

**Live Cultures: Illness, Mortality, and Masculinity in Contemporary Spanish Film**

A Dissertation Presented

by

**Bobby Dean Allbritton**

to

The Graduate School

in Partial Fulfillment of the

Requirements

for the Degree of

**Doctor of Philosophy**

in

**Hispanic Languages and Literature**

Stony Brook University

**December 2011**

UMI Number: 3490434

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent on the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 3490434

Copyright 2012 by ProQuest LLC.

All rights reserved. This edition of the work is protected against unauthorized copying under Title 17, United States Code.



ProQuest LLC.  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 - 1346

**Stony Brook University**

The Graduate School

**Bobby Dean Allbritton**

We, the dissertation committee for the above candidate for the  
Doctor of Philosophy degree, hereby recommend  
acceptance of this dissertation.

**Kathleen Vernon – Dissertation Advisor**  
**Associate Professor and Director of Graduate Studies, Hispanic Languages and Literature**

**Daniela Flesler – Chairperson of Defense**  
**Associate Professor, Hispanic Languages and Literature**

**Lisa Diedrich**  
**Associate Professor, Women's and Gender Studies**

**Adrián Pérez Melgosa**  
**Assistant Professor, Hispanic Languages and Literature**

**Paul Julian Smith**  
**Distinguished Professor, Hispanic and Luso-Brazilian Literatures and Languages,**  
**City University of New York (CUNY)**

This dissertation is accepted by the Graduate School

Lawrence Martin  
Dean of the Graduate School

Abstract of the Dissertation

**Live Cultures: Illness, Mortality, and Masculinity in Contemporary Spanish Film**

by

**Bobby Dean Allbritton**

**Doctor of Philosophy**

in

**Hispanic Languages and Literature**

Stony Brook University

**2011**

*Live Cultures* explores the ways that democratic Spain has been understood, written, and filmed as an ill kingdom, and how illness as bodily effect is an ontology that affects our understanding of our discrete selves. To consider illness a dark geography, as Sontag wrote in *Illness as Metaphor*, begs a continual re-interpretation of the relation of self, body and nation, an understanding of healthy or ill citizenship as it is inscribe into the body. This politicized inscription does not function alone but in tandem with gender, considering the ways that illness in its most base function operates some effect on the body and mind, on the notion of self as whole, complete, and functioning. Likewise, masculinity, in its role as gender practice that adheres to some concept of the ‘body,’ cannot be divorced from illness. I hold that illness is always already tied into masculinity, the two so fused together as to be inextricable. *Live Cultures* examines this fusion and its byproducts, those “sick masculinities” that are reconfigured as examples of national health, of organic space, and as carriers of contemporary violence in Spanish film.

The introduction attempts to locate the germs of the project itself by beginning with Sontag’s classic text in illness studies and continuing with Foucault’s extensive work on illness as social event, and further on to more recent texts on illness as cultural, social, and gendered

bodily effect. This project engages those texts that deal with the philosophical and political ramifications of illness, such as Adriana Cavarero's work on the perception of the political body or Elaine Scarry's *Body in Pain*, which is most closely interested in the representation of illness as metaphor. *Live Cultures* focuses on three such metaphors of illness in particular. In my first chapter, Hobbes' notion of the body politic is discussed in light of select contemporary Spanish films, utilizing the filmic treatment of the body to articulate a particular Spanish conceptualization of its own nationhood. This is seen effectively in the body of Javier Bardem, which serves to represent the stately body in both its exceptionalism and its ordinariness, its sickness and health, life and death—and in the interstices where these meet. In focusing on violence as virus, as ill contagion, my second chapter explores the metaphors that frame outpourings of contemporary violence as direct effects of cross-generational malaise. In an analysis of select films of Agustí Villaronga, I find this viral violence and its linkage to a concept of inevitable genetics to express a modern concern with the resurging traumas of the past. Finally, by studying a selection of recent films by Pedro Almodóvar, my third chapter reads the queering of death and mourning as a way of reimagining the finalizing temporalities of normative time lines. Analyzing Almodóvar's particular work with gender and death as touched by asynchronicity, I explore the reversal of the obliterating effects of death in favor of its productive capabilities, the creational aspects of death within life.

