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**Kristevan Abject and HIV/AIDS: Jamaica Kincaid's *My Brother*  
and *Sapphire's Push***

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**Abstract**

Jamaica Kincaid's *My Brother* (1997) is a memoir in which she recounts her brother Devon's AIDS-related death. Sapphire, in *Push* (1996), tells the story of a 16-year-old illiterate, obese, poor and HIV-positive African-American teenage girl living with her abusive family. Both Devon and Precious transgress the borders of livable bodies, thus appearing as abject. In *My Brother*, the heteronormative and homophobic Antiguan discourse condemns Devon, pushing him to the margins of society. Even when he is dead, he is abhorred and rendered aberrant. In *Push* the continual incestual rape of her abusive family results in Precious getting HIV/AIDS from her own father. The white phallographic ethos, as well, oppresses the very being of Precious, exacerbating the familial tyranny under which Precious feels one step closer to abject. In this paper, my aim is to examine *My Brother* and *Push* through Julia Kristeva's theory of abjection to show that both Devon and Precious, as both racial and sexual pariahs living with HIV/AIDS, cannot live up to the standard, livable bodies and transgress and/or forced to transgress the borders of somatic proprieties, thus appear as border-passing, abject threats, showing "the sign of belonging to the impure" (Kristeva, 102).

**Keywords**

Jamaica Kincaid, Sapphire, Abjection, Julia Kristeva, HIV/AIDS

## Kristeva'nın Abject (İğrençlik) Kavramı ve HIV/AIDS: Jamaica Kincaid'in *My Brother* ve Sapphire'in *Push* Adlı Eserleri

### Öz

Jamaica Kincaid *My Brother* (1997) adlı otobiyografik eserinde kardeşi Devon'un AIDS'e bağlı ölümünü anlatır. Sapphire ise *Push* (1996) adlı romanında 16 yaşındaki okuma yazma bilmeyen, obez, yoksul, HIV pozitif ve ailesi tarafından sürekli olarak istismar edilen Precious adlı Afrikalı Amerikalı bir kızın hikayesini anlatır. Hem Devon hem de Precious yaşayabilir bedeninin sınırlarını ihlal ederek *abject* (iğrenç) bir varoluş sergilerler. *My Brother*'da Antigua'daki heteronormatif ve homofobik baskının Devon'u ayıpladığı ve suçladığı görülür. Devon bu yüzden toplumun dışına itilmiştir. Öldüğünde bile ona karşı dinmeyen bir nefret ve tiksinti söz konusudur ve bu onun sözüm ona sapkınlığından kaynaklanmaktadır. *Push*'da ise Precious'ın ailesinin onu devamlı istismar ettiği ve bu istismara göz yumdukları görülür. Bunun sonucunda babası Precious'a HIV bulaştırır. Beyaz fallokratik değerler sisteminin de altında ezilen Precious, giderek daha da iğrençliğe yaklaşır. Bu makalede amacım bu iki eseri Julia Kristeva'nın *abjection* (iğrençlik) teorisi ışığında incelemektir. İkisi de HIV/AIDS ile yaşayan, çeşitli ırksal ve cinsel söylemsel pratiklerin altında düzenli olarak ezilen dışlanmış bireyler olan Devon ve Precious, normal ve yaşayabilir bedeninin standartlarına uymaz ve/veya uydurulmazlar. Aksine bedensel özellikleri düzenli olarak ihlal eden, bedeninin sınırlarını aşan birer tehdit olarak ortaya çıkar ve böylece, Kristeva'nın da dediği gibi, saf olmayana dair bir aidiyet sergilerler.

