

**From Consent to Cosense: Rehearsing Ecologies of Exposure within
Quimera Rosa's *Trans*Plant, my disease is an artistic creation****

**Del Consentimiento al Cosentir: Ensayando Ecologías del Estar
Expuesta en *Trans*Plant, mi enfermedad es una creación artística*
de Quimera Rosa**

**Do consentimento ao Cosentir: Ensaaiando Ecologias de Ser Exposta na
Trans Plant, minha doença é uma criação artística* da Quimera Rosa**

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***Artículo de investigación:** Within Quimera Rosa's *Trans*plant*, my disease is an artistic creation and in collaboration with artists and students at UC Davis, the question is: can rehearsal change the clinic sensorium?

Esta pieza colecciona momentos de ensayo del performance creado en el marco de *Trans*plant*, mi enfermedad es una creación artística un proyecto de Quimera Rosa. Protocolos científicos y pautas de performance se mezclan con detalles de las cosas que ocurren durante el ensayo.

**An artist-scholar-pedagogue working at the intersection of dance and improvisation, body installation, visual poetry, dramaturgy, text composition, and performance art. She cultivates *rehearsal as method* to ignite inquiry and connect people to questions that matter while crafting performance pieces. Centering on cancer and trans feminism, she founded the performance project *oncogrrrls* (2011), awarded and recognized in Spain, the US, and Mexico. Recently she choreographed for Annie Sprinkle and Beth Stephens' film *Water makes us wet* (presented at Documenta), and with Quimera Rosa, produced and co/dramaturged *Trans*plant*, my disease is an artistic creation. She has published solo and collaborative texts in *Performance Research Journal*, *Kamchatcka revista de Análisis cultural*, and in the book *(In)visible scars*. Novella holds an MA in communications with a specialization in dance for social change (Ohio University). Her PhD in Performance Studies at UC Davis, on.co.laborings, explores *rehearsal* as a collaborative tool with potential to unsettle oncological relations.



Abstract

In Spanish, the etymology of the word ‘rehearsal’ [ensayo] holds together the clinic (as in clinical testing), processes of knowledge making (as in trial and error), and the arts. What follows is a collection of rehearsal moments in the process of making a performance.

Within Quimera Rosa’s Trans*plant, my disease is an artistic creation and in collaboration with artists and students at UC Davis, the question is: can rehearsal change the clinic sensorium? Science protocols and performance scores mingle with accounts of the many things happening¹ in rehearsal. Emerging within documentation and practice, this essay attends particularly to how we tangled in the tempos and relationalities of a bio wet lab, while developing a mode of being in rehearsal that moved us from an ecology of (immune) consent to an ecology of (exposed) co-sense.

Keywords: sexuality; rehearsal; bioart; feminist science; diy-diwo.

¹ Inspired by Kathleen Stewart’s ordinary affects as some things that happen.



Resumen

La etimología de la palabra ‘ensayo’ contiene la clínica (ensayo clínico), procesos de creación de conocimiento (ensayo y error) y el arte. Esta pieza colecciona momentos de ensayo del performance creado en el marco de *Trans*plant, mi enfermedad es una creación artística* un proyecto de Quimera Rosa. Protocolos científicos y pautas de performance se mezclan con detalles de las cosas que ocurren durante el ensayo. En colaboración con artistas y estudiantes de UC Davis, la pregunta es: ¿Puede el ensayo cambiar el sensorium clínico? Entre documentación y práctica, el artículo atiende a cómo nos enredamos en los tiempos y relaciones de un laboratorio y a cómo desarrollamos un modo de estar que nos permitió pasar de una ecología (immune) del consentimiento a una ecología (del estar expuesta) del co-sentir.

Palabras clave: sexualidades; ensayo; bioarte; ciencia feminista; diy-diwo.

Resumo

A etimologia da palavra “ensaio” contém o ensaio clínico (ensaio clínico), os processos de criação de conhecimento (tentativa e erro) e art. Esta peça recolhe momentos de ensaio de performance criado no âmbito da *Trans*plant, minha doença é uma criação artística* um projeto de Quimera Rosa. Protocolos científicos e diretrizes de performance são misturados com detalhes das coisas que ocorrem durante o ensaio. Em colaboração com artistas e estudantes na UC Davis, a questão é: Pode o ensaio mudar o sensorio clínico? Entre documentação e prática, o artigo trata de como nos enredamos nos tempos e relações de um laboratório e como desenvolvemos um modo de ser que nos permitiu mover de uma ecologia (immune) de consentimento para uma ecologia (de ser exposta) de co-sentir.

