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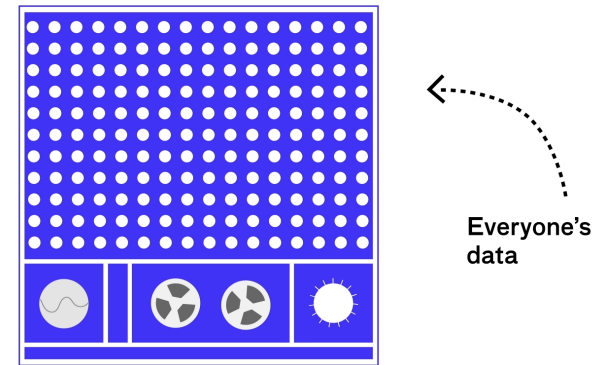
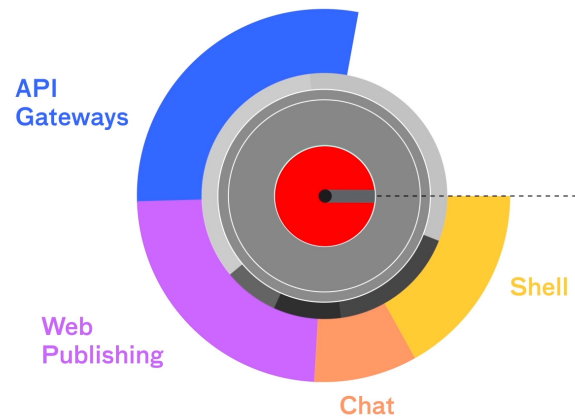
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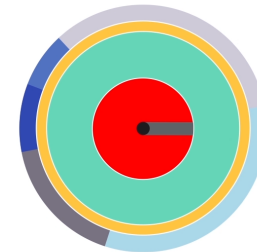
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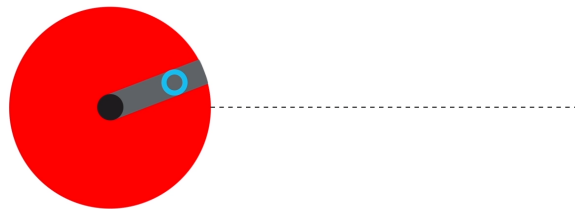
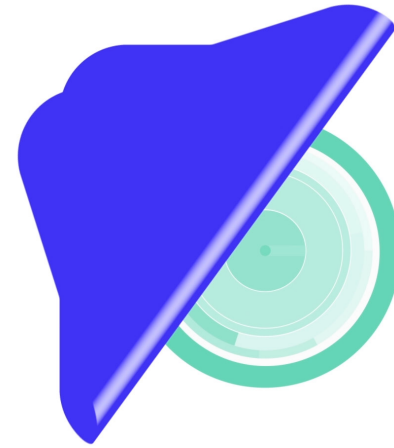
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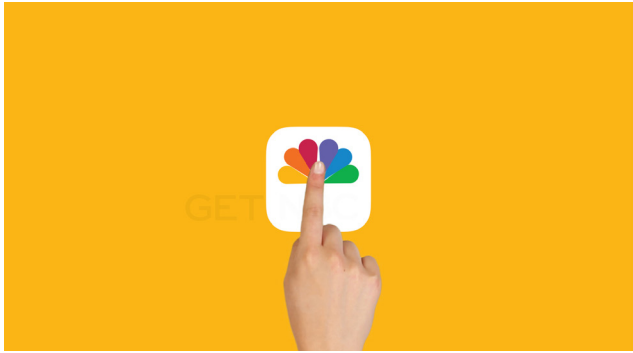
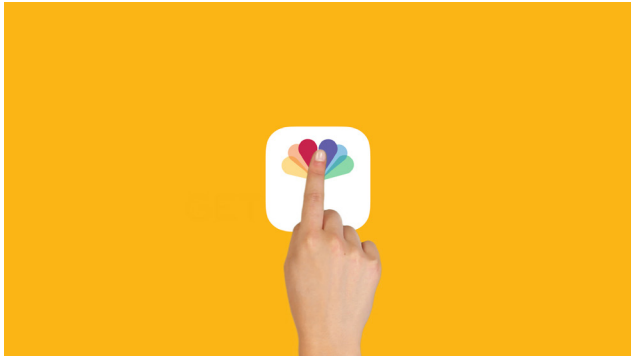
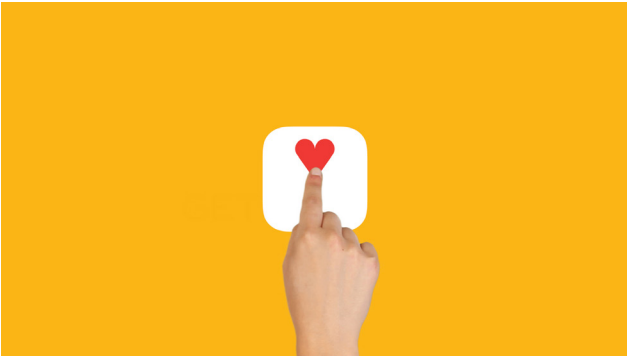
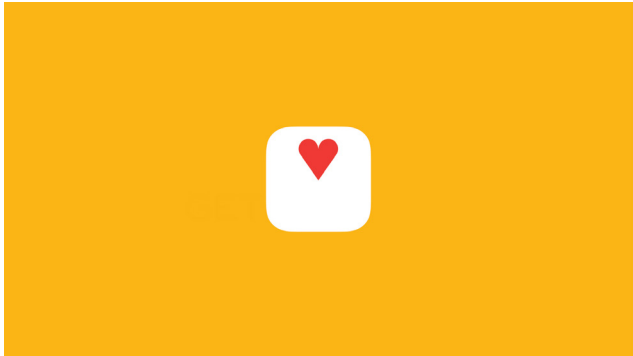
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*in collaboration with Johannes Leonardo Agency*



Publication Design & Covert Operation for

# **WE ARE CANARIES**

*exhibited at the Elizabeth Foundation, Spring 2017*

# ON A HEALING RELATED TO STILLNESS

My body malfunctioned in 2011. I was often in extreme discomfort, red-faced and covered in rashes. The triggers were the subway, humidity, yoga mats, bread (or even proximity to a bakery), as well as other unnamable causes. The doctor told me that what was happening to my body was highly unusual but s/he offered little support other than prescribing an antihistamine. I had stomach problems. I was flummoxed. It took maybe two years and visits to five or six doctors to get my symptoms under control.

After that I was fine for a few years if I was careful about my diet and sleep. Though the symptoms were sometimes present, I could often avoid triggers.

Then at some point I realized I was in pain all along my right side, from my foot to my hand. This pain was not there all the time, but it was present about forty percent of the time. It was inflammatory in nature and had, perhaps, been ailing me for many months. But I didn't know what to do about it, so I did nothing. At that time I worked a very physical job and one Monday morning I threw out my back so badly that at first that I couldn't walk. Everything locked up. I was immobile and had to hobble down three flights of stairs. I was given a week off work. Later that month I went to the doctor for a check-up, and was sent to see an autoimmune specialist since my blood work was off. That doctor told me I had a connective tissue disorder and likely lupus. After that, I went into a deep haze of healing. I would feel deeply tired in the middle of the day, so I would take naps on the floor. Whenever I was tired, I would nap. My body thanked me. I was comforted by my lack of choice, and so I let myself relax into healing —Marieley



I've never worked directly from observation. It makes me pay more attention.



