomping, banging etc.)
 - Other communication? Talking, plain English, renegotiation, clarification.
- **Emergencies**: Plan, What will be done, who to we contact, etc.
- **SubSpace**: non verbal sub—discuss and agree
- **After care**: what, who, where, how long etc. (note after care does not necessarily have to occur between top and bottom, for example, sometimes a bottom may want aftercare from a primary partner or other partner. Talk about it.
- **Rope-centric Safety Communication (typically for more intermediate or advanced rope play, suspensions, etc.):**
 - **Rope is Edge play**. Especially suspensions. It is highly physically demanding and extremely dangerous. While serious injuries are rare, minor ones occur somewhat often for those that regularly do rope. Injuries are not a matter of "if," but "when." Don't do rope if your personal risk profile does not allow for at least some injury.
 - **Communication**: The importance of communication before, during and after the scene for bottom's safety.
 - **Topologist's Rope Safety Tripod** (need all three; if lacking two, injury is imminent). Must have solid:
 - 1) Rigger Technique
 - 2) Bottom Self-knowledge
 - 3) Communication
 - **Experiences**: Past rope /bondage play related injuries, experiences, problems, concerns, bad ties, pain, discomfort, anything the bottom knows about their own body, known body and rope limitations (e.g. can't do TK or TK top rope can't be here, etc.)
 - **3 Minute Rule**: **Rigger MUST HAVE at least 3 to 5 minute warning to untie/come down!** Can't wait until you need to BE down. Even better: "I probably only have 5-10 minutes of this position"
 - **Constant Body Awareness**:
 - Bottom can't go into complete subspace, must be in constant state of body awareness and communication.
 - Constant body checks and immediate communication-do not wait minutes or even 30 seconds to communicate. If you want to keep your body parts, talk in real time.
 - **Monitor and Communication-SAFETY CHECK SYSTEM**: Top *and* bottom should monitor and *immediately* communicate *circulation, nerve and muscle issues, uncomfortable feelings, and adjustment needs*:
 - **Blood Circulation, Nerves, & Muscles.**
 - **Numbness**:
 - Especially in fingers, arms or toes. If something is numb or there is a lack of movement--immediately stop scene.
 - Tingly or prickly, like when arms falls asleep, is probably okay temporarily, but make adjustments to increase circulation or scene should end

- **Movement:** Check reaction of fingers by moving or gently squeezing (do NOT pump hands or limbs) or by shaking hands.
 - Test Hand strength & flex before for nerve damage to compare later if injury
 - Don't lock your knees (avoid nausea/fainting). Move, shift and contract leg often to maintain circulation
 - Don't be shy - tell your top "The lower wrap left is pressing really hard -be specific
 - Keep good tension in your body, not ragdoll.
 - **Color:** Some blue in hands or limbs can be "ok" or "normal" for some - but not everyone.
 - **Temperature:** Check for cold hands
 - *Cold, blue and/or tingly or slow reacting fingers or hands could mean lack of circulation, consider stopping or perhaps 3-5 minute warning if not already in progress. If numb or lack of feeling, stop immediate*
 - **Bottom continuous self-check:**
 - Mental
 - Physical: bottom should wiggle fingers/toes regularly during the scene to check nerve, muscle, and circulation and to increase circulation.
 - Test nerves:
 - Duck position - if can't make fingers straight, then radial injury
 - Knuckle position (cat claw) tests all major arm nerves
 - Loss of feeling in one area of hand or fingers
 - **TOP CHECK SYSTEM**
 - squeeze hands - Touch different fingers. Bottom must react with a squeeze, move each finger, move wrists up and down
 - must be communicated in advance
- **Uncomfortable feelings of any kind**
 - Includes physical or mental
 - Rise in body temperature, especially sudden heat flash
 - Increase in breathing rate
 - Feeling dizzy/woozy
 - Seeing spots, stars, vision problems, etc.
 - Loss of hearing or diminished hearing-can happen, for example, as your body is losing consciousness
 - Sudden feeling of danger or discomfort--listen to your body
- **BOTTOM-CENTRIC QUIRES**
 - Type of rope, toys, etc.
 - How long/experience tying/playing
 - Cutting tool and safety equipment, back up, where is it?
 - Willing to cut rope? Safety plan?
 - Photography?
 - Top's aftercare needs?
 - Other bottoms as references?
 - Past Incidents/injuries and what did you do?
 - Anything else bottom should know?
- **BOTTOM-CENTRIC TOPICS**
 - Speak up and be assertive on limits and safety issues. Don't be afraid the person will never want to play with you again.
 - Communicate before, during, and after, especially if something did not go particularly well.
 - **Need for Adjustments:** The need for any (big or little) rope or body adjustment, a scene or position pause or break, etc.
 - E.g., if blood circulation feels weak in any body part, stand up for a second, move arm down or up, etc.).

- Always encourage frank discussion of rope tension and placement--bottom should speak up even if it seems minor
 - Bottom should never be afraid to speak up, say "please move that rope," or even "you are doing that wrong."
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- **AFTER THE SCENE/FOLLOW UP:**

- Three things to ask after a scene.
 - Generally how good, -5 to +5
 - Thing you liked most, what was it, and scale of 1-10 how great
 - Thing you like least same thing
- Follow up – call/text the next day or two.
 - Drop
 - Injuries - Things can come up the next few days
 - Offer help (goes for tops and bottoms)