Palavras-chave: sexualidades; ensaio; bioarte; ciência feminista; diy-diwo.

Toronto-based artist/scholar Natasha Myers' *Kriya for your inner plant* invites audiences to vegetalize their human sensorium through a guided visualization of plant sensing. This article is not about her work, but about an offspring of Quimera Rosa's *Trans*plant, green is the new red*. It is also about the process of rehearsal to create a performance about disease, sexuality, feminist science, and interspecies relationships with a group of artists and students at University of California, Davis. However, Natasha's invitation to attend to the plants and sentient beings we labored with, oriented our rehearsal. A graft of her *Kriya* grew into our final performance, and spores of her thinking germinate in the question guiding this piece: Can rehearsal change the clinic? Can we learn from rehearsal practices to enact the immune sensorium of the clinic otherwise?

Quimera Rosa, born within the transfeminist post-porn movement in Barcelona (Spain),² is a performance collective currently working, with their project *Trans*Plant*,³ at the intersection of bio art and Myers' *Plantroposcene* (2018). Centered on human-plant hybridation, Ce and Kina (Quimera Rosa)'s work engaged the clinic when they discovered PDT (Photodynamic Therapy): a technique using chlorophyll and a source of light to treat HPV (Human Papilloma Virus) – which one of them had – and certain kinds of cancer.

Grounded in transfeminist practices of self-experimentation as a collective process,⁴ inspired by hackers and AIDS activism,⁵ and echoing a common friend,⁶ Quimera developed a DIY-DIWO (Do It Yourself - Do It With Others) protocol for replicating a PDT-based treatment. They named this project *Trans*plant, my disease is an artistic creation*. Activated through a series of public installations, open lab sessions, a wiki, and a zine, this project aims, as Ce and Kina pose: '*to replicate and make knowledge accessible*' as well as to '*locally build a critical mass of users-experts (understanding*

² For more information on this movement, refer to the compilation *Transfeminismos, epistemes, fricciones y flujos*, by Míriam Solá y Elena Urko.

³ More information on the project can be found in their website: quimerarosa.net/transplant

⁴ See Preciado's *Testo Junke* for more details on the relationship on practices of self-experimentation and transfeminism as it is understood in the context of Spanish transfeminism.

⁵ Such as the treatment activist practices of the AIDS activist collective ACT UP

⁶ *Mi sexualidad es una creación artística*, by Lucia Egaña Rojas.

users as experts) and [to] be able to establish an open and critical dialogue with the health institution'. (Quimera Rosa, 2017)

Wiki address:

http://quimerarosa.net/wiki/index.php/TransPlant_Mi_enfermedad_es_una_creaci%C3%B3n_art%C3%ADstica

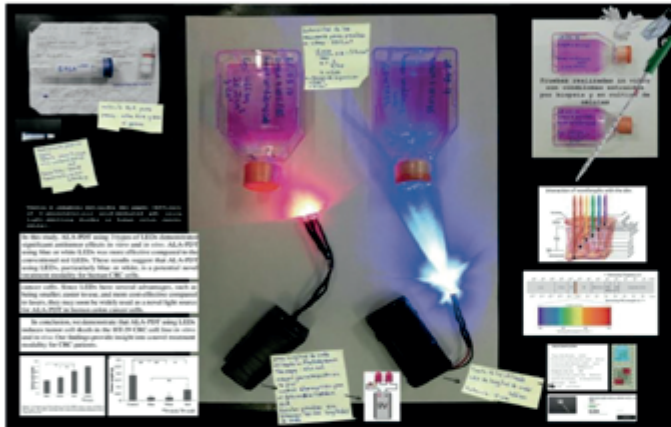


Figure 15. Side 2 of the Zine created by Quimera Rosa about the PDT Protocol. Photo: Caro Novella. Permission Granted by Quimera Rosa under a License CC by-sa-nc. 2018.

