



## *Path(o)s of Mourning. Memory, Death and the Invisible Body in Derek Jarman's Blue*

by Nicoletta Vallorani

My work here addresses two quite complex issues. The first one is the virulence of the hostility toward gay men that the AIDS pandemic has released: this is the backdrop against which Jarman's extended elaboration and mourning for his own death is performed, after his diagnosis as body-positive in 1986. The second issue links to the open question of public mourning and its relation to AIDS in the early 90s, when the AIDS epidemic is not at its height, but it is certainly more visible than before, and many artists register the impact of the new sensibility this medical and social emergency actually moulds.

One of striking aspect of gay and queer cultures, particularly in the decade closing the millennium, is the way in which they articulate the individual grief of the sick – often isolated and rejected by the community – into collective forms of mourning taking the shapes of different rituals, all of them trying to absorb and accept the deep *pathos* of loss in multiple paths of mourning. Jarman, for example, writes and shoot *Blue* precisely to this purpose. The film is first screened in 1993 and it is soon given by the critics as his last work; the artist will in fact die soon after. Mourning as a key to it, the solution to the riddle of death with AIDS, both for Jarman and for many people in the same conditions.

Under these circumstances, therefore, death rites acquire a double-sided quality, in that – as Phelan maintains – they “enact the difficult force of a grief which simultaneously mourns the lost object and ourselves” (Phelan 1997: 153). Autobiography overcomes the borders of selfhood to take on a universal flavor that enables both the author of the work and its public to elaborate both the artist's personal death and that of others (Griffin 2000: 24).

As Butler briefly but effectively points out in the final chapter of her *Bodies that Matter* (1993), the 90s are marked precisely by this fatal interweaving of mourning for those lost and rage and anger at the way the AIDS emergency is dealt with by public institutions. At a diachronic look, however, what happens in the 90s results the most



logical consequence of the way in which AIDS has been perceived and built all along the years. Since the initial conflation with homosexuality, HIV/AIDS has become powerfully associated not only with “unnatural sexual choices”, but also with the twin concepts of “virus” and “plague” (Griffin 2000: 133). Both of them emphasize a condition of rejection and exclusion – on the ground of a supposedly intense risk of infection as well as for a misinterpretation of the biblical concept of crime and punishment – that is quite typically marking AIDS victims. As Phelan points out in her *Mourning Sex* (1997), whoever is, for whatever reason, ruled out from the community experiences a social death that may anticipate – and make painful – the actual process of dying. Therefore it may appear logical that what makes memory and commemoration complicated, where AIDS is concerned, is the social sanction imposed on the sick body that is actually removed from society much before being defeated by the sickness.

Being a pandemic, AIDS soon becomes not only a medical emergency, but also a social and cultural event, unavoidably introducing new patterns of interaction and a totally renewed consideration of gay cultures and practices. HIV/AIDS tends to take the form of a ritualized event not only in death. This implies, of course, a whole set of questions to be tackled about the nature of illness, its own historicity and its cultural conditioning.

Though related to other somehow similar pathologies (Sontag 1988), HIV/AIDS acquires a stronger impact on the social and cultural feelings about it and is more evidently marked by rituals – verbal and non-verbal – that accompany, and somehow constitute, the sick body. These rituals establish the body’s illness as *performative*, that is evolving until it ends in death. The final result, the final ending, is neither arguable nor avoidable. That is why, as Griffin puts it, “*How will I die* become more important than *when will I die* when death seem a certainty” (Griffin 2000: 21). Or, we may add with Jarman: *how long will it take*. “The worst of the illness” says the artist in *Blue*, “is uncertainty. I’ve played this scenario back and forth each hour of the day for the last six years” (1993:9).