**Dedication Page**

To Travis  
and the things we find in loss

PREVIEW

## Table of Contents

<b>Introduction:</b>	Germ	1
<b>1</b>	The Body Politic	15
	Song & Silence	30
	Bardem's Body	44
<b>2</b>	Viral Violence	63
	Infecting Memory	71
	On Infirm Ground	86
<b>3</b>	The Future Dead	106
	Pathogens	108
	Timing Out	131
<b>Conclusion:</b>	Mutations	151
<b>Bibliography</b>		160

PREVIEW

## Acknowledgements

In a line from her book *Weight: The Myth of Atlas and Heracles*, Jeanette Winterson writes of the composition of human bodies, which she claims to be stardust and potassium atoms that have succumbed to decay, things that are nothing more than the radioactive waste of a supernova. It is a provocative thought, being made of dead things, particularly as I consider the end of this dissertation and my graduate studies at Stony Brook University. So many people have helped guide me here, leading me to this particular point of my life, that I would need reams of pages to acknowledge them all. And what of the dead ends, the wrong-way streets I went down, the people who I started this journey with and who no longer walk at my side? I write of my grandmother in the introduction to this dissertation, and it is she who must always be thanked above all, and for everything: for love, for kindness, and for the gift of a language that remains a little foreign to me.

I also want to thank Kathleen Vernon, who not only edited, cajoled, and guided me through the entire process with determination and patience, but who also has provided hours of good advice that sometimes had nothing to do with the dissertation at all. Lisa Diedrich was a gentle reminder of the strengths of disciplinary knowledge, and her notes often kept me awake at night thinking about my place in the field of Hispanic Studies. Daniela Flesler, Adrián Pérez Melgosa, Lou Charnon-Deutsch, and Paul Julian Smith also more than kindly pointed out ways to strengthen the dissertation at key moments. Their close readings of my work and combined insight have been invaluable.

Many sincere and warm thanks to the friends who studied with me, paced the halls of libraries across New York with me, who thought about illness with me and helped me through some of my toughest moments: Gaby, Monica, Nooney, Meghan, Danny, and Sarah. Kibea! To my parents, for tirelessly championing my sometimes never-ending schooling, I send all of the love and gratitude in the world. To those that have come before, who made me what I am. To the dead and missing, and to those who lived among us and now are gone—may they be remembered not for what is lost, but what was gained in knowing and loving them.



## **Introduction**

### **Germ**

In *Illness as Metaphor*, Susan Sontag famously called illness “the night-side of life, a more onerous citizenship” before going on to say that “everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick” (2). Although her ultimate goal is to discredit the metaphors impressed upon illness, to flatten them and arrive at an untainted understanding of the term in its fullest sense, these opening lines suggest otherwise. The imagining of illness as geographical space, an emigration into a dark land, does something significant to the concept: it places boundaries around the category of illness, ordering it into an inhabitable and politicized space. Sontag speaks of illness as geography, which ultimately becomes at once a metaphor for identity and an understanding of the connections we as citizens have to our own undesirable and undesired countries—metaphorical and otherwise, interior and exterior spaces where we come into contact with other bodies, germs, and pathogens. Following this line of thought, representations of illness have the potential to challenge dominant narratives of wellbeing and health by representing the self as sick citizen and of one’s country as diseased and disabling. Sontag would disapprove that I’ve carried her metaphor further, that the opening moments of a work dedicated to stilling the metaphors of illness become, themselves, self-replicating signifiers. She is right to emphasize the fact that illness is a physical reality that affects the body in various and concrete ways. Nevertheless, it is vital that we also understand and critique the ways that illness as cultural category and concept—illness as metaphor, in other words—also delineates and upholds the shape of the social body, embedding patterns of sexual normativity while still carrying the potential to sustain new categories of personhood.

This dissertation proposes to explore the ways that post-dictatorship Spain has been understood, written, and filmed as an ill kingdom, and how trafficking in metaphors of mortality

and illness can redefine and subvert institutions and normative identities. To understand illness as a dark geography, as Sontag wrote, begs a continual re-interpretation of the relation of self, body and nation, an understanding of healthy or ill citizenship as it is inscribed into the body. It follows that this politicized inscription of illness onto the body will interact with gender and sexuality, considering the ways that illness in its most base function operates some effect on the body and mind, on the notion of self as whole, complete, and functioning. In short-circuiting the view of the healthy self, illness and its metaphors have the potential to rearrange normative perceptions of corporeal time lines, to bind or to splinter the relation of the physical body to a larger social body, and to redefine categories of gender and sexuality.