There's no shame in lying around all day when you have four legs. I'm so deeply ashamed of not doing anything with my time. But laying here, drawing my best friends, I'm transported.

NOTES FOR THE WAITING ROOM



I look at their bodies, and see how vulnerable all bodies are, not just my own. It's comforting to acknowledge butt holes. Mine really stings.



The love I need takes its toll. I see my partner's exhaustion. It is tremendous to depend on and be depended upon.



When I'm really looking, I leave my body. Sometimes I put it on something else. The fleshy mess of a wrinkled coat. The bulbous door. That's my inflamed body.

Katya Tepper, Untitled. From the series "Out of Hand," 2015.

CANARIES

## Notes for the Waiting Room

24 Pages. A publication of writing and drawings by women artists with autoimmune diseases.  
Distributed by undercover agents, placed in doctors' waiting rooms across the USA.

# TOOLKIT FOR LIVING WITH IDIOPATHIC DISEASES

## THE GUIDE / NOT GUIDE TO SURVIVING A FLARE

Many members of the Canaries have suffered more in times of overwork and/or when they have been uninsured. This is a fundamental issue with autoimmune conditions: they tend to worsen when stress is placed on the body by work schedules mandated by capitalism, and these conditions are frequently exacerbated by the inability to financially or physically access things that could help heal the body over time or provide long-term treatment for difficult conditions. The following list consists of suggestions to address this problem. This shouldn't become another source of stress, but it hopefully will provide a rough guide of further options for when the dominant forms of medical treatment do not completely resolve autoimmune issues. Many of the suggested products and services may seem cost prohibitive, but they can be obtained through community programs (mentioned in my essay), or at a discount. Any medicines and supplements should be used with caution and introduced very slowly, as even ones that are "natural" can interact with other foods, medicines, and treatments, and will vary in terms of reactions and effectiveness. Taking it slowly and finding ways to demand slowness, are possibly the most radical things you/we can do to help your/our body through ongoing illness. —Catherine

Sometimes seeking diagnosis can really be besides the point when dealing with chronic illnesses (beyond the validation of bodily intuition that can be found in a diagnosis). In Western medical practice, the point of a diagnosis is often to identify a "pathology." And identifying a pathology is often for the purpose of prescribing medication or surgery or some other protocol in an attempt to (as doctors say) "restore normal functioning," which is often a euphemism for "forestall death by this particular thing."



NOTES FOR THE WAITING ROOM

Before giving what might be construed as prescriptive advice, this is where we are supposed to make a disclaimer limiting our authority by saying that this "is not medical advice" and "we are not doctors," so "if you are considering making any changes, please consult your doctor." But our input is valuable precisely because we came at our knowledge about the efficacy of various treatments not from within the biomedical paradigm as doctors but as individuals who have tested treatments with our own bodies. We must emphasize that our bodies and experiences are different, so while there are many overlaps in our methods of treatment, even people who have the same conditions often wind up with different strategies for managing them. Recognizing this is one of the key points of Canaries—inherent in the architecture of the collective's support is the sharing of information, techniques, and treatments, but we never share information as universal fact. We offer our experiences and methods, we never prescribe. Listen to your body alongside others. —Canaries

In other words, Western medical practice largely exists to prevent or slow death once an individual is in a state of crisis. This is not to discount Western medicine: if I were to get hit by a bus tomorrow, I would hightail it to Mt. Sinai Hospital—not to my acupuncturist.

But there's a flip side to crisis-mentality medicine—it more closely resembles a slash-and-burn approach to clearing a rainforest for a temporary cow pasture than a patient, skilled approach to permaculture gardening. Crisis professionals tend to be unwilling or unable or uninterested in helping you garden with a long view in mind.

For instance, the non-steroidal anti-inflammatory drugs that Western medicine uses to quell acute autoimmune flares also eat away at the gut lining that keeps our insides safe from marauders. And in the long term, a damaged gut lining actually promotes inflammation, feeding into a cycle of dysregulation that is extremely difficult to reverse. Ironic. Useful in the short term—especially if you are in danger of dying!—but maybe not so smart in the long term.

I'm not a doctor and I don't give medical advice, but if you have a pathology that can't be treated with medication or surgery, unless or until you develop (or until they detect) a worse/different/downstream pathology that has been previously identified and successfully treated with Western drugs, surgeries, or other protocols, your condition will be labeled "idiopathic." In other words, you have what they might classify as a chronic lifestyle problem of unknown cause. A non-emergent problem that they can't help you with. Or, as some doctors call it, a "NMP" (not my problem). ("Unless or until you develop or they detect..." you know the drill.)

So what do you do? There are a few options. And none of them are contingent upon a diagnosis. It can be scary to start working step-by-step on little things, but they add up. And as long as you plan on being alive ten years down the road, does it really matter if it takes you ten years to figure it out? You can start making changes now, or in six months, or in six years.

Working on it isn't guaranteed to make it better, but in my opinion and experience it's a lot more likely to make it better than waiting for a diagnosis. —Bonnie

### DEFINING A FLARE

In my case, the period of relapse within chronic illness is associated with Crohn's disease, whose symptoms often include intense abdominal cramping occurring several times a day, colon spasms, intense smelly gas, blood in my stool (like your period, but out your butt), consistent diarrhea (Calmoseptine ointment is available behind the counter at pharmacies and can help keep you from getting raw—imagine mint chewing gum for your bum), anemia that leads to exhaustion, dehydration (putting nuun, a brand of re-hydrator that separates electrolyte replacement from carbohydrates, in my water has been the best solution), mouth sores, leg pain, and muscle spasms at night (rubbing magnesium cream into calf muscles can help). Then there are the side effects from drugs like Prednisone, a synthetic corticosteroid I am currently taking, but talking about that would require another long list of survival skills. —Brina

### SECONDS 1-10

BREATHE: I always get nervous and forget to breathe, which immediately makes the situation worse by shutting down my circulation and making my body tense up.

### SECONDS 20-60

FOCUS: Spinning out of control is the scariest part; you simply can't know how long this will last and how bad it will get. I am usually alone when this happens, so I look for a mirror in which to focus on my own eyes. Having another being there to make eye contact with is great, even if it's a pet. Engaging with something outside myself helps focus and ground me, and then allows me to move to the next steps I need to take.

