

Disco Hospital

by

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Author's Declaration

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Disco Hospital

Master of Fine Arts, 2013

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Interdisciplinary Master's in Art, Media and Design

OCAD University

Abstract

I say a scientist cannot be a therapist. Treatment is the work of artists and poets. If you are not that, you cannot cure (Jodorowsky 240).

Disco Hospital is an investigation of sound and non-Western healing practices. This investigation emphasizes experiential and healing processes, not just outcomes. Themes are viewed through the lens of queer theory, rhetoric, and perspectives. In this paper, I argue that HIV/AIDS and immune disorders can be understood as metaphors for the collapse of identity. More than an investigation of healing, *Disco Hospital* is a healing act in and of itself. This act signifies the current chapter of healing in my life and is marked by HIV disclosure. This marker offers deeply personalized insights to the investigation's HIV/AIDS metaphor. *Disco Hospital* investigates evidence specific to male homosexual shamans in diverse regional, historical, and cultural settings—and contemporary representations of healing and queer identities in the arts and HIV/AIDS community—and thereby suggests that indigenous shamanic healing may be less dependent on geographical identity and embedded more in the ontological specificities of queer *seeing* and *being*.

You are reading *Disco Hospital: Manual*. Please proceed to *Admissions*.

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Dedication

To the memory of Robert Flack.

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* photography by Miles Collyer



The Earth of the Clinic

Figure 1: *The Earth of the Clinic* (from *Disco Hospital: Practitioner's Manual*, page 5, 2012).

[T]o end personal laziness and engender discipline [...] be clear in admitting your real desires (Breyer-P'Orridge 37).

Disco Hospital: Admissions

I am a queer male, living and aging with HIV. I was infected with the human immunodeficiency virus (HIV) through unprotected sex. Following more than a decade of studio practice mostly devoted to issues surrounding the pandemic, I am a late bloomer in the garden of HIV/AIDS, seroconverting in 2001. Due to my complicity with a positive partner at the time, my chronic capacity to relinquish my own desires for those of the other, and the complexities of disclosure when two are bound together, the silence surrounding my own status developed into self-induced stigmatization and full-blown, autopoietic disgrace. I withdrew to my audio studio to suffer the side effects of Sustiva¹, the non-nucleoside reverse transcriptase inhibitor that I ingested daily as part of my combination therapy — what is called the “cocktail” on the street. Reflecting on the work of Melanie Klein, Judith Butler suggests that, “guilt [is] a way in which love preserves the object it might otherwise destroy” (25). In the name of love—and with guilt—I turned away from HIV/AIDS, an existing body of creative work, and the tender memories of those with whom I had collaborated — and buried. Turning connotes self-reflexivity and Butler observes that the, “psychic form that constitutes the subject’s self-identity [...] is relentlessly marked by a figure of turning, a turning back on oneself or even a turning on oneself” (3). As a self-reflexive gesture, *Disco Hospital* (re)turns my studio practice toward HIV/AIDS and healing, and models one version of therapeutic potential.

¹ Manufactured by Bristol-Myers Squibb for markets in Canada, the United States, and parts of Europe, Sustiva is linked to a variety of well-documented psychological side effects, often in patients with a history of mental illness.

To best illustrate the issues and actions taken—and the conclusions, failures, and successes negotiated in my research—this paper comprises intellectual narratives, textual intersections of theory and practice, and the purely experiential... those things that Robert Flack diaristically attributed as, “true to me” (1).² In keeping with my love of sampling in my audio practice, *Manual* samples many writers and theories. Similarly, repetition is a mantra in my practice, a method, a moustache if you will.³ I continue to play with particular Vaughan Williams samples going on twenty-five years. Thus it seems honest here to bare my sensitive soul through an intuitive material practice that borrows, that offers occasional cryptic abstractions, and samples words of others who better express what I feel. Judith Halberstam notes that, “most of my ideas come to me in less recognizably scholarly ways” (181, see: Dinshaw). I can relate. If expecting an *apologia*, forget it. In lieu, I may prescribe a remedy, spell, tactile intervention, or sustained tone on therapeutic—or critical—grounds.

Admission complete — please proceed to the *Introduction*.

² Robert Flack was an artist, collaborator, and friend. I met Rob in 1980 as a coworker at Art Metropole. Our collaborations commenced in 1989. We exhibited *Empowerment* at Garnet Press Gallery, Toronto, in January 1991. *This Is True To Me* is an artist’s bookwork documenting Flack’s final visual series, comprising photographs, hand drawn mandala-like halos (a Flack signature), notes from his work and personal journals, and a compact disc of the sound I was producing for a proposed collaboration that would not see the light of day. The title is culled from a line in his diary, about his state of dementia, of which he was aware. Flack died on October 20, 1993 at age 35.

³ Wikipedia lists “beard” as, “a slang term describing a person who is used, knowingly or unknowingly, as a date, romantic partner [...], or spouse either to [...] conceal one’s sexual orientation” (<[http://en.wikipedia.org/wiki/Beard_\(companion\)](http://en.wikipedia.org/wiki/Beard_(companion))>, December 28, 2012). In *Disco Hospital* all facial hair formats and treatments are recognized as legal tender.

Why “disco”?

The title of this research project is intended as a compact way of conveying themes of sound and healing within a framework of queer rhetoric and theory. Thus, the word “hospital” is self-evident as an indication of the clinical and healing issues that are under investigation. However, “disco” opens upon a more problematic territory. Traces of irony subvert the word though none are intended in *Disco Hospital*. This does not mean, however, that this investigation rejects the sexy, celebratory, and political implications of “disco.” The movement itself, organized around music, established a vital social refuge for gays, blacks, and Latinos. This history is respected in *Disco Hospital*.

The project is titled after a specific reference: the opening, instrumental track on the album, *Love’s Secret Domain* (Torso Records, 1991), by Coil — renowned for what David Keenan describes as an, “alchemical cocktail of futurist noise and altered states” (18).⁴ In “Disco Hospital” irony is exchanged with degrees of sincerity that are possible only under the harshest conditions. Representational of London’s queer community at the height of the pre-cocktail HIV/AIDS pandemic, the recording evoked a dis-eased synthesis of both the party and the problematic, and became synonymous with the medicalized state of affairs for urban gay men globally.⁵ Included in the soundtrack to

⁴ Coil was a creative partnership between poet/seer Jhonn Balance and Peter Christopherson (the latter of COUM Transmissions performance troupe and experimental sound group Throbbing Gristle) that existed both in the studio and the bedroom. As Coil, Balance and Christopherson worked with a shifting collective of artists and musicians to release over 60 recordings, many of which are considered controversial even in alternative, experimental and marginalized music standards. Coil developed a substantial and dedicated following of listeners, many of whom are queers disenfranchised by the mainstream, assimilationist gay movement. Focusing on themes of paganism, cycles of nature and cosmology, alchemy and magic, sexualized ritual, and sound, Coil established itself as a significant and distinctive voice in the queer community. Jhonn Balance died in November 2004 after falling on his head in the foyer of his home. Christopherson died peacefully in November 2010, in his home in Thailand. More information is available at: <<http://www.brainwashed.com/coil/>> and <<http://www.thresholdhouse.com>>.

⁵ The term “cocktail” in HIV/AIDS treatment refers to the highly active antiretroviral therapy (HAART), first introduced in 1994. This treatment is popularly called the “AIDS cocktail” due to the mixing of

Derek Jarman's final feature film, *Blue* (1994), "Disco Hospital" is both significant and concise as a reading of the situation and the seminal HIV/AIDS activism of that era. It is also deeply personal, as is the content of this project. Both reflect identities, bodies, and subjectivities from activist perspectives. Christopher Nealon suggests that, "the 'subjecthood' of social movements [...] generate very mobile and responsive kinds of collectivity to meet assault and crisis" (178, see: Dinshaw). The conjuration of "Disco Hospital" in the current milieu is an attempt to reinvigorate discourses around HIV/AIDS and queer identity, to align with the resurgent messaging of AIDS Action Now and other activist and advocacy groups seeking justice and equality for people living with HIV, and to refocus attention and activism back to arts communities as foundational in the fight against HIV/AIDS.

different drugs in an effort to delay progression of AIDS, help rebuild and strengthen the immune system, and reduce complications from the HIV virus.

We are doomed historically to history, to the patient construction of discourses about discourses, and to the task of hearing what has already been said (Foucault 2003 xviii).

Introduction

Disco Hospital is an investigation of sound and non-Western healing practices. This investigation includes research of subtle-energy and complementary healing practices, shamanisms, queer theory, studio experimentation, and a series of one-on-one performances exploring ritual and healing scheduled over eight months. Shamanisms are the ritual and healing practices used by indigenous and community-based healers—including witch doctors and medicine men—over centuries. Neo-shamanisms are, according to Robert J. Wallis, “largely urbanized and distinct from more ‘traditional’ reports” (41). In *Disco Hospital*, healing is defined as the process of making or becoming *sound* or healthy again. This investigation emphasizes experiential and healing processes in addition to outcomes.

In this paper, I argue that HIV/AIDS and immune disorders can be understood as metaphors for the collapse of identity—or loss of self—in the current milieu. Personal identity includes constructions of self-meaning and perception. Collapse of identity can manifest when the pressures, expectations, and demands of urban life become crushing. Specifically, this paper considers loss of self as an outcome of medicalization that accompanies serious illness. To this end, I consider literature within the fields of clinical practice, subtle-energy and complementary therapies, HIV/AIDS and the art and activism that attend to that topic, illness as metaphor, the aesthetics of wellbeing, and subjection as a form of power. Seen in this light, it becomes clear that HIV/AIDS is a site from which we might learn about health crises and their impact on personal and community

identities; issues of shame and social death that are disruptive to identity; strategies to overcome personal, social, and political stigmatization; and the values of experiential and immanent knowledge that are cultivated beyond heteronormative perspectives.

More than an investigation of healing, *Disco Hospital* is a healing act in and of itself. This act signifies the current chapter of healing in my life and is marked by HIV disclosure. This marker offers deeply personalized insights to my paper's HIV/AIDS metaphor. These insights fill in the layers like affect, brilliantly imagined by Gregory Seigworth and Melissa Gregg as, "visceral forces beneath, alongside, or generally other than conscious knowing, vital forces insisting beyond emotion" (1). This is healing investigation and action feeding back and forth. Like soixante-neuf, *Disco Hospital* is a circular experience. It mimes the performance gesture required to play the singing bowl.

Neo-shamanic in nature, *Disco Hospital's* healing motifs are, as Wallis suggests, "exercise[s] in self-discovery and self-empowerment [and] such goals are not to be belittled in our age" (68). Since the first semester of my IAMD studies, I have actively pursued methods of self-reflexivity and self-healing, evidenced in my studio production. Spearheading these methods are auto-ethnography, participant-observation and comprehension, practice-based research, clinical internship, and archival research of artists working at the crossroads of art, healing, shamanisms, and the clinic.

I view *Disco Hospital's* themes through the lens of queer theory, the histories of queer people as healers and intermediaries of knowledge, and the rhetoric specific to queer culture — in short: queer perspectives. Queer perspectives include the attitudes, outlooks, positions, and temporalities that are shared by individuals who do not fit or conform—by circumstance, desire, or choice—to frameworks imposed by

heteronormativity. They are perspectives that are informed politically, sexually, and socially by needs and goals that are not mapped out in “normal,” “heterosexual” territories. Increasing numbers of researchers are advocating queer methodologies to disrupt normative anthropological methods of inquiry (Wallis 8). Situated at the intersection of healing arts and theory, my investigation invites the preliminary question: how is healing changed by queer perspectives?

For me, the answer is evident and felt on my own skin, having endured over three decades of the HIV/AIDS pandemic. I remember the slogans of the early AIDS conferences: *infected and affected, we are all HIV positive*. I felt this collapse of identity when I wondered, in the early 1990s, if my entire community might be exterminated by plague while the rest of the Western world looked on — or looked the other way. This is also a decisive angle to queer perspectives that cannot be ignored. But the answer I feel on my skin only responds to part of the question, a part that is situated in the past. The rest of the answer is in the present, the knowledge collected in the interim, and the subtler shades that are rendered through the research methods, theoretical frameworks, and studio experimentations that comprise *Disco Hospital*.

How, exactly, might queer perspectives, temporalities, and experiences shape healing practices and environments? Queering the clinic may disrupt hetero-normative ideologies in order to, as Guattari posits, “restore the body, mend wounds to the self, and forge new existential territories” (181). This leads to secondary questions in my research: What are the shifts induced by queer perspectives to the normalized aesthetics of clinical practice? What values do neo-shamanisms offer for 21st century society? If HIV/AIDS pronounces a form of social death for individuals living with the virus, how might queer

perspectives initiate or influence subcultural behaviours that, in turn, generate new knowledge about identity and healing?

To inform the scope of *Disco Hospital* I use a spectrum of personalized and artistic exploration. This spans experiences in health crises and sequential recoveries over a period of 23 years and a decade-long lexicon of anonymous sexual encounters—contextualized here as exploratory—literally hands-on—ethnography. HIV/AIDS has marked much of my artistic exploration over the past 24 years. But the shift in my HIV status to positive, in 2001, marked a change in my relationship to the disease and to healing and art-making processes. These processes are highlighted in the material work that accompanies this thesis. The limitations of this project include the focus on male homosexual shamanisms and the parameters of my sexual experiences, which have, to date, been exclusively male-to-male. The queer demographic in HIV/AIDS is no longer the dominating body, however most of this paper’s references to “living with HIV” are either experientially situated or framed by male queer perspectives. Emphasis on evidence supporting male-specific homosexual representation in shamanisms is without specific agenda other than research knowledge that may be supported—qualified—by experiential and auto-ethnographic perspectives.

The fundamental debates and issues raised by this research include the misrepresentation, universalization, decontextualization, and commodification of traditional shamanisms via *core-shamanisms* and the new ageism of the 1990s. They also include exchange, the device employed by most indigenous shamans in trade for service and the ethical and moral issues that arise when money enters discussions of healing.

Additionally, there are the contentious implications of healing as a viable expression of art and vice versa.

This thesis project is organized in three parts: *Strictly Clinical*, *Manual*, and *Safe and Sound*. *Strictly Clinical* is a series of one-on-one performances exploring ritual, healing, and neo-shamanisms; *Manual* is the document you are reading now; and *Safe and Sound* is the exhibition of material work. These parts are discussed further in the section, Mapping the Clinic.

In *Disco Hospital*, my objectives are three-fold: 1) to link neo-shamanisms with theories of clinical practice to demonstrate shamanic relevance in the 21st century; 2) to suggest HIV/AIDS and immune disorders as metaphors of the collapse of identity in order to generate new knowledge about HIV/AIDS and the shifts to personal identity that can result from the psychic burden of health crises; and 3) to link subtle-energies, and concepts of subtle and etheric bodies with ineffability as a modality of experience. These objectives intersect with and reflect interdisciplinarity and self-reflexivity in my practice-led research. The underlying aim of this investigation is to get at my own truth. The goals are always reduction of stress; restoration, equipoise, and clarity of self; increased awareness of the benefits of interacting with “natural” and animal energies—literally and representationally; and maintenance of health integrity and wellbeing.

In this Foucauldian age where biopolitics are, as Nikolas Rose suggests, “inextricably bound up with the rise of [...] clinical medicine” and Western medical agendas are torn between exchanges of healing and economy, public attention continues to turn to alternatives (1). Jay Johnston and Ruth Barclan propose that, “alternative therapies have the potential to enrich and invigorate—even to radicalize—[...]

theorizations of corporeality, affect and intersubjectivity” (28). Semantically speaking “alternative” can be misleading, suggesting new, substitute, or “other” when in fact many practices categorized under that heading are pre-existing therapeutic approaches. Theories of subtle and etheric bodies, mindful somatic and psychic management, low-level ambient noise, silence and disciplined listening practices, biophilia, and magic are framed as “alternatives” within this investigation.⁶ *Disco Hospital* tests the therapeutic benefits that are possible at the junctures implied therein.

I started this practice as a means to understand and cope with HIV/AIDS. In the process I began to rub up against people and communities with diverse health issues and concerns. But what is shared is the metaphor that this paper argues. By repositioning healing into queer theory I attempt to generate results. *Disco Hospital* revises, returns, and re-embeds communal healing magic and the role of the artist into processes of healing, despite the overbearing prevalence of what Carolyn Dinshaw acknowledges as, “that desert of normativity” (178). How might I deliver these results to the medical community? The answers are sought in this *Manual*.

⁶ Edward O. Wilson’s biophilia hypothesis is integral to this investigation. Wilson argues that human attraction to natural environments and elements, and other species may be encoded as instinct in our DNA, the result of primal human quests for habitable, sustainable, and protective spaces and signified by savanna lands.

Mapping the Clinic

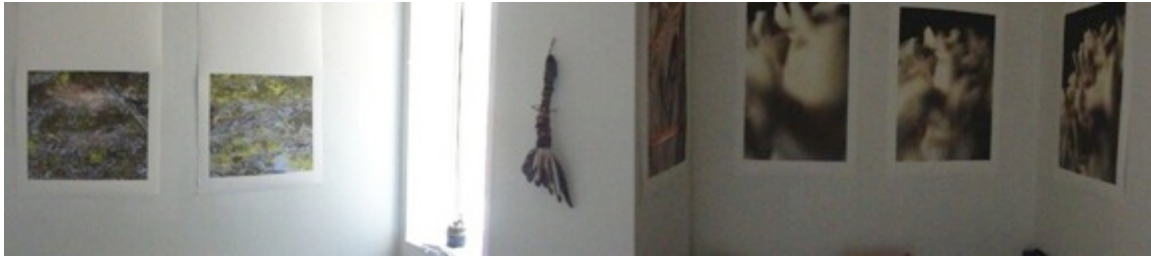


Figure 2: *Strictly Clinical: Site Lines*, preliminary installation of *Disco Hospital*, 23 May 2012 (Rm 7615, Studio E, 205 Richmond Street West, Toronto).

Disco Hospital is organized in three parts: *Strictly Clinical*, *Manual*, and *Safe and Sound*.

