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Camp Cures (the Stigma of Illness).
Escaping the Tyranny of Caring, Charity, and Positive Thinking
in Adam Mars-Jones' "Slim"

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I thought, illness is a failure, that's obvious. You don't have to be well to know that. But what is it a failure of? And at that moment, the answer seemed to be: imagination.¹ (Adam Mars-Jones)

Camp is a product of imagination. On some level, it is a way to obtain power in one's own life. On a deeper level, it is the ability to see beyond what is clearly obvious; to grasp a reality beneath or totally separate from what is taught.² (Michael Bronski)

In the slang of the caring profession, there is an enduring use of the personal pronoun "we" whose infantilising effect – and I am sure "we" all share this view - is indeed hard to endure. Pronoun it may be, personal it surely isn't. On a larger scale, the inadequacy of this pathetic, in fact pseudo-empathetic, babble becomes increasingly apparent, especially for two reasons whose incompatibility exposes the true dimension of the dilemma. Firstly, this sort of talk excruciatingly extends into an overkill of compassion, well-meaning, and good advice, whose self-righteousness in time results in normative stereotypes of healthy living: positive thinking, creative visualisations, and not least, physical exercise. Secondly and simultaneously, though, this tyranny of caring can barely conceal the fact that illness is still widely viewed as a stigma. Entering the present discourse of HIV and AIDS at this point, one can hardly fail to notice that it is this very stigma that increasingly forces gay men into normative spectacles of health, even though, as Dollimore accurately contends, "contesting these negative representations (homosexuality = pathology = death) could never be just a question of substituting positive ones (homosexuality = health = life)" (Dollimore, *Death, Desire and Loss* xi). Put simply, there is urgent need for a cure against the stigma of illness, a cure that successfully counters both the debilitating, indeed incapacitating, treatment of the patient and his called-for charade of healthy living. One such cure is camp.

As Caryl Flinn stresses, "AIDS [and other recent impacts] have certainly *reconfigured* camp, but they have not killed it" (Flinn 454). Reversing the angle slightly, one may as well deduce that AIDS has revived camp in ways that reconfigure and, hence, reinvest and reassemble it. In fact, the history of camp is one of constant modification: an essentially gay sensibility in the 1970s, camp has meanwhile turned into a proficient tool of deconstructivism.

Since AIDS, however, camp needs to make allowances for yet a different psychic requirement: reparation. In an additive reasoning, then, Eve Sedgwick invests camp with a surplus reparative quality, arguing that “[t]he desire of a reparative impulse [...] wants to assemble and confer plenitude on an object that will then have resources to offer to an inchoate self” (Sedgwick, “Paranoid and Reparative” 149). Thus, “[t]o view camp as, among other things, the communal, historically dense exploration of a variety of reparative practices is to do better justice to many of the defining elements of classic camp performance” (149). Camp thus emerges as an accumulation of both reparative and paranoid practices: the former primarily aiming at amelioration, consolation and healing, and the latter at more familiar camp objectives, such as denaturalisation, demystification and exposure. Moreover, Sedgwick insists that “it is not people but mutual positions [...] that can be divided between the paranoid and the reparative; it is sometimes the most paranoid-tending people who are able to, and need to, develop and disseminate the richest reparative practices,” positing that these practices coexist within the same individual, within the same textual body (150).

In the following discussion of Adam Mars-Jones’ “Slim,” a thus reconfigured camp is shown to infiltrate current discourses on health in ways that eventually do justice to both its facets: paranoia and reparation. The short story makes double use of camp both as “an invasion and subversion of other sensibilities” that exposes the insufferableness of the tyranny of caring, and as a source of surplus consolatory impulse that provides the narrator with a psychic resource, deliberately and intentionally artificial, of an anti-serious, yet comforting imagination, that persistently disrupts the disciplinary regime of this tyranny from within, temporarily and locally (Dollimore, *Sexual Dissidence* 311).