In Spanish, the etymology of rehearsal, *ensayo*, holds within the clinic (as in the *ensayo clínico* – the clinical test), processes of situated knowledge making (as in *ensayo y error*), and the arts. My interest in rehearsal comes from my own performance practice with the project *oncogrrrls* in which I attend to rehearsal as method of rendering onco relations otherwise (Novella and O'Connor, 2017; Novella, 2018). In the overlapping of our work with the clinical, I was keen to bring Ce and Kina to Davis to engage with friends in a new investigation of the doings of rehearsal and its potential to affect the immune sensorium of the clinic.

In February 2018, Quimera offered their first workshop⁷ on hacking PDT. Between 10 and 20 people joined the experiment in an open lab format. The peculiarity of this workshop was that it ran as a two-week rehearsal for a final performance to be crafted collaboratively. A space where diy-diwo biohacking and self-experimentation practices mingled, clashed, frictioned and slid alongside indigenous storytelling and plant-guided imaginaries, disability poetry, photography, border clay-making, body movement, eco-cinematics, feminist poetry, feminist STS analysis, and biolab research practices. During 5 sessions, we followed Quimera Rosa's process of replicating and liberating the methods and materials of a Photodynamic Therapy (PDT) protocol. The final performance was an *activation* of the many practices and materials we⁸ had played with that led, as a closing act, to the first *in vivo* PDT treatment of HPV warts. The performance also rendered alive some *things* that happened in the process of rehearsal.



Figure 16. Flyer of the Installation and Performance at Davis. Credit: Quimera Rosa's Workshop @ UC Davis, 2018.

⁷ Since Davis, Quimera has offered workshops to local communities of feminist artists and activists in Mexico and France.

⁸ In the final performance, we were: Ce, Kina, Kevin, Anuj, Arielle, Mercedes, Aida, Jess, and myself.

What follows is a collection of rehearsal moments. Science protocols⁹ and performance scores mingle with accounts of the many *things* happening¹⁰ in rehearsal. From the question, *what can rehearsal do?* and emerging within documentation and practice, as a Practice As Research¹¹ investigation of *rehearsal as method*, this essay aims to enact, verbally and typographically, and trace the doings of rehearsal, attending particularly to how we entangled ourselves in the tempos and relationalities of a bio wet lab, and developed a mode of being in rehearsal that moved us from an ecology of (immune) *consent* to an ecology of (exposed) *co-sense*.

#1. Slowing down

It's our second day together. Hoping to ground attention and disrupt the fast academic pace that dominated yesterday's distillation, we plan to slow down. Chlorophyll is on the table. Some of us drink chlorophyll shots.

We sit in a circle.

Kina proposes to *think in plant mode*

[The score is loose, almost invisible.]

Silence.

What are plant stories? I ask. Joe mutters his symbiotic, parasitic relationship with coffee and four of us share some tree romantic memories.

More silence.

[This rehearsal begins with an improvised discomfort to sense making]

Ce refers to the hashtags of the workshop to ignite a talk on individual interests (#queersex #natureculture #HPV). Only Arielle responds.

Silence is plant time, says Kina

[Something, the emotional investment with each other or the project, perhaps, holds the vulnerability and the lurking discomfort of not knowing. Not knowing what to say, what is expected, where are we going, how to move forward...]

Some ask back clarifying questions to Quimera:

⁹ I refer here to public bio/medical protocols that we replicated in the workshop

¹⁰ Inspired by Kathleen Stewart's notion of ordinary affects as *some* things that happen.

¹¹ For a more detailed exploration of the doings of Practice as Research see Riley and Hunter (2011)

How do you think performance? –as in: Are we already in performance or are we imagining a final installation-performance? How can I say what I am most interested in without knowing the parts? I am trying to think. Perhaps there is a way that we can collaborate by affinities?

[not quite a refusal, more a rhetoric of evasion and redistribution sparks and subtleties/agencies shift]

(Soft grounds) After some time of staying in the vulnerable space of not-knowing, some nuances swing: as we start voicing interests and distresses the conversation becomes more alive; a sense of shared responsibility presences, and a new mode of attention, less scattered, more attuned to each other, establishes. Uncertainty enables a space of rehearsal in which exposure matters the group, roles and agencies transfer and re-distribute, and promises of affinity hold us together. The aim of the practice was not to set up one only story for the whole group or to find a consensus on those right answers, but to slow down so we could let things happen. Without anticipating, what seems to happen in this practice is a commitment to own our actions while staying exposed with each other, in soft grounds.