Strictly Clinical is the site of rituals and individual subtle-energy therapy sessions that include Reiki and sonic experimentation with chakra tuning forks and Tibetan singing bowls.⁷ *Strictly Clinical*, the series of one-on-one performances about ritual, healing and neo-shamanisms, is staged primarily in my studio. A 3-night residency at The 34th Rhubarb Festival (February 2013) signifies the gesture of delivering the knowledge findings of *Disco Hospital* back to community. *Manual*, the document you are reading now, outlines key research, theoretical frameworks, and material production. *Safe and Sound* is a series of photographs as well as the title of my thesis exhibition at OCAD University's Graduate Gallery, on view from vernal equinox (March 20) to March 31, 2013. I offer select one-on-one ritual sessions through the run of the exhibition that take place in the gallery environment, outside of public hours. Woven as an intellectual narrative with autobiographical threads, *Disco Hospital* combines experiential knowledge of health crises and recovery via non-Western healing methods, and self-reflexive processes that affectively mirror traditional shamanic transformation.

⁷ Developed in 1922 by Mikao Usui, Reiki is a spiritual practice adapted to complementary and subtle-energy therapies wherein the laying of hands is used to transfer universal energy, or *Qi* ("life energy" in traditional Chinese medicine). Reiki is incorporated in *Disco Hospital* as an extension of vibration, fundamental to sound and considered accordingly.

“Positive medicine” is the term used to define the origins of modern medical practice and, according to Foucault, “marks [...] the beginning of that fundamental relation that binds modern man to his original finitude” (2003.244). In the evolution of positive medicine, rigorously cultivated processes of *seeing* and *knowing* are integral to healing knowledge and practice. These processes extend to the aural when the practitioner’s gaze is, as Foucault suggests, “bound up with a certain silence that enables him to listen” (2003.132). *Disco Hospital* reflects on silence—and explores visual counterparts—as a processual meditation on the purposeful aesthetics of sound at the junction of queer, audio, art, clinic, and neo-shamanisms. For example, the subtle-energy therapy sessions conducted in my studio enable participants to experience disciplined forms of listening, where minimal sounds are offered therapeutically within the context of silence and ritualized healing. Many of the images featured in *Safe and Sound* represent objects used to generate tones, such as the chakra tuning forks. These are transformed via my own queer perspectives and connective representations of condoms, tools and instruments of neo-shamanisms and subtle-energy healing practices, and icons of mythology and queer culture (goddess figures, beeswax, seed pods). However, they are also muted by the condoms that operate like sheaths that silence and make them—theoretically—safe. The soundtracks to *The Wheel* videos (see Figure 23 and 26) are punctuated with passages of silence that allow the slowly unfolding images to maintain a meditative momentum that is not reliant on the musicality of conventional film and video scores.

Mapping Queer

What does “queer” signify in *Disco Hospital*? In this investigation, queer is the site of healing, sacred, sexual, and outsider energies. It is psychic, visceral, and animal. Savastano notes that queers must, “draw from [diverse] sources, intellectual, devotional or ritualistic, in order to locate themselves within their chosen tradition and still remain fully attentive to who they are as psycho-spiritual-sexual beings” (12). To me, queer means homosexuality—same-sex attraction and sexual intimacy—that does not attend to gay assimilationist agendas that seek to situate gay and straight as socially and politically equal. The issue, for me, is not about blending with mainstream society, it is about preserving and cultivating the very differences that mark homosexuals, especially those markings that are not sexually freighted. Therefore, queer is not exclusively sexual in implication. It is, however, unapologetic in its dis-ability to fit the heteronormative mold. It’s meaning may be felt in the tension felt between the terms “queer” and “gay.” Gay is also used to denote lighthearted or carefree while queer’s other meanings are typically pejorative in colour and tend toward odd or strange. I like the strange connotations and have almost always been attracted to that which is stereotypically deemed exotic or perverse to feel at home in my psychic body.

In a 1952 letter to Allen Ginsberg, William Burroughs writes, “I don’t mind being called queer...” (2004a.31). However, Regina Marler notes that, “Burroughs, a self-professed ‘manly type’ and gun freak, could not find a model for male homosexuality that didn’t sicken him [and] his second novel, *Queer*, is a record of his loneliness and isolation” (xxv). My first exposure to Burroughs was the concert program to David Bowie’s *Diamond Dogs* tour in 1974. Photographed together, the androgynously attired

Bowie stands next to a suit-clad Burroughs like creatures from completely different lagoons. But the look in their eyes is shared: queer. As the preeminent figure of the glam rock era, Bowie signifies that particular moment when gender and sex politics collided with popular music culture and Lou Reed's *Transformer* took a walk on the wild side.⁸ Crawling out from beneath the rubble of glam rock, *Diamond Dogs*—like Burroughs—also did not comply with mainstream standards or definitions of gender, sex, or identity. The album's lead single, "Rebel Rebel," speaks volumes: "You've got your mother in a whirl 'cause she's/Not sure if you're a boy or a girl" (1974). The point was to undermine the heteronormative parameters of attire and sexual attraction — to fuck things up. The point's downside was being beaten up by *heteronorms* who felt threatened by men in mascara and platform shoes. The significance was that gender and sex had finally been disrupted in popular culture and queer—not just gay—was out of the closet.

Queer is the anti-gay. It takes full ownership of homosexual differences that contrast with heteronormativity—differences that are political and social, as well as sexual—and it does not care to blend in. Queer is at the heart of "outsider." When I interviewed Yoko Ono for the release of her album, *Rising* (1995), I asked if she was aware of a queer following for her music. Ono replied with an enthusiastic yes — adding that she shares the "privilege of being an outsider" (1995b.30). Similarly, when I worked at Art Metropole in the mid 2000s, then director Ann Dean often spoke of the

⁸ *Transformer* is Lou Reed's second solo album following his departure from The Velvet Underground. Produced by Bowie and released in 1972 (the same year as *The Rise and Fall of Ziggy Stardust*), *Transformer* extended Reed's connection to Andy Warhol and his Factory by featuring two of Warhol's superstars—Holly Woodlawn and Jackie Curtis—on the back cover in radical postures of femme and macho. As well, a number of Warhol's superstars are cited in the lyrics to "Walk On the Wild Side," the single from *Transformer*. Essential to the use of the word in this paper, seeds of queerness sprouted from Warhol's scene — one that encouraged gay, drag, transgender, prostitution, drug use and portrayed these elements as normal occurrences.

organization and its workers as being queer. In both of these instances, queer is operative for functioning outside of mainstream parameters where differences are not just embraced they are celebrated and cultivated. Therefore, queer is not exclusively homosexual in the behavioural sense but it does start as slang for homosexual. This derogatory term is re-appropriated, first by Burroughs and others in the beat movement, then by key voices in the glam rock movement. In “Five Years,” David Bowie sings, “A cop knelt and kissed the feet of a priest, and a queer threw up at the sight of that” (1972). Methods of re-appropriation have been effectively demonstrated in HIV/AIDS activism, such as the use of the pink triangle in ACT-UP’s the SILENCE=DEATH campaign.⁹ The first branch of gay liberation to overtly rejected assimilation, Queer Nation, influenced a broader community of gay, lesbian, and straight individuals who were no longer inclined to follow the heteronormative lead.¹⁰ This rejection is also significantly expressed in many activist poster campaigns generated by ACT-UP, Gran Fury, and artist groups like General Idea.¹¹ Queer refuses to swim with assimilationist ideologies or to buy the product placement that advertising offers to the “gay dollar.”

⁹ The pink triangle, used to signify gay and lesbian communities internationally, is derived from the pink felt patch sewn on the uniforms of homosexual inmates of Nazi concentration camps during WWII.

¹⁰ Queer Nation was an organization founded in 1990, in New York City by activists from ACT UP — the AIDS Coalition To Unleash Power. In response to escalating anti-gay and lesbian street violence and media prejudice, Queer Nation used confrontational tactics and slogans (not unlike ACT UP), and introduced the practice of outing (disclosing an individual’s sexual orientation or gender identity without that person’s consent).

¹¹ Gran Fury was the activist/art collective that operated as ACT-UP’s propaganda ministry. The name is derived from the model of Plymouth automobile used by the New York City Police Department as unmarked cars and may be viewed as a metaphor for community anger over HIV/AIDS and government and medical inaction towards the issue.

It's In My Blood (Background and Context)

What is there to say of death? We live and then we die. While we live, we are surrounded by the dying, and by the dead. We are all dying. And the dead walk among us, surveying our decay (Bronson 2001.50).

February 1989:

I run into Robert Flack in *Sam the Record Man*, the flagship store on Yonge Street at Gould one mid-afternoon. “I just tested positive.” The words fall from Rob’s mouth like they have no meaning, and every meaning in the world at the same time. We stand motionless as people shuffle about us. Time appears to stand still and the sound of hearts beating reverberate. “Let’s go outside.” I offer my arm, directing Rob to the door, the sidewalk and some sunshine. Actually, in that day and age I wasn’t cognizant of sunshine or its benefits. In fact, I was likely anti-sunshine, typically choosing the shady side of the street. And I mean that, at this point in the narrative, in the literal sense of the word.

March 1989:

I am lying on a hospital gurney, having just undergone a liver biopsy. Could modern medicine be more savage? The difference between biopsy and getting knifed in an alley is the setting and the intention. Facing out a window, all I see is more hospital and a slice of parking lot. I have five hours to contemplate my next decision—which is cut and dry, so to speak—as the pressure of my lateral position quells internal bleeding. A month later I travel alone to London and Paris, drink Beaujolais and tart ales, and smoke strong cigarettes. In May, I celebrate my 33rd birthday and relish my final quaffs of champagne, tossing away my pack of cigarettes to complete the gesture. Within six months I have challenged a diagnosis of cirrhosis and chronic hepatitis by producing the antibodies necessary — all through what appears to be positive thinking and some serious shifts in

nutrition and lifestyle. Within two years I am instructing four aerobic step classes per week as a volunteer at Toronto's West End YMCA.

Spring 1990:

I first discovered the pleasures of natural environments, as an adult, in 1990. I mean this in Thoreau's sense. A year earlier I gave up alcohol and cigarettes, 16 years of habituation confronted with chronic liver disease. Rock bands. The air and sun, the trees, the veils of filmic light breaking through foliage at dusk, the musky scent of moss, lichen, and dirt. I was in love.

Robert Flack commented, quite casually one afternoon while we strolled together through High Park, "that's one of the cruising areas." I was miffed. I had traversed the park in its entirety by foot, day and night, alone and enchanted by the natural energies. I had, until that moment, been completely unaware that men were fucking all around me. And so, I discovered park sex. One on hand, sex had played a significant role in my life (since the age of five). On the other, I was naïve. My view of the forest changed forever. I connected with the ritualized performativity of outdoor sex and the tribal grounds that signify cruising, their paths worn smooth from traffic. Back to nature. Rutting in the woods. Tree hugging and getting my hands dirty. Mingling with the queer spirits of the stomping ground, even those who had already dropped their bodies. Manly caresses, and mud and sweat. Leaves stuck to my boots, my back, my ass. Blood rituals in the dark, and seroconversion.

October 19, 1993:

I visit Robert Flack in his room at Wellesley General. It is evening and I find him unusually quiet — mostly silent. He is absorbed by a grouping of photographs of flower

blossoms and sky by artist and friend David Rasmus. David had arranged the images in a grid on the wall at the foot of Flack's bed, affording Rob with the best possible view. More than captivated, he is entranced and appears to be moving into the images. On the bed beside him is his copy of *The Tibetan Book of the Dead*. As usual, I bring him some mixed cassette tapes. He loves my taste in music and mix cassettes are a regular part of our discourse. That night the tapes include some self-reflective songs by the Kenyan singer and nyatiti player, Ayub Ogada. Realizing that there was no conversation to be had that evening, I move my chair around so that I am sitting abreast with Rob. Together we gaze into Rasmus's images, meditating on the beauty of blossoms, the serenity of sky and clouds.

As I prepare to leave his room for the night, Rob breaks his silence to say two things: *don't stop making music*, and *I'll see you in two days*. A few hours later, around 2 a.m., he dropped his body. He had willed his way into Rasmus's flowers and skies as a peaceful transition from this realm to the next.

I was the last friend to be with him. He was right, I saw him two days later—or I should say, I saw his corpse—at the visitation. The energy that I recognized as Robert had vanished. Just like his art exhibition openings, his funeral was packed to the rafters. I tucked a string of violet mardi-gras beads in his suit pocket and AA Bronson, as instructed by Rob, gave each of us in the room a long-stem red rose.

In the weeks and months that follow, too many friends and colleagues also drop their bodies. A friend reports that in his final moments of dementia, Alex Wilson exclaims, "I am not Robert Flack!" Wayne's boyfriend shrivels up to an unrecognizable figure in their bed. Artist David Buchan, in a rage over HIV/AIDS, mutilates a General

Idea AIDS poster with his own excrement, urine, and anger before exiting.¹² Funerals occur weekly. Grieving has become a regular part of the day to day. Or is it just a numbing sensation that has enveloped my community?

June 5, 1994:

It is the early morning hours and I am on a fantastic voyage. The three tabs of LSD ingested the night before have delivered a tremendous, magical experience. I spend over ten hours dancing to DJs — including UK artist Goldie who is making his Toronto debut, introducing the new *drum and bass* to the throng. The party is situated in a curling facility on Broadview Avenue. Around 6 a.m. I am drawn by an unusual glowing light source, coming from a room at the end of a long hallway. I take my friend Simon by the arm and lead, in pursuit of the light. Entering the room, it is distinguished by a circular turret like ceiling, raised up in the center with a vertical ring of windows. Each window is framed with vines and I realize that the unusual light is the dawn. The DJ in the room is playing some transcendent house music and everyone is blissful. Gazing through a window I imagine that I see Felix Partz floating in the sky. He is smiling and radiating peace and serenity. He looks down at me and waves, then flies off into the morning skies. I have an overwhelming sensation of love and happiness – and we continue dancing until noon. When I get home there is a phone message waiting. Felix had dropped his body.

January 4, 2001:

I am sitting across an office desk from my lover's physician. "I don't have good news, for either of you," the doctor says. Not good news. That might be negative news under any other circumstance. But HIV turns everything backwards. That's how I got here:

¹² Buchan's AIDS poster was exhibited in *Halos: David Buchan and Robert Flack*, an exhibition of art and ephemera that I curated for Art Metropole in 2005. The piece is in the private collection of Ann Dean, who was Buchan's primary care giver.

backwards. That lover, MP, understood well my politics of HIV meds, which were not positive, so to speak. After the appointment we walked down St. George Street, somewhat shell-shocked. Taking MP's hand in mine, I softly say, "I'll take whatever is required to spend another day with you." It's strange how politics can shift when the issues are worn on your own skin.

Within the next twelve months, my mother's health deteriorated dramatically as she vanished behind the veil of alzheimers disease. I packed my positive status in a box and stowed it in the back of a drawer for safekeeping. On winter solstice 2003, my mother died. I held her hands as she dropped her body. It was unmistakable, feeling her weight lift and sink at the same time. I am positive about that sensation.

Brands, Tattoos, and Other Markings



Figure 3: Robert Flack's *Mandala* (from *Love Mind*, 1992), tattoo portrait (2004).

Following our collaborative exhibition *Empowerment*, in January-February 1991, I asked Robert Flack to draw a tattoo-worthy image for me. He responded with a labyrinthine pattern of concentric spirals and South Asian spirit-warrior signs, framed in a circular band of yellow. The pattern was intended to signify infinite energy and evolved into *Mandala*, part of Flack's 1992 series, *Love Mind* (see Figure 3a). Inked by Bob Barker, whose expertise in tribal motifs and techniques was widespread, the tattoo (see Figure 3b)

celebrated my collaborative partnership with Flack, and my new health integrity. Deleuze and Guattari suggest that, “tattoos [...] make the body a territory” (1987.320). Flack’s mandala marked a site of renewal. Mortality, it appeared, was exhilarating. Artistic productivity along Queen West was in overdrive, rushing with positive energy.

A decade later, HIV marked this same territory, again like text on parchment. Only this time, it was internal and indelible. Campbell suggests that, “the shaman is the person, male or female, who in his late childhood or early youth has an overwhelming psychological experience that turns him totally inward. It’s a kind of schizophrenic crack-up. The whole unconscious opens up, and the shaman falls into it” (1991.107). Having survived my parents’ nine-year separation during childhood; the violent withholdings of my sexual orientation during my teens; alcohol, drugs, punk rock, and self-destructive tendencies in my twenties; and entire circles of friends and associates dying during a ten-year period starting 1984, testing positive was my schizophrenic crack-up. It was an exercise in open-pit psychic mining. Evaporating into thin air, my sense of sexual self transformed from sensual and transcendent to a statistic: a 40-something gay male testing positive in the HIV/AIDS cocktail era.

Mapping the Metaphor: Illness and Identity, Art and Activism

Pleasure has become something which people do not seek after themselves, but instead have presented to them in simulated forms through diverse media, thus building up a frustrating and paradoxical situation where an inherently active form of expression has become a passive pastime, and the results are that expression becomes depression (Breyer-P'Orridge 47).

Memory number nine: routine desire (Stewart 2012).

In *Disco Hospital*, I argue that HIV/AIDS and immune disorders can be understood as metaphors for the collapse of identity. What is this collapse of identity? Why are metaphors so constructive to understanding identity and disease?

I see the collapse of identity as a loss of self. In this paper's Introduction, I note that under medical circumstances, the pressures of everyday life are magnified, forcing an exchange that takes place in the ill individual. In this exchange, personal identifiers are swapped for statistical data and information. Foucault notes that, "the patient is a rediscovered portrait of the disease [and] like civilization, the hospital is an artificial locus in which the transplanted disease runs the risk of losing its essential identity" (2003.16-18). In this light, illness is a natural part of life and hospitalization is, conversely, not. Hospitalization is an "institutionalized spatialization of disease" (Foucault 2003.22). To acknowledge that illness is part of life is to take a step toward understanding the power we embody as individuals, to take charge of our own health and healing. Knowledge, as discussed in the Theoretical Framework chapter of this paper, is power. Metaphors, as suggested by Csordas and Lewton in the Summary of the Methods chapter, deepen this knowledge.