To the close circle of relatives and friends, commemoration is made easier when the dead body lying in the coffin may be linked, somehow, to the memory we nourish of the person once wearing that body, linking us all to a shared past and transforming grief into nostalgia. One of the peculiarities of HIV/AIDS is that it is *visible*: it remoulds the sick bodies, finally making them into “Jerkily animate versions of Munch are *The Scream*” (Self 2002: 78). In short, these bodies are made – on the one hand – unrecognizable, and quite abruptly so, as the ones *before* the illness; on the other, they look quite similar to each other, making the people struggling with AIDS perfectly identifiable from the point of view of the community they belong to, and perfectly definable as an isolated social group. In an interview released soon after the screening of *Blue*, for example, Jarman refers to his own body as “a walking lab, pills slushing against potions in his insides”: this is quite a common view in such places as the isolation wards of many London Hospital (Garfield 1994: 265).



Public opinion, fed by supposedly scientific findings circulated by the press, works to the same purpose: isolation, silence, a secret death and no mourning at all. When Jarman finds out he is body positive, in December 1986, the widespread popular opinion considers people who have been infected with AIDS as “swirling around in a cesspit of their own making” (James Anderton on a BBC Radio 4’s Sunday programme on AIDS<sup>1</sup>). A few years later, other acclaimed artists admit they have been diagnosed HIV positive and very soon die, among them Freddy Mercury (d. 1991)<sup>2</sup> and Rudolf Nureyev (d.1993). In the particular cultural atmosphere created by all this, the gay profile is crucially revised, and this process gives birth to a new, very disturbing subject. In the Western culture, being queer means positing oneself as a soon-to-be P(erson) W(ith) A(ids): the sociological and cultural other becomes *visibly* so, and because he/she deserves it. He/she is punished for being different, his/her pain consisting in becoming even more and sorrowfully different. In examining a whole set of sadly widespread opinions on gay and AIDS, Sedgwick mentions “the terrible accident of HIV and the terrible nonaccident of the overdetermined ravage of AIDS” and she concludes that they are normally felt as ‘naturally’ ratifying the “self-evident ‘risk-group’ categories of the gay man and the addict”, marking them as “unnatural, and unsuited to survival” (Sedgwick 1994: 136).

In this context, any mourning unavoidably becomes also a tool to contrast public opinion and the many ways in which homosexuals are equated to criminals. In the case of Jarman, the whole process is very clear and fully aware. For one thing, his personal death rite - the kind of path/pathos he selects to make sense of his own death - is clearly identifiable and results into a specific work – *Blue* – that is also given as his artistic testament.

At the same time, Jarman seems fully aware of the collective side of his tragedy. In 1990, while reporting on his dawning awareness and acceptance of AIDS infection in one of his diaries, Derek Jarman writes:

...today my dear friend Joany Hunt died, and sweet Paul. As I left the flat this evening I was accosted by a middle-aged man who stared at me intensely and said: ‘You’ve lost weight, you’ve definitely lost weight’ and then disappeared clutching a sheaf of papers (Jarman 1991: 37)<sup>3</sup>.

Jarman was diagnosed body positive on 26 December 1986, and soon decided to take a very definite political and public stance (1987: 226). He had always been very

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<sup>1</sup> Also this quoted, among other quotes, in Jarman’s *At Your Own Risk* (1992: 105).

<sup>2</sup> The event actually triggering reflection and/or demonization on the international scene was dated much before. “Rock Hudson’s announcement in the summer of 1985 that he was being treated for AIDS was a turning point in the public’s perception and in the media coverage of the epidemic” (Treichler 1994: 186). On this see Watney 1997: 77-91 To let it settle and become the object of artistic representation, some years are needed.

<sup>3</sup> In *Modern Nature*, a diary covering the period between January 1989 and September 1990, the quotation refers specifically to Wednesday 17 (Jan. 1990).



clear about his taking side in favour of gay cultures. In *Dancing Ledge*, before his diagnosis, he openly declared:

Sexuality colours my politics; I distrust all figures of authority, including the artist. Homosexuals have such a struggle to define themselves against the order of things, an equivocal process involving the desire to be both 'inside' and 'outside' – a source of that dis-ease in the work of Caravaggio, and Pasolini. I distrust those with blueprints for our salvation. As a group, we have suffered more than most at hands of the ideological 'sound' (1984: 241).