### MINUTES 1-5

HEAT: I warm up my body in by running a hot bath and sitting in it. Ideally I would have a sauna in my apartment—no joke—but I'm pretty sure there's a "no saunas" clause in my lease. So my options are the bath, which I sometimes poop in while the water runs down my back, a heating pad in bed for cramping, and hot tea for gas cramps (especially after surgeries). Even just wetting the toilet paper you use to wipe in hot water can help stop painful colon spasms. —Brina

### TOUCH

To deal with pain I try to trick my mind. I can really only register one sensation at a time, so I massage another part of my body. Any part works, but if I'm being honest—as honest as someone else once was with me—try massaging your lady parts. The sensation this produces can win out over the pain and really help sooth. Hey, why not. —Brina

### MENTAL EXERCISES

I have gone to hypnotherapists who have given me helpful visualization

tools. These are little things to do in your mind to help calm you down. It's just good to have them because they give you something to do instead of spiraling into panic. —Brina

### DRUGS

If you are taking medication, get pills in you. Sometimes it gets bad and the drugs are important for physical and mental relief. My favorite doctor once told me that pain doesn't build character—it's true! (It might help develop your sense of humor, though.) —Brina

### HELP

There have been times that I have waited too long to ask for help. I would think, "oh, maybe this will get better," or, "I don't think this is as bad as that other time," and so on. I am stubborn when it comes to asking for help, but I've gotten way more comfortable asking my friends and family. I've learned that some people really do want to help! Call them. When others aren't so helpful, stop calling them. People are good at random things. As long as you cast a wide net you won't feel like you are taxing any one person. Also, strangers can help. Ask for that seat on the subway. Very few people will say no, and if they do, the person next to them may get up instead. I've had to ask random people for assistance and have been so surprised by how an Uber driver to the ER could be so giving, and a tow truck driver, or an old lady sitting next to me on an airplane. She didn't speak English, but she held my hand for a long time. —Brina

### INFLAMMATION

New research suggests that those with compromised immunities might have a harder time in general with healing. Though doctors are sometimes reticent to take a "holistic" approach, if you can convince your doctor to assess your inflammation from a broad bodily standpoint and ask them to be open to trying a variety of options with you (while avoiding products/medicines that could potentially harm your body), this might help limit other symptoms and help with general wellbeing. Many of the suggestions in this tool kit could be helpful in conjunction with each other in treating inflammation, which most autoimmune sufferers see as a root of multiple related ailments—for instance, how someone with Crohn's disease may also have eczema and rheumatoid arthritis. [Some research suggests that there is a relationship between these ailments and the "malabsorption" of food-based nutrients in the stomach and intestines—meaning that once one imbalance arrives, others can follow in a domino effect.] People take supplements like turmeric or cat's claw for inflammation; sometimes it requires testing a particular supplement and seeing if it works for you. You also can make your own: instead of buying turmeric in expensive pill form, you can get root or powder and mix/blend it yourself. Cat's claw boiled as a tea can be consumed by people who can't tolerate turmeric. As with any supplement, it's a great idea to tread cautiously when seeing how the body reacts to it. Keep a journal of your reactions to each new thing. This is a process, there's no for-sure outcome. All these strategies are meant to be a part of a longer-term process of negotiating bodily pain, and the oscillation between feeling well and feeling sick, or acknowledging that feeling sick is sometimes normal. —Catherine

### ACUPUNCTURE

This healing modality, a key component of traditional Chinese medicine, can help many on a need-by-need basis, though it takes time. Many people report relief only after months or even years of treatment—two-to-three months of



CANARIES

# SCORE FOR PATIENT INTERACTION

Tonglen is one type of Tibetan Buddhist meditation. In Tibetan, "tonglen" means "giving and receiving." These meditations can cultivate compassion for oneself and others, and can be adapted and practiced by anyone regardless of religious affiliation. Tonglen is a practice that helps put a person in touch with their own vulnerability and suffering while also connecting them to the vulnerability and suffering of others. This is a variation on a Tonglen meditation that's been adapted to the particular needs of the waiting room. —Carolyn

## ONE

Begin by sitting in a waiting room chair.

## TWO

Close your eyes and take three deep breaths. On each inhale, fill your lungs and your belly with as much air as possible. Count to four. Hold the breath. Count to four. On each exhale, release the breath fully while counting to eight.

## THREE

Breathe naturally. Feel the air coming in and out of your nose. Just observe.

## FOUR

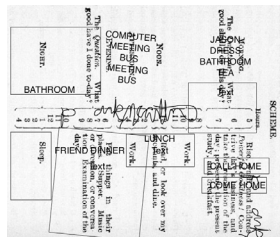
Feel your feet planted firmly on the ground.

## FIVE

Feel your body's weight seated in the waiting room chair.

SCHEDULE	
<b>MORNING</b>	
<b>The Question:</b> What is the meaning of this?	1
<b>The Question:</b> What will be possible today?	2
<b>The Question:</b> Will I ever find what I need?	3
<b>The Question:</b> What is the meaning of this?	4
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NOTES FOR THE WAITING ROOM



## SIX

Open your eyes and survey the room. As you do this scan, look at every single person in the room and recognize their presence, while maintaining awareness of the breath entering and leaving your lungs.

As you look at each person, try to imagine what they might be feeling even as you recognize that you can never fully know. Perhaps they are really dreading their appointment. Or maybe it took them three months to get the appointment they needed and have long been anticipating it. Did they have to take off of work to make it today, and are they worried about getting back? Did they need to find someone to watch their children or their elderly parents? Are they waiting for a diagnosis or are they coming for routine lab tests? Are they hoping for good news or anticipating bad news? Do they have someone who will hold their hand, someone to share these results with later? Will they hear that their condition is terminal or chronic? Can they afford their visit? Is their medical care being contested by their insurance company—do they even have health insurance?

As you ponder these questions, imagine yourself breathing in each person's pain and anxiety with every inhale. Then, with every exhale, imagine yourself breathing healing energy out in their direction. Perhaps this energy has its own color or is of certain quality: is it a warm golden light or a cool blue mist? Imagine it enveloping each person's body as you continue to breathe in and out slowly.

## SEVEN

Slowly, begin to imagine all the doctors who work in this practice that are behind the waiting room door. Imagine how many patients they see in a day. Imagine how often they must deliver bad news. Imagine how often they don't have answers or solutions for desperate patients. Do they have to spend hours after seeing patients updating charts for bureaucratic reasons? Do they work with staff members to battle health insurance companies refusing treatments in lieu of taking lunch breaks? Do they have their own sick children at home, or aging parents to support? Imagine their long hours and the resulting fatigue.

On every inhale, imagine yourself breathing in your doctor's fatigue and stress. On every exhale, imagine yourself breathing out healing energy in the form of golden light or clear blue mist. Imagine this energy enveloping your doctor's body.

Continue to do this for as long as it takes to breed equal compassion for your suffering and the suffering of others, or until you are called in for your appointment.

# ENERGY RIPPLES

## PART I

In her book *Caliban and the Witch: Women, The Body and Primitive Accumulation* (2004), Silvia Federici provides a historical account of women and reproduction in "the transition to capitalism," describing a type of female who lived in communal situations prior to capitalism. This included peasants, artisans, and day laborers. Federici's scholarship traces the bonds that existed outside of the emerging nuclear family unit and explores knowledge about healing and the body that was later excluded by the systems that became medical disciplines. These shared, sometimes "feminine" ritual practices of healing came from communal knowledge of plant uses, and would be prohibited in the professionalized and male dominated medical practice. The women who participated in these forms of healing were often classified as witches.



Witches challenge dominant orders by prioritizing cosmic relations and care over the individual and the accumulative. This isn't to say all those categorized as witches were forces for good, but according to Federici, relegating witches to the status of "evil" conveniently suited the rise of capitalism and patriarchy. The rationale behind burning witches at the stake was tied as much to their possession of knowledge as it was to their perceived social evil. The repression of witches allowed for healing to become part of the medical system that compartmentalizes the body. Humans are complex mixtures that host and inhabit space with other organisms, yet much of Western medicine still relies on Cartesian dualism—a conceptual universe where mind and body are seen as separate, and parts of the body are seen as compartments. This system also promotes "the great chain of being," which categorizes certain living things and materials as "inferior" to others, and places white able-bodied men closest to "god."