Metaphors play an integral role in decoding and understanding illness — especially HIV/AIDS and the issues of shame that are associated with the disease. Shame

is a particularly prevalent, potent sensation that is experienced by many who are living with HIV. In her writings on illness and metaphor, Susan Sontag notes that, “AIDS is understood as a disease not only of sexual excess but of perversity” (114). This is a serious misunderstanding as HIV is contracted through a single sexual exposure. Risk is increased through repeated exposure but it is a misconception to observe HIV+ individuals as sexually excessive, let alone perverse. Sontag also points out that with HIV/AIDS, “shame is linked to an imputation of guilt; and the scandal is not at all obscure” (112). I know how I was infected: unprotected sex. But conveying that simple truth into the public realm is another story — and anything but simple.

Acts of disclosure are not easy. To have a respondent ask, “how did that happen?” — well, the feelings should be obvious. Sontag suggests that, “to get AIDS is precisely to be revealed [...] as a member of a certain ‘risk group,’ a community of pariahs. [...] It also confirms a [homosexual] identity [...] as well as an experience that isolates the ill and exposes them to harassment and persecution” (112-113). Michael Harris suggests that, “HIV [...] is associated with homosexuality, with plague, with punishment” (20). The unsafe behaviour that is typically tied to HIV/AIDS is subject to a highly focused public judgment, one that is, according to Sontag, “more than just weakness. It is indulgence, delinquency—addictions to chemicals [...] are illegal and to sex regarded as deviant” (113). I’ve witnessed these overarching judgments, even in friends that I consider intelligent and some of whom are HIV+. When I shared the positive status of one friend, who seroconverted at age 18, with another friend who has been positive since 1987, he asked, “what on earth was he doing?” His query was laced with judgment and

condemnation. It's what some queers might consider "the pot calling the kettle beige" – to quote *The Boys In The Band*.¹³

Sontag's metaphors for cancer and tuberculosis as "diseases of passion" are easily projected to HIV/AIDS (20). When she depicts TB as "the image of a 'diseased' love, of a passion that consumes," we can link this metaphor to HIV/AIDS via its sexual implications (ibid). HIV/AIDS has also been portrayed metaphorically in music. An example is the song "Tainted Love," covered by Soft Cell in 1981. The song hit the charts just as the earliest reports of AIDS were breaking the news. I remember the first time someone mentioned AIDS to me. The disease didn't even have a name at that point. I was working at an import record shop on Queen Street East. My friend Tim dropped in to tell me about the new disease that was killing queers in New York City and San Francisco. The Soft Cell single was selling like hot cakes and love was to die for.

The collapse of identity that is metaphorically suggested by HIV/AIDS is significantly framed in this investigation from a very personal perspective: my own disclosure. Tim Dean suggests that, "the social death caused by HIV's intense stigma [...] antedates organic death" (94). When I seroconverted to HIV positive, my desire, my pursuits of pleasure, and my sexual identity transformed—overnight—to a statistic: a 40-something gay male testing positive in the HIV/AIDS cocktail era. The prospect of a daily, lifelong medication regime to restore and maintain my health integrity—let alone the subsequent side effects and toxicity of these chemicals in my system—deepened the

¹³ *The Boys In The Band* is a 1970 film drama directed by William Friedkin and is based on Matt Crowley's stage play of the same name. The film was, during the 1990s, reviled for its representation of homosexual men as self-loathing creatures. This status shifted in the early 2000s when the film and its dialogue were reconsidered as authentic depictions of homosexual culture in the 1960s and perhaps as psychological perspectives held by many homosexuals up to the present. The film also includes a curious use of the term "turning" that strangely aligns itself with Judith Butler's meaning of the word in *The Psychic Life of Power*.

chasm between self and statistic. I also witnessed, during my 6-week summer internship at PWA (Toronto People With AIDS Foundation), similar traits in many clients of the organization, individuals reduced to empty shells, subject to the social death of HIV/AIDS.



Figure 4: AIDS Action Now: I Party I Bareback I'm Positive I'm Responsible, AIDS Action Now at the International AIDS Conference 2012, Washington DC, photos: <<http://www.ondamaris.de>>.

During one PWA team meeting, I commended a testimonial featured in one of the organization's print materials. Written by an anonymous Bay Street executive, the text expressed the author's shame for having to use PWA's Essentials Market—a 2-day a week food outlet offering free staples to clients of the organization—while wearing his business suit. This shame was exchanged for relief as the author came to understand the PWA environment as non-judgmental. After talking about the testimonial and how it moved me, a program coordinator at the meeting turned to me and said, "I wrote that." His way to cope with the loss of self that came with testing HIV positive was to abandon his career in the financial district, where he was no longer able to connect with the ideologies and goals of capitalism, and engage more directly with his HIV positive status and the positive community.

We see how shame is key to this paper's metaphor of the collapse of identity. How may one overcome shame in this context? One possibility is through the ownership

of sexual behaviour. Dean suggests that shame is, “a consequence of [the] association with gay-male anal sex [which] is still so extraordinarily powerful that it makes sense to create a community, by whatever means, in which relief from stigmatization may be found” (92). He is among a number of activist-minded theorists and artists who support the growing networks of HIV+ men that are revisiting bareback sexual practices as responsible behaviour.¹⁴ As HIV+ blogger, Mark S. King notes online, “Somehow, we have come to the homophobic conclusion that when gay men engage in the romantic, emotional, spiritual act of intercourse without a barrier we label it psychotic barebacking, but when straight people do it we call it sex.”¹⁵ Here we have a vivid illustration of—and reason for—the collapse of identity via the pressure of heteronormativity. AIDS Action Now position responsible barebacking as a pivotal issue in its 2012 campaign (see Figure 4). Barebacking is, even within sectors of the gay community, considered politically incorrect or indicative of self-loathing. The issue demands an ethic of alterity — that is, an unconditional and open-minded understanding of otherness. Dean suggests that, “[f]ar too often our desire to identify the politics of a phenomenon such as barebacking serves as a cover for deciding very quickly whether we approve or disapprove of it, thereby locating ourselves securely in relation to what may seem difficult or disturbing” (26). AA Bronson highlights the issue in his proposal for a *Documenta Sex*: “sampling sex: the artist as sexual dj [, and the] sexualization of danger: the artist as barebacker” (2003.24). Shame continues to undermine the identities of individual’s living with HIV—inclusive of all genders and orientations—but the efforts of artists and activists continue. These

¹⁴ Bareback sex is sex without condoms. The term is significantly projected upon the gay male community despite evidence that heterosexuals engage in condomless sex more frequently. Therefore, we may view the term “bareback” as homophobic in intent and use. However, like “queer” and “faggot,” the term is re-appropriated and can, in some instances, lead to empowerment and restoration of self.

¹⁵ <<http://marksking.com>>.

efforts mirror the integral role of art and activism in the earliest and darkest days of the pandemic.

The links between art, activism, and HIV/AIDS are rooted in the pandemic's early 1980s history when government leaders would not utter the word — signified notably by Ronald Reagan, then president of the United States. Reagan's refusal to say "AIDS" triggered an artistic outcry. It became the responsibility of artists to rally around the issue, to make AIDS known worldwide, to state the word and paint its portrait. That image, from the artist's perspective, has not been as aestheticized as that of medical and research communities. Petra Kuppers notes that medical and research imaging of HIV/AIDS presents a symptomatology that is, "often constructed as one of simulation and cloaking" (157). This invisibility encourages a loss of self as there is literally nothing to connect to — other than shame, guilt, or punishment.

Ignorance at authoritarian levels continues today. An example is Rebecca Kadaga, the Ugandan lawyer and politician who offered a "gift to the Ugandan people" in 2012 in the form of a bill.¹⁶ Widely known as "Kill the Gays," the bill proposes to legalize the death penalty for homosexual behaviour and includes people who are living with HIV of all genders and orientations. This gesture of absolute ignorance is supported by the Roman Catholic church as demonstrated by Pope Benedict and his blessing of Kadaga on December 12, 2012. Widespread homophobia and incidents of homophobic violence are increasing globally. Within the gay community, serophobia is on the rise.¹⁷

¹⁶ <http://en.wikipedia.org/wiki/Rebecca_Kadaga>.

¹⁷ Serophobia is the fear and objective negativification of HIV positivity by individuals who are HIV negative.

Younger generations of gay men, while aware of the dangers of the disease from a historical perspective, are inclined to be casual in their response to the issue. My own HIV/AIDS specialist tells me that many of his younger HIV+ patients are more concerned with appearance and the physical side effect of HIV medications. Their worries are tied to media's lifestyle ploys and not to the realities of medication toxicities and side effects. This is why HIV/AIDS art and activism are more important than ever. This is why *Disco Hospital* offers the metaphor for collapse of identity, to activate and keep this discussion open.

How can people living with HIV move beyond the collapse of identity? Many HIV+ gay men are turning to *serosorting*, a practice of limiting selection of sexual partners to those who are also HIV+. In some circles this is also called an *accountable fuck family*. In *Safe and Sound*, I raise questions about condoms as primary strategies in discussions of safety. As more HIV+ communities go in search of alternatives that can satisfy desires and pursuits of pleasure, while maintaining degrees of responsible behaviour without condoms, the *Safe and Sound* series is a platform for discussion.

The metaphor of the collapse of identity is confronted head-on in this research from my own queer, HIV+ perspective. I brave the issues intimated by images of empty shells. These shells, represented by the condoms in the *Safe and Sound* series, are filled with signifiers of energy and power: the sun, sage smudges, beeswax, tuning forks. In turn, I fill my own body with new meaning and relevance regarding the issues of HIV/AIDS. *Disco Hospital* is my rebirth and a ritual offering to my own truth and sense of self. It is my body—subtle, etheric, psychic, physical, emotional, subject, object, and positive—and it is full of life, knowledge, and experience.

Methods

In *Disco Hospital*, I burst the studio boundaries established by two decades of audio practice, effectively (and theoretically) silencing sound — for the time being. Accordingly, the research methodologies used are mixed and exceptionally personal: participant-observation and comprehension, auto-ethnography, metaphor theory, internship in therapeutic care (PWA), case studies of art-based healing practices, and practical and aesthetic experimentation emphasizing interpretation and reflection. Since this investigation of healing is offered as a healing act in itself, methods of self-reflexive writing are used both methodologically and therapeutically. A tool for the active construction of memory, self-reflexive writing also feeds my exploration of dreams, the shamanic implications of the oneiric, and the confrontation and resolution of issues surrounding HIV status and withholding. In this light, my HIV/AIDS metaphor is actively addressed. Alejandro Jodorowsky suggests that, “life change[s] from the instant that [we] develop another perception of [ourselves]” (117). Examples of self-reflexive writing-as-therapy are my book works produced from June 2012 through February 2013 (*The Book of Mary, Faggots, My Boyfriend, Signal To Noise: Subtle Messages From the Clinic*). Underscoring this cross-disciplinary methodology is a self-imposed approach to making art and music that reflects decades of disciplined, solitary studio practice.

In *Disco Hospital*, my practice-led research methods draw on concepts from installation art, time-based and durational media, non-Western healing practices, clinical experience, participation in queer sex and healing workshops that respond to the HIV/AIDS pandemic, and health crises (and recoveries) worn on my own skin. Conceptualizing the role of the researcher and delineating a territory where, as Alvesson

and Sköldberg suggest, “[f]ree thought is not only allowed, it is obligatory,” *Disco Hospital* insists on measures of experiential and alethic hermeneutics (238). These modalities of truth encompass necessity and impossibility, and foreground interpretative findings based on firsthand experience. Moreover, these modalities, in context with HIV/AIDS, confront the “impossibility of describing or interpreting ‘objective reality’ (or people’s intersubjective, socially constructed reality, or their interior psychological worlds” (Alvesson and Sköldberg 240). Experiential and alethic hermeneutics are exemplified in *I’ll Be Your Mirror*, *Safe and Sound*, and the *Untitled Mandalas* where bodies—specifically anuses and other, naked sites of implicit sexual activity—are represented. Self-reflexivity of this degree is especially significant in terms of identities crushed by external forms of power, such as judgment and shame, and HIV/AIDS’s associations to plague and punishment.

Experiential and tacit knowledge converge in this investigation as auto-ethnography, a form of self-reflection and writing wherein my personal experience connects to broader cultural, political, and social meanings and beliefs. Auto-ethnography is embodied in my research of the communities that I occupy: gay, queer, sexually active, neo-shamanic, artistic, and living and aging with HIV. That is, this auto-ethnographic research frames HIV/AIDS, neo-shamanisms, subtle-energy and complementary healing practices, personalized and aesthetic experiences (and experimentation) with sound and vision, altered consciousness and ecstatic states, and psychological and physiological health crises. Ecstatic states and altered consciousness are explored via entheogens and other psychotropic plant-based materials typically used for sacred or spiritual purposes — such as psilocybin, cannabis, and lysergic acid diethylamide (LSD). These materials are

strictly used for personal exploration of alternative ways of seeing and being, and not in context with aspects of this investigation where participants are involved. Even the PWA internship is auto-ethnographically framed by my existing membership in the organization.

Methods link to and stimulate *Disco Hospital's* primary strategies, namely the investigation of healing is a healing act in and of itself, and emphasis on healing processes not just outcomes. Furthermore, these methods nurture processes of self-cultivation and kindle the project's objectives. Opening new territories of art and healing that extend beyond somatic self-management (discussed further in the Clinically Speaking section of this chapter) and gesture toward community mirror the immersive challenges that Diane Wolfe suggests as, "power exerted during the research process, such as defining the research relationship, unequal exchange, and exploitation [and] the sensitivity postmodernism demonstrates toward a greater multiplicity of power relations" (4-6). Exchanges between self and community—and the implicit power relations—are conveyed in *Faggots* (see Figure 24) wherein single sticks are either contrasted or complemented by groups of sticks. The ritual sessions of *Strictly Clinical* are a literal iteration of this exchange, in which I seek self-healing through interactions with participants that are also offered as healing. In this example, performing neo-shamanisms reflects the concept: the cure is in becoming the curer.

Methods of participant-comprehension distinguish the experiential element that is so crucial to this investigation and contrast with traditional methods of participant-observation. Mystical, neo-shamanic, and queer identified rituals are central to methods of participant-comprehension in this investigation, and demand higher risks and deeper

personal awareness on the part of the researcher. Examples include AA Bronson's dream circles (described below) and the shamanic journeys travelled with other healers like Josefine Fine.¹⁸ Savastano asserts that,

Experiential anthropologists place the emphasis of their fieldwork on 'participation-comprehension' [which] means following the instructions and procedures given from within the culture (perhaps as given by a teacher, shaman, or guru) [and] leaving oneself open to whatever experiences arise as a consequence of performing ritual and symbolic practices and recording what happens, using whatever symbolic media are available (18-19).

Many experiences—both in my studio and out—are imprinted to *Disco Hospital* as text, image, audio, healing, sensation, performance, and ritual.

Some of these experiences predate *Disco Hospital* and form pathways that lead, over time, to this current site of investigation. In 1994, I participated in a workshop organized by *The Body Electric School* — not my first encounter with Joseph Kramer's techniques (1991-1992) but the most immersive. Queer ritual ceremonies and experiences initiated by AA Bronson, post *General Idea* (1994-1996), were weighted with immense loss, memory, and grieving sustained by the HIV/AIDS pandemic. In his own work, Bronson notes (2003) the largely undocumented parallels of Post Traumatic Stress Disorder (PTSD) in Jewish communities post holocaust and that of the queer community via HIV/AIDS. These parallels are also suggested in this paper's metaphor of HIV/AIDS and collapse of identity. Male dream circles hosted by AA Bronson in 1995 were, like Kramer's offerings, transformational projects responding to the pandemic and embodying processes of intimacy, magic, oneiric interpretation, intersubjective analysis, and nakedness — literally and figuratively. Participation-comprehension, as Savastano notes,

¹⁸ Josefine Fine is a shaman and healer living in Hamburg, Germany. Her work and methods are outlined at <www.josefinefine.com>.

“frequently requires the ‘suspension of belief’ necessary for entry into domains of occult meaning and experience” (19). In context with these experiences, this methodology takes on a clarity and resonance.

The advent of the HIV cocktail has altered human experiences with the virus. The disease is no longer a guaranteed death sentence. But intimacy issues and fear still preoccupy many queer men who are living with the virus. Searching for resolutions to the immanent connections between sex and death, and love and mortality, many queer men explore tantric and non-genital sexual activities. Savastano suggests that, “sex is often a means by which gay men enter heightened states of consciousness [and] the psychosexual, tantric-like techniques developed by The Body Electric School [such as] breathing exercises and eye contact” open up boundless possibilities to a community paralyzed by fear of infection through contact, a fear that has in many cases progressed to internalized homophobia (13). Bronson describes the school’s Sacred Intimate workshop in 1992 as a, “radical, gay, neo-tantric, pseudo-psychological, sex-positive” retreat that would, “spawn an international community of men seeking to be healers to their people, and seeking to be healed” (2001.54). My own experiences with The Body Electric School and Bronson’s rituals connected nakedness and touch with processes of energy raising and heightened consciousness, ultimately encouraging states of becoming not just coming. The lessons and experiences of that era are inscribed on *Disco Hospital*’s theoretical and material framework, the discussions and practices of neo-shamanisms, the ritual sessions of *Strictly Clinical*, and the project’s candid sexual content and its implications. Ultimately, neo-shamanisms are viewed as a highly personalized remedy for collapsed identity.