Why illness? At the beginning of Alejandro Amenábar's *Mar adentro*, a film that recounts the well-known (in Spain) story of quadriplegic Ramón Sampedro's fight for assisted suicide, a character poses a related question: Why death? Ramón is characteristically direct in his response, insisting that death is always with us, though we choose not to acknowledge it, that it will catch up with everyone, that it is part of us.<sup>1</sup> His answer redirects what we think of as a hard-wired instinct for survival at all costs. Why would one choose death over life? It is a question that hangs in the air, that no one comprehends in quite the way that Ramón does. It is also a question that I often find myself returning to in relation to my work on illness and mortality. What is it that I find there, in that dark country? Why would I choose illness? At least partly it is because we are all touched by illness and death at some point. We get sick with colds, we pass a cold on to someone; we get fevers, we get nauseated, we get food poisoning, we bleed; we are depressed, we are around people who are depressed. We are in accidents. We cause them. And then, in what we all hope is a long-delayed *eventually*, we will also face our own mortality. To say that this is a very personal project for me is to state the obvious, because illness is always

---

<sup>1</sup> An in-depth analysis of this scene and its larger importance in *Mar adentro* is provided in Chapter One.

personal. Whether it is my own health at risk or another's, illness returns me to my own personal wellbeing, or lack of it, and the weight of my interactions in the larger social body.

I think of a phone call I received, while walking in the snows at Syracuse. It was my sister, telling me that I needed to come home to Georgia because my grandmother was gravely ill. She had been diagnosed with pancreatic cancer and it was spreading through her quickly, the invading cancerous cells nesting in her like wasps. I don't remember much else from that time: the rest of the conversation with my sister, the flight I took, arrangements made to have my classes covered. I do remember walking in to the room she would die in. She had been released into hospice care due to the advanced stage of her cancer, and I walked in to that room afraid of her, afraid of her death, or just afraid of death. In that moment, she looked up at me from another world. I don't remember if we said anything to each other, if I sat by her side and spoke to her in Spanish to remind her of Puerto Rico. I do remember that illness, what it did to her, and how my own body held its promise. My family talked a lot about illness afterwards, about the likelihood of our genetic propensity for cancer and heart disease. In the weeks after her death it seemed like it could burst from us at any point, a betraying pancreas or liver or lung or breast that would let the illness in when we were least expecting it. Sometimes we still talk about it when a distant family member passes away, or when someone we know shows up in an obituary, but I think the urgency produced in mortal illness has largely passed. So when I am posed that question—Why choose illness?—I think of my grandmother, I think of my own body, and I think of how shattering the experience of illness can be. I also think of its binding powers, how it can connect, renew, and create relationships even as it destroys so much. Thus I am not denying the devastation of illness, or the realness of death and disease. Illness is shattering and devastating, yes, but how might that experience also generate something new within us, open up new

possibilities for identity formation? If illness is so deeply personal, it holds that it has the potential to define and delineate new facets of identity even as other features are ground down and destroyed. I want to hold on to the shattering experience of illness, but I also know that it can do so much more. This dissertation is the result.

It should be clear that I view the generative capacities of illness as a theoretical framework (a methodology of pathology, perhaps), and not a territorial issue. That is to say that, and at least in a Western context, the concept of illness is regularly viewed in sweepingly negative terms that seem to reproduce the same healthy/ill dynamic in social and political metaphors of the body. Writing about Spain has proved an interesting case, because its specific history means that metaphors of illness and mortality (to say nothing of masculinity) have taken on different shades and political overtones.<sup>2</sup> That is, references to amnesia and the viral spread of violence often carry implications of Spain's Civil War and ensuing dictatorship, and the types of citizens born in this moment and out of illness. Keeping those specificities in mind, I settle on three metaphors in particular: the body politic, viral violence, and death.