After Christmas 1986, he consequently adopted resistance and political commitment as prominent axes of the reading of AIDS epidemic, and, in doing so, he evoked meaningful oppositions: acceptance and rejection, visibility and invisibility, strength and weakness. Things became harder in the last few years before the shooting of *Blue*, when a whole series of opportunistic infections (and the connected therapies) left visible (and identifiable) marks on the artist's body, while his soul and art commemorated other twin losses, those of friends who died with AIDS:

I'm walking along the beach in a howling gale -Another year is passing In the roaring waters I hear the voices of dead friends Love is life that lasts forever. My hearts memory turns to you David. Howard. Graham. Terry. Paul....

From the artistic point of view, this sense of loss, in *Blue*, is realized through the absence of a literal body for us to behold. In fact, this film works against a tradition of imaging in relation to HIV/AIDS which has centered on the presentation of the body in decline, coupled with the sounds that provide a representation of the body in decline (Griffin 2000: 21). The so-called New Queer Cinema of course approaches the issue of AIDS and death, somehow drawing its origin and main sense from the need for new forms of representation, cultural militancy and mourning (Arroyo 1993: 90). Consequently the matter of a sick body basically considered repulsive and shameful by the whole social context is posited right from the beginning, and it often results in the conscious effort to put the body on the screen, as it is, without hiding or removing anything. The NQC – writes Monica Pearl – is a cinema of AIDS, not only because of the topics it tackles, but also for the narrational strategies it chooses, because they are made of formal discontinuities and fragmentations that are somehow *AIDS-related*. The way in which one gets infected, the phases through which the virus develops, the psychologic condition the virus produces have somehow generated new modalities of expression (Pearl 2004: 23).

*Blue*, instead, has no body, it does not include any cinematic image. The body as a mimetic object gradually fades in Jarman's previous films until in this it disappears, and it is simply narrated by voices and sounds against a blue screen, somehow quoting the French painter Yves Klein, another artist prematurely dead. The basic artistic operation consists in getting free of the image as a key requirement for any kind of cinema and therefore removing the body – the sick body in this case – as what



betrays the artist, obliging him to a whole series of restrictions and limitations. That is why the public has nothing to see: for more or less seventy minutes, they wait for an image to appear. And in the meanwhile they are given items and hints on the life and death at the times of AIDS, through a re-focusing of the senses away from the visual and to the auditory (Griffin 2000: 14-15).

Obviously enough, the film is an act of mourning, that is at the same time potently individual – in that it refers to a specific artist's body and to his specific sickness – and intensely political and therefore collective – in the way it resonates an infected social body that has become unable to accept, absorb and acknowledge the illness and death of some of the members of the community. Finally it is a reflection on the meaning of death as a backward-oriented key to one's own life: drawing this perspective from one of the artists he admires most, also Derek Jarman – just like Pier Paolo Pasolini – ascribes to death a mythographic power capable of revising the sense of a whole life (Pasolini 1972: 254). He starts elaborating this position in 1986 (and *Kicking the Pricks* provides plenty of evidence on this issue) and ends in 1992, when he finishes shooting *Blue*.

After it is released, Simon Garfield comments with the author that the film looks like an epitaph, and Jarman answers: "Oh, yes. I think it will be my last" (Garfield 1994, 266). The full awareness of what is happening to himself is always combined with the grief and sorrow for those lost – or/and that were suffering in the same way – and also with a political resistance fed by isolation, censorship and invisibility. Commemoration, therefore, is far from being a peaceful, reconciling rite; quite the opposite, in that – while taking note of the censorious attitude of the society – it does create another community, made out of solidarity, awareness, loss and art. *Blue's* decoding process, is, at the end, quite simple. The film resembles a death rite under many respect. It starts from a sick body (Jarman's) whose pathology has finally become visible. This visibility has evoked a social sanction, a censorship resulting in the physical removal of the sick body, that is then made socially invisible. The reaction of the artist whose body has been removed consists in taking on the invisibility and making it into an artistic strategy. And this is what Jarman does, articulating his own suffering and grief into a collective mourning.