Healing, Shamanisms, and Clinic in the Arts: Precedents

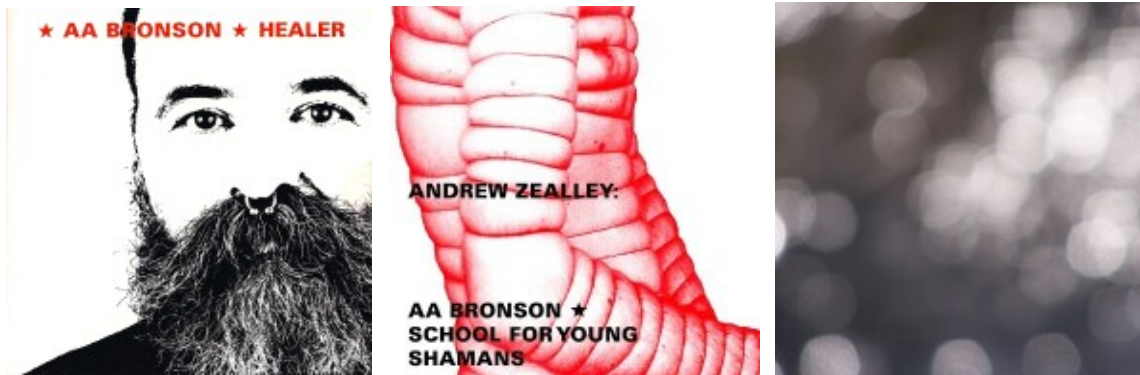


Figure 6: a) front cover of the AA Bronson Healer audio edition (compact disc, 2004), sound by Andrew Zealley; b) front cover of the AA Bronson School for Young Shamans audio edition (vinyl LP with insert, 2008), sound by Andrew Zealley; c) visual for the digital download of *Five Nocturnes for Electricity*—a sonic study of dreams—originally released on EN/OF Germany (Catalogue 024, 2004) as a vinyl LP with photo edition by AA Bronson, sound by Andrew Zealley.

Underscoring this research is the exemplary work of artists and scholars exploring the intersections of art, healing, shamanisms, and the clinic — such as Joseph Beuys, AA Bronson, Yoko Ono, and David Wojnarowicz. Why are healing and shamanisms important to this research? Healing is both goal and strategy of this investigation. Shamanisms—specifically neo-shamanisms—repair and reshape identity for individuals, like myself, who have witnessed plague-like decimation in their community. It can be remedial to individuals who identify from outside of “hetero” and “normal” perspectives and are therefore open to the ineffable, the unknown, and the outer perimeters of consciousness. I feel at home and in my own skin through neo-shamanisms. Most importantly, I know that I can help others, relationally and affectively. In the process, I heal myself.

The most significant precedent for *Disco Hospital* is the interdisciplinary practice of AA Bronson. In his practice, shamanisms and healing are embedded in material, performative, curatorial, and pedagogical activities and production that are dominated by practices of collaboration and consensus (e.g. the *Healer* project, *Queer Spirits*, *School*

for Young Shamans, Nest, and Red, Black, Gold, and Blue). Bronson's immersive methodologies in relationship to HIV/AIDS and queer communities, his exploration of the nexus of art and religion, and his focus on identity all resonate in this research. *Disco Hospital* is also inevitably influenced by AA Bronson's practice by way of my participation in many of his shamanistic rituals, staged in the mid 1990s and particularized by the then recent deaths of his partners in General Idea, Felix Partz and Jorge Zontal. As well, my collaborations with Bronson (2003-2008) frame issues of identity, HIV/AIDS, neo-shamanisms, and healing. In these collaborative examples—such as *The Quick & The Dead, Healer, School for Young Shamans, and EN/OF24*—my own work becomes a precedent for this current research. My collaborative work with Robert Flack (1988-1993) regarding queer identity, HIV/AIDS, transformation, and non-Western healing methods is intuitively inscribed in this current research.

The candid musicality that characterizes much of my collaborative sound work with Bronson and Flack (see Figure 6) contrasts sharply with the audio minimalism of *Disco Hospital*. Presently, my attention to audio and listening theories beyond the purely aesthetic are privileged over making sound. What individuates sound in *Disco Hospital* from these earlier projects is the emphasis on listening, specifically the focus on 'site-listening' as distinguished by Lawrence English's suggestion that, "the act of attentive listening [...] privileg[es] the auditory environment as the focus of awareness" (4). In this light both body and clinic are considered as listening territories. This practice-led research is also differentiated by the direct therapeutic benefits of sound and the singularities that mark my experiential and intuitive energies.

Coil (1982-2005) (see Figure 7a, 7b), documented in 2003 by David Keenan as pivotal to Britain’s musical “hidden reverse” movement, also informs discussions and characterizations of sound in *Disco Hospital*. Attention to pagan ritual and cycles of nature, non-representation sounds, oneiric and waking visions, remote viewing and queer perspectives merge in Coil’s oeuvre and impact and influence my own art making sensibilities. Coil sprang from the debris of Throbbing Gristle (1975-1981, 2004-2010) and shared many of TG’s interests and explorations of body, ritual, sex, and death as “wreckers of civilization” (Ford 0.14). Similarly, I researched and drew upon the practice of audio collective Ultra-red, founded in 1994 by two AIDS activists and currently making headways with radical approaches to pedagogy and divisive observations on democracy. Through direct interaction with marginalized communities and by forging new methods to extract and document knowledge, Ultra-red develop new methodologies of knowledge creation and material production by way of reflection on the American civil rights movement, public education models, and HIV/AIDS activism. Thereby, the collective generates broader forms of social and cultural healing. In each of these case studies, process is valued as much as outcome.



Figure 7: a) Coil in performance, Dour 2002 (Massimo, Pierce, Jhonn Balance); b) Coil in performance, Dour 2002 (Jhonn Balance); c) Joseph Beuys performance, *How To Explain Pictures To a Dead Hare* (Düsseldorf, 1965).

The practice of Fluxus artist Joseph Beuys (1921-1986) (see Figure 7c) is a formative influence in *Disco Hospital*. By extending definitions of art to embrace

shamanisms and issues of survival, Beuys opened the doors between art and healing, rigorously encouraging what he viewed as, “a social organism as a work of art” (929). His efforts to merge art and life challenged the more strictly Modernist attempts to affect their separation, and influenced subsequent generations of artists to embrace concepts of direct democracy and universality of creative potential. Beuys’s spirit resonates in *Disco Hospital*’s framing of community, activism, advocacy, and social justice.

Yoko Ono (born 1933) (see Figure 22b) unites life and art in her interdisciplinary practice. Unrivalled examples of positive thinking, activism, and advocacy in her practice are instrumental to this research. David Bowie suggested that, “Yoko’s work is very dangerous. If one is not careful it could get one thinking and may cause one to form an opinion. A subversive notion if there ever was one” (1992). Ono’s series of imagination driven projects inform many of the processes embedded in *Disco Hospital*, such as the minimalism of the street posters and perspectives that are almost childlike. Alejandro Jodorowsky notes that, “life is [...] a constant effort to broaden the imagination, reduce the limitations, to apprehend its therapeutic and transforming potential” (165). In my thesis exhibition, Ono and Jodorowsky’s influences of imagination as method, in both conscious and non-conscious, is present throughout but most clearly evidenced in the video, *Rising* (see Figure 27).

Robert Flack (1957-1993) sparked my interest in—and research of—queer identity and purpose at the crossroads of art and healing, and is an eternal figure in this current research and my practice at large. His courage and seemingly infinite energy in the face of issues of mortality are, for me, unparalleled. The countless others who passed

too suddenly and in such vast numbers are also embedded in this work. Memories mark this research like tattoos, permanent and indelible.

Clinically Speaking

My PWA internship speaks to methods of qualitative auto-ethnography embedded in this research and demonstrates a shift to reduce marginalization of neo-shamanisms in active clinical and academic arenas. AIDS service organizations (ASOs), of which PWA is a leading example, are traditionally founded and operated by queer individuals and PHAs (people who have AIDS). The internship experience reinforces GIPA and MIPA principles as initiated by the UN/AIDS Organization (www.unaids.org), which encourage the *meaningful* and *greater* involvement of people living with HIV.¹⁹ Issues of aging and HIV, and accelerated aging as a result of long term HIV/AIDS medications, are among front line concerns in ASOs. The personal voice that I bring to this discourse is bilaterally beneficial. Significantly, the internship connects me to practitioners of complementary and subtle-energy therapies, service users (clients), and ASO team members.

As a person living with HIV—and client of PWA—my research softens the insider-outsider divide that is characterized by much community-focused research (e.g. Wolfe). Wallis notes that, “self-reflexive anthropologists [...] use the ‘self-as-subject’ as an ethnographic category [and] research of this kind blurs the insider-outsider divide

¹⁹ The GIPA and MIPA principles were initiated by the UNAIDS Organization (www.unaids.org). The GIPA madante encourages the “greater involvement of people living with HIV” in the research, treatment, and care of other. MIPA is the “meaningful involvement of people living with HIV.” According to GIPA documents, “UNAIDS has broadened GIPA to include those most directly affected by the epidemic. This is done with the understanding that no one can speak for a person living with HIV except a person living with HIV. Nor can anyone speak for the bereaved widow or orphan of someone lost to AIDS, except someone with that experience, which is not necessarily that of all PLHA.” The full GIPA toolkit may be found here: <http://www.gnpplus.net/cms-downloads/files/2005%20Valued%20Voices%20-%20A%20GIPA%20Toolkit.pdf>

[which is] vital for anthropologists to experience what they aim to understand” (4).

Moreover, he suggests that,

just as indigenous researchers have [...] developed ‘decolonizing methodologies’, so insiders in contemporary and new ‘Western’ religions, particularly Paganisms, are effectively challenging the stereotypical representations of their practices by non-practitioners, by developing and refining reflexive insider-based methodologies” and increasing numbers of researchers are challenging the divide by “advocating [...] a ‘queer’ methodology which disrupts normative anthropological methods of inquiry [wherein] the irrationality of the Other—be it shamans or neo-Shamans—by virtue of its Otherness, cannot be explored in scientific, rational terms which limit the interpretive possibilities (8).

At PWA, as well as in my studio sessions, subject-as-self and the insider-outsider divide are always acknowledged, confronted, and performed.

Analysis of my own health experiences and practical knowledge of subtle-energy therapies permits me to implement techniques of *somatic management*—defined by Brown and Tucker as, “process[es] of self-experimentation [and] ongoing self-managed somatic auto-affection” (245). Somatic management is, in context with HIV/AIDS, typically demonstrated by tailored adherence to medications. Self-directed health management consists of processes of “*noticing and reporting [...] diagnosing and prescribing [and] modifying and monitoring [wherein] every phase of the process involves a conjugation of signal and noise*” (Brown and Tucker 246). Thus, concepts of signal to noise resonate metaphorically with the audio implications of *Disco Hospital*.

Studio experimentation and material production reflect on the internship’s lessons and experiences—practical, palpable, and psychic—and on the somatic management styles that are necessary for many individuals living with HIV. A number of visual projects—including the *Safe and Sound* series (see Figure 10), text works like *Say “Ah.”* (see Figure 19) , and *Faggots* (see Figure 24)—are material results inspired by the

internship. Say “Ah.” is one outcome of shadowing acupuncture practitioners every Tuesday for six weeks, having just read Foucault’s *Birth of the Clinic*.

Self-Reflexivity, Transformation, and Solitude

In his methodologies of reflexive practices as transformative research, Graeme Sullivan suggests an “inquiry process that is directed by personal interest and creative insight, yet it is informed by discipline knowledge and research expertise” (110). Thus, as a reflection on the PWA internship *Disco Hospital* stresses the individual insights that are emphasized by Sullivan and extends them to broader community perspectives. The PWA internship connected me to subtle-energy practitioner-instructors and clients, and in turn exposed me to the fundamentals of healing from these dual perspectives. Throughout, I retained my dual roles of artist-researcher and active participant.

As Joseph Campbell and Jean Genet argue, solitude is intrinsic to processes of self-reflexivity and transformation. Critical connections also exist between asceticism—or mindful states—and shamanisms/neo-shamanisms. A lengthy however valuable observation by Campbell is useful here:

Willed introversion, in fact, is one of the classic implements of creative genius and can be employed as a deliberate device. It drives the psychic energies into depth and activates the lost continent of unconscious infantile and archetypal images. The result, of course, may be a disintegration of consciousness more or less complete [...] but on the other hand, if the personality is able to absorb and integrate the new forces, there will be experienced an almost super-human degree of self-consciousness and masterful control. [I]t is a deliberate, terrific refusal to respond to anything but the deepest, highest, richest answer to the as-yet-unknown demand of some waiting void within: a kind of total strike, or rejection of the offered terms of life, as a result of which some power of transformation carries the problem to a plane of new magnitudes, where it is suddenly and finally restored (53-54).

In my studio at OCAD University and in my studio at home, on the 25th floor of a 1965 high rise in downtown Toronto, I focus on solitude and the energies that are afforded by this condition. Ideologies of solitude—creative, intellectual, sexual—are suggested in a number of the *Safe and Sound* images and in *Lone Son* (see Figure 8).



Figure 8: *Lone Son* (layered photograph, 2013).

On *Lone Son*:

Two daughters and a son. Two girls and a boy. Two older sisters. Lone son. The end of a line. The last of a family name. A space opens up at the lone son. Who likes condoms? I

don't. But condoms are the saviour on an HIV/AIDS planet. One sero-discordant couple I know swears by them. Lone son: halo and sunbeams. Radiant light. Guide me.

•

Mindfulness, self-discipline, and self-knowledge are integral to shamanisms and the harnessing of energy — alchemical, pleased, or otherwise. This explains why I almost always experience pleasure when I am working in my studio. As Nehamas notes, “the point [is] not to be mastered by pleasure but to become its master and therefore to become the master of oneself as well” (179).

Asceticism is not the repression but the regulation of pleasure. Its objective is not denial but satisfaction. The conventional ascetic ideal of denying pleasure altogether is not a fact of nature but the product of centuries of Christian theorizing (ibid).

Mindfulness, critical to solitude and isolation, is crucial in this research, my studio practice, and personal life. Walsh suggests that, “ascetic practices are said to strengthen and purify [...] warrior qualities such as will, courage, and endurance [and] remove both physical and mental impurities and foster clarity and concentration of mind [wherein] the sum total of these benefits is power” (17-18). In his review of Giacometti's studio, Jean Genet offers a deliciously poetic observation on solitude, writing, “[s]olitude, as I understand it, does not signify an unhappy state, but rather secret royalty, profound incommunicability yet a more or less obscure knowledge of an invulnerable singularity” (317). This research is mindful of the traps of asceticism, including self-righteousness and what Roger Walsh suggests as, “puritanical denial of the beauty and joy of life” (18). Power, theorized to great extent by Butler and Foucault among others, is—in shamanisms—essential to working with spirit and chakra energies.

Summary

In conclusion, the methods used in *Disco Hospital* focused on participant-observation and comprehension, auto-ethnography, and self-reflexive writing and material production. These approaches focus on healing and creative processes, and emphasize self-healing as strategic to this project. In *Disco Hospital*, I burst the studio boundaries established by two decades of audio practice to effectively—and theoretically—silence sound. Drawing on concepts from installation art, time-based and durational media, non-Western healing practices, clinical experience, participation in queer HIV/AIDS workshops, and personal health crises I conceptualize the role of the researcher, directly feeding the auto-ethnographic cast of this investigation. Experiences, past and present, merge together to resonate with renewed clarity and power.

In this investigation, self-reflexive and transformational processes combine with metaphor theory. Csordas and Lewton suggest that, “[m]etaphors span the continuum between embodied, immediate experience and overarching, representational, social constructions and, at the same time, allow for creativity and mutability in ritual and healing [wherein] meaning traverses bodily, emotional, and conceptual levels in the form of metaphoric concepts” (496). The knowledge created in *Disco Hospital* aligns with powers of belief and the capacity for an individual’s thoughts to be transformed into energy and power. Andreas Moritz suggests that, “the energy of your thoughts and beliefs delivers the information they contain to every cell in your body” (16). This delivery system, like the metaphor of signal to noise, implies change — the kind of change that is necessary to restore collapsed identities and eliminate HIV/AIDS’s associations to plague, punishment, and social death.

Theoretical Framework



Figure 9: *Seeing and Knowing* (details from *Disco Hospital: Practitioner's Manual*, pp 8-9); left: a shamanic remedy for fear of poverty, right: Alejandro Jodorowsky writes, “if someone dreads going to see his mother, I suggest rinsing the mouth seven time before the meeting and filling the pockets with lavender. These details suffice to make them approach the meeting in a different way” (112). Foucault notes that the history of positive medicine is framed by processes of seeing and knowing.

In this section I discuss the theoretical influences in this investigation via critical writings about sound, listening, healing, ritual, shamanisms/neo-shamanisms, queer theory, and the histories of queer people as healers and pedagogues. Examples of art that speaks to the themes, separately or collectively, is included in this discussion. In many instances, single bibliographic listings overlap two or more of these topics — such as Genesis Breyer-P’Orridge’s *Thee Psychic Bible*, Carlo Ginzburg’s *Ecstasies*, Elizabeth Grosz’s *Chaos, Territory, Art*, Pauline Oliveros’s *Deep Listening*, and Christopher Small’s *Musicking*. Both Michel Foucault’s *Birth of the Clinic* and Alejandro Jodorowsky’s *Psychomagic* are revelatory to me in terms of my studio practice and the theoretical

underpinnings of this research. As well, AA Bronson's writings on HIV/AIDS, art, shamanisms and healing, and practice-led research of memory, loss, and queer identities are an invaluable resource.

A Clinic Is Born

The Birth of the Clinic presents a series of narratives wherein the patient is a “rediscovered portrait of the disease” (2003.16). These narratives illustrate the evolution of positive medicine in Western society and are exemplary theoretical frameworks for my PWA internship. For example, Foucault suggests that, “clinical observation involves two necessarily united domains: the hospital domain and the teaching domain” wherein “the subjective and the objective exchange faces” (2003.134, 2003.245). These dualities— healing and teaching, subjective and objective—are explored in the material and performative elements of my research (e.g. *The Book of Mary*, *Disco Hospital: Practitioner's Manual*, *I'll Be Your Mirror*, *Say “Ah.”*, and *Strictly Clinical*).

Foucault brings the eye of otherness to his subject matter, emphasizing bodies and power. This presence of the queer eye is invaluable to *Disco Hospital's* inroads to communities: gay, queer, art, HIV/AIDS. Nehamas suggests that,

Foucault [...] gradually came to see his writing as part of philosophy understood as the art of living [and to] create new possibilities for life [that are] directly useful to the public [and] particularly useful to excluded, oppressed groups that have not been able to speak in their own voice so far—he, in particular, was primarily (though by no means exclusively) concerned with homosexuals” (168).