“Slim” is the story of an AIDS-victim who struggles with two dissimilar kinds of impairment, one that is inflicted upon him by the creeping progression of the lethal disease itself and another that is inflicted upon him by the just as creeping regression of his self-conception as a ‘normal,’ as in healthy, human being, which is brought about by a social environment whose patronising benevolence more and more reduces him to a human being below standard; that is a patient. The narrator himself starts his account with a radical rejection of the term AIDS: “I don’t use that word. I’ve heard it enough. So I have taken it out of circulation, just here, just at home. I say Slim instead, and Buddy understands. I have got Slim” (9). Evidently, this rejection is by no means to be considered a denial of illness itself, but a way to counter the stigma that follows from a subjection to medical terminology. His linguistic replacements, however, cannot safeguard him from the well-meaning intrusions of the tyranny of caring, which have indeed already begun when the narrator admits that “I do my bit of adjusting too. [...] I’ve decided if he can say slim and blackcurrants [instead of ‘lesions’] to oblige me, I can meet him halfway and call him Buddy” (10). His adjustments,

though, are subverted by camp; and they need to be, for, as we shall see later, the tyranny of caring frequently reveals not only the most homophobic, but indeed the most misanthropic attitudes.

In the jargon of the AIDS Trust and other caring institutions, then, the term 'Buddy' refers to a volunteer who supports people suffering from HIV and AIDS by taking care of minor matters like shopping, cooking, and correspondences. The person he looks after, in contrast, is termed a PWA, i.e. a 'Person With AIDS,' or, for the absurd sake of political correctness, a PLWA, i.e. a 'Person Living With AIDS.' The divergence within this official terminology is striking: on the one hand, an American slang expression with all its connotations of sexual innuendo, and on the other hand, a newly established acronym whose anonymity hardly reveals so much as the second-rate human status of the patient. Compared with 'Buddy,' be he friend or lover, the P(L)WA in due course emerges as an infantilised, in effect de-sexualised, bunch of letters. The subsequent passage, however, evidently illustrates how the narrator of "Slim" does some camp (re)adjusting, factitiously Wildean, of this dehumanising, and indeed factitiously Orwellian, scenario:

Instinctively I think of him as a social worker, but I know he's not that. He's a volunteer attached to the Trust, and he's got no qualifications, so he can't be all bad. What he does is called *buddying*, and he's a buddy. And apparently in *Trustspeak* I'm a string of letters, which I don't remember except the first one's P and stands for person. Apparently they have to remind themselves. ((10)
second emphasis added)

The sensibility that is invaded here, of course, is that of the caring profession, associated with the Trust. And it is invaded by a disturbing allusion to George Orwell's *Nineteen Eighty-Four*: Trustspeak. Referring back to *Newspeak*, the official language in Orwell's visionary dystopia, the narrator thus reveals the structure of the AIDS Trust to be one of minimum humaneness and maximum degradation. And as we have seen, this degradation is primarily a linguistic one which aims at both the infantilisation and the de-sexualisation of the AIDS-patient and which, thus, displays an unsettling cohesion with Orwellian Oceania in terms of both the incapacitation of the human being, at which stage 'Buddy' may reveal yet another innuendo, i.e. the big brother, and the phobic control over sexuality that marks the novel's nightmarish vision. Like Winston Smith, the narrator of "Slim" is confronted with an allegedly benevolent regime that disallows physical contact. In times of AIDS, however, these implications connote a dire social reality, indeed a taboo: the P(L)WA has no sexuality. Besides, these implications eventually echo some of the most uncanny policies concerning the AIDS crisis, in particular the demand that chastity be the best means of protection, when this ideological control of people's sexual lives is in fact a disciplinary coercion that works through the implantation and

exploitation of fear. Countering this paranoid vision on a personal level, however, the narrator precedes the Orwellian view of the Trust with the characterisation of his 'Buddy' who has "no qualifications, so he can't be all bad" (10). The recuperation of the Trust is thus brought about by a Wildean valorisation of the useless, in this case 'Buddy.' And according to Wilde, of course, "[t]he only excuse for making a useless thing is that one admires it intensely" (*Dorian Gray* 4). In the end, then, the P(L)WA makes use of the reparative resources of camp to subvert and defy his called-for de-sexualisation.

