

Evoking the Strange Within: Performativity, Metaphor, and Translocal Knowledge in Derek Jarman's *Blue**

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This chapter examines *Blue*, Derek Jarman's film dealing with his experience of AIDS in both its clinical and socio-cultural dimensions. It will investigate the ways in which *Blue* managed to overcome the difficulties of trying to portray AIDS at a peak of the epidemic in the Global North in the early '90s by using rhetorical and poetic strategies recognisable to scholars familiar with the challenges of writing about performance. Thanks to its use of metaphor as a device that enables the artist to allude to AIDS as a reality that is both unlocatable and irreducible to its symptoms, *Blue* can be read as an instance of performative film, one that reenacts Jarman's personal encounter with AIDS in the space of the film theatre, thus translating it from personal experience to public encounter.¹ *Blue* is also a film that, by means of metaphor and its affective and evocative powers, successfully bridges the local and global dimensions of the epidemic, therefore constituting itself as *translocal knowledge*. It does so in two major ways: firstly, through the pendular nature of its narrative, one that oscillates between the private and localised experience of an artist living with AIDS, and the global spectacle of the epidemic, produced and reproduced through mass-mediated visual representations and sensationalist rhetoric; secondly, it counteracts the dominant objectifying representations of people with AIDS by *relocating* Jarman's private encounter

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with AIDS onto the public space of an international film festival, where its audience was able to share Jarman's experience in an immersive, embodied fashion – to become co-implicated in it. This reduces the gap between mastering gaze and mastered object, between the bodies of those who suffer and the bodies of those who witness.

To write about film in a book on performance might seem, at first, unorthodox. However, as it will hopefully become clearer as the argument unfolds, performance scholars occupy a privileged position for understanding both the issues Jarman has had to grapple with in the making of the film, and the poetic strategies he has used in order to overcome the obstacles one faces when trying to make sense of a reality as complex as AIDS; one that inhabits the intersection of immune systems with legislative chambers, medical research, sexual practices, ethnicity and gender, 'big pharma,' formations of power and knowledge and, last but not least, chains of viral DNA.

Surely one could start by justifying the use of performance theories for the study of film with the fact that both performance and film are time-based. However, such asserting of one's methodological ground could eventually lead to an essay that would exhaust itself with reflections on ontologies of performance instead of actually addressing the object of its concerns, the film itself. Further, such work has already been done elsewhere (see McKenzie, 2001; Florêncio, 2013, 2014). For now, I hope the reader will allow me to jump over that fence by referring to John McKenzie's definition of the territory performance scholars inhabit:

Performance studies is an interdisciplinary field of research that draws from the social sciences, the humanities, and the arts. It focuses on the pervasiveness of performance as a central element of social and culture life,

including not only theater and performance art, popular entertainments, microconstructions of ethnicity, race, class, sex, and gender, world fairs and shows and drag performance – potentially any instance of expressive behavior or cultural enactment. Within this field, performance entails the presentation or ‘reactualization’ of symbolic systems through both living and mediated bodies. (McKenzie, 2005:726)

As such, what follows will depart from the cultural and political context of *Blue*’s production and release and, through reflecting on its use of performative metaphors, unpack the ways in which Jarman succeeded in navigating the limits of AIDS representations, traversing intimate spaces and public discourses, local and global geographies, to present AIDS as a reality that is both translocal and always-already embodied.

Venice, 1993

Blue came out less than a year before Derek Jarman’s death, in February 1994, of an AIDS-related illness. According to Tim Lawrence, the film premiered without any hype in June of the previous year at the Venice Biennale with ‘Jarman himself, a single reporter, a small audience, and seventy-six minutes of unchanging blue celluloid backed by a soundtrack about the director’s experience of living and dying with AIDS’ (Lawrence, 1997:241).