I want to capitalize on these metaphors as potentially radical ways of rewriting normativity. The films analyzed in the dissertation demonstrate new possibilities for politics, gender, and sexuality in ways that reflect the capacity of illness for being more than a damaging and destructive force. Or put in another way, I hold that the recasting of negative signifiers like violence, death, and illness provide possibilities for embracing a humanism grounded in mortality. Against the negativity of illness, I want to find traces of a freshly imagined contemporary Spain. I do not find Spain to be a particularly "ill kingdom" or "dark geography",

---

<sup>2</sup> The metaphor of the sick body as national body has certainly had productive outcomes, even when forming the underlying basis of an analysis. Studies such as Cristina Moreiras Menor's *Cultura Herida* and Teresa Vilarós's *El mono del desencanto*, to name only two, utilize the notion of the Spanish cultural body as diseased and sickly in order to diagnose specific cultural and political ailments and their treatments.

to return to Sontag, although it has a long history of being seen as both of these. Instead, I am attempting to understand the metaphors of illness that are bound into contemporary Spanish production, and how these constantly interact with gender—particularly, masculinity. It is my assertion that illness is used as a multi-pronged metaphor for a number of things; sifting through these metaphors, though, I hope to find that they always return to contagion, to the meeting of bodies in unexpected and explosive ways.

It is this metaphor, that of contagion, that seems to speak the most directly to the way that I envision the potential of illness, and can serve as a sort of master narrative for the dissertation. Fears of contagion often manifest themselves as fear of bodies in constant contact, and they can produce actions designed to close down this accidental interconnectedness. The fear of contagion by illness is a fear of the harm that proximity to the sick body can do, the ways that one's own discrete self can be affected through interaction with another. As Foucault writes in *Abnormal*, this fear originates in the quarantine practices of the 18<sup>th</sup> century, which served to create a disciplinary power that he refers to as “normalization.” It is this power, in part, that I am attempting to push against. The identification and curing of the bad germ, that abnormal cell that threatens the (social) body, becomes an imperative in the 18<sup>th</sup> century that continues to animate contemporary discourses of illness, gender, and sexuality.<sup>3</sup> As Foucault writes of the quarantine: “There is a series of fine and constantly observed differences between individuals who are ill and those who are not. It is a question of individualization; the division and subdivision of power extending to the fine grain of individuality” (46). The meticulous observation of the sick

---

<sup>3</sup> This is to say nothing of the (often anti-)racial and ethnic discourses that contagion has animated throughout Spain's history—from its utilization in medieval purges of Muslim and Jewish communities to 19<sup>th</sup> century eugenicist discourse and in contemporary anti-immigration rhetoric. This complex employment of contagion, with its variations on themes and racial stereotypes, would require an equally complex analysis. As such, I limit myself to the discussion of its effects on gender and sexuality.

individual<sup>4</sup> thus centers around the “question of producing a healthy population” (46), one that must be policed in order to be kept safe. The state of quarantine (and the quarantine of the State) produces conflicting political “dreams”: one that desires release from the law and lawfulness, and the obverse, a fantasy of utter state control in the form of “an exhaustive sectioning of the population by political power, the capillary ramifications of which constantly reach the grain of individuals themselves, their time, habitat, localization, bodies” (47).

This moment, the incorporation (rather than exclusion) of the sick into the political and social bodies of the state, emblemizes the modern production of power. This system of power “does not act by excluding but rather through a close and analytical inclusion of elements, a power that does not act by separating into large confused masses, but by distributing according to differential individualities, a power that is linked not to ignorance but rather to a series of mechanisms that secure the formation, investment, accumulation, and growth of knowledge” (48). The repartitioning of individual bodies into more or less coherent clusters conjures up a power system that is easily transferred into a variety of institutions, and the government of the body becomes the process through which the family, sexuality, and identity comes to be governed. The ultimate result is the production of normativity, within which bodies are policed, kept healthy and correct, and differentiated from those “abnormal” bodies that do not hold to the terms of wellbeing, in whatever form this takes—political, sexual, mental, or physical. Foucault’s interpretation of the effects of quarantine serves to question commonly held presumptions about the purely destructive or chaotic forces of illness, and he holds up the immense creational potential to be found in illness. Even the installation of a concept like