The narrator's camp rebellion against the tyranny of caring continues with the clever invasion of a pseudo-therapeutic piece of advice, creative visualisation; an approach that decidedly falls into a confidently esoteric category of cure, positive thinking: Everything is going to be all right, as long as you believe it. The narrator in fact demonstrates how a dissident creative visualisation eventually arrives at the opposite result: Everything is somehow wrong. And as a matter of fact, the way to positive thinking, un-camp version, turns out to be blocked by no less than Raquel Welsh:

One of the things I'm supposed to be doing these days is creative visualization, you know, where you imagine your white corpuscles strapping on their armour to repel invaders. [...] I don't seem to be able to do it. I get as far as imagining my white corpuscles as a sort of cloud of healthiness, like a milkshake in the dark flow of my blood, but if I try to visualize them any more concretely I think of Raquel Welsh, in *Fantastic Voyage*. That's the film where they shrink a submarine full of doctors and inject it into a dying man's bloodstream. He's the president or something. And at one point Raquel Welsh gets attacked and almost killed by white corpuscles, they're like strips of plastic - when I think of it, they *are* strips of plastic - that stick to her wetsuit until she can't breathe. The others have to snap them off one by one when they get her back to the submarine. It's touch and go. So I don't think creative visualization will work for me. It's not a very promising therapeutic tool, if every time I try to imagine my body's defences I think of their trying to kill Raquel Welsh. I still can't persuade myself the corpuscles are the good guys. (12)

The 'failure' of this creative visualisation evidently results from a reversal: Stimulated by his imagination, the narrator reassesses the role of his white corpuscles, with the effect that they mutate from a cloud of healthiness, indicating the 'proper' procedure of creative visualisation, into murderous strips of plastic, indicating his imaginative objection to positive thinking. The crucial question, then, has got nothing to do with either failure or success. Put differently: What is being visualised here? Is it the fight against a virus or the fight against stigmatisation? More specifically, considering that any form of creative visualisation principally aims at the

mobilisation of psychic resources: what reparative aspirations can be achieved, realistically, by creative visualisation? What lies within the realm of the possible? To answer this question, one first has to note the deficiencies of the ‘proper’ *modus operandi* of creative visualisation. In this case, an AIDS-patient is encouraged to identify with his white corpuscles in order to imagine a war-like scenario during which this miniature army bravely combats a nevertheless indestructible invader, the HI-Virus. This scenario is conclusively one of minimum consolation and, moreover, one of minimum creativity, too. Rather than trigger reparative resources, it once again reduces the patient to a truly pitiable, but eventually hopeless case. ‘Proper’ creative visualisation thus pictures the fight against the virus; a fight, however, that is at long last doomed to failure.

Quite the reverse, then, ‘camp’ creative visualisation responds to an entirely different target, i.e. the stigmatisation of the sick. To refresh our memory: *Fantastic Voyage*, released in 1965, is a trash-inspired spy film from the time of the Cold War period. In it a group of American surgeons try to save the life of Jan Benes, a scientist who has discovered a way of shrinking people, indeed whole armies, for military purposes. Benes has escaped from behind the iron curtain; however, injured by KGB agents he is now comatose and a blood clot in his brain threatens to do away with him. The surgeons, themselves shrunk and equipped with a mini-submarine, have no more than one hour to travel through Benes’ bloodstream up to his brain and remove the blood clot, their major opponent being Benes’ own immune system, his white corpuscles. Doing away with dull war scenarios, *Fantastic Voyage* is itself an anti-serious and hilariously campy expedition. More significantly, it reverses the preconditions of creative visualisation. The starting point, however, initially remains the same: Identify with your white corpuscles, since they stand for a miniature army that is designed to re-establish health. So far, so good. What happens next, though, is an uncanny conversion of the comatose body, a conversion that clearly depends on a misreading of the film: In the *Fantastic Voyage*, Jan Benes is a scientist; in “Slim,” he is “the president or something” (12). As a result of this conversion, the narrator not only thwarts any identification with the comatose body, but additionally, he sets this body up as the personification of the head of state. In other words, what is being protected by the white corpuscles is no longer the body of the narrator, but the presidential body, or: the body politic. Pursuing this line of thought, one has to conclude that the body politic is being kept comatose by its white corpuscles. Waiting in the wings, however, is a camp replacement, a rescue party headed by Raquel Welsh. They start out to cure the body politic from its comatose condition. They *are* the camp cure that is constantly being attacked by its white corpuscles. The narrator thus faces two evidently irreconcilable imperatives: Firstly, to identify with his white corpuscles, because they can restore health; and secondly, to save Raquel Welsh and in turn save his camp imagination. The problem, then, is

