

THE *BLUE* (FUNK) BY DEREK JARMAN: BIOTECHNOVOICE AS HETEROTOPOLOGY OF THE BODY WITH HIV

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- **ABSTRACT:** In this article, based on a neomaterialist analysis of discourses, our aim is to analyze the biotechnovoice as a heterotopology of the body (vocal-body) in Derek Jarman's film *Blue* (1993), taking it as a point of problematization of the life of the dissident gender with HIV in the 1990s. Our interest lies in two distinct yet interrelated areas of inquiry. On the one hand, we seek to examine the ways in which queer and exceptional subjectivities are materialized within the context of cinema, and on the other hand, the ways in which the voice, when read as a biotechnovoice, is placed in the boundary between the body, language, and the processes of subjectivation produced by the AIDS apparatus. In order to account for this network of distribution of agency and effects, we conducted brief discussions about the apparatus, queer cinema, and the concept of biotechnovoice. We conclude that, despite efforts at normalization, neither the voice as a concept nor the vocal-body of the person living with HIV can be subsumed into practices of normative circumscription. In Jarman's film, it is precisely heterotopology that functions as resistance and invention.
- **KEYWORDS:** Biotechnovoice; AIDS apparatus; Technobiopolitics; Queer cinema; Derek Jarman.

Introduction

At the 1993 Venice Film Festival, Elizabeth Taylor won the spotlight: she was presenting the event "Art Against AIDS", which she considered the work of her life. The actress caught the attention of all the press when she spoke about the epidemic and for the efforts that AmFar¹ was beginning to make. In the same Venice, Derek Jarman exhibited for the first time his *Blue*: "[...] just Jarman himself, a single reporter, a small audience, and seventy-six minutes of unchanging blue backed by soundtrack about the director's experience of living and dying with AIDS"² (Lawrence, 1997, p. 241).

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¹ AmFar: American Foundation for AIDS Research, founded in 1985 by Elizabeth Taylor.

² In this text, we will use *Person living with HIV* (PLHIV). In addition, HIV and AIDS will be spelled in lowercase letters when written by us – in the series of Brazilian political resistance, initiated by Daniel (1989). The cases in which other speeches appear will be kept as the originals.

We take this initial scene as an example. In it, we can see the uneven distribution of voice between cis heterosexuality and people living with HIV (PLHIV), usually designated as part of the gayness³ – which we will come back to. It is also possible to point to the intricate network of spectacularization of bodies and forms of subjectivity on which the epidemic occurred, in complex apparatuses of exception. Still, it is necessary to underline the event of a film and a direction that are, at the same time, an experience, a form of existence with, on and from HIV and AIDS.

With this scene in mind – and its effects – it must be said that this is an essay on these memories and on the production of memory in the testimony of a biotechnovoice. By this, we mean that it is a question of making history work in order to describe an AIDS apparatus but, more specifically, of seeing in this apparatus the invention of strategies of invention and resistance (Foucault, 2009 [1976]) – despite the fundamental requirement of everybody, despite normalization, control and death.

This is our aim: to carry out a neomaterialist analysis of the film *Blue* (1993), directed by Derek Jarman. Certainly, this is not an author-work type analysis, nor is it a formal, autotelic exercise. *Blue* appears to us as a node within the network (Foucault, 2012 [1969]), a composite of biotechnovoice and technobiodiscourse, of agency distributed among various human and nonhuman actors, which permeates from sound capture to pharmacology. In all cases, this network will find in Jarman himself a materiality that functions as a limit – to author, to narrate himself, to give visibility to PLHIV – and as a condition of possibility of what, we will defend, configures a specific aesthetic of existence, whose effects are doubled on film techniques, on the lives of LGBTQIAP+ people and, obviously, on our practices with and about HIV.

To this end, the article is divided into three sections. In the first, we return to the reading of AIDS as an apparatus – and its technobiodiscursive character (Butturi Junior; Camozzato, 2023; Butturi Junior, 2016, 2019), of a theoretical-methodological nature; in the second, we turn to the queer and the queer cinema. In the third, then, we turn to our analysis of *Blue*.

The AIDS apparatus and neomaterialist analysis of discourses (or a material-discursive analysis)

Since Perlonguer's (1986) brief discussion, Butturi Junior (2016) has focused at what he calls the AIDS apparatus and AIDS chronic apparatus. Now, it is worth making a few points about these apparatuses, with a view to: i) a neomaterialist analysis of discourses (or a material-discursive analysis); ii) the place where the gayness will occupy on these apparatuses, especially on the first.

³ Gayness is the way in which some authors (x and y) describe the international, masculine, virile and egalitarian model that appeared in the United States in the seventies and spread as a model in the face of either the pathological relations of the concept of homosexuality or the problem of the "archaism" of identities that then came to be considered too effeminate, too passive or too promiscuous (Author, 2012). Recently, these practices have been called into question, not least by the racialization they solicit – see, for example, Halperin (2016, 2006a)

So, first a caveat: we will consider that, currently, we are living an AIDS chronic apparatus, whose axial practices are:

(i) that of “making live” based on adherence to antiretroviral therapy (ART), initially recognized as a “cocktail” and distributed free of charge [...] (since 1996 in Brazil [...]); ii) that of the naturalization of life with HIV (Squire, 2013), in the form of a governmentality that puts into play the relationship of adherence to bioidentity and bioescase, established by a management of national and supranational policies towards citizens (Ortega, 2003); iii) that of the creation of new forms of subjectivity for PLHIV, according to the order of chronicity; iv) that of the reregistration of forms of sovereignty and exception, either in the modality of *sidanization*⁴ (Pelúcio; Miskolci, 2009), whether in the practices of indirect racialization (Butturi Junior; Lara, 2022, p. 235).