Lawrence notes that there was an explanation for the quiet reception to the screening of Jarman’s last film at Lido’s Palazzo del Cinema: that same evening, at the nearby Peggy Guggenheim Collection, Elizabeth Taylor was making her own bit of AIDS history by presiding over ‘Art Against AIDS,’ a charity gala where each place at the dining table fetched US\$2500 for the American Foundation for AIDS Research (241). Torn between sitting

through a 76 minutes-long projection of unchanging ultramarine blue, ambient sounds, and fragments of Jarman's own diaries read in the first person by John Quentin, Nigel Terry, Tilda Swinton and Jarman himself, and paying a couple of grand for the privilege of dining and being charitable in the company of Taylor and the likes of Chaka Khan, Yoko Ono and Valentino, choosing the latter would have been an easy choice for those who could afford it. As a result, to most of the press following the Venice Biennale that day, AIDS had been turned into a story of celebrities and Hollywood glamour with no Kaposi's Sarcoma, night sweats, IV drips, ticking clocks, blindness, or *Blue* in sight (Lawrence, 1997:245).

Evoking the strange within

Given his critical views on television – the epitome of the 'spurious egalitarianism and lack of concentration of the media' (Jarman, 1992: 82) – and his ambivalent relationship with mainstream cinema and its use of narrative, it is no surprise that Jarman also maintained an extremely negative stance on the representations of AIDS and People with AIDS (PWAs) circulating in Western media in the 1980s and early '90s. At one point in *Blue*, for instance, one can hear the following:

I shall not win the battle against the virus – in spite of the slogans like 'Living with AIDS.' The virus was appropriated by the well – so we have to live with AIDS while they spread the quilt for the moths of Ithaca across the wine dark sea.

Awareness is heightened by this, but something else is lost. A sense of reality drowned in theatre. (Jarman, 1993:9)

The quilt Jarman is referring to is the AIDS Memorial. At present made of more than 47,000 individual three by six foot memorial panels, the quilt was initiated in 1987 as a way of both celebrating and remembering the lives of those who had died of AIDS-related illnesses, and in an attempt to produce a counterpoint to the images of dying PWAs that were mass-circulated in the media at the height of the AIDS crisis in the Global North.

Such a counterpoint was certainly needed for, according to Douglas Crimp, the mainstream representations of PWAs would, at best, 'elicit pity, and pity is not solidarity' (Crimp, 2002:100). Still, for Jarman, the shift from pity-inducing photographs of dying PWAs to a solidarity-evoking Memorial Quilt had achieved nothing in terms of both alluding to the complexity of AIDS and serving as public testimony to the private experience of those affected by the condition. Instead, what the AIDS Quilt was still doing was having spectacle masquerading as reality, therefore keeping the normalised bodies of the (white, heterosexual) 'general public' at a reassuring distance from the bodies, lives, and struggles of those suffering with, or because of, AIDS:

All art failed [in portraying AIDS] . . . When the AIDS quilt came to Edinburgh during the film festival, I attended just out of duty. I could see it was an emotional work, it got the heartstrings. But when the panels were unveiled a truly awful ceremony took place, in which a group of what looked like refrigerated karate experts, all dressed in white, turned and chanted some mumbo jumbo – horrible, quasi-religious, false. I shall haunt anyone who ever makes a panel for me. (Jarman, 1995:91)

The challenge for Jarman was, thus, to talk about AIDS and about his own experience of it without falling in either trap. Without, in other words, adopting the objectifying strategies of mass-circulated portraits of PWAs in their death beds – doomed promiscuous male bodies deprived of personhood and subjectivity – and also without buying into public rituals of remembrance and their ‘mumbo jumbo’ aesthetics. Jarman’s aim was to take his own private experience as a PWA and somehow *relocate* it onto the public sphere in such a way that it could be encountered and experienced in an embodied manner by the viewer. To do so Jarman would not let it become either a fetishised account of his own personal ‘story,’ or a broader scientific statement on AIDS that would end up diluting the reality of his struggle with disease and stigma. In fact, such a difficult rubbing of – and negotiation between – private experience and public knowledge had already, at the time of *Blue*’s premiere, been a core feature of Jarman’s works. As the artist noted in a passage quoted by Roger Hallas:

My world is in fragments, smashed in pieces so fine I doubt I will ever reassemble them. So I scabble in the rubbish, an archaeologist who stumbles across a buried film. An archaeologist who projects his private world along a beam of light into the arena, till all goes dark at the end of the performance, and we go home. . . Now you project your private world into the public arena and produce the flashpoint; the attrition between the private and public world, is the tradition you discover. All you can do is point the direction that everyone in the audience who wishes to ‘travel’ has to take. (2009:220)

Judging by his own account, Jarman saw his work as a means of traveling between private and public, inside and outside, local experience and global discourse. As such, it was also

there, between the private space of disease and the public spaces of both art and AIDS activism, that *Blue* realised its promise of bridging internal battles with an unbeatable killer virus and external social representations and collective memory.

Writing about the necessity of bringing together those two aspects of AIDS, which he called the 'two epidemics,' George Piggford (2000:178) defined the first, 'empirical' epidemic, as the one that takes place within a particular human body and with which medical practice is most concerned. The second, the 'tropic' epidemic, is the one concerned with the social body, popular discourse, and its modes of signification. The issue was that, as Piggford noted, each epidemic acquires a different weight depending on who does the weighing:

From the vantage of most AIDS theory, the [tropic] epidemic is the only one to which we must be most carefully attentive, but in the subjectivities of those for whom AIDS signifies an everyday struggle, the [empirical] seems much more real. (178)

The problem Jarman faced in the lead-up to *Blue* was that most existing discourses on AIDS tended to privilege one of these sides to the detriment of the other. In other words, when looking for portrayals of AIDS, what was common to find during the late 1980s and early '90s were two diametrically opposed stances positing themselves against each other: AIDS was either a private, concrete and individual health condition or it was a public and immaterial constellation of meanings that lived in and through popular discourse like a linguistic epidemic. By privileging one of those positions, the reality of AIDS would be explained away either by reducing it to a series of measurable biological and chemical

events or by pretending to exhaust its being at the level of its manifestations in public consciousness as, amongst others, the 'gay plague' or 'God's punishments for our weaknesses' (Treichler, 1999:12–13).

Both of these approaches were untenable, for neither was able to address the full dimensions of the epidemic; namely, AIDS as an interfacial reality where 'Nature' and 'Culture' are so entangled they can never be successfully dissociated and read apart from one another. Reducing AIDS to either a series of microscopic biological and chemical processes or to a set of macroscopic apparatuses of signification and subjectivation would only explain it away and, therefore, never really grasp the full scope of the crisis and the experiences of those most affected by it. To borrow from philosopher Graham Harman's work on Object-Oriented Ontology, the dominant methodologies for knowing AIDS had been mostly marked by either an 'undermining' or an 'overmining' of its reality as an 'object,' the term Harman uses to designate 'a real thing apart from all foreign relations with the world, and apart from all domestic relations with its own pieces' (Harman 2009:188). As the author explains:

One option is to claim that objects are unreal because they are derivative of something deeper – objects are too superficial to be truth. This is the more cutting-edge version of those recent European philosophes that have a certain realist flavor. The other and more familiar option, anti-realist in character, is to say that objects are unreal because they are useless fictions compared with what is truly evident in them – whether this be qualities, events, actions, effects, or givenness to human access. Here objects are declared too falsely deep to be the truth . . . While the first approach

‘undermines’ objects by trying to go deeper, we can coin a term and say that the second strategy ‘overmines’ objects by calling them too deep. (Harman, 2011:24)

In the particular case of the AIDS crisis in the early ‘90s, the trouble with both approaches was that, firstly, PWAs were still suffering and dying regardless of how much AIDS was ‘overmined’ as a product of language and collective apparatuses of signification; and, secondly, they were still being taken to represent a particular kind of ‘immoral’ and ‘unclean’ people regardless of how much the condition was ‘undermined’ by medical research as the surface manifestation of an underlying viral agent. Just over a decade after the first cases were reported, AIDS was thriving, ungraspable and yet increasingly present, unable to be isolated and contained solely through laboratorial protocols, antiretroviral drugs, or one’s favourite poststructuralist paranoia.