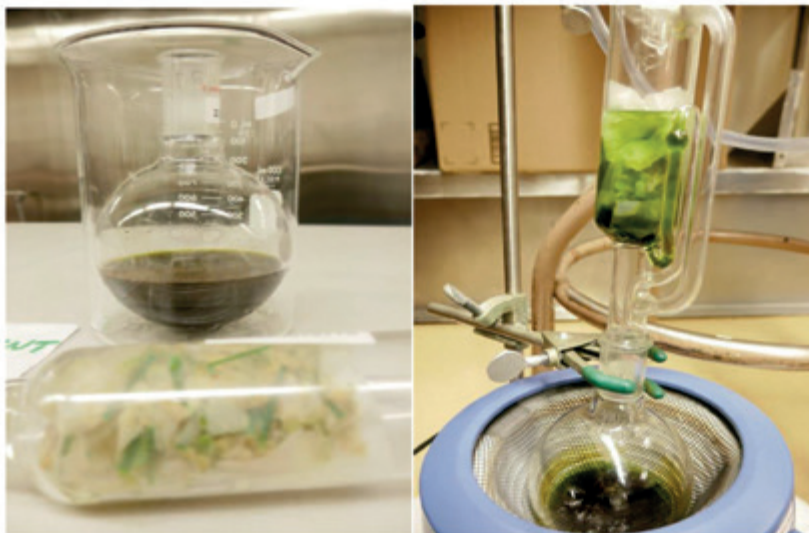


Figure 17. Chlorophyll distillations. Credit: workshop participants @ UC Davis. 2018.

#2. Gelling the petri-dish

Gelling the petri dish means disposing the agar-agar on the petri dish, which will turn into a jelly, providing a nurturing support for our skin-cell biopsies, and mattering the ground for the culture.

We follow this public protocol:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3731437/>

A sense of risk takes over and heightens our focus while we attempt sterile and complex coordination lab tasks. Skye, who works at a bio-research lab at UC Davis, looks at the scene from afar, smiling.

Light the burner.
Open the Agar solution flask;
-Place the tap upside down,
by the burner.
Open the petri.
- only slightly.
Hold the lid.
keep it by the burner.
Hold the syringe
with one hand.
Pull the plunge back
with the other.
Suction. (Suck)
Grab the tap and
close the bottle.
Direct the syringe
into the petri.
-yet not touching
Push the plunge.
- Only 10 ml.
Close rapidly.

An impossible solo;
we drift into improvised partnering work:

many hands holding
 clumsy opening and closing of *petries*;
 syringe needles worryingly close
 sharp moves grabbing
 caps and syringes left unattended;
 Kerosene fumes and
 agar-agar spills
 activating senses.
 and the 'palpable pleasure'¹²
 of trying something new
 cohering the practice
 against all odds.

Skye's smile alternates with tiny jolts, involuntary reaching out stretches, and hiccupping sounds of dread at the unhabitual - [lack of rigour] of the *scientific*-scene.

(porous borders) The chest-felt satisfaction of the work accomplished in group, the mischievous pleasure of embodying alien (clinical) worlds, the heightened tension of enacting a potentially harmful, yet not really, (lab) practice, ripples within. In testing and challenging the limits of what is possible in scientific research, we activate the sensibilities of a wet lab; we open space for *awes* (Kim Tallbear, 2011) and *ouches*, and smells, and balances. Unsettling the kinesthetic and affective coherence of 'an' institutional-rigorous-wet lab with our partner choreographies and heightened senses we perform an almost, yet not quite, and not only, wet lab. Not a 'real' wet lab, neither a 'fake' one. Rehearsing the potential of inhabiting the 'borderlands' (Anzaldúa, 1987) of science (and safety, and disease, and...), we increase our porous capacities. No mind the attempts to keep the practice-knowledge-bodies sterile: in the *slip away*¹³ of this playful wet lab, we start to unsettle the boundaries of science/art and the clinic. Perhaps, even, of Self.

¹² As Kathleen Stewart proposes on the section on Beginnings (pp 128-129) of *Ordinary affects*.

¹³ Inspired by Jon Rossini's *Shift2*



Figure 18. Do It With Others. Credit: workshop participants @ UC Davis. 2018.