The Canaries collective (the group producing this publication) constitute a haunting of the bonds that existed behind this systemization. Although we must also rely on healing that is state sanctioned and professionalized, our impulse is to question the certainty of "one method" and think about

instances in which older lineages might help supplement or even counter the dominant medical models. Many of us hope to establish care/bond relationships that extend beyond patriarchal family ties and medical authorities, and to approach bodies as non-compartmentalized beings that do not always behave according to standard rules. Many members of Canaries have hit walls with regard to the treatment options on offer from Western medicine, and question how treatment is offered (and denied) to certain bodies. Additionally, we seek to challenge a rhetoric that sells care as a kind of lifestyle branding. These alternate bodily/metaphysical conversations are very personal, and take place in a considered and shared cosmic space.

The Canaries are very porous. We are sensitive to the chemicals and environmental agents that touch our skin or are ingested into our bodies. Some of us have developed hypersensitivity to foods that are tolerated in so-called "normal" bodies—exposure to particular types of processed food particles, or mold or chemicals used in everyday items like cleaning products can cause a variety of visible and invisible symptoms in our bodies, even producing swellings and reactions. A bout of food poisoning or parasites can trigger the onset of mysterious ailments that in some cases can take decades to diagnose. Perhaps we are more permeable than other humans, or just more sensitive to the living, breathing world that we all inhabit. Perhaps we are a warning system for what all bodies eventually encounter. Or perhaps we are teetering on a precipice created by the incredible hubris of our species. Our bodies are like archives of touch and sensation, archives of the materials that humans combine in their desire to know the physical and metaphysical world. Materials such as plastics or other super-refined substances can be incredibly dangerous to life, alone or in combination. Nature itself has toxic elements (like Uranium), though our current material system hides toxicity behind multiple layers of production. In the style of some of our ancestors, we might return to thinking deeply about material power, to considering the substances we manipulate in our environment—"natural" or not—as potentially more precious and more dangerous to our

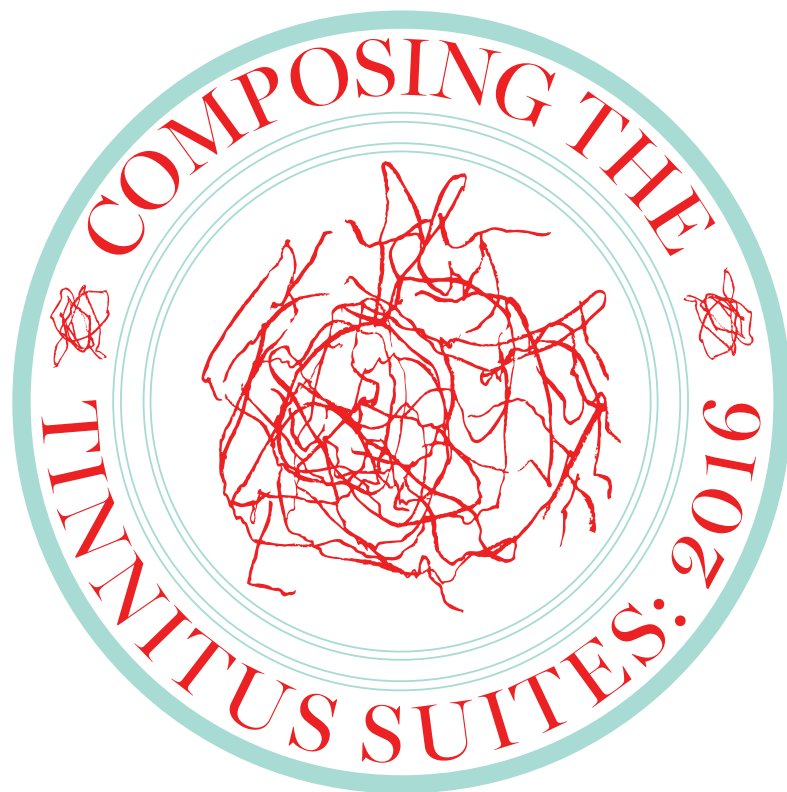


CANARIES

Visual Identity & Printed Materials for

# COMPOSING THE TINNITUS SUITES

*a PEW Foundation Project*





DANIEL FISHKIN AND BOWERBIRD PRESENT  
COMPOSING THE TINNITUS SUITES: 2016

# WHAT THE HECK ABOUT HEARING DAMAGE IS TINNITUS MUSIC?

FRIDAY  
SEPT  
23

a band of Local Artists affected by hearing loss

PHILADELPHIA HEARING DAMAGE

FRIDAY  
SEPT  
30

composer and inventor of the Long String Instrument

ELLEN FULLMAN WITH DANIEL FISHKIN

SUNDAY  
OCT  
2

members of New Perplexity Collective present a collaborative commission

CLEEK SCHREY  
DANIEL FISHKIN  
RON SHALOM

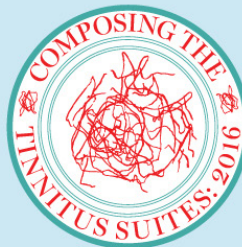
SUNDAY  
OCT  
16

NYC-based new music ensemble will premiere a piece by Daniel Fishkin

ENSEMBLE MISE-EN

8PM AT THE ROTUNDA SANCTUARY  
4014 Walnut Street, Philadelphia, PA

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Promotional Poster



Book of Essays & Concert Information (80 pages)



create, the excruciating quality of that rattling routinely reduces PTs to a feeling of having been silenced. As with Lacan's mute daughter, a sense of speechlessness would seem inevitably to accompany an experience of clangor. To be sure, the one living with tinnitus is justified in questioning whether the condition is even worth speaking about. How, s/he/they might ask, could I reasonably expect words to convey this landscape of gnarly sounds to others I know to be deaf to them? Indeed, to attempt to describe one's experience of tinnitus to others is to risk having one's words fall on doubly deaf ears—ears unable to perceive the psychosomatic source of one's sonic pests and thus also incapable of registering the degree of suffering that those pests induce. As a result, PTs might rightly fear that speaking too forwardly of their condition could garner unsympathetic and perhaps even derisive responses from those who, incapable of experiencing tinnitus, dismiss it as a "fake" or otherwise "unreal" ailment. Add to this the dearth of proven-to-be-effective medical remedies for the condition, and a person stands to wonder whether all that much is to be gained from speaking of the ringing in one's ears—or whether, in fact, more is to be lost. Dubious of speech's capacity to procure help and leery of the responses it may invite, the PT attains a uniquely entrapping position: that of feeling silenced in a world of their own noise.