This chronicity has the effect of an ambiguous strategy of expelling death, precisely because it has a political positivity – the series of which is that of living with HIV and the effort to normalize the lives of PLHIV – but, on the other hand, because it functions as a biopolitical erasure, insofar as it restricts the discourses of the precariousness of certain lives – at the limit, of those people who still die from complications caused by HIV. In the second case, the reflection on the “disappearance of AIDS”⁵ (Parker, 2015, our translation) concerns its prevalence among the poorest and least white people.

However, we still assume that this is not a caesura. Now, literature has shown the permanence of a memory in the constitution of subjects living with HIV. Although naturalized and reinscribed, the forms of subjectivity related to HIV remain in a game of reactualization of racialization – as a way of producing exceptions, according to Foucault (2010b) – in which their corporeality, their affections and their pleasure practices are always under public scrutiny and under the aegis of the normalization-criminalization pair.

In this series, the concept of apparatus works in that it is attentive to a discursive and non-discursive economy and to the effects of these arrangements. When Foucault (2012 [1969]) suggests its use, he insists on this composite between the regime of the sayable and that of the visible (Deleuze, 2005 [1986]) which, after all, runs through his debate – and which we follow here, taking Lemke’s (2021) relational reading.⁶ For us, this is

⁴ “*Sida*” [AIDS] is the acronym for “*síndrome da imunodeficiência adquirida*” [acquired immunodeficiency syndrome] in Portuguese. The authors then play a game with the word “*cidadania*”, which means “citizenship” in English. As the sound of “c” and “s” are the same in Portuguese when preceded by the vowel “i”, the sound of “*cidadanização*” [citizenization] is the same as “*sidanização*”. In this way, Pelúcio and Miskolci (2009) emphasize the particularities of the process of subjectivation and individualization (i.e. citizenization, from a modern point of view) of people living with HIV. In English, “*cidadanização*” could be something like “AIDS citizenization”.

⁵ “desaparecimento da AIDS”.

⁶ The concept of apparatus that we use is that of Lemke (2021), for whom Foucauldian apparatuses function as relations between humans and nonhumans, discourse and nondiscourse, fulfilling roles in always political situations.

the crux of the analysis we propose, especially because, in the case of *Blue*, not only a discursive memory about AIDS and PLHIV is at stake, nor only a discursive strategy of criminalization of *gayness*, nor the permanence of a discourse on homosexualities, but also what concerns medicines and their effects, the cinematographic apparatus and its associations with the subjects and, more fundamentally, what is produced in the association between these discourses and what, hereinafter, we will call biotechnovoice (Camozzato, 2022a, 2022b, 2022c).

Our AIDS apparatus therefore functions as an analytical machine whose objects are assemblages (Bennett, 2010) and associations (Latour, 2004) in intra-action (Barad, 2017); it is not a question of thinking about individual humans and their relationships, but of thinking about the constitutivity of these associations between humans and nonhumans, in which agency can be distributed in a nonhierarchical way between the former and the others. From a neomaterialist perspective, which we adopt here, we will then have material-discursive events, which must be described according to the order of powers and resistances distributed between humans and nonhumans.

This same neomaterialist position (Butturi Junior; Camozzato, 2023) puts human and linguistic exclusivism under suspicion and demands that we rethink the relationships between discourse and other explanatory models, in order to describe other agents in the arrangements we are researching. It also considers that corporeality itself must be rethought. Certainly, the turn towards the body of the so-called body materialism, which has embraced figures as distinct as Merleau Ponty, Irigaray, Foucault and Butler, can be rethought according to what Bennett (2004, p. 349) has termed thing-power: “Thing-power materialism is a speculative onto-story, a rather presumptuous attempt to depict the nonhumanity that flows around but also through humans”. Here, therefore, it is necessary to establish a decalage: while the body materialism debated the body and the relations of power that made it possible, visible, or intelligible, Bennett’s work seems to call for an emphasis on what is of the order of things – in the same turn that puts radical discursive constructivism under suspicion, the effect of which is to take the Foucauldian problem of the undifferentiation between the discursive and the nondiscursive to the paroxysm. The body, in this case, always appears in specific intra-actions (Barad, 2017 [2011]) that make it function materially-discursively and produce effects.

Before concluding this very brief theoretical section, we recall that both *Blue* and our essay turn to the body of the cis gay man and a cis gay man and their film production. This body that was once seen as a promise of resistance, due to its forces of sociability (Foucault, 2010a [1982]) and which, in the 1990s, reappeared on the public scene as the epitome of promiscuity and as a laboratory of biopharmacopower. It is this body and this form of subjectivity that we will bring to the fore in the following section.