The question, then, was how to draw a path between scientific materialism, with its breaking down of reality into ever small parts, and social constructivism, with its reduction of reality to a product of formations of power and knowledge. It was within that context that Jarman’s project emerged as a gesture of pointing-towards, a signalling that one’s campaign must head in the direction of a yet-unfathomable destination, half way between the localised space of a body living – and struggling, and dying – with AIDS, and the global dimensions of an epidemic being interpreted through popular discourse and media sensationalism. Whilst doing so, *Blue* would also necessarily have to constitute itself as a meditation on the impossibility of ever grasping AIDS fully – no matter how close to it one gets, no matter how successful the artist is in translating private experience into public

testimony, one will always somehow remain blind to it even if, as *Blue* demonstrates, at times it is through blindness that one is able to see more clearly.

Performing *Blue*, reenacting AIDS

In order to go beyond illustrations of AIDS, Jarman adopted metaphor as his main epistemic tool. The reasons for such a decision are familiar to scholars interested in the challenges of writing about performance. As Della Pollock notes, metaphor is the *modus operandi* of performative writing, understood as writing that is able to allude to that which is not graspable:

Performative writing is *evocative*. It operates metaphorically to render absence present – to bring the reader into contact with ‘other-worlds,’ to those aspects and dimensions of our world that are other to the text as such by re-marking them. Performative writing evokes worlds that are other-wise intangible, unlocatable. (Pollock, 1998:80)

In order to understand how metaphor operates as a device that alludes to intangible or unlocatable realities, it is useful to consider Harman’s discussion of the relationship between metaphor and allure, where the latter is defined exactly as a gesture of pointing towards a reality that will always-already exceed the contingency of its phenomenal manifestations:

For this sort of pointing, let’s use the general term ‘allure,’ for a thing becomes alluring when it seems to be a ghostly power exceeding any of its

lists of properties, one that animates those properties from within by means of some ill-defined demonic energy. Allure splits an object from its qualities . . . We see it in metaphor, in which 'man is a wolf' . . . seems to split the human from his qualities and replace them with wolf-qualities. (Harman, 2010:137)

From Harman's quote we can take that metaphor is able to trigger the fission of a reality from its familiar symptoms and, with that, present that reality as irreducible to the qualities through which it comes to be identified. Thanks to the evocative power of metaphor, knowledge is produced not through delusions of direct contact with the object of one's enquiry but, rather, through a stressing of the limits of the indexical relation between symptom and reality.

According to that logic, there is not one single moment in the seventy-six minutes of *Blue* in which Jarman resorted to presenting AIDS through any of its familiar qualities or symptoms. Throughout the whole film, AIDS is never addressed or described in a 'literal' manner through some recognisable 'realist' visual idiom. Instead, Jarman used a static projection of International Klein Blue, a haunting soundtrack made of commissioned music and ambient sounds, his telling of the adventures of a fictional boy named Blue, and his own experience of medical care, hospital waiting rooms, blindness, and the side-effects of medication. These strategies presented AIDS and his own dying of it as something in excess not only of medical and mass-mediated discourses but also of literalist readings of the film script itself. Furthermore, he did so in order to provide his viewer with an embodied experience of the epidemic. As Roger Hallas notes, *Blue* uses metaphor as an alternative to established modes of witnessing – a strategy that, in its ability to give an account of AIDS

through disembodied voices, blue light, and sounds that are untraceable to an identifiable source, brings AIDS to bear on the bodies of the audience as witnesses co-implicated in an act of testimony:

As much as *Blue* permits me access to the subjective space of the witness, the acoustic and optical qualities produced by the film's screening in physical space prevent me from either pinning down the other with my eyes and my ears or forgetting my own embodiment. Such witnessing dynamics reveal a resonance between Jarman's film and Felix Gonzalez-Torres's AIDS-themed installation art, which foregrounds corporeality just as it displaces the visual figuration of the body onto metaphor and trace. (Hallas, 2009:230)