this one: What does it mean to re-establish 'health' in the body politic? Is a comatose, anxiously camp-free, and by implication homophobic, body politic worth being maintained? And furthermore, what do the white corpuscles end up signifying in such a body? Suddenly, we see ourselves confronted with the twisted and perversely homophobic logic of ultra-conservatives such as Pat Robertson, for example, who hold that "AIDS is God's way of weeding his garden," or, for that matter, that 'AIDS cures homosexuality' (cf. Sedgwick, *Epistemology* 129). Profoundly disturbing, within this logic the white corpuscles and the virus become interchangeable. In other words, within this scandalous logic AIDS comes to represent the white corpuscles of the body politic. No wonder, therefore, our narrator rejects identification with them. For him, the invaders are the good guys. Headed by camp icon Raquel Welsh, they move off to cure 'brain damage.' Now this, of course, seems to be a somewhat more powerful reparative fantasy with regard to psychic regeneration. It does not turn against the disease itself (an undertaking that would utterly overestimate the potentials of creative visualisation), but against the bleak condition of both the patient who succumbs to the anaemic imagination of 'proper' positive thinking and, equally significant, a political and cultural environment that ferociously stigmatises the sick. In other words, by rejecting normative and imposed models of positive thinking, the narrator defends his own paranoid and reparative resources; resources that, in contrast to those models, turn out to be cautious, consolatory and, indeed, strikingly creative. To state this point clearly: Creative visualisation kills creativity, camp imagination keeps it alive.

Moving relentlessly towards the heart of the tyranny of caring, the narrator next approaches the latter-day incarnation of love and compassion: Lady Diana Spencer. One more camp icon, the late Princess of Wales has become the epitome of another scarcely sufferable sensibility: charity. Touring the AIDS wards of the country, "the grace that placed itself where lives were torn apart" - preferably on TV, though - could not even lessen her personal dilemma, let alone the agony of her protégés. Unmoved by false glamour, the narrator of the short story suspects the words she "whispered to those in pain," as Elton John puts it in his sad, indeed involuntarily camp lament, to be nothing but the silent avowals of heartfelt revulsion³:

My grooming standards are way below Buddy's, but perhaps they always were: There's not a lot I can do about that now. If the Princess of Wales was coming to pay me a visit, if she was coming to lay her cool hand on my forehead, stifling her natural desire to say Oh Yuk - I'm with you there, Di - I might even trim my fingernails. But not for Buddy. Fingernails are funny. They're the one part of my body that seems to be forever flourishing under the new regime. They grow like mad. But the Princess of Wales isn't coming any time soon. I

happen to know that now, now as we speak, she's opening a new ward in a [...] hospital. (14-15)

The staging of charity is subverted by the literal interpretation of an old myth: the royal touch. In the Middle Ages, the touch of the sovereign was held to cure a skin disease called Scrofula, also known as the King's Evil. According to legend, Edward the Confessor, the first miracle healer, was thought to have received this gift from Saint Remigius. Thousands and thousands of people were miraculously touched as this ritualistic procedure was carried forward through the centuries. It came to an end in 1714, following the death of Queen Anne and the end of Stuart England. The Hanoverians evidently had their doubts vis-à-vis Catholic miracle cures.⁴ In *Macbeth*, Shakespeare included a reference to this cure in the scene about the consolidation of the alliance between Malcolm and Macduff.⁵ In the course of the last century, however, Scrofula became infrequent. Being a form of tuberculosis, it was more or less wiped out with the decrease of this diagnosis, until - with the emergence of AIDS – suddenly reappeared as an opportunistic infection. Subsequent to the regimes of caring organisations and the state, the sick are now shown to hand over their fates to an even higher and allegedly more benign regime, namely royalty and its God-given powers. The narrator's objection against charity, however, exposes the public performance of doing good. When compassion comes your way, you better trim your fingernails first; a select example, for, etymologically, the word *manicure* derives from the Latin [*manus*: "hand"; *cura*: "care"] and, hence, this example clearly implies that the hand of the sick plays a far more vital part in this glamorous staging of the royal touch than the royal hand itself. The hand of the sick may turn out to be a serious spoiler. Curiously then, the public performance of charity at once provokes an equally public performance of health, or at least neatness and spruceness, on the side of the sick. The parts of the guardian angel and her protégés are in some way reversed: We no longer witness agony touched by royal grace, but royal grace bravely descending into the pits of suffering and affliction. In fact, we witness the volte-face of compassion: Poor Di, let's trim our fingernails to make things easier for *her*. Put another way, once the sick come to be dependent upon charity, they might as well resume their faith in the royal touch, since both are first and foremost designed to absolve the healthy, and indeed, to stage the allegedly unbridgeable gap between them.