Queer on the apparatus

In one of the brief texts of *At your own risk*, Jarman (1992), after enumerating the laws and persecution of homosexuals in England, and the lack of visibility or its exiguity (“One sportsman. Three pop stars. Six theatre queens [...]”), tells a brief anecdote. In a bar, the following dialogue would have happened:

*“What happened to Derek Jarman?”
The virus has attacked his brain and he now sees clearly, dear.”*

We would like to auscultate Jarman’s body. Interesting to note, right from the start, his disappearance from the canon and his less and less felt absence. Jarman, after all, was one of the most celebrated filmmakers of the so-called new queer cinema, which, among other achievements, managed to be both a material-formal affront to the ways of making cinema and to place at the center of the filmic what today we can call the LGBTQIAP+ population. His body, in this strategy, will function as a brand.

Now, *queer* appeared as a point of schism with what Jarman himself called *Heterosoc*, hoarding way of life in its demands for normalization and control. Let’s pay attention to the queer and to the queer cinema and its constitutivity, in order to think about the topology in which Jarman produces himself. Aaron (2004) teaches that the new queer cinema established itself as a wave of critically acclaimed queer films in the first half of the 1990s. She lists four strategies common to these films: they gave voice to the marginalized, not just LGBTQIAP+, but to racial, social, economic intersections, etc.; they destroyed the image of LGBTQIAP+ people as good guys; they produced themselves in a critical instance towards memory and history; they undermined the rules of film genres; and, finally, they, “[...] in many ways defied death” (Aaron, 2004, p. 5).

As resistance, it is this same queer series that cinema will draw on, supplanting identities and assuming a radical questioning of the categories that would take into account “[...] class or ethnic culture, generational, geographical, and socio-political location” (De Lauretis, 1991, p. viii). This intersectionality is directly related to the problem of racialization and to those problems calls into question the very concept of a gayness and begins to investigate “[...] the ways that race, ethnicity, postcolonial nationality criss-cross with these and other identity-constituting, identity fracturing discourses, for example” (Sedgwick, 1994, p. 8).

This queer apparatus, as we understand it, cannot be disconnected from the AIDS apparatus and it is precisely this technobiopolitical character that should be emphasized here. Thus, in his *Queer Planet*, Warner (1993) considers a two-way street of resistance: against the normalization of gays and lesbian studies and, axially, against the politics of death and exception that appeared along with HIV. In the words of Patton (1990, p. 5), at the same time, what was happening was that “[...] the apparent irrationality of

the response to AIDS has served to legitimate the reorganization of modern categories of class, race, and sexuality [...]”.

Let us remember: it was already in the 1980s that the “risk groups” appeared in the medical-biological discourses and it was there that the 4H – homosexuals, heroin addicts, Haitians and hemophiliacs – were established. This apparatus, as we know, guaranteed the first three all the vicissitudes of sexual immodesty, abnormalization and racialization. AIDS was at the same time a disease of promiscuous gay men and colony blacks – in their sexual voluptuousness. For Patton (1993), having tested positive for HIV, a new form of subject – racialized, we reaffirm – appeared in the epistemological-moral fragility of the AIDS apparatus.

This moral-epistemological discourse of medicine has two very recurrent statements, always relating the gay body to danger: that of the use of illicit substances and that of anality (and its fragility). In the case of the former (and still in operation today),⁷ we can think of the emergence of the epidemic among homosexuals and the extensive literature that has linked it to the use of nitrites, the so-called poppers, common for recreational use among North American gays at the time. One could read in journals, such as *Lancet*, that there was a direct relationship between the use of poppers and the development of Kaposi’s sarcoma, an ultimate bioindicator of AIDS (Lauritse; Wilson, 1986).⁸ Strangely, nitrite only had an effect on homosexual men.

In the second case, we are faced with the problem of anality and passivity, which has marked the sexual apparatus and the very production of homosexualities.⁹ However, in the 1980s and 1990s, it was a question of indicating in the body a specific topology of promiscuity, immodesty and disease. Treichler (1987) describes the vertex between AIDS and homosexuality also in the division between the healthy and strong vagina and the vulnerable anus, as research indicated. It was really a problem of tissue, of organs, of nature (see Figure 1) and it concerned the “[...] fatal price one can pay for anal intercourse” (Langone, 1985, p. 52 *apud* Treichler, 1987, p. 37).¹⁰

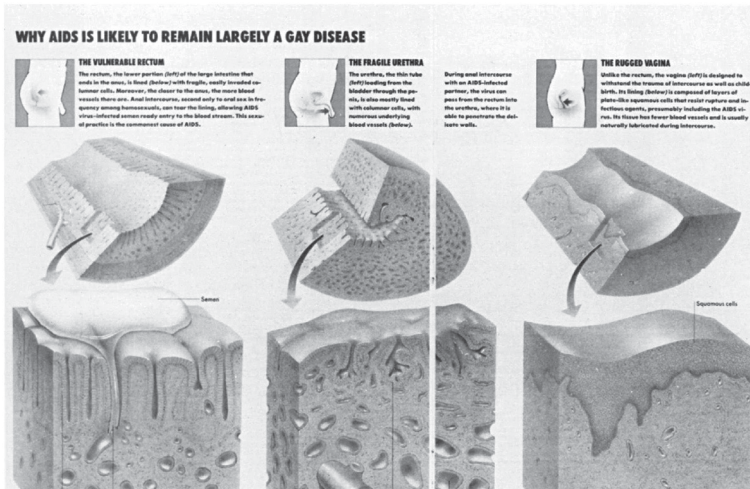
⁷ See Author (2022) and the discussion of PrEP (Pre-Exposure Prophylaxis) in the media, despite the relationship between the use of the drug distributed as a form of prevention and the alleged moral scandal of promiscuous gays and “drug” users that the press insists on narrating.