In an essay published in '95<sup>4</sup>, Leo Bersani states that "Nothing has made gay men more visible than AIDS" (1995: 19). It is quite true that visibility is an obvious issue in gay cultures, but at the same time Bersani's statement implicitly highlights a difference. In the 90s, homosexuals' renewed visibility is given under the negative shape of a shameful body marked by a right, God-given punishment for a unforgivable sin. To be true to facts, we should add that the 90s are not the first moment when gay cultures and presence in society are given particular visibility: what changes actually is the intense shared feeling that sanctioning queer cultures and behaviors is right and

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<sup>4</sup> The issue of date is relevant: the 90s are somehow the worst years for HIV/AIDS infection, and certainly the period when the pathology is made more visible, most of all through the names of famous artists dying.



socially praiseworthy. In *At your Own Risk*, Jarman goes back, with a kind of fighting nostalgia, to the Stonewall Riot, in 1969, and emphatically declares:

Stonewall was a RIOT which occurred in the Summer 1969 in Christopher Street, New York, outside a bar of the same name. For the first time Queens fought back with bricks and bottles and empty beer glasses and burned cars. The best fighters were the trannies – a dress was the badge of courage. The riot sparked a revolution in our consciousness. A community of interest was established and a debate was entered. The harder it was fought the more our case was furthered (Jarman 1992: 66).

In the 80s, the strong impulse towards outings and gay political activism is abruptly interrupted by the HIV/AIDS emergency/crisis. From the point of view of laws, in most European countries and in the USA, the epidemic produces an increased rigidity and the adding of a whole set of sanctions against a social category that is considered guilty by the mere fact of existing<sup>5</sup>. Between '81 and '82, AIDS is popularly labeled through the acronym GRID (Gay-Related Immune Deficiency); this definition, obviously based on wrong epidemiological theories, seems to confirm the social and legal sanctions already put in force everywhere. In other words, at least from the political point of view, the epidemic leads gay and queer minorities back to a pre-Stonewall atmosphere, locking the queer body again in the secret closet where it had been hidden for years:

To the extent that the dominant order responds to marginal culture with intolerance, even repugnance (in the form of suppression and condemnation) resistance can be organised around society's proscription. Social taboos are easily adapted to highly charged forms of protest, both cultural and political, by virtue of their mere representation. What is proscribed or even unspeakable, such as criminality or homosexuality, is not only spoken, but also deployed as a weapon of resistance (Gardner 32).

Of course this affects any social rite involving homosexual, here included mourning rites. In 1991, in an essay meaningfully subtitled AIDS and the work of mourning, Jeff Nunokawa writes that "For gay men (...) this viral death sentence is nothing more than the logical extension of the historical construction of homosexuality itself as a lethal condition, or, if choice is to be championed, an act of suicide" (1991: 312). In *At Your Own Risk*, Jarman explicitly quotes this effect reflecting also on his personal reaction to the knowledge of being body positive: "All life became a problem, and I solved this by shutting my physical self like a clam. For a while I could have been a model for the Conservative Family Association" (Jarman 1992: 195).

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<sup>5</sup> In UK, the sadly famous "Section 28" is passed, and it imposes heavy legal sanctions for any social subject linked to homosexual practices.



The epidemic makes the moral sanction worse and it opens a very deep representational crisis. To some extent, what the community is looking for is a way – namely a set of social rites – to account for a tragedy that has neither logical nor acceptable explanations. For the considerations it implies and because of the social group that appears more frequently targeted by the virus, the epidemic is read not only as a medical emergency, but also as a biblical *nemesis*, by itself questioning all the acquired notions of health and disease, right and wrong, good and evil. The sense of chaos and social disorder it causes recalls by itself a new artistic representation and new social rites (Watney 1997: 9)<sup>6</sup>. Jarman is one of those artists realizing how invisible the AIDS victims have become in the 90s. When he wonders “How are we perceived, if we are perceived at all”, and then concludes “For the most part, we are invisible” (1993), the use of the inclusive ‘we’ – as Griffin maintains – hints at “anybody who chooses to experience herself or himself as included in this formulation”. (Griffin 2000: 25).