Such a use of metaphoric strategies in so-called 'AIDS art' had come as a result of the realisation, on the part of the artists involved, that AIDS would always be irreducible to its visual representations in the exact same way it is irreducible to its symptoms. No portrait of a dying man would ever be able to convey the disease hosted within him nor the full dimensions of an epidemic spreading across the globe from San Francisco to London, Beijing to Johannesburg. AIDS was then, and still is today, a reality only ever encountered in character, through its signs or mediating *personae*, from the Kaposi's Sarcoma erupting on someone's skin to the sensationalist headlines in tabloid newspapers. AIDS is both a medical and social syndrome, a collection of symptomatic images that point to the presence of a particular and yet unreachable presence underneath. And so, like the territory that cannot be replaced by its map, so the full dimensions of AIDS remain inaccessible even to someone who has had to encounter it:

No ninety minutes could deal with the eight years HIV takes to get its host. Hollywood can only sentimentalise it, it would all take place in some well-heeled west-coast beach hut, the reality would drive the audience out of the cinema and no one viewpoint could mirror the 10,000 lives lost in San Francisco to date, so we are left with documentaries and diaries like mine and even they cannot tell you of the constant, all-consuming nagging, of the aches and pains. How many times I've stopped to touch my inflamed face even while writing this page, there's nothing grand about it, no opera here, just the daily grind in a minor key. But in spite of that we would wish our lives to be recorded in an oratorio by a Beethoven or Mozart not in the auction sale of Keith Haring tea towels. (Jarman quoted in Peake, 2001:514-15)

Jarman's awareness of the difficulty or even impossibility of grasping and portraying AIDS brings to mind what Harman has written about the nature of relations between what he calls 'objects.' For Harman, 'objects' can only relate to one another by proxy, that is, through the presence of sensual doubles that stand in for them in the same way that symptoms stand in for disease (Harman, 2007). As such, because 'objects' don't make direct contact with one another, full access to their being, or, one could say, to the performer behind the performance or the disease behind the symptoms, remains an impossible task, giving 'objects' no other option than to emerge as what Timothy Morton calls a 'strange stranger:'

The strange stranger . . . is something or someone whose existence we cannot anticipate. Even when strange strangers showed up, even if they lived with us for a thousand years, we might never know them fully – and we

would never know whether we had exhausted our getting-to-know process. We wouldn't know what we did not know about them – these aspects would be unknown unknowns . . . They might be living with us right now. They might, indeed, be us. That is what is so strange about them. We can never tell. (Morton, 2010:42)

AIDS is one of such strangers. It is even, perhaps, and in a rather strange way, the strangest of strangers because it is a stranger one is forced to host: so close to the point of being able to steal one's life, and yet so distant it won't ever disclose itself other than through the traces of its presence. Thus, if indeed AIDS is the strangest of strangers, it was only through metaphor that Jarman managed to allude to its uncanny reality and bring it forth as such to the viewer. By using it as the principal device of his film's rhetoric, Jarman made AIDS present as unfathomable stranger within the space of the cinema. By refusing to take on a realist visual idiom, he tackled AIDS not in the style of the mass-mediated documentary portrayals of dying young men – always deemed to fail in their attempt to fix reality onto a photographic image – but, rather, in a performative way, one in which his experience of AIDS was reenacted as the local and embodied experience of his viewers.

***Blue* as translocal knowledge**

In *Blue*, and in order to maximise its evocative potential, metaphor breaks spatial and temporal boundaries. In the film's soundtrack, for instance, there is a constant vertigo-inducing shift between private and public realms, with sounds of hospital equipment immediately following those of buzzing public spaces such as cafés and busy roads. Further, the diegetic voice which one understands to be Jarman's own is only once actually spoken by Jarman himself, leaving the rest of the film to be narrated by three different actors. That

translocal movement is also extremely evident in the film script, where literary metaphors are used to bring together different spatial realities through a process of fission and fusion of their recognisable qualities. For example:

The doctor in St. Bartholomew's Hospital thought he could detect lesions in my retina—the pupils dilated with belladonna—the torch shone into them with a terrible blinding light.