⁸ The text of Lauritse and Wilson (1986), both gay activists, is a compilation of “scientific results” which, according to them, definitively show that poppers are one of the causes of AIDS.

⁹ For a genealogy of the problem, see Butturi Junior (2012).

¹⁰ Lara (2022) points out that the discourse of heterosexualization of AIDS uses this supposed biological marking to exclude the possibility that women can be infected by HIV.

Figure 1 – The vulnerable rectum, the vagina



Source: Treichler (1987, p. 38).

Let us take a closer look at Figure 1 and remember that we are dealing with the creation of a homosexual hypervisibility. Thorough and scientific, it should not be thought of as part of those media moral panics, but as the invention of AIDS itself and its effects.

In other words, although we are accustomed to referring to newspapers and magazines, television and cinema and problematize their stigmas and stereotypes, we need to be aware that it is in the field of medicine, biology and science that an effort is established to make AIDS visible and, above all, the HIV-positive gay men and gay men in general. Leo Bersani (1987), in his article “Is the rectum a grave?”, shows that, in medicine, the big problem was “casual encounters”; this promiscuity was of a type of subject whose sex was “uncontrollable” and who was held responsible for the epidemic: the gay men.

These statements form part of the strategy we have already discussed, namely the criminalization and medicalization of gay life. Watney (1987) initially notes that visibility (or hypervisibility) is guaranteed in the AIDS apparatus, as long as it is enunciated by heterosexual people. AIDS, therefore, would also have been part of a crisis of representation: about who could say the disease, but also the forms of subjectivity that were linked to it and about how people would like to say themselves – beyond the limits of gay and lesbian studies.

In the United States and England, it was in the law itself that this materialized. Jarman himself (2010 [1992]) documents a news story from the late 1980s and the return in the new neoliberal conservatism of Thatcher and Reagan, who began to support a family-religious discourse whose necessary enemy was gay promiscuity; which materialized in Margaret Thatcher’s declaration to the House of Commons that

“morality” is important in the case of AIDS and that people can, through their conduct, avoid contracting the disease. In 1988, *Section 28, Act 1988* was published, which stated:

A Prohibition on promoting homosexuality by teaching or by publishing material

(1) A local authority shall not—

(a) intentionally promote homosexuality or publish material with the intention of promoting homosexuality;

(b) promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship.

(2) Nothing in subsection

(1) above shall be taken to prohibit the doing of anything for the purpose of treating or preventing the spread of disease.

(3) in any proceedings in connection with the application of this section a court shall draw such inferences as to the intention of the local authority as may reasonably be drawn from the evidence before it.

We do not need to dwell on the series of discourses and practices of the network that allowed this modification, nor on its well-known effects. What we are interested in, firstly, is the functioning of the apparatus – beyond the well-known press analyses – in regard to gay abnormalization and its accountability from medicine to the law. Then, to suggest that it is in the AIDS apparatus that visibility begins to be taken in its polyvalence and homosexuality, sexuality and gender will sustain an agonistic in which we still live – and which has, in recent years, become more intense.

It is at this point of displacement that we will read, therefore, the queer and the queer cinema, at the apex with the AIDS epidemic. In a fundamental text, José Arroyo (1993) stated that AIDS affected bodies, but also epistemology itself and gay culture and queer cinema was between these crossroads. Notwithstanding the relationships that we’ve tried to show, in Arroyo’s footsteps, our analysis will start from these discursive-material conditions to understand Jarman’s cinema not as representation, but as aesthetics of itself, as a strategy of resistance and invention – filmic-technovocal-bodily – within these apparatuses.

One body, one flesh, one vocal body

In the regime of (hyper)visibility of the AIDS apparatus, in the close scrutiny of gay men, *Blue* will be a film about the absence of a body. It is not.

Let's see. Jarman is always compared to two other celebrated "gay directors" – Todd Haynes and Gus Van Sant – when it comes to queer cinema. But he occupies a place in the history of neo-baroque cinema,¹¹ with Peter Greenway, precisely because his cinematographic work concerned the invention of a gay memory as an exercise in queer futurology – almost along the lines of what we understand today as Afro-futurism. The director's films have always been full of body. In fact, one of his signatures, if we may use that term, is to renarrativize history, to invent it according to a queer pastiche, since Jarman departed, in general, from the history of England or art to produce alternative narratives, pastiches undertaken on the real in a *queerization* – in *Caravaggio*, *Sebastiane* or *The temptest*.