#3 Punching a skin-cell biopsy

Punching a skin-cell biopsy is the medical practice of collecting a sample of skin for diagnostic purposes. Here, it is a means to sample skin to grow a culture of fibroblasts (skin-cells); to bring our own flesh into rehearsal, making medical relations kin-exploratory.

Public Protocol adjusted from:

[https://www.news-medical.net/health/How-and-Why-is-a-Punch-Biopsy-Done-\(Skin\).aspx](https://www.news-medical.net/health/How-and-Why-is-a-Punch-Biopsy-Done-(Skin).aspx)

1. Obtain consent from patient.
2. Discuss information (reason, what it entails, alternatives, cosmetic outcomes, potential results)

A conversation on the triggering of needles: Some choose to leave the room.

Three of us volunteer to the experiment.

We clean the table while Ce sets up her 'nursery' space.

3. Place patient in comfortable position

4. Apply local anesthetic

Some drink chlorophyll shots, some Irish Cream liquor.

Tasty sedative.

3. Place patient in comfortable position

4. Apply local anesthetic

Ce and I have nurtured an intimacy around medico-erotic practices. We've practiced
Needles work together before; ¹⁴ a kind of s/m technique.

I will go first.

I am thrilled to be with her.

[We use our intimacy as a warm-up]

Do you prefer a 3 mm or 4 mm punch?

Which arm do you want the punch on?

Are you ok?

We kiss on the lips.

As I sit in front on Ce, I notice how the rest of the group settles into their places; many sit around
the big table. Some stand up.

The conversation starts decreasing.

The focus turns to what is going on between Ce and I.

5. Stretch skin perpendicular to physiological lines of relaxation

Ce's confident touching turns me on.

Do you like it here?

(Looking deep into her eyes, back)

- Sure

Something about this shared intimacy on display excites me and seems to lure everyone into the
experience.

¹⁴ At an oncogrrrls laboratory in 2016 and in an oncogrrrls performance in 2017

6. Clean area with alcohol pads

[Performing aseptic clinics turn intimacy contagious]

7. Place the sterile punch perpendicular to anesthetized area.

8. Press and rotate the punch at 45° angle.

The punch penetrates my skin. A zooming discharge: forearm, armpit, tonsils, ear, back of my neck.

Ce asks into my eyes if she can go deeper.

Sure. Do it again.

8. Withdraw punch

9. Place punch in biohazard trash dispenser

Some blood leaks from the incision.

Ce presses the points of the forceps into the dormant piece of skin

10. Lift tissue within incision with forceps

The skin slips away.

Are you all right?

Sure. *Do it again.*

The moment becomes *thicker* with layers of sensuality, voyeurism and concern. Precise, tender, operations: pulling the skin, pressing into the flesh, cleaning the blood, holds us all in a fleshy ecology of intimacy and suspense.

11. Excise the base with scissors

She grabs it.

Cuts.

12. Place biopsy in tub.

Ce places the tiny pieces of skin into the tube.

I place a bandage on the wound and press to avoid blues.

A sense of joyous relief and familiarity arouse in the group beholding this ~~medical~~ ~~procedure~~ scene.



Figure 19. Placing the skin in tube. Credit: workshop participants @ UC Davis. 2018.



Figure 20. Tender expectations. Credit: workshop participants @ UC Davis. 2018.

(Aroused tangles) unspoken medical relations materialize *within* us, thickening the present: the sensuality of touch; the affective limits of 'dehumanized' (careless?) medical practice; the erotic potential of nursing – Resonances of what happened ignite a thick and messy conversation on the entanglements of sexual and medical practices, particularly around HPV and queer sexuality that opens up to interspecies intimacies.

What makes this practice such an enticing event? Is it animal testing as seductive to witness? Why can't we stop looking here, but in a hospital we almost avoid noticing? How does consent work in s/m practices? In the relation of HVP and cancer, how do modern medical practices punish sexual practices and police bodies? What if we foregrounded the pleasure of origin instead of the painful effect of an STD (sexually transmitted disease)? Is there pain in consensual intense sexual practices? Is consent valid when power differentials are not questioned? Who can consent? What if HPV is an interspecies companionship? How do we understand non-human animals' agency or volition? And plants? What's empathy grounded on? Can we feel empathy with a plant? How do we engage in practices of consent with non-human sentient beings?