It seems, then, that the question Lacan implicitly raises about the mute daughter may also apply, in a way, to the one with tinnitus: how to help this person speak? One way of approaching the question that a psychoanalyst might adopt is to consider how the person in question is already "speaking"—albeit by way of their symptoms rather than words. Such is one of the methodological

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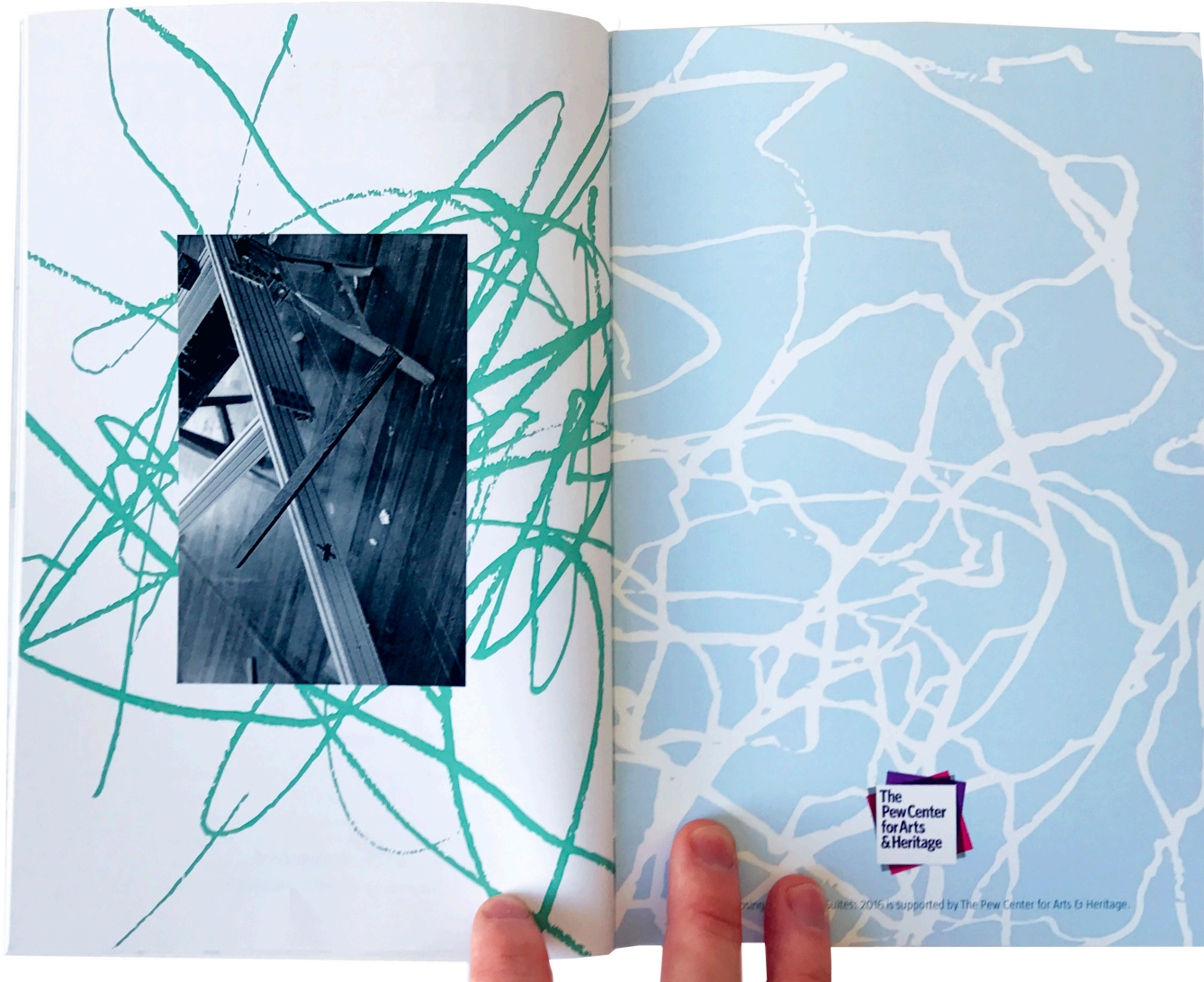
because that's a "good listening" position. At least something that my normative performers will expect, but... I can't be on that side of the room if that's the case, you know, I have to be on this side of the room. Because I don't want my right ear to... I want my wrong ear to know...



"I want my wrong ear to know..."

Photograph by Samuel Lang Budin





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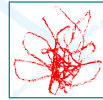
# SCHEDULE of PROGRAMS

**Friday, September 23, 2016**

## **Philadelphia Hearing Damage**

Featuring a conversation with Armen Enikolopov & Monroe Street

This band of broken ears is a crowd-sourced creation of local Philadelphia artists. Daniel Fishkin worked with these musicians in the summer of 2016, teaching them how to play the Lady's Harp, and to apply its techniques to their own instruments. This assemblage does not consist of gifted virtuosos, rather kindred listeners—musicians whose relationship to sound might be fundamentally unstable.



**Sunday, October 2, 2016**

## **Ron Shalom, Cleek Schrey, Daniel Fishkin**

Featuring a lecture by Mack Hagood

Shalom, Schrey, and Fishkin are members of New Perplexity, a collective of new wartime composers and scholars. Schrey performs on the Hardanger Fiddle, a Norwegian folk instrument lined with sympathetic strings that resonate as he plays. Shalom is a contrarian contrabassist with a penchant for the grotesque. For this concert, the trio present a series of compositions in an attempt to answer the question, "What is Tinnitus Music?" from each player's perspective.



**Friday, September 30, 2016**

## **Ellen Fullman with Daniel Fishkin**

Featuring a conversation with Maria Geffen Lab & Ranjit Bhatnagar

Fullman is the inventor of the Long String Instrument, an 80 foot long string instrument consisting of stainless steel wires that she strokes with rosined fingertips. Fullman has used her instrument to explore the acoustics of large resonant spaces for over 30 years. In her Philadelphia premiere, Ellen Fullman will install her Long String Instrument in the Rotunda Sanctuary. Though Fullman and Fishkin both work with long strings, their work is decidedly different. In this concert, the two will contrast their practices.

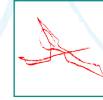
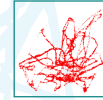


**Sunday, October 16, 2016**

## **ensemble mise-en**

Featuring a conversation with Carolyn Lazard & Conor Dempsey

The fourth installment of Composing the Tinnitus Suites: 2016 consists of the world premiere of Composing the Tinnitus Suites: 2008-2011 mise-en transcription, a notated work by Daniel Fishkin commissioned and performed by NYC-based new music ensemble mise-en. This work was composed through using Fourier analysis of early works in the saga of the Tinnitus Suites, composed on the first (now destroyed) version of the Lady's Harp in 2011.





Postcard Advertisement

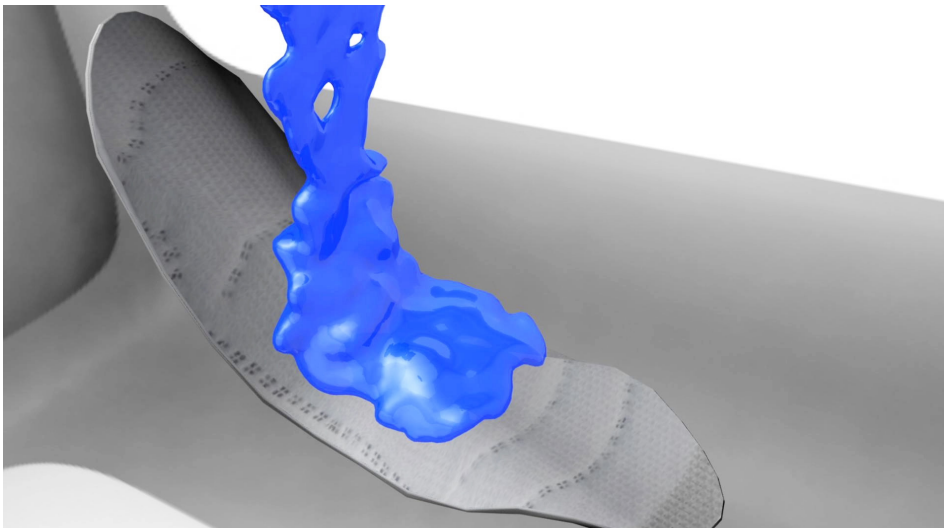
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# FEELINGS