This queer English director was diagnosed HIV-positive in 1986 and, since then, his body and subjectivity have been captured by media devices: "Yes, I did; but it was politics in the first person. All the information I was receiving then counteracted the way I felt" (Jarman, 2010 [1992]). He also said his death was expected to be imminent. However, from diagnosis to death his production remained constant. He released *War Requiem* (1989), *Edward II* (1991), *The Garden* (1990), *Wittgenstein* (1993) and *Blue* (1993); he directed clips for the Pet Shop Boys and wrote two books, *Modern Nature* and *Chroma*.

In one fell swoop, here we have an HIV-positive queer director whose films are a kind of political project about gender dissidence, about the most everyday struggles for rights. In *Blue*, his initial concern was a biopic of Yves Klein. When the project fell through, he decided to transform it into a form of autobiography in which the limits have always been interposed: "My obsession with biography is to find the 'I'" (Jarman, 2010 [1992]). This obsession and this limit will be part of the assemblage that is *Blue*, either to find the "I" of a self-narrator, or to put on stage a vocal body as a reinvention of seropositive corporality.

Body-flesh

Both life and filmmaking were in Jarman's body. It was his public appearance as the scandal of an alleged truth that was always at stake, and it was this game that he stubbornly contradicted. We turn to Foucault (2013 [1967]) to investigate this interdicted body and the practices of materializing it. For the philosopher, the body is the founding topos, "[...] it is the place without recourse to which I am condemned" (Foucault, 2013 [1967], p. 8). However, its effect is the production of utopias, "a place outside all places": paradise, the soul, the brain. For Foucault, the body was "absolutely visible" but always opaque. "Visible and invisible" is this body.

¹¹ Monika Keska (2004: 273, our translation) departs from Calabrese to give the main characteristics of this neo-baroque: "[...] the polycentrism and irregularity, the fondness for pastiche and the use of quotations of different origin and their distortion, exploration of the limits of genres (cinematographic or literary), the excess and the taste for gigantism, excess as overcoming the expressive possibilities of a medium or a genre. Also [...] the presence of sexuality [...]"

Now, Jarman's condemnation of the body takes on biopolitical contours in *Blue*, from 1993. It is a film made up a blue screen – a Klein blue – and whose narrative is produced only in voices: the first and most recurrent, that of Jarman himself, in the order of autobiography, as well as John Quentin, Nigel Terry and Tilda Swinton (the latter, actress in many of his films).

Be condemned, in *Blue*, concerns, initially, the erasure of time in the wait for death. Jarman narrates a wait: “Here I am again in the waiting room. The waiting room is Hell on Earth”. The condemnation to suspended time is at the same time a way of indicating the problem of filmic narrative and the problem of thinking about a life that demands a body breaking apart: “my mind is very lucid, but my body is breaking apart”.

The lucid and waiting mind and the problem of a dismantled body. Like a body without organs, like a figure that never finds its unity – those of Bacon¹² as read by Deleuze (2007 [1981]) – the film's utterances demand that this body be given meaning in the weave of the voice, despite the AIDS apparatus and the hypervisibility that functions as a knowledge and a truth about the body of “gay AIDS patients”. As Foucault would have it, Jarman's body “is somewhere else”. However, not in the sense of nonbelonging, but as a form of exclusive inclusion – such as Agamben (2010 [1998]) defines for sovereignty apparatuses. It is an inside and an outside, a language crossed by its own boundaries – between the sign and the things. Hence *Blue* place us for seventy-five minutes in front of a Klein blue: the only formal measure of unity of a body, as long as it is accepted in only one of its minimum units, this color which is a merism and an invention.

This utopia of the body that *Blue* produces, however, still has the problem of the flesh. In Foucault's words (2013 [1967], our translation), “one should perhaps reach the flesh itself”. In Jarman, “the expert's camera” will reveal another materiality, not that of discourses about the body, but a kind of invasion: there is a flesh that reacts (and badly) to the deamidated gliadin peptide test (DGPG), there is a flesh going blind, there is the dead flesh of the one he remembers as name and body: the eye opened by the belladonna, the sweat pouring out, the veins extended in the hospital, the sting of the serum.

As an agonist, Jarman brings his body closer to the war – in Bosnia. The most mediatised events, the war and the body with HIV, both producers of public enemies, both formulated as an expectation: of bombing, of disease, of death. If this fatal agonism is requested, *Blue* is also forged in a utopia of color, beyond the identity of Klein's saturated IKB.¹³ It is as if Jarman were playing with the rigid limits of Klein's modernist dream and implanted in them “the blue transcends the human,” as he puts it. In spite

¹² Deleuze (2004 [1981]) takes the images of the painter Francis Bacon to describe the ways in which Bacon sustains a set of affections and percepts imprinted in the flesh (*viande*), in the relationships between men and things and in a kind of reconfiguration of the human. In Bacon, then, what we have is the insistence on a Body without Organs (BwO), as the first disjunction problem for any human organism. Jarman's body, in another place and in a form of disjunction (by HIV), refers to this character at the same time particular and general of the whole process of embodiment.