Agency, Consent, Empathy, ... Human centered concepts are useless within our interspecies rehearsal as we spin around the impossibility of 'knowing' across difference. This conversation materializes the limits of empathy, pain, pleasure, consent – human-centered tongues that might blind us to interspecies companionships. In the happening of this rehearsal, aroused intimacies muddle medical stories exempt of erotica and hold us in a fleshly multispecies ecology beyond the immunity of human clinics. The intimate tangles aroused in this biomedical-art practice also cohere *cosense* as a mode of being in rehearsal, a concept, and a dramaturgic tool.

From Consent to Cosense

Soft grounds, porous borders and *aroused tangles* summon *cosensing* as a mode of being and relating in the rehearsal of (knowing-making) *Trans*plant my disease an artistic creation*. *Cosensing* activates sensibilities in bio-medical research and practice, enabling other kinds of relations. In the doings of rehearsal, Softening: staying tender while

owning our actions; Permeating: making porous the practices and bodies we inhabit; and Arousing: animating unspoken and unimagined intimacies emerge as nuanced forms of relating perhaps, even, as scores¹⁵ to cultivate new kinds of *diseases*.

Despite the many doings of cosensing in rehearsal, some practices throughout the workshop required modes of relating that materialized some limits for cosensing. For instance, practices that required clear communication for organizing schedules and responsibilities within the group, conversations with institutional partners to create the material conditions for the workshop (fund-raising, dealing with institutional demands, etc.), as well as some discussions, molded by academic habits and/or triggered by individual experiences of trauma that demanded attention to a more distinct structural positions of the self. *Cosensing* emerges as a kind of awareness of our ecological existence that does not throw away ‘consent’ as a tool to make visible power differentials between people¹⁶ and to engage with human-centered structural forces. This is not an either/or; it is a kind of training in holding difference together.

Cosensing happens in rehearsal and emerges as a nuanced mode of relating, as a method for art making, a concept, a kind of training, and an invitation. Cosensing emerges as a mode of working together across difference that does not require agreement or consensus on *what is*, and that, instead, attends to *how we attune*. Cosensing as a dramaturgical tool inspires actions and points to interspecies intimacies and imaginaries of exposure¹⁷. Cosensing as training expands our emotional range, cultivates a practice of making room for many worlds, and nurtures a sensorium of exposure. Echoing Natasha’s invitation, cosensing turns into an offering from the arts to other fields of knowing and relating. Particularly, the clinics.

CODA

¹⁵ For a closer approximation to *scoring as method*, see Kevin O’Connor’s work.

¹⁶ As Kina Quimera reminded us, the limits of using ‘consent’ beyond ‘human tongue’ is to forget that consent is a human tool that is necessary to understand unequal power relations among humans.

¹⁷ See partial transcription of a text that Ce and I co-wrote for the final performance as a Coda for this article.

*Qué me hace ser mas humana?
What makes me more human?
commmmm
sssssssenttt
lab rats of human tongue:
pain
empathy
care
pleasure
agency
understanding
can I sense you...
.....across difference?
Cosentient deeds.
Floating in the kombutcha womb
Hanging heads in another tongue
Photosensitize my skin
Inhale your defensive hormones
sterilizing touches
through this kerosene fumes,
connect to your mhycorriza.
Swallow your berries and plant my feces
in your bed
incubate your micro biome
drink a solution of your spores
Sound the touch of our differential
wavelengths*

*craft a circuit of ritual sounds
bring me to your time
Mark my rhythm
wait,
stay,
Remain inside
repeat that gesture I like.
Put the gloves on
Exhale through the mask, empáñame el
lente. Take my temperature
Can bacteria travel within humans?
the human body has 150 times more
Bacterial DNA than that of human cells.
90% of the genetic information we have
in our body does not come from the so-
called human cells,
but from the microorganisms with which
we inhabit our body.
the ideal temperature for bacteria is
between 20°C to 37°C (70 y 98 °F).
Do I kill my bacteria when I get a fever?
What if...
... hpv is an interspecies
companionship?
... genital warts signal flourishing
erotica?
... sexuality is a porous encounter
without making any sense?
... cancer is a mycorrhizal sign to life,
and pathology enacts the force of
transient passions?*

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