### Anahtar Kelimeler

Jamaica Kincaid, Sapphire, HIV/AIDS, Abjection, Julia Kristeva

Both Jamaica Kincaid's *My Brother* (1997) and Sapphire's *Push* (1996) portray bodies living with HIV/AIDS. These bodies are pathologized, excluded from society, and rendered corporeally *abject*. Devon, in *My Brother*, epitomizes the abject black homosexual body living with HIV/AIDS and Precious, in *Push*, embodies an abject black teenage female body, an incest-victim and is HIV-positive. In both works *abjection* is disseminated through social, sexual, racial, and medical discourses which continually and consistently remain

present and active to intrude, to disrupt, to nullify, to oppress, in short, to *abjectify* Devon's and Precious's bodies, both of which in the course of these books, are shamed and blatantly disparaged. Being pushed to the margins and condemned within the heteronormative Antiguan society, Devon is forced to live in the shadows up until his death. In fact, the discrimination continues even when he is dead. He is posited as an abominable homosexual; an AIDS-spreading vector. Likewise, agony-stricken and constantly exploited, Precious suffers because of her abusive family as well as her vehemently misogynistic and racist environment. She is sexually abused by both her father and mother and, as a result she gets the HIV virus from her own father. Both Devon and Precious are not only collectively, but also individually pathologized. The cultural significations of HIV/AIDS lead to endless victimizations and pathologizations, associating the bodies with abject-fueled contamination. The severe internalization of the surrounding HIV/AIDS-phobic discourse, to some extent, turns them into self-victimized, self-pathologized bodies to some extent. This paper will pursue these very moments of societal, familial and self-inflicted victimizations and pathologizations by using Julia Kristeva's theory of the abject in accordance with the HIV/AIDS discourse. I will argue that both Kincaid and Sapphire gesture towards a Kristevan abject by which they lay bare the discursive practices of the ostracization of the people living with HIV/AIDS are laid bare. They show that familial, medical, racial, and sexual discourses, as pervasive subparts of patriarchy, deploy repulsion and horror to prioritize some bodies as clean, healthy, functioning livable bodies while trivializing other as polluted, improper, and abject such as Devon and Precious's bodies. Devon and Precious, as both racial and sexual pariahs living with HIV/AIDS, cannot live up to the standard of a livable body and transgress and/or forced to transgress the borders of somatic proprieties, thus appear as border-passing, abject threats, showing "the sign of belonging to the impure" (Kristeva 102).

In *Powers of Horror: An Essay on Abjection*, Kristeva claims that literature is abjection's "privileged signifier," adding that literature involves the "unveiling of the abject: an elaboration, a discharge, and a hollowing out of abjection" (208). Literature, as a whole, is abject Kristeva argues. Perhaps she points at literature's exclusive ability to disorient and discombobulate the reader through the language within which abject perches. It is exuded by means of the very literary

language. In psychoanalytical terms, the language itself functions as the primary reason of the breakdown—a transition to the symbolic—mainly because everything that surrounds us are started to appear as names and hence linguistically demarcated, in other words constrained in the world of significations. In that sense, the literary language exacerbates this linguistic breakdown even more, activating the abject to occur. It becomes abject-ridden and is able to reflect this affective occurrence. Both Kincaid and Sapphire’s “unveil” the abject in their books. They show and/or explicate people of color living with HIV/AIDS, both of whom transgress the borders of livability by their status. Expectedly, these authors’ languages reflect this, exploring as well as carving out the abject, making their readers irked and provoked. Abject is “ejected beyond the scope of the possible, the tolerable, the thinkable” and it is “the jettisoned object, radically excluded” and “draws its subjects “toward the place where meaning collapses” and “[it is the] radically separate, loathsome” (Kristeva 1-2). Sometimes the very language of these books, indeed, become intolerable, unthinkable and even impossible. They convey the abject with which the reader is rendered adrift, perhaps, uncontrollably left with a place “where meaning collapses.”

Abject, to Kristeva, “lies there, quite close, but it cannot be assimilated. It beseeches, worries, and fascinates desire” (1). Abject blurs the boundaries of the subject, thus it not only fascinates but also disturbs, becoming equally desirous and repulsive. It is an experiential affect which takes place prior to the acquisition of language. It is the affective reaction, a repulsive and fear-inducing realm. Kristeva builds on the Lacanian psychoanalytical theory and suggests that abject stems from the first separation of the subject (infant) from the object (mother). The individual separates himself/herself from what is other to her/him, to form his/her subjectivity (self vs. the other). Kristeva points at the process that the infant goes through prior to his/her entrance into the symbolic order by which the infant finds himself/herself within the linguistic structure of significations. Henceforth, starting to establish its own separate individuality while simultaneously separating itself from the mother, finding himself/herself in a realm where boundaries are set. The loss of unity and distinction, the transition to symbolic from the semiotic engenders a disjunction which amounts to abject. In that sense, the object as well, take the place of the abject, who needs to be rejected because its presence jeopardizes the subject’s separate identity

formation. Thus, the subject, now that he/she is no more a subject nor an object, heads towards “the place where meaning collapses,” completely disoriented and abjected (2).