¹³ IKB (International Klein Blue) is the name by which the blue developed by the artist Yves Klein became known.

of Klein, in what he calls fate: “I resign myself to fate”. Here, fate forks in the form of a blue funk, the state in which he finds himself at the very beginning of the film.

Blue funk: a state of loss of nerves. Of a flesh that is frightened into an intelligible body in the apparatuses, and creates effects both for the problem of authorship and the film and for that of the body and its utterances and visibilities. To the limit, we defend that there is an intra-action between a body and the apparatuses that allow it to exist and, still, there is this flesh that agitates the pains and that cannot be said: the utopia of the body. Here, in this crucible, it is Jarman’s flesh-body that appears as a modality of aesthetics of existence. If the director was concerned about the constraints of the director-role and the author-role, what *Blue* puts on the scene, through its positive denial, is the precarious ontology (Butler, 2016) with which the promiscuous HIV-positive gay and even the HIV-positive director Jarman were forged.

His solution is precisely the assumption of a body placed in *myse en abyme* (to his sometimes-modernizing taste) that, by problematizing the limits of a narration that is always *in media res*, inaugurates an ethic in which body, flesh and cinema cannot be distinguished: “My work is my life. I would carry on working. I am doing that now, turning the virus round” (Jarman, 1992, p. 196).

All in all, the precariousness of Jarman’s body (1992, 1994a) calls for another precariousness, common to all telling, to all saying about the body. Let us say in a way that blue funk functions as *a condition of intelligibility* – in other words, as iteration, as erasure, as *regeist*. *It is a fate*. He is *fated*, just as we are.

Hence, what we, as spectators, envision as a body still remains open. What utopia are we talking about, after all, when we make a body out of a voice, even within the limits of its blue *blue funk* opacity? This is what we will answer in the last subsection.

Vocal technobody, biotechnovoice

From now on, we will expand our reading of *Blue* as an audiovisual assemblage (Bennett, 2010) that, in the AIDS apparatus, triggers the unstable and local borders (Barad, 2017 [2011]) of a vocal body (Connor, 2004; Cavarero, 2011), which operates in the regime of the biotechnovoice (Camozzato, 2022a, 2022b, 2022c), both plural and relational (Cavarero, 2011), pointing not to a subject (despite the autobiographical nature of the film, heavily invested in its critical reception), but for a multiplicity of forces. Among the forces acting on the film’s topology, for example, is the non-human agency of the virus and the immateriality of the voices of those killed in the epidemic – “David. Howard. Graham. Terry. Paul”.

Biotechnovoice, as traced by Camozzato (2022), is a *material discursive semiotic* tangle in which nature (the sphere of the living, as *bios* or *zoe*), culture, technologies, discourses and apparatuses are inextricably interpenetrated. Its objectual unity – ultimately, the vocal body that Connor (2004) tells us about, the body produced by the voice and the bodies to which the voice is referred – is only configured in local

agencies which, in the voice without organs (VwO) regime (Mazzei, 2013), do not indicate the acoustic persistence of a subject, but a heteroclitite composite of sound and non-sound elements.

It is essential to note that, for Camozzato (2022a, 2022b, 2022c), the instance of emergence of the biotechnovoice is precisely the regime of the performativity of gender-dissonant voices, that is, voices in whose materialization the deviation is inscribed, the failure in the face of the heterosexual and gendered disposition that invents and ritualizes gender and sexuality in the vocal substrate. We are talking here of voices whose sound will initiate a caesura that will speak of sexual and gender dissidence as ethics, aesthetics and erotic sounds of existence, but also as production of racialization (Foucault, 2010b) and abjection (Butler, 2019, 2016), which is intensified in the AIDS apparatus. Of the same order as the regime of gender-dissonance are the queer voices of Jarman-Ivens (2011), in the significant sonic openness to multiple, unstable and borderline identifications of gender and sexuality that they promote, and Bonnefant's (2010) queer listening, whose calibration is for the potentialities of tactility and sensuality that the queer vocal body holds.

Given that the vocal body, as outlined by Connor (2004), is a kind of secondary body formed by the tensioning and vibratility of the air in the corporeal process of phonation¹⁴ which, notwithstanding its vibrational materiality, is also endowed with an imaginary species of life, we question what the vocal body produced in *Blue* is, seen here as an agency. Our hypothesis is that the film, as a composite between organic (Jarman's body crossed by the infection and its effects) and technological (the film's strategies of recording, editing and distribution and, ultimately, the antiviral drugs and treatments), between material and discursive, between subjectivity and multitude (the singular voice and the autobiography, but the transitions between different voices practically indistinguishable from each other throughout the film, indicating a collectivized topology of queer experience and the effects of AIDS), will require an expansion of the notion of the vocal body, read here as the vocal technobody.