All the campy readjustments mentioned so far, however, are at last exceeded by one revision whose sad and touching impact discloses the damage that underlies all camp performativity. In the end, the narrator has to confront his own, long-treasured but nevertheless defenceless, reparative resources, in particular the opera:

I used to cry to opera, Puccini mostly. Don't laugh. I thought the best soundtrack was tunes, tunes and more tunes. But now I cry mainly to a record I never used to listen to much, and don't particularly remember buying: *Southern*

Soul Belles, on the Charly label. I find records far more trouble to put on than my opera cassettes, but *Southern Soul Belles* is worth it. It has a very garish cover, a graphic of a sixties soul singer with a purple face, for some reason, so that she looks like an aubergine with a beehive hairdo. The trouble with Puccini was that you could hear the voices, but never the lungs. On *Southern Soul Belles* you hear the lungs. When Doris Allen sings “A Shell of a Woman” you know that she could just open her mouth and blast any man out of the door. Shell she may be, breathless she ain’t. There’s a picture of her on the back cover. She’s fat and sassy. She could spare all the weight I’ve lost. Just shrug it off. Her lungs must be real bellows of meat, not like the pair of wrinkled socks I seem to get my air through these days. (11)

In this passage, camp is shown to invade itself. More specifically, the sensibility invaded here is the highbrow conceit of a self-appointed elite of gay art connoisseurs who, as Sontag has it, “constitute themselves as aristocrats of taste” (Sontag 64). Besides, this melancholy invasion is deeply nostalgic, reminiscent of a former self prior to the internalisation of gay stereotypes, indeed prior to homonormativity.⁶ Are we to assume, then, that the narrator bought *Southern Soul Belles* at a time when the stigmatisation of homosexuality still required him to shout out at the top of his lungs, just like the stigmatisation of the AIDS-patient would now? Perhaps. The problem with Puccini is that you can only hear the voices. And, of course, the problem with the voices is that they exist within an aesthetic ivory tower, the gilded cage of the gay man. The narrator of the short story does not need voices, but lungs. What he needs is volume. No wonder he sides with Doris Allen. What they primarily share is a marginal social position. The depiction of the black singer on the record cover unmistakably alludes to a famous insult, namely ‘eggplant.’ This slur is often used by whites, in particular Italian-Americans, to slight African-Americans.⁷ Figuratively speaking, then, it reverberates in both the power difference between Puccini and Doris Allen, linked with the smug distinction between high and pop art, and that between the well-established gay aesthete and the literally *unheard*-of AIDS-patient. By rephrasing the slur term, however, the narrator disempowers the insult with a sympathetic, almost tender, campiness so that the outcome, namely “an aubergine with a beehive hairdo,” in the end amounts to a term of endearment. Being abstractly reduced to a P(L)WA himself, he can certainly recognise the need for reparative affectionate forms. Apart from their shared marginality, however, Doris Allen and the narrator do not appear to have much in common: She is “fat and sassy,” he is slim. Her lungs are “real bellows of meat,” his a “pair of wrinkled socks” (11). In terms of health, she has everything he lacks. Above all, however, she still has the capacity to shout out loud, the power to yell at the top of her voluminous lungs. And what

he needs most of all is yelling. So nowadays, she yells for him, for he no longer can. To be sure, this sounds like a truly good cause for tears.

What keeps the narrator going, then, is first and foremost his camp imagination. It prevents him from succumbing to the tyranny of caring, a sensibility that eventually only achieves his stigmatisation as a second-rate human being: someone who no longer has a name or a sexuality, someone who is considered a contaminant to society; someone who embodies a responsibility the public desires to pass on to myth in order to find absolution. Moreover, camp imagination enables the narrator to demonstrate that the tyranny of caring in effect incessantly reproduces the stigma of illness, precisely because stigmatisation serves to conceal the reasonable public fear that the tyranny of caring is itself ill-equipped to confront the virus. Put another way, the tyranny of caring exploits stigmatisation to conceal its own subjection to AIDS. At the same time, however, it is clear that the disruption of the tyranny of caring via camp is necessarily temporal and local. At some point the social will inevitably intrude on the psychic and spoil its reparative impact. And thus, in the closing paragraph of the short story, the narrator watches his stainless Buddy “as he merges with other ordinary healthy people” (18), knowing he will never be like *them* again.