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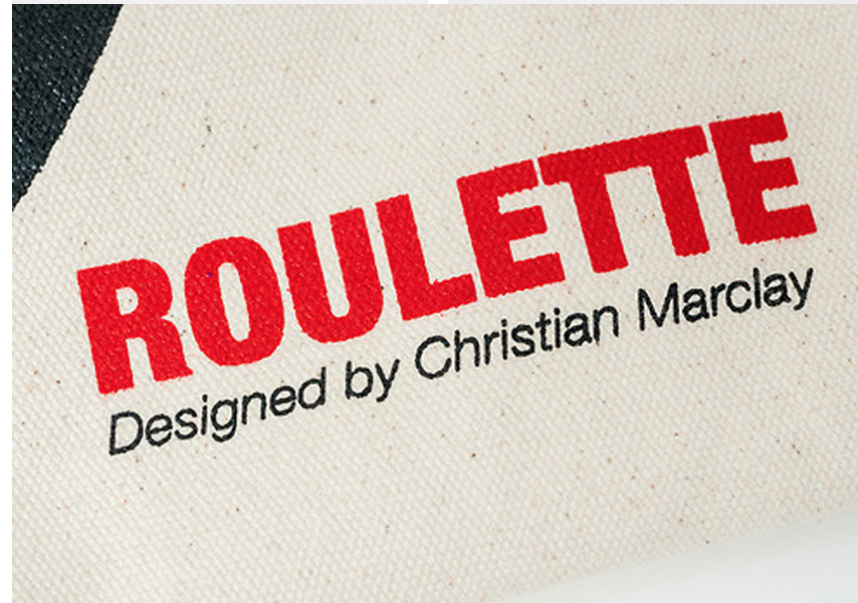


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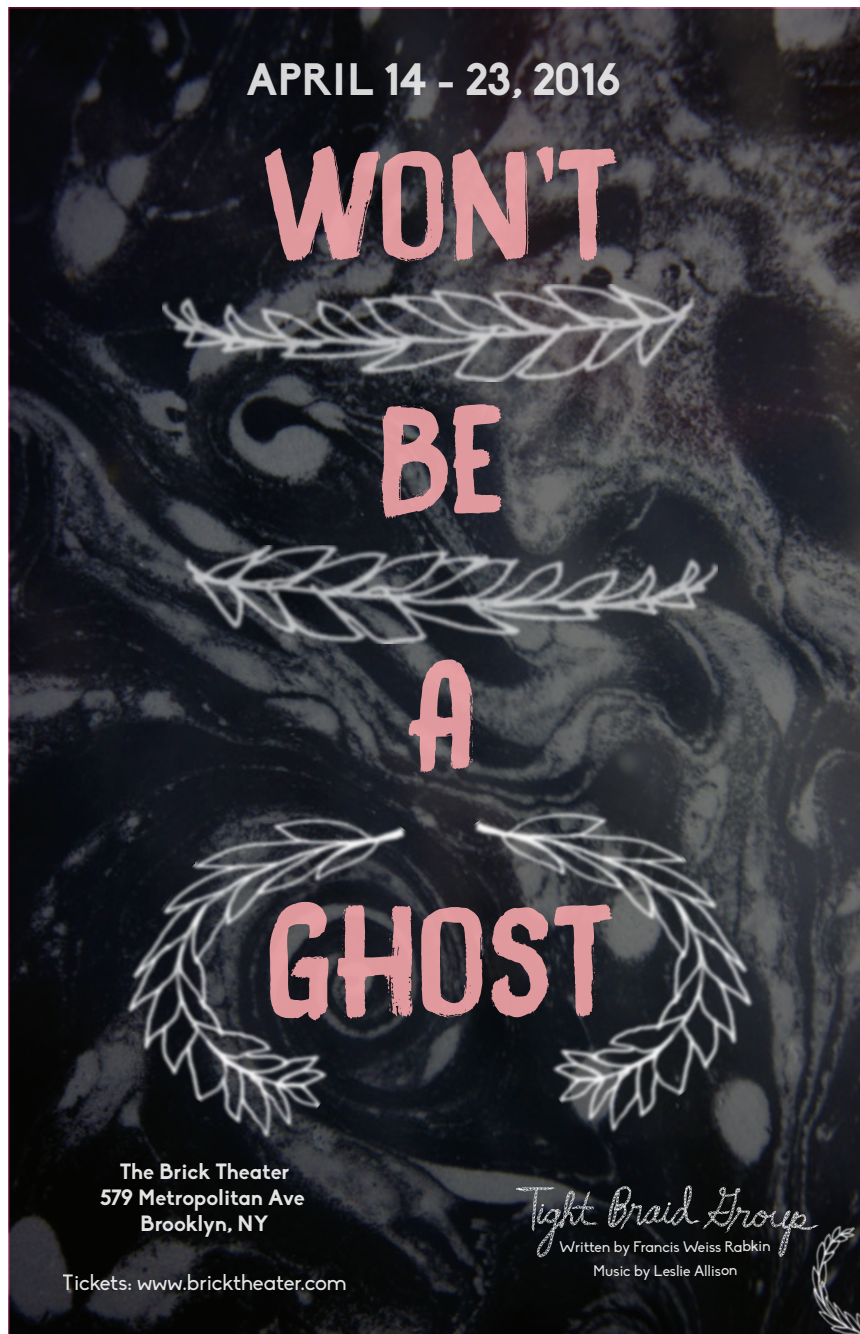
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# WONT BE A GHOST

*a theatrical production about Chelsea Manning by Tight Braid Group*





Theater Poster & Benefit Invitation



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Illustrations, Website, & Printed Materials for

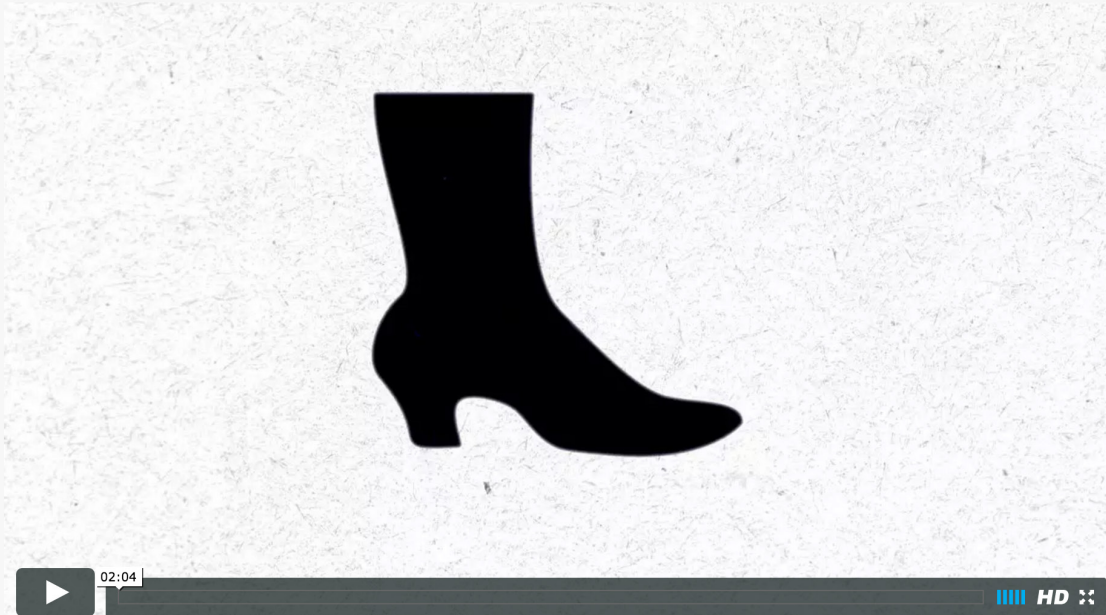
# THE FILMBALLAD OF MAMADADA

*a feature-length documentary on Baroness Elsa von Freytag-Loringhoven*



# THE FILMBALLAD OF MAMADADA

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Website Design for  
www.mamadada.info