---

<sup>4</sup> Here, Foucault is directing himself specifically to the plague (as opposed to the major illness of the 17<sup>th</sup> century, leprosy) and the socializing effects produced in its victims. He will note, however, the category of “sick individual” has a multivalence that has been slowly developed and shaped over the ensuing centuries, and which has resulted in the extension of systems of political and juridical power over questions of physical, mental, and sexual health.

normativity, which is actively challenged throughout the entirety of this dissertation, emerges out of the state of quarantine, developed from an understanding of how illness produces bodily effects that have real social and political consequences. By underscoring the formation of government through the lens of the plague, Foucault defines population and the liberal state as biologically based, emerging from illness and the fear of contagion—which is, in many ways, a fear of death.

My bid for reclaiming the generative potential of illness and its metaphors, therefore, fashions a space—however liminal, however shadowed—to create and imagine new possibilities for the body politic. Jasbir Puar writes in *Terrorist Assemblages* that “all bodies can be thought of as contagious or mired in contagions: bodies infecting other bodies with sensation, vibration, irregularity, chaos... Contagions are autonomous, unregulated, their vicissitudes only peripherally anchored by knowable entities” (172). Speaking about contagion as abstract affective concept (rather than a solely physical interaction) allows Puar to highlight the interconnectedness of human bodies to each other. Likewise, her focus on infections or contaminations between bodies is an attempt to harness the unpredictability of contagion, which ruptures the borders between self and other in uneven and unexpected ways. The potential of contagion is that it complicates articulations of affiliation by rendering these unstable. In one sense, this is the answer to the political “dream” of lawlessness that Foucault mentions: a power grid that has been destabilized into an assemblage of loose connections and contingencies, fluctuating identity formations and mobile interpersonal sympathies. Puar radically recaptures the possibilities of imagining contagion and illness otherwise as a potential for queering representational practices and discourses of gender and sexuality.

The focus on masculinity in this dissertation, consequently, emerges from a number of converging lines. In proposing to destabilize gender and gender practices through the metaphors of illness, I work with films that utilize masculinity as a touchstone for understanding citizenship, the body politic, and the politics of the body. Much recent feminist and queer theory has chosen (and with good reason) to highlight the subjugated role that femininity plays in social structures of dominance or the ways that non-normative sexualities are marginalized in these same structures. As such, there has historically been a general hesitation to apply the same critical gaze to the roles of masculinity within society, no doubt for fear of once again silencing voices that only recently have begun to be heard. This is a valid fear, and at times the centrality that masculinity studies provides to the male body and gaze can come at the cost of a more thorough analysis of how femininity and sexuality are also part of systems of dominance. I follow Pierre Bourdieu, however, who holds that understanding the pressures exerted on masculinity as well as those that masculinity exerts on others is tantamount to understanding sexual domination in society. Bourdieu argues in favor of studying those “struggles over agencies which, through their negative and...largely invisible action, make a significant contribution to the perpetuation of the social relations of domination between the sexes” (*Masculine Domination* 116). Critiquing the dominant gender regime means that masculinity must be underscored, that it cannot be the invisible norm. Set against a backdrop of illness and contagion, the examples of masculinity found in these films attempt to complicate easy notions of gender and sexuality by destabilizing the normativity of gender. Ultimately this dissertation proposes that masculinity, in its role as gender practice that adheres to some concept of the ‘body,’ cannot be divorced from illness. I further assert that illness is always already tied into masculinity, as it is with femininity, and that illness and gender are so fused together as to be



inextricable from the other. I want to critically examine this fusion, showing that masculinity and illness are both interrelated and inseparable and that what I term “pathogenic masculinities” have most recently been reconfigured as examples of national health, of organic space, and as dark territory in contemporary Spanish film and literature.