Out of any doubt, this “we” designates a community that is not only more and more visible but also steadily increasing. 1993 seems to be a key-year, in terms of the reflection on the body, the queer body, the dying body, art and representation. In 1993, Peter Brooks, in his *Body Work*, explains that “if the sociocultural body clearly is a construct, an ideological product, nevertheless we tend to think of the physical body as precultural and prelinguistic (...) and the body’s end in death is not simply a discursive construct” (Brooks 1993: 7). And Peggy Phelan, in her *Unmarked* and in the same year, sharply analyses the articulated web linking the body, death, AIDS and representation. Under this respect, the impact of AIDS is tragically increased by the fact that the virus is not only an artistic theme or the primary agent of a process of social revision. Primarily, AIDS is a terminal disease. People fall ill and die. These deaths produce slashes and wounds in the community, gaps resulting not only from the disappearance of many of its members, but also from the widening social conflict that is triggered by an original diagnosis that automatically designate homosexuals as both preordained victims and rightly punished sinners. The morbid spectacle of a shameful death attracts a large public, not always aware of the rage, frustration and grief this death implies for the victim. In a 1988 text, Jarman reveals a full awareness of himself as a sort of guinea pig under the gaze of an increasing public:

I’m in the arena, the crowds are watching. My death is an entertaining statistic, something to cast a shadow before the second cup of tea at breakfast. It’s quite

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<sup>6</sup> It is not by chance that the 80s are marked, in UK, by the great popularity of *TV-dramas* on this issue. The basic problems posited by the choice of representing AIDS on TV was that of describing the homosexual style of life, that is something that was socially sanctioned. There is also an interestingly articulated production of documentary films mostly produced by activist movements (mainly ACT UP) whose purpose is basically that of giving voice to the gay community. Probably, the most interesting film under this respect is a musical by John Greyson, *Zero Patience* (1993), an unusually ironic and funny work on the supposed history of the first diagnosed AIDS patient.



impossible to communicate the feeling I have. I have not died so what can I tell you about death that you cannot imagine for yourself? ...<sup>7</sup>

At the same time, Jarman perfectly perceives, and right from the beginning, his isolation and the individual character of the struggle he faces. Soon after his diagnosis as body positive, in *Kicking the Pricks*, he reveals his awareness in words not to be mistaken:

It took me a few weeks to come to accept that I was body positive; at first I thought this is not true. Then I realized the enormity of it, it had put me into yet another corner, this time for keeps. It quickly became a way of life: YOU AND ME, ME AND YOU. When the sun shone, it became unbearable, and I didn't say anything, I had decided to be stoic, one of the fathers. This was the chance to be a grown-up. What I really felt was we should all cry, but of course I didn't, couldn't. I walked down the street in the sunlight, and everyone was so blissfully unaware. The sun is still shining (Jarman 1987: 226).

Later on, in *At Your Own Risk*, Jarman's position has not changed; it only appears more ironic and maybe aware of death getting nearer and nearer:

I've had all the opportunistic infections. I've strung them round my neck like a necklace of pearls – and survived them. The reviews of the film as 'another death by Derek' began to look a bit silly (1992: 122).

Films such as *Blue* are a double catharsis. They help the artist to face his own impending death, and they gather a frightened but also censorious community around a work of art somehow commemorating other deaths and posited as the testament of a soon-to-die HIV-positive filmmaker. In a way, it is through these collective rites of pre-emptive mourning that the collectivity tries to sew up the rip produced by the epidemic. This rip is not mended through the fantasy tale of an impossible recovery, but revising the very relationship between body and sexual choices, body and identity, and, ultimately, body and death. "I shall not win the battle against the virus – says Jarman. -In spite of the slogans like 'Living with AIDS'" (Jarman 1993: 110). So, once given for granted that one is going to die, the real problem is how to face a death that is social and collective before being physical and individual.