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## SCREENINGS

Copenhagen International Documentary Film Festival (CPH:DOX)  
Official Competition: New Visions  
World Premiere  
November 14, 2013

Louisa Museum of Modern Art  
January 18, 2014

International Film Festival Rotterdam (IFFR)  
Netherlands Premiere  
January 26, 2014

Libson International Independent Film Festival (IndieLibson)  
Portugal Premiere  
May 2014

Asterisco International LGBTQ Film Festival  
Argentina Premiere  
June 3, 2014

New Horizon International Film Festival  
International Competition: Films on Art  
Poland Premiere  
July 25, 2014

Athens Avant Garde Film Festival  
Greece Premiere  
12-23 November, 2014

Pink Life Queer Film Festival (Ankara)  
Turkey Premiere  
15-22nd January, 2015

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## ABOUT

The Filmballad of MAMADADA tells the story of Betsiee Elsa von Freytag-Loringhoven, among member of the New York Dada movement. A poet, artist, model, and public provocateur, the Baroness defined the social and artistic codes of her time. As with many of her female contemporaries, the Baroness's cultural legacy has been obscured, and in some instances appropriated into the narratives of better known male peers. Accounts of her personal life are scarce and often conjectured.

According to recent scholarship, the Baroness was born Elsa Vilhelmine Freytag in 1874. At age 18, she ran away from her middle-class Prussian home and survived as a vaudeville performer in Berlin. After a series of turbulent loves and three failed marriages, she found herself penniless in New York City, a widow with the impressive title of Baroness von Freytag-Loringhoven. The Baroness was notorious for wearing outlandish costumes and cross-dressing in public, and her overly sexual poetry caused such scandal that she was blacklisted from the most avant-garde publications. She pioneered an assemblage aesthetic, making sculptures and clothing from everyday objects. Many believe she gave Marcel Duchamp the portable urinal that later became Fountain. An important figurehead for the fledgling Dada movement in America, the Baroness was a close friend of avant-garde luminaries such as Djuna Barnes, Gertrude Stein, William Carlos Williams, and Ezra Pound.

The Baroness died under mysterious circumstances in 1927. In 2012, Lily Berman and Cassandra Guan recruited a group of over fifty artists and filmmakers to produce a collective biopic about her life. Participants were invited to interpret specific biographical fragments and create films adaptations on their own terms. The results varied widely in style and content from a re-constructed Jane Fonda interview to an animation depicting the effects of epilepsy, to a reconstruction of a lost Mann film by Duchamp and Man Ray. Berman and Guan then assembled the vignettes into a feature-length film. Lifting the veil on multiple facets, the film narrative reveals a gloriously conflicted historical portrait. A myriad of contemporary feminist voices confront the viewer with more questions than answers.

## ARTISTS

Leslie Allison, Animals, Raul Anchondo, Mauricio Arango, Doug Ashford, Harold Barista, Gregory Berman, Lily Berman, Caitlin Berrigan, Clara Carter, Lea Cetina, Joanne K. Cheung, Abigail Child, Abigail Collins, Katy Cook, Cecilia Corrigán, Alex DeCurti, EASTER, Chloé Gennet, Alex Gruber, Cassandra Guan, Jonna Jonasson, Prudence Kibbe, Simone Krug, Joyce Laish, William Lettman, Alexandra Lerman, Ming Lin, Thomas Linn, Rob Lowe, Kirby Maggs, Markkus, Morris McInerney, Eric Jane Nelson, Anne Marie Owens, Michèle Plaudon, Leah Pines, Surya Prasad, Joanne Czapka, Will Rabbitt, Amy Reid, Isaac Richard, Doreen Sady, Saki Sato, Frances Scholz, Dash Shaw, Sydney Shen, Beau Siewers, Shelly Silver, Ursula Sommer, Jim Strong, Aaron Viscov, and James N. Kintz Wiley.

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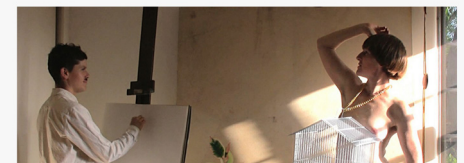
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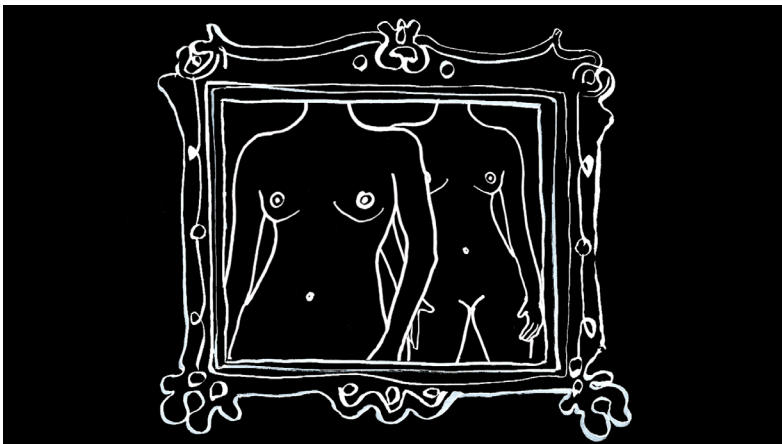
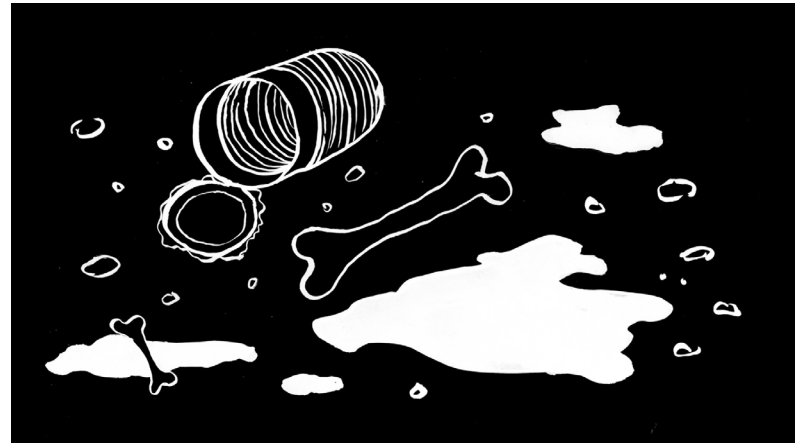
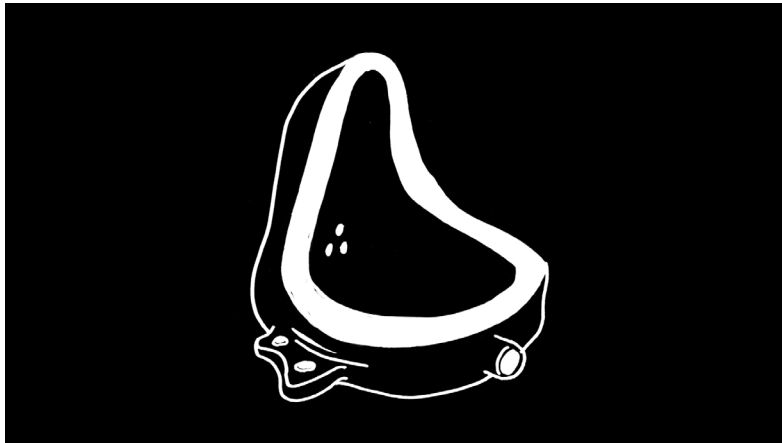
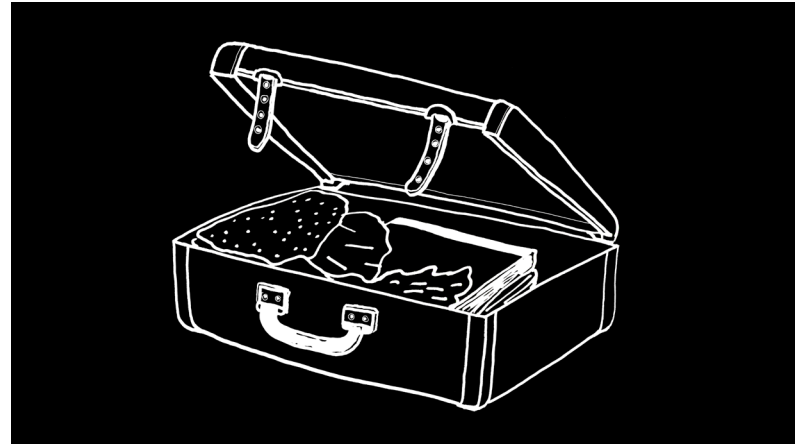
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## VISUALS