In *The Body Politic*, the first chapter of the dissertation, I take Hobbes’ formulation of the body politic as a point of departure for a discussion of the impact of bodily metaphors in three films: Marc Recha’s *Dies d’agost* and *Petit indi*, and Alejandro Amenábar’s *Mar adentro*. I examine the various ways that these films employ illness in the creation and maintenance of the masculine body as geography, particularly focusing on those metaphors that reconceptualize the state of the (body of the) union by mobilizing immunity, defense, and life as its reinforcements. In *Dies d’agost* (2006), Recha sustains a sort of econarrative that connects the life of the citizen with the land/country that he inhabits, writing geopolitical topographies of the nation-state into the bodies of its citizens. The director relates the physical scars of the land to historical memory, and by portraying his characters as symbolic amnesiacs he reproduces the cultural significance ascribed to immunity, defense, and wellness. That is to say, amnesia is written into the body-as-landscape and yet presented as an impossibility—that memory will always return and that the land must eventually disgorge its skeletons. In evoking the landscapes of the body in its bullet-riddled pockets of memory, the question of life becomes important. In his 2009 film *Petit indi*, Recha sustains the ecological analogy by evoking animalism as an alternative to and elaboration of humanity. I take up Agamben’s theories on bare and thinking life and reflect on their ramifications for a corporeal topography rooted in health and illness. In making these bodies vulnerable through differing conceptualizations of life, the category of the human—the question of who is constituted as such, and how—is interlaced with the political rights owed to bodies that

do not conform to normative expectations of health, wellbeing, or personhood. Finally, I turn to Alejandro Amenábar's *Mar adentro* (2004) to reflect on the convergences between life, the body politic, and the biopolitical topographies that are created, reworked, and obliterated in the shades of illness, death, and life.

*Viral Violence*, the second chapter, considers the effects of violence on the sociopolitical body. I focus on the movements of violence through time and space, examining the way that it has been reconfigured as spreading social virus or physical manifestation of a psychic illness. In the films analyzed in this chapter, violence is metaphorically made into a genetic trait, a propensity for brutality that is directly connected to historical events and timelines. Similarly, it holds the germic promise of futurity, even when this future is a cyclical reproduction of the violence of the past. I analyze two films by Mallorcan director Agustí Villaronga, *Tras el cristal* (1987) and *El mar* (2000), as cautionary examples of the viral properties of violence. Although the majority of his cinematic production is wholly preoccupied with death and dead bodies, the supernatural, and historical impulses that affect contemporary lives, these films are particularly useful when thinking of what 'viral violence' can mean. Distanced in time, production costs, and quality, these films share several unifying similarities: the protagonists are children or adolescents, they share some sort of illness that is both socially created and physiologically bound, and the films themselves are all set in immediate post-Civil War Spain, or in unspecified, ambiguous times and places that have contextual links to Spain and its Civil War. These films portray the youth of Spain as those who will inherit its spiritual and historical ills, and frame the traumas of the past as germs of undefined, national illness.

The divisiveness of violence and illness in *Tras el cristal* and *El mar* is closely linked to issues of masculinity and the illness as metaphor. By infecting masculinity, Villaronga places

emphasis on the interconnectedness of sickness, gender, and violence. Using the Spanish Civil War as the great symbol for cyclical and generational violence, Villaronga captures the virulent sickness of Spanish citizenry by means of a nation-state that warps its citizens and citizens who will warp future generations. In doing so, these films seek to give voice to these subjects and their memories in ways that bind citizens together as a community. The cure, if one could even be suggested, seems to be in the telling and retelling of these stories, the recuperation of the words and stories that have been corrupted by the violent times of war.

The third chapter, *The Future Dead*, seeks to explore the liminal spaces where death is not *death*—that finite end of production, the final result of illness. This is not to metaphorize death completely or to obviate its realities, nor to say that there is such a thing as a good death, but to think of the ways that it (like violence or illness) may have a generative capacity that encourages rethinking normative identity structures. Death is rarely ever good, at least in the ways that we imagine “good” to mean. However, there may be something identity altering about being exposed to mortality and vulnerability through death, in the susceptibility to harm that marks our social interactions with others and constitutes, in part, a sense of self. I turn to Judith Butler’s recent work, which rethinks the potential of mourning and death, as basis for examining the formation of community ties, structures of time, and mortality itself.