I am drawn to this quality also in the writings of Bronson, Tim Dean, Derek Jarman, Jodorowsky, and Jean Genet. Furthermore Nehamas notes that Foucault's project, his care for his own self, “develop[ed] a voice that others like him might be able to appropriate in their own terms, use it for their own purposes, and through it care for

themselves in the way their own selves and particular circumstances require” (168-169). The specificity of sexual orientation shadowed in Foucault’s writing and the shared, firsthand experience of HIV/AIDS resonates vividly in this research. *The Birth of the Clinic* is complemented, in this investigation, by Foucault’s *Technologies of the Self* and *The Care of the Self*. These supplementary volumes offer invaluable insights to the moral reflections of classical Greek philosophers on issues of sexuality and homosexuality in particular.

In the evolution of positive medicine, rigorously cultivated processes of *seeing* and *knowing* are integral to healing knowledge and practice. These processes extend to the aural when the practitioner’s gaze is, as Foucault suggests, “bound up with a certain silence that enables him to listen” (2003.132). *Disco Hospital* reflects on silence (such as *The Wheel*) and experiments with visual counterparts (*Safe and Sound*’s sheathed, thus ‘silenced,’ objects; the physical evidence of habitation, neo-shamanisms, and healing practices in my thesis exhibition). Furthermore, Foucault notes that, “the unity of the medical gaze [is] not the circle of knowledge [...] but that open, infinite, moving totality” (2003.33).

Medical knowledge [...] is the systematic intersection of two series of information, each homogeneous but alien to each other—two series that embrace an infinite set of separate events, but whose intersection reveals, in its isolable dependence, the *individual fact*. A sagittal figure of knowledge” (2003.34).

The Birth of the Clinic is definitively mirrored in *Strictly Clinical* where processes and practices of healing, teaching—and evolving knowledge—are intrinsically knotted together. *Disco Hospital*—as observations, reflections, “treatments,” and experiments with self and body—directly reflect on Foucault’s observation that the clinic is, “a corpus

of knowledge (*un savoir*)” (2003.66). I unmistakably convey this in *I’ll Be Your Mirror* (see Figure 13).

Seeing and Knowing: Theory as Therapy

Method was like a drug (Taussig 1997.9).

In this investigation, I have come to experience critical, theoretical, and philosophical study as a tonic. In this way, knowledge is power — therapeutic power. This knowledge merges with experiential understandings—such as the act of healing that I call *Disco Hospital*. Nehamas notes that, “illness is life itself: the soul’s imprisonment in the body [and] false belief is [...] that disease’s central symptom,” and that philosophy is a preparation for death (162). My own experiences have taught me that illness is immanent in life and that knowledge—and the mind—are among the most potent medicines.

The emerging field of psychoneuroimmunology has produced new knowledge that lends credibility to what Nancy Gerlach-Spriggs notes as, “the supposition that what we feel influences body function not only on the organ system level but on a cellular and molecular level as well” (38). Additionally, Jeanne Achterberg suggests that, “the immune systems [...] reacts to messages from the brain; it is, in fact, controlled by the brain” (166). Links to the human central nervous and endocrine systems are implicit (and profound) in terms of healthy immune function. These systems, operating at cellular and molecular levels, may be viewed as metaphors for the subtle and etheric bodies that are fundamental to Kundalini yoga and other spiritually inclined practices in *Disco Hospital*’s framework of references. Initial lessons about mind over matter learned during my collaborative projects with Robert Flack opened the door to seemingly infinite

possibilities. These lessons continue in *Disco Hospital* from my revised perspective, one that is now disclosed and thereby open to possibilities.

Psychomagic: Artist as Healer

Jodorowsky alternately offers key observations regarding healing by artistic means, the most compelling of which is this paper’s opening quotation. *Psychomagic* is a compelling pillar in this theoretical framework. Jodorowsky argues without compromise for artists—inclusive of actors and poets—as healers. He insists that science is too removed from the presence of mind and spirit that are essential to acts of healing. In *Psychomagic*, Jodorowsky declares that, “it is the unconscious that deciphers the information transported by the conscious” (84). The non-conscious—like intuitive processes and affect—challenges logic and the rational. It can mirror queer perspective’s absence of normative indexes or points of reference. It also guides some processes in *Strictly Clinical* when I am required to “feel” my way based on the participant’s energy. Jodorowsky’s theatrical acts and sacred tricks are mirrored in this project’s rituals and remedies (see Figure 9b). His observation that “[w]hat is generally called ‘reality’ is just a part, an aspect of a much greater order” resonates with me as I pass my mid-fifties (Jodorowsky 27). Life and reality, as one ages and accumulates experience, becomes less known despite the knowledge that is gathered. Ineffability is situated at the core of *Disco Hospital*.

Aesthetics of Wellbeing and Biophilia

We possess abundant evidence from Greek medicine to show us how the weather and the seasons, how temperature, water and general sustenance, in short how all possible climatic and environmental factors were seen to make up the concrete ontological constitution of what it is that the physician helps to restore, namely health. [...] The nature of the whole includes and involves the entire life situation of the patient, and even of the physician (Gadamer 41).

Scholarship on the aesthetics of wellbeing (eg. Davis, Eco, Gilman, Jeffreys, Kahn Jr., Krcmarova, Radikovic, Roszak, Wigram) unearthed issues of Nature’s restorative powers, the fundamentals of music therapy, and the connections between shamanisms and modern day psychiatric practices. As comparative study, the aesthetics of wellbeing elucidates the interconnected histories of aesthetics and beauty. Shifting definitions of these matters over millennia and the impact these shifts have had on human perceptions of the physical body inform current notions—and issues—of beauty, good health, and the natural environment. At the foundations of this knowledge are definitions of healing and the goals of healers. Gadamer notes that, “[a]ll medical efforts at healing are already conceived from the outset in light of the fact that the doctor’s contribution consummates itself by disappearing as soon as the equilibrium of health is restored [and] the art of healing remains ineliminably bound up with the presupposition that [is] implied in the ancient concept of nature” (37-39). Thus, healing is the restoration of that which is intrinsic to nature. Gadamer moreover observes that modern natural science is not about self-maintenance or self-restoration but is a “projective construction,” that is, a science that is based not on the experience of life but on “making and producing” — a science where artificiality is foregrounded over that which is natural (38). While I am interested in making and producing materials that reflect upon healing processes and identity, the science of artificiality directly challenges the self-reflexive processes that are encouraged in *Disco Hospital*. These processes point to “nature” as the wellspring of all healing and the pursuit of the experience of life vs. the meaning of life.

Invaluable to this research is Edward O. Wilson’s biophilia hypothesis. He notes that, “the human mind is primed to respond most strongly to some narrowly defined

qualities that had the greatest impact on survival in the past [and is] predisposed to life on the savanna [and] that beauty in some fashion can be said to lie in the genes of the beholder” (Wilson 106, 109). As well, he reflects on the circle and its meanings culturally, cognitively, and metaphorically. In turn, I adopt the circle—and its implications in the seasons and life itself—for my *Untitled Mandalas*.

In their survey on gardens, nature, and restorative environments, Gerlach-Spriggs, Kaufman and Warner similarly note that,

[O]ur humanity derives in large part from our connectedness to other species, both flora and fauna [and] the biophilia hypothesis is important because it traces the roots of our response to nature [...] back to the same evolutionary soil in which consciousness and culture evolved [and that] habitat selection has been transformed from an imperative for survival to a source of pleasure and relaxation (39).

Davis views nature and its enchantment as, “an antidote to an overly-rationalized world” (10). For my own part I share this view and typically walk in the woods as a means to filter out the confusing, negative energies accumulated in the city.

It is impossible to write about “nature” without engaging with Tim Morton’s ecological critiques. I partially agree with Morton that, “[p]utting something called Nature on a pedestal and admiring it from afar does for the environment what patriarchy does for the figure of Woman. It is a paradoxical act of sadistic admiration” (5). According to Morton, ecological catastrophe has already occurred and we are now in a romanticized phase of our relationship with a memory of Nature vs. Nature itself. Similar theories are also expressed in Bob’s Media Ecology recordings (1992). The strategy, with Bob, is the turning of our collective attention to media ecology, before the invisible waves and energy fields of this territory poison us in the same way that we have poisoned the natural environment. I am convinced that there is truth in these ideas but they do not

explain why I feel refreshed and restored by a walk in the woods. My walks, in fact, support and demonstrate biophilia. I interpret these theories in *The Wheel* (see Figure 23 and 26), *Untitled Mandalas* (see Figure 21), and *I'll Be Your Mirror* (see Figure 13).

Following on the heels of my PWA internship, these theoretical investigations consolidated and influenced the ideas and material production toward my thesis exhibition.

Subtle and Etheric Bodies



Figure 10: from *Safe and Sound*: a) *Third Eye Poz*, b) *Third Eye Neg*, c) *Smudge Exposure: High*, d) *Smudge Exposure: Negligible* (treated photographs, 2013).

The diagnostic uncertainties of modern medicine share the same space as affect, ineffability, and the limits of language. Jodorowsky proclaims that to heal, you must “free yourself from language” (276). Concepts of subtle and etheric bodies are equally resistant to clear definition. Still, these bodies exist as evidenced by subtle-energy and complementary therapies, Kundalini yoga, and many non-Western meditative and healing practices where outcomes are scientifically analyzed. The invisibility of these bodies invite inquiry about the site of identity and this paper’s metaphor of HIV/AIDS.

In my own experiences tending to the critically ill or dying, there is a striking difference between the body of the living and the body—or container—that is left behind after death. This difference is a significant energy field, one that I have come to perceive

as the “person” and only understandable in its absence. I project this understanding to *Disco Hospital*’s concepts of subtle, etheric, and psychic bodies. They are fields of energy that make a person the entity we come to know, and in some cases, love. They are directly connected to our physical selves—the organism—but operate in vastly different ways.

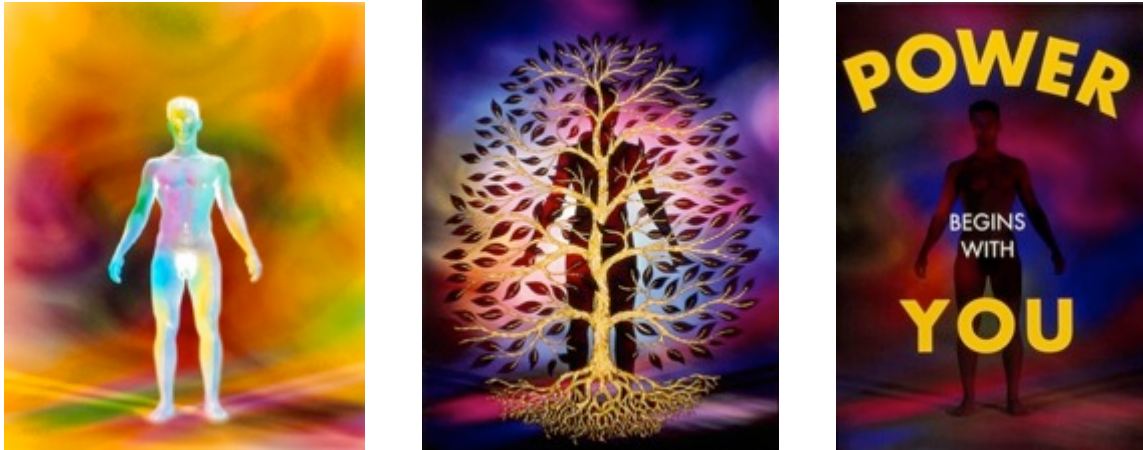


Figure 11: Subtle bodies. Robert Flack, a) *Etheric Double* (1990); b) *Internal Alchemy* (1990); *Power Begins With You* (hoarding poster, 1991).

In *Strictly Clinical* practices of Reiki, therapeutic touch, bodywork, and chakra tuning forks encourage “out of body” experiences for the participant or awareness and stimulation of their subtle body. To visualize this, I consider Robert Flack’s AIDS work (see Figure 11) and his depictions of the body in anatomical position. These figures are overlaid by graphics and images that represent transformational elements such as bones, fire, earth, air (clouds), and water — essentially fields of energy or auras that emanate in and around the physical human form. Johnston and Barcan suggest that, “[i]n the subtle body model, subjectivity is understood to be comprised of matter-consciousness, usually termed energy, which is understood to be a constitutive element of mind and the physical body, as well as to exceed the corporeal self in the ‘space’ between self, other and world” (29). From their perspectives, “subjectivity is [...] unbounded by physical form”

(Johnston and Barcan 31). Internal-external processes and exchanges of energy are explored in *Disco Hospital*, as a concept of psychic exchange and communication without words. Examples are *Rising* (see Figure 27), *The Wheel* (see Figure 23 and 26), and the physical evidence of healing—ephemera and residual energy—in my thesis exhibition.

Subtle bodies also connect, through what Johnston and Barcan describe as “buried ways,” to Deleuze and Guattari’s “*body without organs*” (BWO or BwO) (28, 1987.4). Deleuze and Guattari suggest that, “[t]he BwO is desire: it is that which one desires and by which one desires” (1995.165). Imagining a subtle or etheric body in my mind, it is not so difficult to visualize a body without organs if I just let the words lead me there. The subtle body is map of energy centers and transmissions: sources, signals, and noise. Deleuze and Guattari’s BwO has nothing to do with ideology, it is “pure matter, it is a phenomenon of physical, biological, psychical and social matter” — a multiplicity of layers, energies, and intensities. (1995.269). Sex—like desire—is also all of these. Thus, in my *Untitled Mandalas* visual information is layered and manipulated with subtle changes in opacity that privilege one gesture or movement over another, thereby stating a direction in the narrative. In her observations on BwO, Kupperts suggests that, “the body [is] a living experience but without organization (and therefore without stratification into economic systems of meaning making)” (18). Here is an important link to the HIV/AIDS metaphor of collapse of identity. In *Rising* (see Figure 27), the body no longer relates to gravity, and separates from the layer of the earth body. The body without organs—without organization—is an, “experience of agency without subject” (ibid). In *Disco Hospital*, as in BwO, the subtle body is proposed as radically open and interconnected,

able to share physical, mental, emotional, and psychic impulses and messages simultaneously — like intuition, and metaphor.

Sexual behaviour, desire, and pleasure are implied in HIV/AIDS, as Sontag suggests: to get AIDS is precisely to be revealed. More than just naked, it is a psychic exposure — desire and pleasure as intensities, energies. Deleuze and Guattari note that pleasure is, “an affection of a person or a subject; it is the only way for persona to ‘find themselves’ in the process of desire that exceeds them” (1987.156). In HIV/AIDS, processes of desire not only exceed the person, they implode the individual’s sense of self. Self-reflexivity is unavoidable. In Robert Flack’s subtle body images, the body is a map of light, bloodwork, “nature,” and power. In *Safe and Sound*, the bodies implied in sage smudges, tuning forks, and ear candles are olfactory, alchemical, sonic, and vibratory. They are, as noted above, a multiplicity of layers, energies, and intensities.

Art, Healing, Magic, and the Sacred

Scholarship on healing, shamanisms, clinic, and art include Petra Kuppers’s *The Scar of Invisibility*, Felix Guattari’s notes on the La Borde Clinic (in *Chaosophy*), *Imagery In Healing* by Achterberg, *Shamans/Neo-Shamans* by Robert J. Wallis, and AA Bronson’s *The Quick & the Dead* and *Negative Thoughts*. Evidence documented in these texts link shamanisms and magic to modern psychotherapy and imagery in healing, the power of the imagination, communal principles to therapeutic collectives, and demonstrates how art is a viable and effective way to express the ineffable things in life — and death.

Healing practices that echo the shaman’s knowledge can be observed in modern medical settings (Achterberg 76). These techniques, tied to the power of the imagination, are commonly considered useful to the psychological wellbeing of the patient and include

tacit knowledge (like the tickle in your throat that precedes a cold), placebo effect (physical or mental improvement that occurs without the use of medical intervention – effectively, permission to heal), hypnosis, autogenics (the forerunner of modern visualization practices), biofeedback, and therapeutic touch. Therapeutic touch is, according to Achterberg, “a kind of scientific laying on of hands [that] has been subjected to numerous experimental analyses and found to be associated with changes in vital signs, blood chemistries, and moderate changes in physical outcome” (93). As an intuitive, non-invasive “soft” medicine, therapeutic touch is not a direct, result-oriented process but rather a relaxing technique that facilitates physiological homeostasis. In this paper’s HIV/AIDS metaphor, therapeutic touch is critical as both healing and communication devices — especially in a disease with associations to plague. Invariably, the participant receives the messages of healing whether they are aware of it or not.

Therapeutic touch is, like magic, invisible to the naked eye and aligned more with the power of suggestion and placebos. I agree with Keith Thomas’s suggestion that, “[m]agic cannot counter infection and is no substitute for hygiene, or X-rays and other modern aids to diagnosis. But it may have provided as effective a therapy for the diseases of the mind as anything available today” (251). However we may ascertain links between shamanic practice and many approaches used in modern psychotherapeutic practices. Also relevant to this point is Alejandro Jodorowsky’s proposition that,

For the extraordinary to occur, it is necessary for the sick to firmly believe in the possibility of a cure and to accept the existence of miracles. To be successful, the healer is forced to employ tricks during the first meetings, which convince her clients that material reality obeys that of the spirit (viii).

In a mimetic gesture, many modern pharmaceuticals synthetically imitate elements and effects derived from natural sources, and utilized to nearly miraculous results. However, any acknowledgement of trickery or magic is lost in the modern field, replaced instead by logic, rationale, and a barrage of side effects and toxicity that are the savage price in an exchange of drugs, money, and hope.

Scholarship on shamanisms, neo-shamanisms, and the links to queer spirit, community, and the sacred (eg. Atkinson, Bardella, Bronson and Hobbs, Craffert, Dean, Endleman, Ginzburg, Wallis, Walsh) unearthed issues of non-Western healing practices, the histories of nature and goddess worshipping cultures, the queer cultural links to spirituality, healing, and the sacred. Savastano's research on spirituality, homosexuality, and the forms of *bricolage* incorporated in queer culture to develop, as the author suggests, "the connection between tantric sexual practice and the cultivation of gay spirituality" inform the links between healing processes, queer identity, and studio production in this research (17). Furthermore, the histories of homosexual behaviour—and the ritual and social implications—were investigated in Endleman's article on homosexuality in tribal societies. Evidence of homosexuality and the links to spirituality, healing, pedagogy, and knowledge are also uncovered in *Hidden From History: Reclaiming the Gay & Lesbian Past* and *Gay Spirit: Myth and Meaning*, two anthologies of queer history that is typically—and homophobically—erased from Western textbooks. These anthologies investigate the historical implications of "queer perspectives" and the value of queer peoples in diverse social and cultural conditions.