Look left

Look down

Look up

Look right

Blue flashes in my eyes.

Blue Bottle buzzing

Lazy days

The sky blue butterfly

Sways on the cornflower

Lost in the warmth

Of the blue heat haze

Singing the blues

Quiet and slowly

Blue of my heart

Blue of my dreams

Slow blue love

Of delphinium days (Jarman, 1993:4)

With such a constant, obsessive and vertigo-inducing back-and-forth movement between separate spaces – from Jarman’s experience of having his pupils dilated with belladonna at the hospital to the sky-blue butterflies swaying on the cornflower and quietly singing the blues on the blue heat haze – the artist was able to bring qualities of those separate realities to bear on one another and, through that, foreground AIDS as a strange stranger. As a result, what the audience is left with is an embodied awareness of the incommensurability of AIDS and one’s experience of it. Further, in doing so, the artist also managed to trigger in his audience a feeling of what Roger Hallas calls ‘corporeal implication’ (Hallas, 2009:225–30), thereby *dislocating* the artist’s experience onto the space of the witnessing bodies. Such *translocal enactment* of knowledge was then furthered through the use of the static blue screen, the sharing of a single diegetic voice by all the actors, and the kaleidoscopic sound effects. As Steven Dillon notes in respect to Jarman’s use of sound:

[In *Blue*] sound does not support a three-dimensional world, but rather appears as supporting or contrasting annotation, and so allows fluid and instantaneous movement between radically disconnected points. (Dillon, 2004:236)

Thanks to those devices, Jarman managed to free his account of AIDS from any stable visual or aural referents; for the moment one thinks to have grasped it, it is also the moment the referent flees away, slipping through one’s fingers. With that, Jarman allows his experience

of AIDS and his inability to represent it to rub against the bodies of the viewers, co-implicating them in his testimony, and thus turning AIDS into a collective encounter with blindness:

I fill this room with the echo of many voices
Who passed time here
Voices unlocked from the blue of the long dried paint
The sun comes and floods this empty room
I call it my room
My room has welcomed many summers
Embraced laughter and tears
Can it fill itself with your laughter
Each word a sunbeam
Glancing in the light
This is the song of My Room

Blue stretches, yawns and is awake. (Jarman, 1993:10)

This chapter has argued for *Blue* to be seen as an instance of performative film that brings forth the strangeness of AIDS in all its translocality. Through the power of metaphor actualised as ambient sounds, words, and blue light, the audience is able to encounter Jarman's private experience of AIDS as a form of communal embodied knowledge and become aware of the ultimate irreducibility of the condition to any of its visual or discursive representations. With its static monochrome screen, *Blue* becomes a metaphor for blindness, the kind of blindness that makes it impossible for AIDS to ever be fully grasped.

However, and perhaps paradoxically, it is also that same blue that constitutes an opening-up to a new kind of expanded vision, to new modes of encounter, whose value lies in their ability to account for the contingency of all AIDS representations and to free themselves from mastering epistemologies. Through its use of text, sound and ultramarine screen, the strange reality to which the film is testimony is enacted as a whisper heard from the depths of the real, as a strange voice that, despite being present, is also impossible to be securely pinned down, anchored, or located. In doing so, *Blue* presents AIDS as a translocal reality that exceeds the bodies of those suffering from it, the discourses that try to frame it, the geography of its spreading, the drugs that have today sent it into hiding, and the bodies of those who might have, at any point, considered the epidemic to be something having to do with someone other than themselves.

Notes

1. The term 'performative' is used here to designate the ability of some communication systems to enact worlds. Such systems – performance systems – are capable of bringing forth worlds understood as experienceable phenomena, rather than merely describing phenomena that would exist *a priori* to the communicative act. This understanding draws both from J. L. Austin's work on speech acts (Austin, 1962) and from Richard Bauman's definition of performance as 'the enactment of the poetic function,' (Bauman, 1986:3) from which performance is read as a technology of *poiēsis*, the creation or bringing-forth of something new (Plato, 1997:488; Heidegger, 1977:12–13).

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