The potential for exploring vulnerability in death is made clear in three films of Pedro Almodóvar: *Todo sobre mi madre* (1999), *Hable con ella* (2002), and *Volver* (2006). In looking beyond the opposition of the bad death to the good life, there is much room for looking back at Almodóvar’s cast of “bad men”, those fathers and lovers who are killed and incapacitated or those who exceed the bounds of normative masculinity in transgressive ways. The list is long and the relations to death and masculinity are many: David (Javier Bardem) in *Carne trémula*, whose

disability is intimately connected to his masculinity and inability to please his wife sexually; Antonio (Antonio Banderas) in *La ley del deseo*, who murders his lover's previous boyfriend so that the former will stay with him; Banderas's return as Ricky in *Átame*, who kidnaps and forces himself on Marina, his love interest; the deadbeat Antonio (Ángel de Andrés López) in *Qué he hecho yo para merecer esto?*, who is murdered by his wife (Carmen Maura); Nicholas (Peter Coyote) and Paul Bazzo/Pablo (Santiago Lajusticia) from *Kika*, who both physically abuse the women who refuse to comply with their demands, despite their seemingly disparate dispositions; the priests of *La mala educación*; the men who put their women on the verge of nervous breakdowns. Almodóvar links masculinity and death, and in so doing he disables its normative strengths to portray it as perpetually moribund and affiliated with death. Masculinity seems to engender mortality in his films, pathogenically giving birth to death in a sort of motherly (read: creational) birth of bad blood. Such gender play alters those normative, forward-moving time lines that promote futurity and the creation of the new generation. As death is held to be an inevitable futurity with ties to the present (both in knowledge of its inevitability and through pathogenic masculinities), this chapter asserts that Almodóvar repurposes the forward motion of time to asynchronously connect the past, present, and future. Rethinking the "bad" outcome of death as productive, as a pathogen that creates (even in creating *more death*) allows for a queer unbinding of time, a type of release from the temporal holds placed on us. That is to say, death is no longer an end, but another sort of beginning—or that beginnings and endings no longer hold the same sort of meaning in these films.

In *Todo sobre mi madre*, the director's usage of creational and viral masculinities (what I will term 'pathogenic masculinities') sets up possibilities for new ways of imagining gender. By recasting the paternal archetype as a contagious nexus for sickness and death, the good health of

the ideal male body is shaded with an illness that reproduces and gives birth to itself. In *Hable con ella*, Almodóvar highlights the vulnerability of the body, its susceptibility to death and loss, and how masculinity both complies with and contributes to this process. Distorting masculine gender norms and linking these to mortality and vulnerability in characters like Lola and Esteban serves to advocate an understanding of gender's relationship to death, and how this colors human experiences of the world.

The second half of this chapter considers the queer disruptions of time in *Volver* and links these to *Todo sobre mi madre* and *Hable con ella*. In the focus on the movements of death in life, or in the use of narratives which vivify death and vulnerability, these films tamper with normative temporalities of life and mortality. In *Volver*, where the past physically returns to haunt the present, Almodóvar disrupts normative family structures through incest and a queer restructuring of time. *Volver* utilizes the product(s) of incest to carry the promise of futurity, even one born of the mortal marks of pathogenic masculinities. Borrowing from Elizabeth Freeman's compelling arguments for a queerness that inherently unbinds time, this chapter holds that Almodóvar's focus on masculinity reimagines a future for gender politics, one that is borne out of the dis-ease of living with, among, and alongside the ghosts of the past.

This dissertation maps the movements of illness through and among bodies, and the metaphors that are created in reworking the healthy standards of the ideal body. In thinking of the sociability of contagion, the linkages forged in fears of illness and our vulnerability to harm from each other, I capitalize on the power of illness to queer the body politic, cycles of violence, and the temporalities of mortality. I want to stress that illness is not always good, that it doesn't always produce a happy outcome, and that it damages and destructs. Similarly, I have no interest in making illness "do good" but to find new ways for providing *possibility*, to allow for new

types of kinship between the self and another. Binding community together in the shades of illness means that the roles of citizenship are complicated, the political force of bodies meeting in pathology offering possibilities for reimagining politics.