Psychologist Wilhelm Reich's research into orgonomy, life energy, and the links to sexual stimuli connect with the writings of William S. Burroughs, AA Bronson, and

my own investigations into subtle-body energies and the chakras.²⁰ Marler indicates that, “[Allen] Ginsberg wrote to Wilhelm Reich, at Burrough’s suggestion, asking him to recommend an analyst for his ‘psychic difficulty’ as a homosexual” (xxvi). In his writings on “Sex as a biological weapon,” Burroughs notes that, “sex, like practically every other human manifestation, has been degraded for control purposes, or really for anti-human purposes [and] that was one of the interesting things about Reich. He was one of the few people who ever tried to investigate sex—sexual phenomena, from a scientific point of view” (2004c.193). I include this exchange of ideas to further illuminate subtle and etheric bodies, notions of energy, and queer perspectives.

Becoming Sound I



Figure 12: details from *Disco Hospital: Practitioner’s Manual* (pp 16-17), figurative and movement studies of sage smudge sticks.

²⁰ Reich’s books were burned by US federal order in the 1950s.

In this paper's Introduction, I defined healing as the process of making or becoming *sound* or healthy again. Scholarship on sound, music, and theories of repetition (Fink, Grosz, Jankélévitch, Mertens) link sensation, pleasure, and desire — and implicate healing in the process. Clinical applications and practical knowledge of sound and vibration is explored in Gerber's expanded *Vibrational Medicine*. Scholarship on sound and the intersections with politics and media art (eg. Burroughs, Cage, Connor, Joseph, Kahn, Labelle, Mitchell, Schafer, Schaeffer) unearthed issues of silence, Cagean theories, debates over silence and sound, sound and noise, and disciplined listening. Following on the heels of my PWA internship, these academic investigations ultimately influenced the direction and overall sound of my thesis exhibition: the unintentional sounds of the gallery environment, the internal sounds of the viewer and the meditative gaze, the video soundtracks looping in varied durations and thereby creating random combinations. To similar ends, scholarly research into the history of positive medicine and clinical practice, shamanisms in primary societies and neo-shamanisms in the current milieu, and the presence and role of sound in queer culture is investigated to root out the potential of sound as a neo-shamanic tool of knowledge in healing.

The intersections of music, queer perspectives and identity are unearthed in Judith Peraino's *Listening to the Sirens: Music As Queer Ethical Practice*. For Peraino, "music participates in both forming and questioning subjectivity," a process that is witnessed in the tremendous bonds between music and healing, and music and queer community (435). Of particular, therapeutic interest and value to this research is the sound advice offered in Pauline Oliveros's *Deep Listening*. This immersive guide links sound, listening, and healing practices and is therefore used as a support to the *Strictly Clinical*

sessions. In a brief chapter titled “Palms of Hands,” she instructs in the fundamental exercise of testing body energy by rubbing the palms of the hands together. Oliveros notes that, “[i]f you don’t feel the subtle tingling sensations, your energy may be blocked” (14). This is the first step of understanding and practicing therapeutic touch, and its more complex sister practice, Reiki.

Scholarship on the intersection of music, ritual, and meditation are explored in both *Deep Listening* and Small’s *Musicking*. Small suggests that ritual is a, “form of organized behavior in which humans use the language of gesture [...] to affirm, to explore and to celebrate their ideas of how the relationships of the cosmos [...] operate, and thus of how they themselves should relate to it and to one another” (95). Rituals that initiate the *Strictly Clinical* sessions reflect the importance of gesture in uttering language specific to each treatment.

Shamanisms and Neo-Shamanisms

The idea of shamanisms is explored in this project as a response to this paper’s HIV/AIDS metaphor. In considering the history of queer people as healers, there is an authentic pride in knowing that queers occupied roles of responsibility in primary communities, roles that acknowledged and celebrated queer differences. This is in sharp contrast with present day observations of queer people in media and fashion, and the assimilationist goals of the mainstream gay liberation movement. The inquiry might then become: how does restoration of traditional community roles of responsibility to queer people change—or heal—wounded identity or sense of self?

Historically represented in most primary cultures, shamanisms in the current milieu—or neo-shamanisms—draw criticism from both Western medical communities

and the general public. Central to this debate is *core-shamanism*, a methodology combining spirituality and healing developed by Michael Harner and outlined in *The Way of the Shaman*.²¹ Main criticisms of core-shamanism by scholars and indigenous spokespersons include decontextualizing, universalizing, psychologizing, and the reification and romanticizing of cultural primitivism and indigenous shamanisms. Harner's presence on the shamanic scene prefaced—and perhaps stimulated—the new ageist movement, and followed closely on the heels of Carlos Castaneda.²² According to Wallis, “any examination of neo-Shamanisms, and shamanisms for that matter, requires entering the curious world of [...] Castaneda” and his “‘alternate reality’ *vis-à-vis* ‘ethnographic actuality’” (39, 41). I read Castaneda's books when I was 17 and 18. The outsider figure that is offered in Castaneda's books is as appealing to a young queer's gaze as graphic novels are today.

The evolution of positive medicine was enacted, in part, to rid the charlatans and quacks from the field of healing, and to standardize and regulate healing methodologies. However, in the course of this evolution, politicians and the church interjected their own agendas. What existed prior were methods linked to plant and animal extracts, and magic. Religion also eliminated magic from the field by absorbing many of the ideologies and

²¹ Harner's practice fundamentally comprises rapid drumming to attain altered states of consciousness (vs. the traditional use of entheogens and psychotropic plant matter), visitation with “power animals” (also widely documented in traditional shamanisms), and ritual dance. For me, questions surface around ritual dancing and my own acknowledgement of disco and techno as ritualization that speaks to the current milieu. Harner, Michael. 1980. *The Way of the Shaman: A Guide to Power and Healing*. Harper & Row, New York.

²² Generously influenced by alternative spiritual thinkers like Aldous Huxley and Timothy Leary, writer and anthropologist Castaneda gained widespread popularity in the 1970s by way of book series chronicling his alleged training in and experiences with shamanism. This popularity was countered by liberal doses of controversy questioning the fictionality of his work, though Wallis suggests that while Castaneda's books are, “ethnographically inauthentic, the narrative they present [...] is certainly anthropologically valuable [and] a remarkable historical phase in the history of anthropology looking towards experiential anthropology” (44). In *The Teachings of Don Juan*, first published in 1968, Castaneda framed anthropological strategies with sensibilities borrowed from the psychedelic subculture of the era.

transforming them into the ceremonies and rituals that are embodied in sacrament and service. Keith Thomas notes that many traditional healing agencies were revised and rewritten by the new, incoming medical associations. He cites one example of the British Medical Association that listed,

No less than six factors to account for most magical ‘cures’: (1) mistaken diagnosis; (2) mistaken prognosis; (3) alleviation of the illness; (4) remission; (5) spontaneous cure; (6) simultaneous use of other remedies (251).

The simple term “healer,” was replaced with more specialized, scientifically implicated titles.

In his writings on the *Healer* project, AA Bronson notes that the word “healer” made him intensely uncomfortable and he knew there was something about it that he had to reclaim (2003.52). I am also ambivalent about the word “healer” — with “queer healing” and “shamanisms” coming in slippery seconds. Is it strange to deny a label that hasn’t been offered by anyone but oneself — especially in the context of this paper? Does my denial speak to a part of me that secretly accepts these terms? Robert Wallis asserts that, “you don’t call yourself a shaman, other people do [and] treating the terms and practices [of shamanisms] with care and respect perhaps honours and respects traditional shamans [...] especially where it is the shaman’s/neo-Shaman’s community which negotiates authenticity” (69). At PWA and in the OCAD community, many workers, colleagues, and practitioners openly call me a shaman and healer. Cementing the foundations of *Disco Hospital*, I shake off my ambivalence with these words and don the neo-shaman’s mantle.

Summary

Disco Hospital's theoretical framework not only shapes the project, it directly informs some aspects — such as sound. In order to successfully merge art and healing practices, *The Birth of the Clinic* and *Psychomagic* are integral to this investigation, as documents of clinic and the power of artists and poets in the clinical environment. This paper's theoretical framework intersects territories art, healing, magic, spirituality and the sacred, queer perspectives and experiences with pandemic disease, and concept of subtle and etheric bodies. Many of these junctures, in turn, point to affect theory and the ineffable. In context with heteronormativity, queer ways of *seeing* and *being* (i.e. queer perspectives) are not unlike ineffability and the unknown. The historical and present day use of shamanisms/neo-shamanisms is central to this paper's metaphor of HIV/AIDS both as healing method and a positive transformation of identity.

Research and Creation

[T]he cure is reached through the process of taking care of oneself [...] that constitutes the main task of philosophy (Nehamas 163).

What art can offer (if it can at all—to me it seems) is an absence of complexity, a vacuum through which you are led to a state of complete relaxation of mind. After that you may return to the complexity of life again, it may not be the same, or it may be, or you may never return, but that is your problem (Ono 2005.21).

In this section I discuss *Disco Hospital*'s issues, themes, and material production in three sections: previous work (*I'll Be Your Mirror*), the current project lab (*Strictly Clinical*), and ancillary works that inform the project and are featured in the exhibition. Ancillary works include *Lone Son*, *Rising*, *Safe and Sound*, *Say "Ah."*, *Untitled Mandalas*, and *The Wheel (Parts II, III)*.

My goal in this theoretical and material production is to enable a queer voice that speaks with integrity and purpose across all themes in *Disco Hospital*. To this end, this investigation supplements existing knowledge in the fields of HIV/AIDS and subtle-energy therapies, and identifies viable links between queer culture and healing arts in order to establish the relevance of neo-shamanisms in the 21st century.

I'll Be Your Mirror

Since the first semester of my IAMD studies, I have actively pursued self-reflexivity as a form of self-healing. This is evidenced in my studio output. Literally looking back at past work an early example is my photographic diptych from autumn 2011, *I'll Be Your Mirror* (see Figure 13). This work illustrates literal and theoretical processes of self-reflexivity and self-healing cast over a twenty-two year period.

I'll Be Your Mirror re-imagines a sequential SX-70 Polaroid self-portrait created in 1979, a period in my life characterized by self-destructive behaviour, self-loathing, and

substance abuse. The original 1979 composite portrait is juxtaposed with a mirror image that is manipulated to reflect my present psychic state and the healing influences that I perceive as the benefits of interaction with natural environments. My body is literally replaced with “natural” elements such as foliage, grass, dirt, and sunlight — a reflection on biophilia. Significant is the fact that the original composite portrait was created for a photography class at OCA, before D. I abandoned my original OCA studies in 1980 to take up work at Art Metropole. Returning to the site of my education, I heal this tear in my history. Strangely, it feels like home. *I’ll Be Your Mirror*, which takes its title from the 1967 song by The Velvet Underground, exposes a painful incident in my past and offers both viewer and myself a revised and healed interpretation of the body, in all its permutations—subtle, etheric, psychic—and as a site of trauma and recovery.

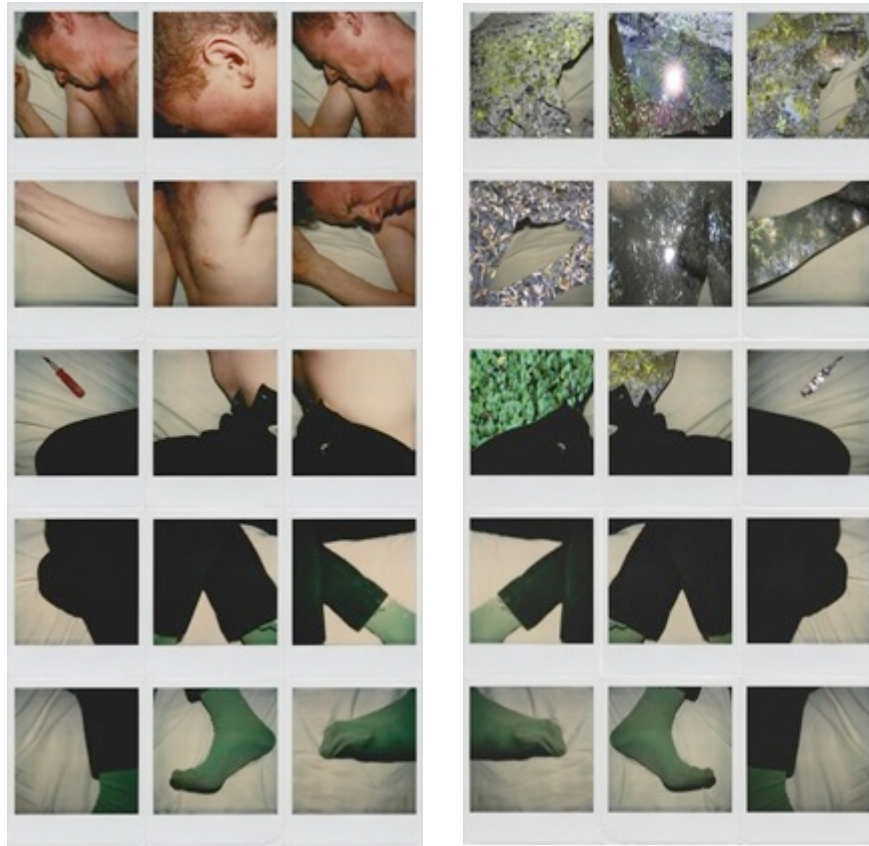


Figure 13: *I’ll Be Your Mirror* (photographic diptych), 2011

Strictly Clinical



Figure 14: details from *Strictly Clinical*, left: Full moon, September 29, 2012; right: New moon, October 15, 2012.

Strictly Clinical (see Figures 14, 15, and 16) is a series of one-on-one performances exploring ritual, healing, and neo-shamanisms. It is a site for sensory play that emphasizes vibration, sound, and listening. *Strictly Clinical* is a testing ground and locus for experimentation, and is therefore *Disco Hospital's* lab. This paper's HIV/AIDS metaphor is met head-on in *Strictly Clinical*, as I face into my own healing processes then push outwards with healing processes offered to participants. My statistical identity as a person living with HIV transforms to that of performative healer. Kuppers notes that performativity in medicalized performance art signifies "the self meeting the social [and] bodies become the turning, and the hinges of the frame" (20-21). In this light, *Strictly Clinical* is a durational installation about the clinic and a site where clinical gestures are performed. It is an entanglement of sound, healing, and neo-shamanisms — a queering of clinical practice and subtle-energy therapies.

Each session begins with a brief ritual (approximately 15 minutes) comprising exchanges of words, burning sage, and a simple, symbolic performance such as washing hands or an object in water to represent cleansing. Taussig notes that, "active human agency [is] notably mediated by the shaman and the patient in the joint-ness of their

image-making” (1987.467). Following this image-making ritual, the participant is invited to lie on my massage table—atop the fleece cover, fresh linens and pillows—where they are ideally and comfortably positioned for listening. Here, listening is as crucial as sound itself, as the correlate of sound and the counterpart to site recording. The participant takes in vibrations—therapeutic touch and body work—and the sessional sounds: intentional (tuning forks, singing bowls, *Buddha Machine*, *Trope*), unintentional (my breath work and sessional movements, the inherent sounds of the space), internal (sounds of the participant’s body, breath, swallow, thinking processes).²³ I sequence these vibrations, shape them, and control the energy dynamics like a musician interpreting music. My Reiki training (and certificate) was earned at PWA, during my internship.²⁴ My continued practice allows me to develop a more personalized sense of touch, one that is guided also by intuition and interpreting the moment.

Approximately ninety minutes in duration, these bi-monthly sessions occur on new and full moon phases (every 13-17 days). These sessions reflect cleansing rituals, rebirth, and restoration, and seek equipoise of body energies (chakras) in the participant. This healing calendar encourages what Csordas and Lewton suggest as, “experiential understanding of healing processes,” and mirrors accumulation of hands-on practice required to advance levels of Reiki practice (436). Individuals partake in these sessions in

²³ *Buddha Machine* is an instrument developed by Chinese trio, FM3. Now in its fourth generation, the *Buddha Machine* is modeled after traditional drone devices used in meditation. Each *Buddha Machine* offers a series of infinite drone patterns that are modifiable in terms of pitch and volume. *Trope* is a generative audio-visual program developed by Brian Eno and Peter Chilvers. This instrument offers a variety of sounds each visually represented by colour and basic shape, performance flexibility, and visual representations. As programmable ambient audio devices, both *Buddha Machine* and *Trope* are useful in *Strictly Clinical* to help mask the unintentional sounds of my studio, the neighbouring studios, the building in general, and noise coming from the construction site next door.

²⁴ Reiki Level One certificate training is offered by PWA to its client base as one of a number of methods to encourage somatic self-management and self-healing strategies. Four day training workshops are limited to four clients at a time and are led by practitioners who also volunteer in weekly Reiki clinics at PWA.

exchange by making a material offering. Exchange in context with healing observes the device used by most indigenous shamans in trade for service. It also addresses ritual and performativity in my studio practice, and raises issues and debates around sustainability, commerce, and what Wallis suggests as, “neo-Shamans and the capitalist ethic” (206). In *Strictly Clinical*, exchange offerings are limited to non-perishable and non-monetary.



Figure 15: details from *Strictly Clinical*, both: New moon, January 11, 2013.

Notes are taken following each *Strictly Clinical* session. Notations include the sensations provoked by the specific moon phase; the weather and its potential effects; immediate impressions expressed by the participant; and my own feelings, thoughts, and sensations from the session. Notes are used to reflect on processes of healing, performance, and ritual. Sometimes they function as guidelines to sensations and ideas that are expressed in my material work — as colour, form, or gesture. For example one session participant is deaf in one ear. The session provokes new feelings in me about the vibratory power inherent in the chakra tuning forks and my hands. This is especially significant when the participant tells me that it’s the first time they have experienced sensations all around their head since losing their hearing. That information became a textual element in the *Faggots* bookwork (see Figure 24) as a comment on power, sound,

healing, and energy restoration. In another session, the participant contacted me a week after the session, noting that they experienced sensations of moving in circles, like a pinwheel.