Back to *Blue*. Apprehending it from the biotechnovoice and vocal technobody will result to a question already asked by Khalip (2010, p. 78): "what would be the sound of AIDS anyway?". Our bet here, of course, is that there is no sound ontology for AIDS that *Blue* would express in its soundtrack, but rather that *Blue* produces its own ontology, which has the effect of creating an audiovisual experiment that displaces the centrality of visuality, made static in a klein blue continuum, to explore the heterotopias of the voice – for the topias and utopias of the body, the heterotopias of the voice –, so that the voice, in the economy of a body without organs, has its borders locally constituted at the vertex where the assemblages meet:

¹⁴ Something that is synthesized in the following excerpt: "[...] voice is produced through a process that necessarily creates stress, as air is directed under pressure through the larynx and then out through the mouth. As it moves it is modified, bent, detained, accelerated" (Connor, 2004).

- narrative/biographical/poetic text, in its testimonial character;
- *International Klein Blue* (IKB) monochrome screen – and the different tones assumed in the reproduction of the film depending on the saturation and brightness of the screen that displays it or the surface on which it is projected;
- cartographies through which the body transits –itself an irremediable topos – attacked by the syndrome (the sound of instruments in doctors’ offices and hospitals, the noises of waiting rooms, whispers, moans, silences);
- the soundtrack that features an original score by Fish Turner, experimental music by groups such as Coil, Miranda Sex Garden, Durutti Column, as well as Brian Eno and Erik Satie;
- Refugees from the war in Bosnia;
- Various noises (bicycle horn, coffee utensils, conversations in the background, wind noise);
- The AIDS apparatus;
- HIV virus;
- microorganisms from opportunistic infections;
- materials of the different modalities in which *Blue* was released, as an amphibious work that collapses the film format;¹⁵
- Recording and editing technologies employed in making the film;
- devices used to reproduce the film by its viewers;
- Derek Jarman’s interspecies body (Haraway, 2008), including his retina, his blindness;
- The interspecies body of the viewer who, by reproducing the film, enters the agency and makes a rhizome with the movie’s sound heterotopia;
- Derek Jarman’s articulate and inarticulate voice, as well as articulate and inarticulate voices of the film’s other narrators;
- And... and... and..., in the economy of rhizome of Deleuze and Guattari (1995).

This description – obviously not exhaustive – of the agency that will produce the diffuse unity of the biotechnovoice in *Blue* assumes, with Bennett (2010), that a *naive* attitude is necessary to approach the vibratility of matter from a neomaterialist viewpoint, that is, to direct analytical efforts towards horizons other than those of anthropocentrism. The elements of agency, moreover, are not isolated entities – for example, on the one hand, the noises and musicalities and, on the other, the articulated voices, or still on the other, the audio capture equipment or its reproduction – but it is in

¹⁵ *Blue* was simultaneously released on BBC Radio 3, on Channel 4 television, published as a zine (*Blue: Text of a Film by Derek Jarman*, with a print run of only 3,000 copies), but was also released in cinemas, as a soundtrack on a CD by Mute Records, all in 1993.

the form of intra-action that, in this composite, each element has its borders expanded – constituting the filmic unity – or restricted – constituting itself as a phenomenon (Barad, 2017 [2011]).

Regarding the sounds that will materialize the entry of the vibratility of nonhuman matter into the scene (Bennett, 2010) in a queer noisiness whose effects, in *Blue*, are not hierarchically inferior to articulated voices – which are themselves, at the limit, noise – it is necessary to note that voice, speech and noises are, in *Blue*, on the same ontological level. If the queer voices, as Khalip (2010) and Jarman-Ivens (2010) show us, materialize at the limits of articulation in language and intelligibility, the body without organs sound texture will not necessarily produce to a subject, so that “[...] *Blue*’s soundscape neutralizes the subjects’ sense of priority over its environment” (Khalip, 2010, p. 82). A matter of “it” in the “I”, as Bennett taught us (2010).

When we talk about the agency of Jarman’s body crossed by the syndrome and opportunistic infections – such as cytomegalovirus (CMV) in his retinas – we do not read Jarman’s biographical project (related to queer cinema and the coming out of the closet of those who have tested positive) in a cause-and-effect relationship. It is not, for example, about attributing the formal experiment of the static screen in International Klein Blue directly to Derek’s progressive loss of vision, but rather paying attention to the role played by bodily vulnerability and the agency of nonhumans (micro nonhumans) in the film. The locality of your body, again a matter of inclusive exclusion, enters the agency becoming a collectivized technobody: infections, drugs,¹⁶ blood, belladonna, cells, marches, cinema, living with AIDS, war in Bosnia, dykes on bikes, hospitals, retinas, alliances, sound archaeology, word cataloguing, fine arts, gardens etc.

The questions posed by the vocal technobody and biotechnovoice in the case of *Blue*, moreover, will converge to trigger more problems with regard to representation, both of the body and of the film itself. “On display” is the impasse produced by the hypervisibility of suffering and spectacularization of bodies with AIDS, of which Oliveiro Toscani’s advertising campaign for United Colors of Benetton featuring activist David Kirby on his deathbed was the epitome. Specifically in *Blue*, Lawrence (1997, p. 248) puts the dilemma of representation in the following terms: “[...] how would he represent the disease that he knew would outlast him?” Lawrence’s (1997) hypothesis is that Jarman, in the audiovisual strategy of a monochrome screen à la Klein, now associated with intense noise and a specific treatment of sonorities and vocalities, finds inspiration in the very process of infection of his body by the virus – the loss of vision that we have already talked about – and operates his film as a criticism of the representation.¹⁷

¹⁶ The film specifically mentions the antiviral DHPG describing its adverse effects, among them anemia, edema, hypertension, hypotension, ataxia, paresthesia, drowsiness, insomnia, anorexia, intestinal bleeding, psychosis, nausea, coma, headaches.