My goal is to think through a new sort of germ theory, which will work with distinct yet connecting definitions of the germ: at its most obvious and basic, as the starting point of illness; as “that from which anything springs or may spring; an elementary principle; a rudiment” and as “that portion of an organic being which is capable of development into the likeness of that from which it sprang; a rudiment of a new organism” (New Oxford American Dictionary). Reflecting on these definitions, this dissertation posits the germ as seed or point of departure from which something is grown. This is not an origin, not an “attempt to capture the exact essence of things, their purest possibilities, and their carefully protected identities” (“Nietzsche”, 142), as Foucault wrote, but an acknowledgement of the generational powers of the germ. The end result of this particular germ theory is two-fold. I am gesturing to a necessary widening of the temporalities of illness, the boundaries of what is understood as sickness and health and when the divide between the two occurs. I am also tracing a ‘methodology of pathology’ that suggests that any starting point, any theory of origin, will always be imprecise and must always conceal and imply a *before*. The germ is not the origin but the beginning of something that springs from something else, a movement that goes backwards and forwards in time ad infinitum. As Javier Marías writes in *Corazón tan blanco*, “Toda enfermedad viene causada por algo que *no* es enfermedad” (309). The germ is both product of something that came before and producer of that which is yet to come. Illness has the potential to reshape temporalities of life and death, and to aid us in recovering the past and imagining a new future, even if it is one born of a virus. To pass through illness and emerge, in life or in death, is no simple story.

## Chapter 1

### The Body Politic

Most modern writing about illness works from the basis that it can be identified, in one way or another; sickness is reduced to a malignancy that is either tactile, visible with the mechanical eyes of the X-ray or, in the most insidious scenario, a generalized *somewhere* within the body's borders, when not the body itself. In reducing illness to a specific point—a cancer cell, a tubercular lung, a diseased body part—a separation is fabricated that distinguishes the self from the non-self. This cancer intrudes upon my body/space; it is the garden weed, the sleeper cell that has managed to slip past the defense and border guards of immunity and that, in its intrusion, transforms the body it inhabits. The shift may be local, in that I perceive the source of the illness as a distinct part or region of the body (“I have lung cancer”, the cancer is in my lungs, the cancer is the source of the fault and my lungs are its point of intrusion); or it may be wholly transformative, in that what changes is the very notion of self and its relation to the non-self (“I have HIV”, my immune system attacks itself, my body is the culprit *and* the victim, my self is at civil war). I attempt to distinguish my self from the non-self, from the illness that steals into my space. So when sickness is not one specific point but a debilitating all points at once, when it is seen not as outside intruder but internal turncoat, what happens to the perception of the body, which is so often taken to represent the self's discrete borders? Is the body space always already inhabited by illness then, both sleeper cell and hostile country?

It is this country that Susan Sontag writes of at the beginning of *Illness as Metaphor*, and it is one that Virginia Woolf will also call forth in her 1926 essay “On Being Ill”. For Woolf, the dark spaces reveal a common human topography of the body:

When the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to

view, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, what ancient and obdurate oaks are uprooted in us by the act of sickness. (9)

In this passage, illness is both active intruder into the body's space and its indigenous inhabitant. It comes in raging: it dims the lights of health, it uproots the ancient trees in the gardens of health with its attack, and it exposes wastelands of the sick with its shadows. Woolf imagines illness to be an operative agent, a localizable intrusion capable of unleashing its destructive force onto the passive landscapes of the body's purportedly pure, Edenic gardens. Yet it is also an always-present possibility, she writes; when the blinding lights have dimmed, hidden countries are made visible in the darkness and flowered lawns and precipices mark the landscape of the sick. This second ideation of illness presents neither outside attack nor breach of the body's walls but a forgotten possibility that is always just over the horizons of health, the hidden kingdom that is present from the start and which requires the shadows of illness to reveal its shapes.

The differences between the two conceptualizations, more than a mere metaphorical slide by Woolf, reveal a split in some of the ways illness may be considered. At times these streams of thought diverge, so that sickness is an either/or, localized here or unlocalizably everywhere; at times they rush together, and sickness is seen as a virulent attack on the self's borders. Illness ravages the body's topography, but in that destruction it constructs an ill kingdom in its place; or, perhaps even more importantly, it reveals that these two lands always occupied the same corporeal space. Lost in the rapturous flowers and lawns of the night country of illness or watching the shadows cast their revealing nightlight, as Woolf seems to, we might ask what really distinguishes this "kingdom of the sick" (to crib from Sontag) from the gardens of health. Wouldn't the night lawns and precipices of sickness suggest that illness itself is casually