All participants in *Strictly Clinical* are invited to submit feedback following their ritual/session. One participant specifically addresses the experience in terms of exchange, subtle-body, and auras, writing,

I was very interested in your performance as a channel of energy, at least that is how it felt — as though you were drawing something through yourself and subjecting the client to it (myself). I felt very strong energy movements in my body, in my third eye area and my heart area as well. I remember seeing bluish purple patterns/lights in the third eye area when your hands were near my temples in addition to a sensation of spinning around in space. I also felt a humming vibration around the heart area. [...] I get a sense that you are quite gifted at pulling in energy and putting it into things (people). I don't know why but I also felt as though there was some kind of exchange throughout the healing, a giving and taking if you will. [...] Your hands and breathwork are very crucial to your work (my observation) can you provide an explanation that links these two in terms of how energy is moving? In terms of longer lasting effects I felt that I was more sensitive to smells, tastes and just overall sensations during the 48 hours after the healing.

The significant repetition of participant experiences of “spinning” inspired some of the gestures conveyed in the *Untitled Mandalas*. Moreover, they offered further insights to the lens flares of *The Wheel* (see Figure 23 and 26).

I experience an accumulation of sensations in my hands when I regularly practice therapeutic touch. Felt as tingling sensations in the palms of my hands, they increase in strength and become more decipherable through regular practice. Accumulation of self-knowledge through participant comments helps me to understand and evaluate my skills as an artist and healer. It also leads to a clearer comprehension of the sensations and energies generated by the participant's body. This exchange of energies and sensations is

not so different from the relationships established in art (i.e. the artist's idea, the material work, the audience, and the exchange that inherently takes place). In *Strictly Clinical*, sensations and body energies map the participant in subtle, etheric, and psychic terms — the affective layers of the body. When energy points are “blocked,” the vibration of my tuning fork dulls more quickly, the decay is succinct. I hold the instrument and feel the vibration from the moment I activate the fork until it fades. When an energy spot is open and active, the vibration continues for a longer duration, the decay is protracted. Similarly, in therapeutic touch the tingling sensations occur more quickly, evenly, and thoroughly when the energy spot is open. Regular sessions as a practitioner put me in touch with my own breath work. This is immensely helpful as a personal stress-relief mechanism, especially when I practice progressive muscle relaxation exercises at bedtime.

My internship experiences in the therapeutic care department at PWA actively translate in *Strictly Clinical*. These experiences include clinic set-up and tear down; cleansing the therapeutic space (with sage smudging, and singing bowl strikes and tones); client interaction and issues of comfort, confidentiality, and observation (note-taking); administration (management of appointments and files); and the intimate sensitivities of individuals seeking healthcare. To this end, investigation of subtle-energy healing techniques is balanced with historical research of diagnostic approaches — from the “hand trembler” of Navajo culture to contemporary expressions of therapeutic touch, suggested by Macrae as, “the use of conscious intent [or] intentionality” (19).

Transformation is key in *Strictly Clinical*. In May 2012 I took occupancy of the studio. The space—a smallish, oddly shaped, empty white box—transformed rapidly. To

initiate the space I performed a cleansing ceremony with visiting shaman and healer Josefine Fine. Following this ritual I installed some photographic prints illustrating reflective surfaces in natural environments, and figurative-movement studies of sage smudge sticks (see Figure 2).

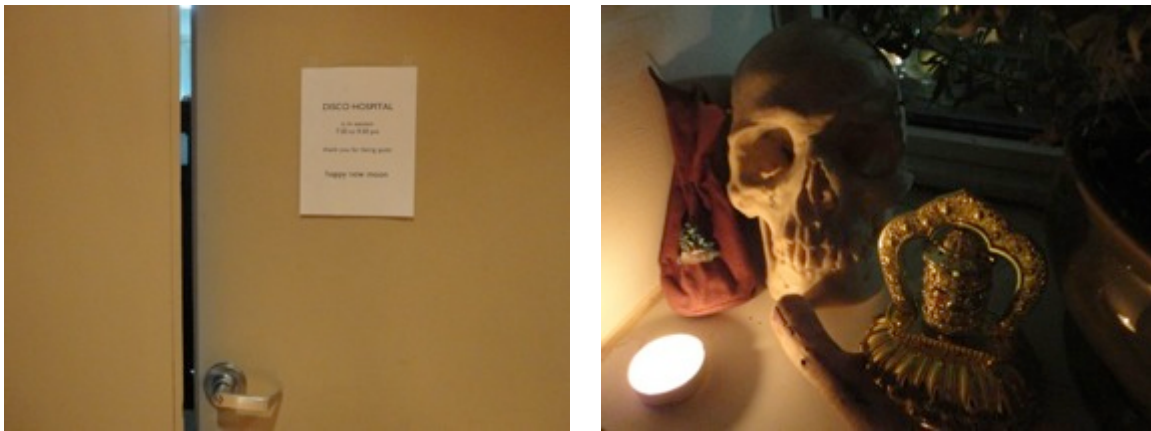


Figure 16: details from *Strictly Clinical*, both: New moon, January 11, 2013.

My studio space rapidly evolved into an active territory for research and material experimentation throughout the summer of 2012. On new and full moon phases I performed ceremonial rituals to initiate these cycles in relationship to the room and as a means of venerating the space. Processes of habitation, interdisciplinary productivity, and ritual coincided with my six-week internship at PWA, in June and July. In August, I commenced preparations for the formal sessions that comprise *Strictly Clinical*. Preparations included installation of straw mats for the floors (for comfort and olfactory stimulation), a massage table and full linens, ritual ephemera and relational healing instruments, worktables, large floor cushions for visitors and participants. A variety of free CATIE print materials were made available at my studio throughout the course of the

project, mirroring information dissemination practices of ASO's and clinics.²⁵ During the eight months of *Strictly Clinical*, I continued to change the visual materials on the walls, and rearrange the ephemera and lighting, and olfactory elements. Almost always the participant and visitor feedback was positive. On the negative side, I had two visitors who are allergic to incense. Commonly, participants in the sessions and visitors to my studio would state, upon entering the space, how calming the environment was. After spending time in my studio, individuals would often offer comments of how they felt less stressed and that my studio was like an oasis for them.

Strictly Clinical travelled off-campus for a special *Disco Hospital* intervention at The 34th Rhubarb Festival (February 20 to March 3, 2013), presented by Buddies In Bad Times Theatre. For this particular series, I offered six one-on-one performance rituals (February 22, 23, 24), at The 519 Community Centre, the hub of queer community services in the Church/Wellesley neighbourhood. This marks one of the feed back methods used to deliver project knowledge back to community.

Safe and Sound

Safe and Sound is the title of my thesis exhibition. It is also the name of a photography series in the exhibition. All images are presented under glass, like specimens. This clinical touch suggests, “don't touch.”

Safe and Sound—the exhibition—grafts together photography, video, and ephemera of neo-shamanisms and healing. Ephemera operate as evidence of habitation, shamanisms, and healing practices. As such my massage table and linens introduce an

²⁵ CATIE is The Canadian AIDS Treatment Information Exchange. The current selection of materials includes information about HIV/AIDS, Hep C, aging with HIV, women and HIV/AIDS, AIDS representation in the arts, and dying <<http://www.catie.ca>>.

installation sensibility. As an installation, the work is bound together and weaves a story — a story about art, queer, clinic, and neo-shamanisms. Select appointments during the run of *Safe and Sound* take place in situ during non-public hours. These appointments animate the installation’s story line, continue the performance threads and acts of healing in the project, and forge new community inroads.



Figure 17: studies for *Safe and Sound* (photographs, 2012).

Safe and Sound (see Figure 17)—the photography series—is my method to record and interpret material and ephemeral healing experiments, and the tools and instruments of neo-shamanic and subtle-energy healing practices (sage smudges, singing bowl sticks, chakra tuning forks, beeswax, ear candles, seed pods, goddess and phallic charms). The series was inspired by the valuable insights gained from the OCAD University Research Ethics Board (REB) application process, a requirement for my PWA internship. Reflecting on this process, I started wrapping objects—icons of magic, nature, ritual, ceremony, and sound—with condoms. Wrapping moves to rapping and discourses on

safe.²⁶ In one pair of images, the HIV binary of positive-negative is explored with chakra tuning forks that represent subtle bodies of sound, vibration, power. The grey areas associated with risk (high, low, negligible, no) and the regional variations imposed on notions of safer sex practices are represented in variations of exposed, filtered, and negative images. *Safe and Sound* pokes and prods the *safe* debates from ethical, clinical, and neo-shamanic perspectives.

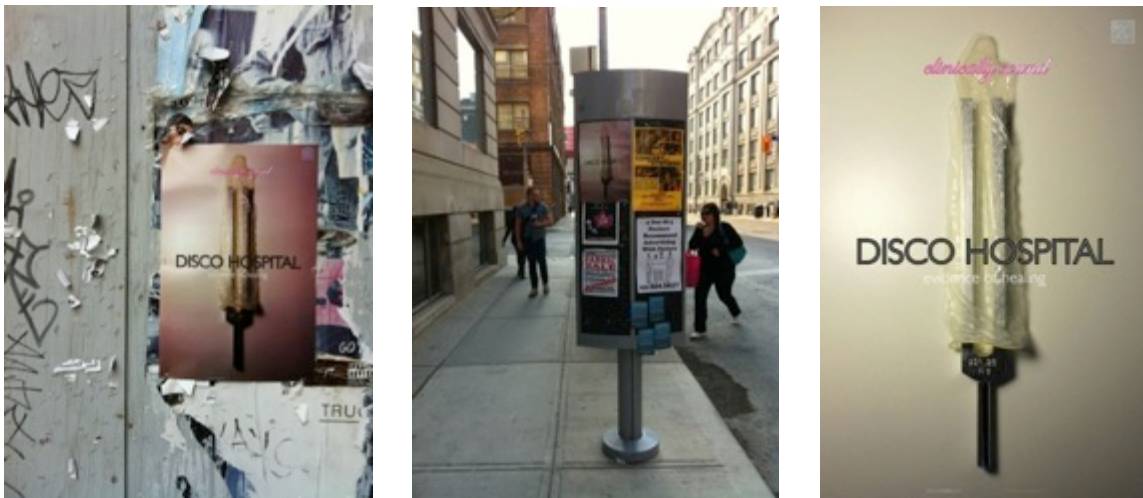


Figure 18: Disco Hospital Autumn 2012 street campaign poster.

I first photographed the forks, sage smudges, and singing bowl sticks in August 2012. This generated the images for the front/back covers of *Disco Hospital Practitioner's Manual*²⁷ and the *Disco Hospital* street campaign (see Figure 12). I re-photographed some items and photographed new objects in subsequent sessions in December 2012 through February 2013. Rigorous meditations of each image involved subtleties of light and shade, opacity, exposure, colour saturation, and composition.

²⁶ *Safe* is—like *rubber*—also a street wise term for condom.

²⁷ *Disco Hospital Practitioner's Manual* is published by XXXzines.com. The book launched at The New York Artist Book Fair in September 2012. Distribution and purchase inquiries, visit <<http://xxxzines.com/XXXzines/hello.html>>.

Becoming Sound II

The only sound that exists to me is the sound of the mind (Ono 2005.29).

Notice when you feel sound in your body (Oliveros 15).

In this section I discuss the role of sound in this research and the material work in my thesis exhibition. Sound, in this investigation, includes the immanent (and political) possibilities in silence, the unintentional sounds of the clinic and artist's studio, and the internal sounds the physical body. In a number of exhibition works, sound is the subject instead of the activity. For example, sound is inherent in a number of *Safe and Sound* photographs (tuning forks and singing bowl sticks). The power sticks under production at the ritual workstation are adorned with bells and bobbles that emit sounds when the sticks is shaken. In medical examinations, the directive, "Say Ah," solicits a specific sound that is explored in the text work of the same name.

Say "Ah." (see Figure 19) is a two-part installation: a large format print piece, and a medical jar filled with customized *Disco Hospital* tongue depressors (see Figure 20). This work invites the viewer to link sex, music, art, and healing while engaging in a playful game of "doctor." The piece was first exhibited at The Gladstone Hotel in September 2012 as part of the IAMD group exhibition, *Lucky 13*. *Say "Ah."* is paired, in my thesis exhibition, with *Ritual. Sex. Purpose*. Both text pieces survey territories of homosexuality, music, and magic, and play with structures of scholarly writing (e.g. citations, bibliography, headers, and footers). Like *Safe and Sound*, these works are presented "under glass" like clinical specimens. Mimicking didactic panels, they comprise illuminating facts and ideas. However, these details are offered more in the spirit of provocation than information.



Figure 19: *Say "Ah."*, installation detail, *Lucky 13* at The Gladstone Hotel (2012). Print, medical jar, tongue depressors.

Like Elizabeth Grosz, I seek to understand and experience music—and sound—as, “a becoming, the becoming-other of cosmic chaotic forces that link the loved, sexually specific body to the forces of the earth” (26). To this end, it is the body—and its internal sounds and vibrations—and my healing instruments that are at the center of this project. In *Ritual. Sex. Purpose*. I cite Grosz to connect vibration, pleasure, and being. I cite T. Rex for the electric warrior spirit, glam, and power.²⁸

I come from a sound and music background however the work in this project is more *about* sound than *making use* of sound. In *Disco Hospital* sound is integrated and—like film and video score—intended to convey the subtext of the story without

²⁸ T. Rex was the musical name for Marc Bolan, the British progenitor of glam rock. The transformation witnessed by the T. Rex album, *Electric Warrior* (Reprise Records, 1971), from acoustic hippie cosmology to full-blown glam rock posturing influenced a generation of artists, including David Bowie and his reinvention to Ziggy Stardust. A heterosexual in his private life, Bolan’s striking postures of androgyny were decidedly queer.

overwhelming other elements (visual, structural, ephemeral) or drawing attention to itself. In shamanisms sound is, as Jansen suggests, “one way of entering into other worlds and realities” (40). Minimalist in character, sound is, in this research, reduced to near silence. In this light, sound is used to intentionally enhance the meditative properties of the work.

In *Disco Hospital* I am interested in disinterestedness. My audio and musical work—and play—of the past four decades covers a broad territory. If I add scratching 78-rpm records in the closet on my oldest sister’s portable turntable—as a child—then this work-and-play becomes a lifetime. *Disco Hospital* opens the doors to secret artistic wishes and desires — desires stored away during collaborative experiences with video, film, installation, dance, and theatre, and I wore the sound artist or composer’s hat. *Disco Hospital* marks the moment when I move out of sound and into the rest of my body — an organism that is (alphabetically) activist, aging, art making, magical, positive, queer, sexual, and socially reluctant. But I must be honest, I can never truly let go of sound or actually achieve real disinterestedness. Sound is too engrained in me.

Kahn suggests disinterestedness as a, “tangible link between Cage’s orientalism and his initial formulation of silence” (566). In *Disco Hospital* the use of sound is situated between the intentional and the unintentional. The intentional: representational sounds of relational healing practice — singing bowl strikes and tones, tuning fork frequencies, and the audible body during therapy. Some of these intentional sounds are featured in the soundtracks to *The Wheel* videos (see Figure 23 and 26). Both videos are looped and have different durations, producing a mixing and shifting effect throughout each screening period. The unintentional: sounds implied or generated by the exhibition

such as exchange of energy, and ideas, and the viewer's thoughts and physical movements through the exhibition. In an era when we are saturated with sound at almost every moment of the day (and night), *Disco Hospital* offers a refuge, an oasis of serenity, some clinical peace and quiet.

In the context of *Strictly Clinical*—where duration is keenly observed—time, silence, and ritualized sound actively inform the experience. Small notes that, “[d]uring the enactment of ritual, time is concentrated in a heightened intensity of experience” (96). On a number of occasions in *Strictly Clinical*, individuals have disclosed to me unconventional, unbounded experiences with time and physicality, some claiming bodily movements and direct touch (events that did not occur from my perspective as practitioner), and heightened awareness of their own internal sounds. To this approach, practices of disciplined—or *deep*—listening are attached as a means of directing the participant to an experience of interconnectedness.



Figure 20: *Say "Ah."*, wooden tongue depressor, edition of 2000 (2012).

Foucault writes extensively about silence in the clinical gaze and silence's immanent truths. In his own words, “the gaze will be fulfilled in its own truth and will have access to the truth of things if it rests on them in silence, if everything keeps silent around what it sees” (2003.132). These unfolding repetitions on silence intuitively led me to realms of ritual, ceremony, and clinic. In *Strictly Clinical* silence enables participants to become more emotionally involved, sometimes to the point where, as Small suggests,

“the psychic boundary between the mundane and the supernatural worlds breaks down so that they leave behind their everyday identity” (96). In healing arts, ritual silence is critical in order to reduce distractions—seen here as forces—that proliferate, especially in urban environments via sounds and noises. These forces hold the power also to collapse identity; the loss of self in the barrage.

In future research, I intend to explore real-time audio processing and non-waveform editors such as MAX MSP and Pure Data. For this present iteration, I played with generative sound devices and meditation drone machines (Buddha Machine, Trope). In the current iteration of *Disco Hospital*, my studio priorities are previously unexplored disciplines (photography, video, bookmaking, sculpture, and installation) and the performativity of the clinic.

The Circle

Mandalas have spiritual and ritual significance in Hinduism and Buddhism. [...] The basic form of most Hindu and Buddhist mandalas is a square with four gates containing a circle with a center point. [...] Mandalas often exhibit radial balance. [...] In various spiritual traditions, mandalas may be employed for focusing attention of aspirants and adepts, as a teaching tool, for establishing a sacred space, and as an aid to meditation and trance induction. [...] In common use, mandala has become a generic term for any plan, chart or geometric pattern that represents the cosmos metaphysically or symbolically, a microcosm of the universe from the human perspective (<<http://en.wikipedia.org/wiki/Mandala>>, 20 December 2012).

A *leit motif* in my work, mandalas, circles and spirals have also occupied my doodle drawings since I was a teenager. In the Mapping chapter, Robert Flack’s *Mandala* (see Figure 5) signifies infinite energy and marks my body as a territory. In *Disco Hospital*, a series of *Untitled Mandalas* further this intuitive and self-reflexive practice and iterate some of the circular theories that underscore this investigation, like biophilia.