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¹ The quote is taken from Adam Mars-Jones' "Remission" (165). Like "Slim," this text has been published in a short story collection called *Monopolies of Loss*.

² In this quote from his book *Culture Clash*, first published in 1984, Michael Bronski already alludes to an important distinction between the psychic and the social aspects of camp. As the following discussion will show, a similar distinction has later been famously put forward by Eve Kosofsky Sedgwick who differentiates between two different perceptions of camp, namely as a reparative practice and as a paranoid practice.

³ Both citations are taken from Sir Elton John's notorious musical obituary to Lady Diana Spencer, "Goodbye, England's Rose." The lyrics of the song are quoted from *The Illustrated Elton John Discography* <<http://eltonography.com/>>.

⁴ First published in French in 1924, the most detailed examination of the thaumaturgic escapades of royalty up until today is still to be found in Marc Bloch's *The Royal Touch: Sacred Monarchy and Scrofula in England and France*. Bloch offers a meticulous analysis of historical sources, providing his readers with an extensive survey on the myth of the royal touch, from its origin in the Middle Ages to its eventual decline in the Eighteenth Century.

⁵ In Act Four, Scene III of Shakespeare's *Macbeth*, Malcolm eventually regains confidence in Macduff's loyalty towards his home country, Scotland. Between the two of them, they form a coalition against the tyrant, Macbeth. As they organise their resistance, they are intruded on by the doctor. He announces the arrival of the English king who is to perform the thaumaturgic ritual of the royal touch that aims at the healing of a group of Scrofula-diseased subjects. The relevant passage is the following:

MALCOLM. Well, more anon.
[To the Doctor] Comes the king forth, I pray you?
DOCTOR. Ay, sir; there are a crew of wretched souls
That stay his cure: their malady convinces
The great assay of art; but, at his touch,
Such sanctity has heaven given his hand,
They presently amend.
MALCOLM. I thank you, doctor.
[Exit Doctor]
MACDUFF. What's the disease he means?
MALCOLM. 'T is called the evil:
A Most miraculous work in this good king,
Which often, since my here-remain in England,
I have seen him do. How he solicits heaven,
Himself best knows; but strangely-visited people,
All swoln and ulcerous, pitiful to the eye,
The mere despair of surgery, he cures;
Hanging a golden stamp about their necks,
Put on with holy prayers: and 't is spoken,
To the succeeding royalty he leaves
The healing benediction. With this strange virtue
He hath a heavenly gift of prophecy;
And sundry blessings hang about his throne
That speak him full of grace. (4.3.139-159)

⁶ In his brilliant analysis of the opportunistic inclinations of camp, "For Interpretation: Notes Against Camp," Andrew Britton detects in camp a tendency towards conformist submission that disguises itself as free choice, even though it eventually results in a socially sanctioned homonormativity. Denouncing both the stereotypes of style professions and aesthetic fads, Britton contends that "[t]he failure to conceive of a theory of ideology is continuous with an untenable theory of choice. [...] In order to explain the fact that gay men gravitate towards certain professions [and fads], one has to adduce the 'discredited social identity' of gays as the determining factor of the choice rather than suggest that the choice alleviates the discredited social identity" (139). Consequently, this "house-trained version" (138) of aesthetic 'transgression' merely serves "to confirm the existence of a special category of person - the male homosexual" (ibid.) by complying "to give an objective presence to an imaginary construction of bourgeois psychology" (ibid.). In this case, camp is thus reduced to a mode of homonormative self-fashioning that, according to the short story, lacks both paranoid alertness and reparative resources.

⁷ The *Urban Dictionary* <<http://www.urbandictionary.com/>> lists the term 'eggplant' in the above mentioned sense. And moreover, it stresses that 'eggplant' is primarily used by Italian-Americans to insult blacks.