The discourse surrounding HIV/AIDS, as well, shows how “abjection in the AIDS crisis, is manifest in and through attempts to regulate and control physical and moral contagion, to domesticate both disease and bodies” as Karen Zivi puts (46). Zivi, drawing upon Kristeva’s theory, also argues that,

[...] abjection is a process through which we create individual, social and political order. It is a process by which we demarcate self from other ... a process which begins the realm of the psyche ... is most often known through its secondary manifestations—the exclusionary rituals (incest taboos, dietary laws, even writing) by which we bring order and stability to our society (Zivi 35).

As Zivi argues, it is through positing PLHIV<sup>2</sup> as abject that the sense of the other, the non-abject, normal, ideal bodies are created. Their supposed uncleanness, instability and or idea are demarcated through this purposefully created duality. They invoke shame, hatred, aversion, revulsion, pollution, *abjection*. They are, supposedly, the dirty, the expendable, the non-human ones, “abominated as ab-ject” (Kristeva 65). What is more, abject is “what disturbs identity, system, order,” and “what does not respect borders, positions, rules” causes abjection (Kristeva 4). In both *My Brother* and *Push*, they, indeed, disturb identity, system, order, disrespecting borders positions, and rules. Devon’s homosexuality, his life out of the ingrained heteronormative preconceptions as well as his seropositive status, indeed, disturb “identity, system, order.” Therefore, Devon is convicted to a premature death. He is continually and consistently stigmatized as a PLHIV. Even when he dies, the disturbance Devon creates still continues. It results in him pushed to the margins of the cemetery. In Precious’s case, her and her mother’s internalized HIV/AIDS-phobia gives this disturbance away, turning Precious into a self-inflicted, and an unstable body. More pertinently, Precious contracts the virus from an incestual rape, from his father. This does not “respect borders, positions, rules,” all of which are transgressed. Douglas Crimp suggests that, “[people living with HIV/AIDS] produce a phobic effect [...] becoming the image of abjection

and otherness” (84). Both Devon and Precious produce “abjection and otherness,” severely excised from the society they live in.

Jamaica Kincaid’s *My Brother* recounts the story of Kincaid’s brother Devon’s HIV/AIDS-related death. It is narrated by the perspective of Devon’s sister which corresponds to Kincaid herself. At its core, she tells Devon’s final years until his HIV/AIDS-related death. It is also about familial relationships, interactions and dealing with loss of a family member as well as Kincaid’s own grappling with the cultural prejudices of the Antiguan society as to homosexuality and HIV/AIDS. It mostly takes place in the Caribbean over the course of the 90s. Devon, who is HIV-positive, is depicted as abject throughout the book. The reason why Devon is posited as abject is can be found in the very Antiguan discourse which not only does pathologize but also ostracize his body. HIV/AIDS is associated with death, a preconceived and premature one, crossing the line between being alive and being dead, thus abject. Existent scholarship on *My Brother*, thus far, have tended to analyze the book by prioritizing and/or problematizing Kincaid’s narrative. Lorna Down suggests that Kincaid addresses the issue of HIV/AIDS which has not been done by other Caribbean authors, hence breaks the silence over the issue of HIV/AIDS in the Caribbean literature (16). However, Jennifer Rahim argues that Kincaid’s unsilence, her “textual disavowal” of Devon’s supposedly problematic lifestyle that leads him to affliction, are in fact gives her “homosexual denial and abjection” (132) away which as Timothy Lyle argues “reproduces the attitude that spreads HIV,” (58) by merely objectifying –and sometimes indeed abjectifying- Devon’s body, not giving him a chance to talk about on his own account (132, 58). More prominently, Roohollah Reesi Sistani and Masoumeh Mehni make use of Kristeva’s abject theory but merely to elaborate on the dysfunctional relationship between Kincaid (Devon’s sister) and her mother which, to them, is predicated on “the mutual abjection between them” (70). And Sarah Brophy discusses the repetitive language of the sister when she confronts her brother Devon’s corpse. She emphasizes the sister’s linguistic strife at this very moment “where language has lost all reference and she can speak of nothing of” (273).