In *Blue*, Jarman succeeds in coping with both sides of the problem. In a meaningful and very much shared contradiction, Jarman's body becomes at once a body that needs hiding - and is encouraged to hide - and a body that is to be shown, shared and revealed in order to exhibit and share the awareness of an impending death. A body that becomes – as in Foucault – a political subject, the hub of social, economic and cultural relations, and most of all a talking body that may use words as

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<sup>7</sup> "A Conversation With Dr. Matthew Helbert, 1988" is included in *At Your Own Risk* (Jarman 1992: 112-118).





well as silences and absences. As it happens in *Blue*. Autobiography and political struggle are therefore, unavoidably, interwoven.

Jarman lives the body as an evolving subject, sick but keeping the intense memory of the moments when it was healthy and young. In *Blue*, the two (and more) bodies are conflated, and finally Jarman seems to recover a continuity of selfhood that seemed lost before and that orderly combines his personal tragedy with the collective need to cope with a great many similar tragedies. The construction of *Blue* as a diary-like narrative is bounded by the knowledge of the gradual decline of Jarman's physical capacities and the expectation of his eventual death, complete with an unchanging screen. It offers no boundaries or solutions to the question of what the image of the person with HIV/AIDS should be. But it grants the possibility of solidarity and sharing, through the many rites of commemoration and mourning.

The two sides of the coin might be expected to be in contradiction, so Jarman split them in two, without actually succeeding in separating the social from the individual side. Nevertheless it is quite true that *At Your Own Risk* is the autobiography projected and written to be public and political, while *Blue* is the poetic, private, emotional and personal reading of the same issues. In other words, if in *At Your Own Risk* Jarman gives voice to his forced isolation declaring that "My mouth is open but my body is in prison" (1992: 124), in *Blue*, the same feeling is given through an empty blue screen, that is, from the point of view of filmic tradition, the closest visual equivalent of silence.

Somehow, *Blue* seems to be grounded in Jarman's will to represent the elements of discontinuity implied in AIDS and artistically exploit its defining marks. AIDS is a retrovirus that does not follow the traditional path of infection, that is not perceived as a foreign body and therefore is not identified and attacked by antibodies. The filmic version of this contradiction is, coherently, a cinema fighting against itself, that is a cinema without images, somehow linking to Jarman's autobiographical grief and sorrow. Jarman's fear of losing his looks, his mourning for the physical changes to which his body is object and subject is set in *Blue* by the absence of an image (Griffin 2000: 18). Body and language split, and words are left alone to tell us of an invisible body. The voices belong to people we know: Nigel Terry, John Quentin, Tilda Swinton, and Jarman, all of them commenting, reflecting musing – implicitly or explicitly – on the mystery of the 'visually under-determined illness' (Griffin 2000: 17).

In a community where, at the times of AIDS, the queer body exists only as oppositional to the normal body, and the healthy body exists only as oppositional to the sick body, Jarman evades this dichotomic logic removing the body and anticipating an act of mourning that will take full shape after his own death, and leading his friends with him, in order to show them – and his public – what it means to die with AIDS. As Burns Neveland suggests, the AIDS experience has led us to the kingdom of dead and then brought us back to the land of the living, with a totally renewed awareness (1998: 164).

Coherently following the cinematic lesson of *Blue* and with the open purpose of commemorating Jarman, the Italian filmmaker Roberto Nanni, in his film *L'amore*



*vincitore*, decides to edit his interview to the artist himself deliberately avoiding to show it clearly or whole. Jarman's body is, for 30 full minutes, unfocused, fragmented, metonymically represented as an artistic object, and poetically evoking a body on the verge of disappearance. In the meanwhile, Jarman's voice answers questions on sexual identity, political life, artistic choices and *Blue*. At the end, Jarman simply seems to walk quietly away, as he actually does in *Blue*

I caught myself looking at shoes in a shop window. I thought of going in and buying a pair, but stopped myself. The shoes I am wearing at the moment should be sufficient to walk me out of life (Jarman 1993: 123).

Evoking in words an everyday gesture and desire, Jarman completes his personal thanatography<sup>8</sup>, telling of a fading and finally faded body, that does not need shoes any longer. It does not need anything but memory.

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<sup>8</sup> 'Thanatography, a study in dying' is a definition used by Peggy Phelan referring to the documentary film *Silverlake Life: the View from Here*, a documentary of 1993 (1997: 78).



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