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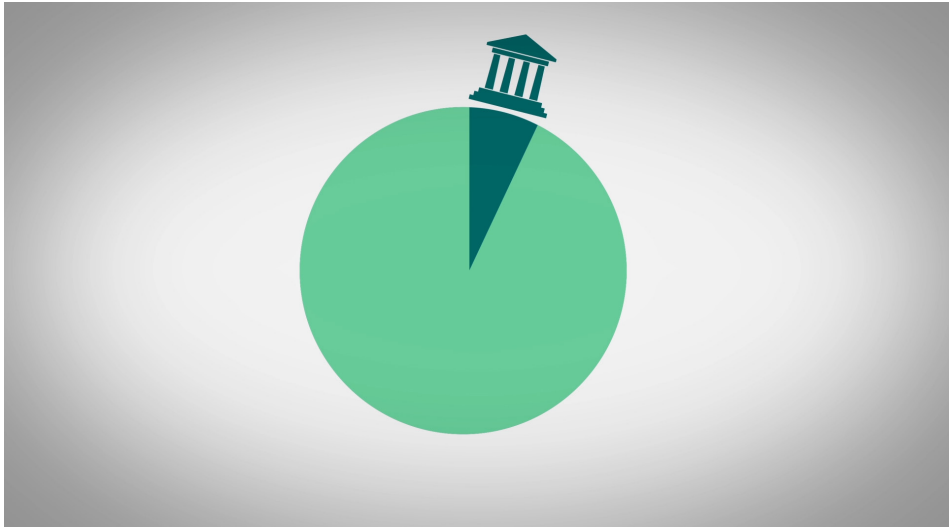
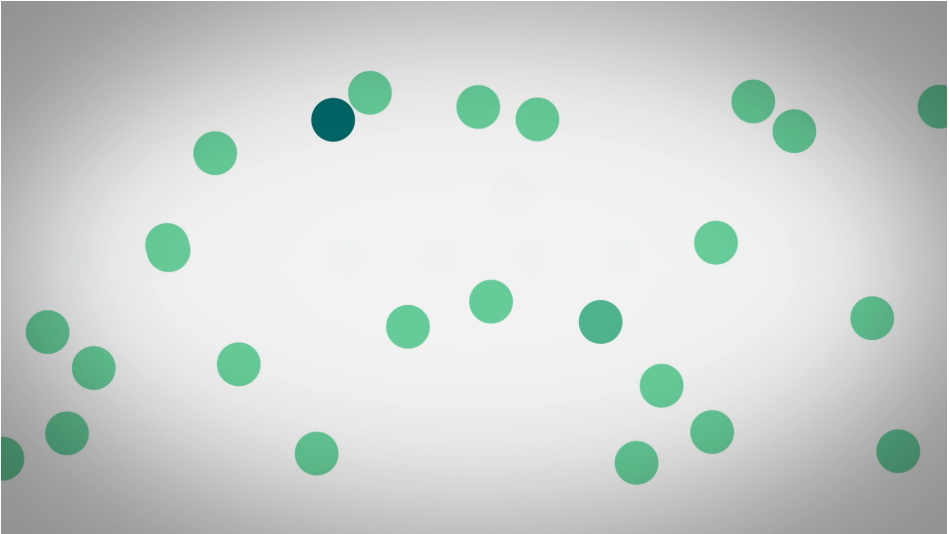
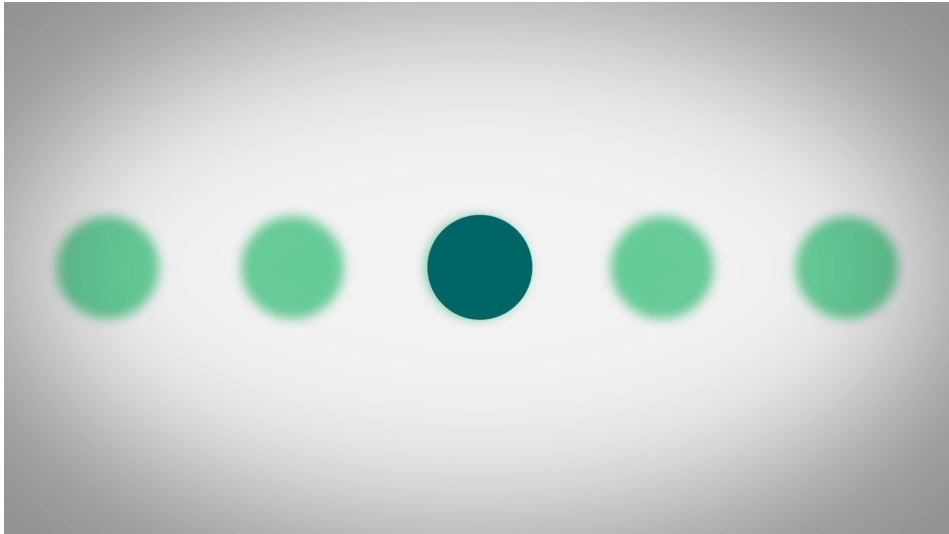




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