Building on these, my aim is to utilize Kristevan abject theory to shed light on the various epitomizations of it in *My Brother* and, perhaps most prominently, to explore the discursive practices of ostracization by means of rendering the PLHIV as abject. In *HIV/AIDS: A very Short*

*Introduction*, Alan Whiteside, as to how homosexuality is perceived in the Caribbean, says that, “While homosexuality is accepted in some countries, in most it is stigmatized, and in several actually illegal. Homophobia at the highest level is a reality, particularly in Africa and the Caribbean (140). Whiteside continues, “stigma and blame is further compounded because many of the behaviours that lead to HIV are circumscribed by society” (138). As stated by Devon’s sister, AIDS in Antigua:

produces all the prejudices in people that it produces elsewhere, and so like many other places, the people afflicted with it and their families are ashamed to make their suffering known [...] in Antigua if you are diagnosed with the HIV virus you are considered to be dying [...] There are only the people suffering from AIDS, and then the people who are not suffering from AIDS (Kincaid 30-1).

Here, the sister underlines the stark bifurcation between the supposedly livable bodies and the bodies that are posited unlivable. In Antigua, if you are HIV-positive you are seen as dead and expected to die even when you are still alive. Given that AZT drugs are not available and homosexuality is strictly frowned upon, it is no surprise that PLHIV are basically left to die.<sup>3</sup>

Moreover, the oppressive and patriarchal Antiguan culture makes PLHIV even more self-effacing and self-pathologizing. Gustavo Subero contends, “the Caribbean (similar to Africa) has traditionally suffered from a self-imposed silence in relation to the reality of its HIV problematic” (69). Devon’s “self-imposed silence” helps him to create a deceptive façade by which he conceals his homosexuality. He conceals his homosexuality because he is afraid of “being laughed at,” in other words he is afraid of being exposed and stigmatized as an abject homosexual person; an AIDS-spreading vector (162). The “self-imposed” silence can also be seen in other closeted Rastafarian homosexuals, some of whom are also Devon’s friends and/or lovers who refuse to “[come] into his room and [visit] him,” in his hospital room which draws attention to an intracommunal abjection. That is, they even turn their back on someone from their own community which shows that stigmatization is pursued even within a marginal community in which the homosexual PLHIV are perceived as abject by fellow homosexuals. This positionality prevents the “healthy”

homosexuals from the stigmatizing, abjectifying social exposure. There is no homosexual community per se in Antigua. The non-existent homosexual community is further underlined with the fact that homosexuals are called “auntie-man” (147). In her interview with María Frías, Kincaid, as to the “auntie-man” says: “An *anti-man*; it had two meanings: *anti* and then also an *aunt*. It is a man who is a woman—*aunty*—who is not masculine, *anti*” (pp. 125). Kincaid, here, points at the prevailing Antiguan patriarchal ethos which ascribes diseases that related to sexuality to certain groups. The homosexuals living HIV/AIDS are seen as a threat to patriarchal borders and systems, hence, abjectified severely. This is why Devon denominates HIV/AIDS as “chupidness” (8). A little after taking the AZT drug, which gives him a temporary treatment, he also says that he no longer “believe[s] he had the HIV virus anymore” (68). He perceives it as “chupidness” because it points at his homosexuality which is condemned and reduced to so-called stupid people in Antigua. By this logic, you are stupid if you are contracting HIV/AIDS because it is up to you not to become a stupid suicidal homosexual.<sup>4</sup> It is a process of self-denigration and self-pathologization, a process of self-abjection as well.