Recurring and repetitive circular gestures and objects—primarily sun and moon—in my videos and photography, the physical gesture of eliciting sustained tones from a singing bowl, the meditative origins of the circle in philosophical and spiritual terms, and the representation of this shape in *Exchange One* are intrinsically linked to the mandala. Joseph Campbell notes that,

‘Mandala’ is the Sanskrit word for ‘circle,’ but a circle that is coordinated or symbolically designed so that it has the meaning of a cosmic order. When composing mandalas, you are trying to coordinate your personal circle with the universal circle... In working out a mandala for yourself, you draw a circle and then think of the different impulse systems and value systems in your life. Then you compose them and try to find out where your center is. Making a mandala is a discipline for pulling all those scattered aspects of your life together, for finding a center and ordering yourself to it. You try to coordinate your circle with the universal circle (1991.271).

Following Campbell’s instruction, I incorporated impulses and values in my life in addition to Wilson’s biophilia hypothesis. I extend his suggested values—inherent human attractions to and interaction with nature (such as flora and fauna, the sky, dirt)—to areas of sexual and animal energies. For example, animal energy permeates the second of three *Untitled Mandalas* pictured in this document (see Figure 21), an abstracted portrait of the feline who shares my living space.

Sexual energy and the implications of my HIV infection are investigated in other *Untitled Mandalas* in the series (not pictured here), where the anus is represented in kaleidoscopic form. The representation of the sun—in *The Wheel*, *Untitled Mandalas*, and *Lone Sun*—is a nod to *The Solar Anus*, Bataille’s iconic cross-reference to both anus and sun as life, death, unrestrained energy, and disaster. This nod also acknowledges the HIV/AIDS metaphor in this paper. The circle, as opening or portal, is sexually recognized in this project through representations of anuses, urethral ports, mouths, and body

piercings. The anus holds specific interest in this project, as the likely site of my own HIV infection and as a metaphor for power, imposed and exposed, and circular.



Figure 21: *Untitled Mandala I, III, VII* (ink jet prints, Epson Somerset Velvet paper, 60.96 cm x 60.96 cm, 2012).

AA Bronson suggests that, “the asshole is such a secret place [...] where a lot of people hold their shame. It’s also where we, in Jungian terms, hold our ‘shadow self.’ [It’s] A part of ourselves that we are not completely confident with” (2003.30-31). My bookwork, *Signal To Noise: Subtle Messages From The Clinic*, features a chapter titled Listening. In this chapter both guiche piercing and anus are represented in super saturated colour photographs.²⁹ These images reflect on Flack’s early 1990s mandalas, but the use of saturated colour is not generated post-production as was the case with Flack. Instead, the Listening images are lit with pornographic videos, which, off screen, bathe the space and subject with lurid shades of blue, purple, and reddish pink. This intentional interaction of object, subject and activity inserts the work into realms of performance and offers possibilities to eroticize—and sound—sites of infection. Here, the site of Bataille’s disaster is elevated and transformed. Three examples from *Untitled Mandalas* (see Figure 21) illustrate and merge the visual aspects complicit with mandalas (a square containing a circle exhibiting radial balance that represents self — cosmologically, metaphysically,

²⁹ Guiche piercing is a body piercing on the perineum—the surface region situated between the sphincter and the vagina/phallus—and typically runs perpendicular to the direction of the phallus.

and symbolically) with interpretations of altered consciousness, ecstatic states, and visual elements sampled from “nature,” sex, and animal.

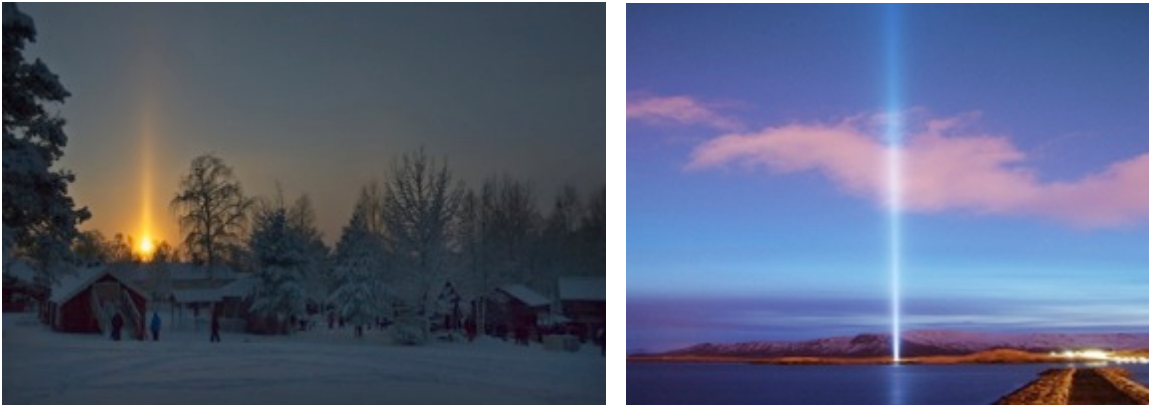


Figure 22: a) sun pillar, Sweden (photo by Göran Strand); b) Yoko Ono: *Imagine Peace Tower* (2008).

Continuing my research and aesthetic experimentation the circular form is a series of videos—each titled *The Wheel* (see Figure 23 and 26) and sequentially numbered. These videos acknowledge Brion Gysin’s flicker theories, embodied in his *Dream Machine* project, by way of footage shot directly into the sun through various densities of foliage. Here flicker also links to the fascination with flame. In *The Wheel*, flame is the sun itself. Experimentation with intentional lens flares that occur when pointing directly into the sun—evidenced in photographic explorations of semesters I-III—are exploited in these videos and suggest a column of light or vertical band of energy. In my research I came across phenomenon called a “sun pillar” (see Figure 22a), rare occurrences when extreme cold air conditions and setting or rising sun light interact with fine ice particles in the air. This phenomenon is mirrored in Yoko Ono’s *Imagine Peace Tower* project (see Figure 22b), which launched in Reykjavik in 2008. I attended this launch and experienced the energetic charge of the *Imagine Peace Tower*’s intense beam of light, projected over forty meters into the sky. This memory and experience is interpreted in *The Wheel* (see Figure 23 and 26).

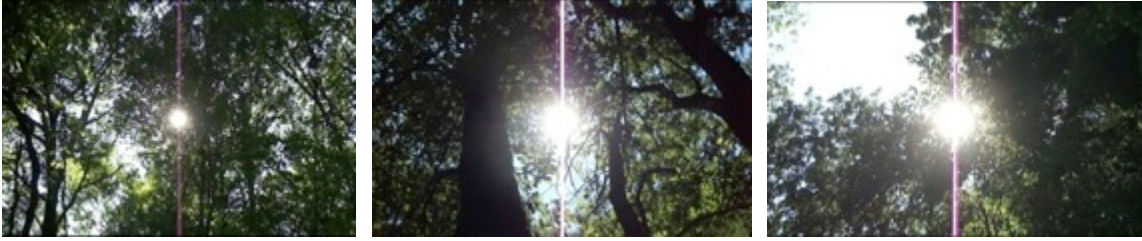


Figure 23: stills from *The Wheel III* (video, 2012-2013).

The wheel is used metaphorically in Buddhism to suggest the circle, “conditioned” or “cyclic existence” and the suffering that is inherent in life. In these instances, the wheel is used representationally to suggest the transformation of suffering by changing how we relate to it. This is not dissimilar to the daily Buddhist practice of meditating on death in order to make that process—so integral to life itself—more familiar and therefore tenable when the actual (and inevitable) event occurs. The images comprised in *The Wheel*—foliage, sunlight breaking through branches, the gentle movement of wind in trees, and sky allude to Wilson’s biophilia hypothesis. As well, there are the obvious therapeutic and meditational benefits that are evident in these slowly unfolding pieces.

Rising

Rising (see Figure 27) is a video study on dropping the body and transcendence gained through higher consciousness. It was created in 2012 for the Interdisciplinary Studio course. *Rising* confronts the HIV/AIDS metaphor in this paper by questioning my physical identity vs. my consciousness. “Dropping the body” suggests that consciousness is the critical site of evolution and elevation. The physical body is merely a container, bound by nature to wither. It’s beautiful (and sexy) to make this container appealing, but the real value of life experience is embedded in consciousness, which is light as a feather — less, actually. In the act of rising, the body falls away like dead weight.

Buddhist practices recommend that individuals can benefit from meditating daily on the idea of death and dying. Practiced for only a few minutes daily, this exercise can lead to deeper understandings of this real and inevitable fact of life. By thinking about death and incorporating it into our daily lives, the inevitable becomes more familiar. In the actual moment of expected and considered transition one can focus instead of panic. One can think of love, or happiness, or being thankful – and drop the body.

The soundtrack to *Rising* is comprised of Tibetan singing bowl (performed and recorded in my studio) and field recordings of bells captured in Firenze, 2002, striking midday when the sun is at its brightest. The bells are digitally processed, and set apart in the stereo field to acknowledge the spatiality of the room. The bowl sits in the center of the mix and is sculpted around audio files of feedback generated from its tones. These sounds are composed into an undulating motif for the journey at hand: a theme for passage.

It is impossible to disconnect the video's title from Yoko Ono's 1995 album of the same name. I have returned to this recording over the past eighteen years, feeling my way through the layers of sonic intensity and emotions, receiving a form of soothing with each listen. I dedicate this video to Yoko Ono, for decades of inspiration, patience, guidance, generosity, and love.

Summary

The research and creation processes in *Disco Hospital* are—like acts of healing—as vital as outcomes. The challenges of this project included: honouring the promise of this research; maintaining the most subtle of elements of client security including privacy, confidentiality, efficacy, trust, honesty, and sincerity; and the performativity of organizing and administering an active clinical schedule based on new and full moon cycles. Methods—or outcomes—of self-healing encourage me to develop *Disco Hospital* beyond the context of this thesis project.

Visual aids—images of the natural environment, sexual activity, ritual and ceremony—decode the shifts induced by queer perspectives to the normalized aesthetics of clinical practice. The visual translate these queer perspectives. The protocols for sound in *Disco Hospital* are inextricable from the pedagogies of the ear. For most sound art and experimental music, those pedagogies remain predetermined around a strictly aesthetic experience. The totality of lived experience—political, economic, cultural, sexual, gendered, and racialized—is banished in a pedagogy that is intent only on refining the listener's aesthetic appreciation of the heard environment. What happens when one negates the constraints of sound art protocols for listening? One response might be to move further toward questions of pedagogy. *Disco Hospital* has evolved into a healing, teaching, and learning investigation and its accompanying audio experience—inclusive of meaning and content—has expanded to comprise this totality, to which I add “medicalized.”

Conclusions

Disco Hospital, my self-healing. These Conclusions reopen the autobiographical narrative introduced in *Disco Hospital: Admissions*. In doing so, I tie these loose threads to the project's objectives, identify future research questions, and offer a remedy to collapsed identity in context with HIV/AIDS.

Disco Hospital: Discharge

In 2008 my health shifted. I had been taking Sustiva as part of my daily HIV/AIDS medication regime for two years and the drug was literally beginning to make me crazy. My year began in New York City and the opening of AA Bronson's *School for Young Shamans*, which included my sound installation. The exhibition was amazing; I was withdrawn. At home, my ten-year gay marriage was deteriorating. That summer I travelled to Art Basel, working the booth for Art Metropole. It was my second time at the fair but my psychological outlook was deteriorating. In November, I finally cut Sustiva from my daily cocktail, replacing it with Nevirapine, a generic model of the non-nucleoside reverse transcript inhibitor that is trademarked as Viramune. That same month my husband moved out. In December I got a job as front desk clerk at a gay bathhouse.

In January 2009, I moved into a one-bedroom apartment, sixty pounds lighter than I was at *School for Young Shamans*. My new home afforded a tremendous view of the sky that I immediately embraced as a new perspective to the situation. But it was taking time for the Sustiva to clear my body. I was still crazy. I started hitting the gym to try and build up muscle as the pounds continued to drop. The pain of my separation and the work hours folding towels and sheets found a balance with the splendid isolation of my apartment. I was alone, my body was changing, my identity mirrored a strange sense of

invisibility. Somewhere along this path, I realized that I had fallen. But this falling was *again*. In 1989, my health collapsed and I found recovery through focus, imagination, nature, and my art. Again my health integrity had buckled. I made a plan and applied to school in January 2011.



Figure 24: Faggots: a PSBEUYS workbook (2013); left: full cover artwork (back-front), right: Table of Contents.

A Remedy, A Cure

In *Disco Hospital*, I recognize in neo-shamanisms a framework for a new identity. In neo-shamanisms I connect my art, my health, my queerness, and my sex with my past and present. Taussig notes that, “the patient who skirts the space of death only to return to us becomes the voice of the shaman” (1987.448). In December 1983, I had a very dear death experience, the result of my only episode with mainlining. I joined some friends, including a registered nurse who provided clean works, to explore the new drug that was taking New York City by storm: ecstasy. We prepared it with some cocaine, uncertain of what might come of this concoction. In a split second I was enveloped in a white light, cold and flushing, and intensely beautiful. My friends sighed in relief when, after some

prolonged minutes, I returned to my body. In 2005, my CD4 count dropped below 200. CD4s (or T cells) are white blood cells that are a critical part of the immune system. In the United States the measurement of 200 CD4s signifies AIDS in a person living with HIV – that is, the body becomes vulnerable to any number of common viruses and bacteria, many of which can prove fatal under these immune deficient circumstances.

In *Disco Hospital*, my life folds in with the research methods of participant-observation and comprehension, auto-ethnography, clinical experience, and theory and studio practice to produce a new kind of me. In considering the changes that queer perspectives bring to healing, I conclude that the lessons and experiences generated by the HIV/AIDS pandemic—and hard-won by the gay community—are critical to moving forward and confronting the new challenges to humanity. These challenges include Hep-C (already at pandemic proportions) and treatment-resistant strains of gonorrhea. It's only a matter of time before other common infections creep their way around antibiotics, which have, until now, provided front line results. Now it is time to examine behaviour, identity, sexuality, intimacy, and the power that queer perspectives bring to the table.

Neo-Shamanisms, Art, Healing

Disco Hospital proper came to mind in second semester. My work, right from the start, was focused on healing but the notion of a performance of the clinic crystalized in February 2012. This healing would start with me and unfold to others in a naturally evolving and organic mode. Rigorous confrontation with identity and my status as an HIV positive, divorced man in his mid-fifties has generated remarkable shifts in my life, my health, and how I see myself. By 2008, I was crushed under the weight of HIV/AIDS. This is no mean feat to an artist who had actively discussed the subject matter in their

practice for two decades. But I was vulnerable and did not understand the extent to which my vulnerability had accumulated.



Figure 25: *Disco Hospital: Safe and Sound* (exhibition installation views)

In *Disco Hospital*—as in the practice-led research of artists like AA Bronson, Michael Dudeck, Elijah Burgher, Ryan Brewer, Ivan Lupi, Scott Treleaven, and Massimo and Pierce (formerly of Black Sun Productions)—there is a very potent portal opening upon queer neo-shamanisms in the 21st century. In his recent paintings, Dudeck proclaims that “art is the new religion,” framing his own performative witch doctoring as the ceremonial rites of passage in this territory. AA Bronson adopts the role of tribal elder to new generations of queer, magick-minded artists — illustrated in his recent collaborative light-box work with Brewer titled *Blue* — an image that resonates with queer spirit and magic.

Disco Hospital contributes to the history of art, healing, and shamanisms — a history marked by the likes of Kenneth Anger, Joseph Beuys, Max Ernst, and Jackson Pollock). As well, the project aligns with HIV/AIDS activism of the current milieu—and the history of AIDS activism—to reinforce the important voice that art brings to this discourse. By focusing my work on healing processes and imagining my studio as a

clinic, I shift the discussion from the largely visual forum to the experiential and processes of listening and sound.

In a culture that is visually oriented, we are beginning to understand the value of indexing and analyzing history and civilization with sound. *Disco Hospital* engages with the increasing efforts of sound artists and theorists to absorb sound into the discourse of cultural documentation and analysis. The listening practices of *Strictly Clinical* add to this creation of knowledge by drawing attention not only to the clinical environment but also the body itself, as territory, and as a site. These practices embrace a broader totality of lived experience—political, economic, cultural, sexual, gendered, and clinical—as fields of audio exploration and analysis. Relinquishing the goal of purely aesthetic listening experiences that are emphasized by most sound art and experimental music practices, *Disco Hospital* emerges as a significant site for sound in healing and creative processes.



Figure 26: *Disco Hospital: Safe and Sound* (exhibition installation views including *The Wheel II* and *The Wheel III* [videos])

Brown and Tucker suggest that ineffability and affect are, “convenient label[s] for marking the limits of our expertise in understanding the actual mechanisms and processes at work” in consciousness (238). However, it is crucial that the non-conscious loops representative of psychic signals and noise are acknowledged in therapeutic and practice-led research so that we might, “‘feel’ beyond our capacities to adequately experience” (Brown and Tucker 239). Shifting perspectives—queer to sound, neo-shamanisms to

clinic, healing to disco, sound to silence—signals the emergence of new insights and knowledge, the by-products of tensions that are sparked in the negotiation process: *taxonomy remixed*.



Figure 27: *Rising* (video, *Safe and Sound* exhibition)

The emergence of aesthetics of wellbeing as a study area at OCAD University signals a valuable institutional shift, one that is vital to issues of sustainability, social justice, and the roles of individuals as healthy parts of a thriving social whole. This emerging field is proffered—practically and theoretically—in *Disco Hospital*. The issues and questions of biopolitics—like Rose’s article, *The Politics of Life Itself*—resonant deeply with this project. Humankind is now able to control life at genetic levels including the potential for selectivity in new life. What is the future for queer-identified individuals in this landscape? *Disco Hospital*’s intersection of art, healing, and queer neo-shamanisms suggests a rich territory that is full of promise. At a time when there is an urgent need for more holistic understandings of health and serenity, *Disco Hospital* and my continued practice-led research can make major contributions beyond the communities in which it has been effective so far.

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