¹⁷ “In the pandemonium of image / I present to you with the universal Blue / Blue, an open door to soul. / An infinite possibility / becoming tangible” (Blue, 1993).

Of the same order is the slogan of the ACT UP movement, “Silence = Death” repeated by Sedgwick in the kind of epitaph he writes for his friend, Michael Lynch. For Sedgwick, the slogan points to the urgency of resuming the voices of the present and the past in the collective mourning of lost lives: “I see that everyone, living or dead, may occupy the position of the speaker, the spoken to, the spoken about” (Sedgwick, 1994, p. 258),¹⁸ something similarly indicated by another ACT UP slogan in 1990: “Stop looking at us: start listening to us” (Khalip, 1990). What we are dealing with here, in the face of the problem of representation and the image of AIDS, that is, a problem about what would or would not be filmable, a problem above all in the sphere of image and visuality, is to think not about representation but about effects – thing-effects as proposed in the neomaterialist analysis of discourses (Butturi Junior; Camozzato, 2023) – and about agency. If there is a limit to the representable – the death, the autobiography of AIDS – there is also the vibrancy of matter that suspends a modern anthropology and demands, for *Blue*, the invention of an assemblage that will function as vocal body resistance (Connor, 2004). Thus, in *Blue*, we would be in a regime of heterotopology, as Foucault (2017) would have it: of an inescapable corporeality that materializes and that can produce effects of displacement, transformation and invention.

Final remarks

In an interview given to *Le Nouvel Observateur*, in 1979, Foucault (2018 [1979], p. 21, our translation) described the concept of spirituality, which poses itself as a kind of opposition to epistemic traditions and their search for mathematical truth. For Foucault, spirituality concerned a denial of the subject. It is a “[...] practice by which man is transformed, disturbed, to the point of renouncing his own individuality, his own notion of subject”. The heterotopology we find in *Blue* points precisely to this fulcrum of possible invention, within the AIDS apparatus and its material-discursive injunctions.

When we come to the end of our text, it is this embodied and carnalized heterotopology that configures *Blue* as a practice of invention and a mark of the aesthetics of existence, always in a process of assemblage. So, let us see: we begin the text by describing the intra-actions to be sought, and then we come across the supposedly negative exercise of Jarman’s cinema: a no to the author, to the image, to the body.

However, we note that the practice is blue funk: Jarman does not wait for subjects and things as in a happy teleology. He is the one whose body and whose life, whose flesh and whose things are placed on the public stage and who, by denying the bodily individuality, the imagetic subjectivity of the AIDS apparatus, ends up inventing himself in a vocal body. A “militant life”, as Michel Foucault (2011 [1983-1984]) pointed out about cynical parrhesia.

¹⁸ In Sedgwick, but also in Jarman, what will be said of the problem posed by the voice is not only its vibrant materiality, the voice that speaks, but also the absence of its materiality, that is, the voices that, despite no longer sounding, continue to speak.

This vocal body, as we have tried to show, also repels the totality of a body. In *Bacon*, Deleuze (2007 [1981]) paid attention to what was of the order of *viande*, of the pure flesh, of the body without organs that did not organize itself and pointed out the failure of all representation but also the strength of things in intra-action with these fleshs. It is precisely in this supposed disorganization that Jarman's practice gains thickness, queer and blue funk. It is this other body, utopian but soaked in the Earth, in blue, that we try to show – almost like an oxymoron.

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BUTTURI JUNIOR, Atilio; CAMOZZATO, Nathalia Muller. O *blue (funk)* de Derek Jarman: a biotecnovoz como heterotopologia do corpo com hiv. *Alfa*, São Paulo, v. 68, 2024.

- **RESUMO:** Neste artigo, partindo de uma análise neomaterialista dos discursos, nosso objetivo é analisar a biotecnovoz como heterotopologia do corpo (corpo-vocal) no filme *Blue*, de Derek Jarman, tomando-a como ponto de problematização da vida gênero dissidente com hiv nos anos noventa do século XX. Interessa-nos, por um lado, pensar o queer e a exceção materializados no cinema e, por outro lado, os modos pelos quais a voz, lida como biotecnovoz, coloca-se no limite entre o corpo, a língua e os processos de subjetivação produzidos no dispositivo da aids. Para dar conta dessa rede de distribuição de agência e de efeitos, nos valem de breves discussões acerca dos dispositivos, do cinema queer e do conceito de biotecnovoz. Concluímos que, não obstante os esforços de normalização, nem a voz como conceito nem o corpo-vocal da pessoa que vive com hiv podem ser subsumidos a práticas de circunscrição normativa e que, no filme de Jarman, é justamente a heterotopologia que funciona como resistência e invenção.
- **PALAVRAS-CHAVE:** biotecnovoz; dispositivo da aids; tecnobiopolítica; queer cinema; Derek Jarman.

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