As to “the abjection of self,” Kristeva claims that, “when [the] subject, weary of fruitless attempts to identify with something on the outside, finds the impossible within; when it finds that the impossible constitutes its very *being*; that it is none other than abject” (5). There is almost nothing in Antigua that Devon can “identify with.” Therefore, he, indeed, “finds the impossible within” himself, starting to act as if he is not a homosexual living with HIV/AIDS. There is no public sphere for homosexuals in Antigua, let alone sexual freedom, the public spaces are all heterosexual. Devon can only reflect “his real self,” and “his homosexuality” within “a safe place” which is created by “a lesbian woman living in Antigua,” who, by creating this counterpublic enables homosexual Antiguan to enjoy their real selves without being stigmatized as abject subjects (161-62). This very counterpublic is a rare example which, to some extent, resists the attempts of abjectification by showcasing the revolt of its subjects who are positioned as opposed to the ingrained societal constructions of docility. Though, excluded from society within which the supposedly abject things are actualized, it is a sole hopeful place for homosexuals to exist without stigma and shame. A space where same-sex relationships can exist and a space in which antinormative sexual practices/interactions may occur against which



the society wages war. Although, even this space cannot escape from abjectification. It resists to abjectification insofar as there is no threat of HIV/AIDS. Once it intrudes in, like in Devon's case, the subjects, completely threatened, are excluded from this very counterpublic as abject subjects as well.

Unsurprisingly, the Antiguan HIV/AIDS-phobia and homophobia is also reflected, permeated through Antiguan medical discourse which render bodies living with HIV/AIDS as abject, further pathologizing them ironically. In the hospital, doctors "place patients suffering from this disease in rooms by themselves," quarantining them unabashedly (22). What is more, these rooms are the epitome of the abject. As the sister overemphasizes, the rooms are extremely dirty as if reflecting the pseudo-dirty abject bodies of PLHIV,

It was a dirty room. The linoleum floor was stained with rust marks, it needed scrubbing; once he spilled the pan that contained his urine and so the floor had to mopped up [...] The metal was rusty and the underside of this furniture was thick with dirt. The walls of the room were dirty, the slats of the louvered windows were dirty, the blades of the ceiling fan were ditty, and when it was turned on, sometimes pieces of dust would become dislodged. This was not a good thing for someone who had trouble breathing. He had trouble breathing (Kincaid 22).

The hospitals, even, are treating the bodies living with HIV/AIDS as if they are dirty, expendable, abject bodies that need to be excluded, they are severely "neglected, left to rot" (106). In this morgue-like room Devon is expected to die, in fact, his death is catalyzed by this inhospitable hospitalization process. As opposed to this, other patients who have diseases that pass as normal "[are] not treated with the aloofness, at-arm's-lengthness," and with "a lack of proper treatment," but treated with attention and care (46-8). Here, what is emphasized is that PLHIV are purposefully rendered uninhabitable even in the hospital, left without a space which, again, underlines their supposed unlivability.

In relation to that, Devon's sick status is repetitively contrasted with his previous state, by her very sister as well: "he was beautiful then [...] his skin was smooth and unblemished" (93-4). The present

Devon who is afflicted with HIV/AIDS, however, is no more beautiful but polluted as an abject body: “He has gotten so black, the disease has made him so black” (9). What is more strikingly abject about Devon is attributed to his way of life by his sister. According to her, Devon “lived a life that is said to be typical in contracting the virus that causes AIDS: he used drugs [...] and he had many sexual partners (I only knew of women). He was careless; I cannot imagine him taking the time to buy or use a condom” (7). It is from this punitive perspective that she continually blames and pathologizes Devon. She stigmatizes him as “strange,” and “careless,” adding that the reason why Devon gets the virus “[is] his own fault” (49). Devon’s supposedly unsafe behaviors legitimize his sickness according to her. Moreover, she also considers Devon’s unmarried status as a justification, equating Devon’s unmarried status with danger and impurity. Here, the institutionalized enclave of marriage and family are considered as if they are mere preventive ways by which the subjects are protected from contracting the virus.

Alan Whiteside, pointing at this heterofamilial prejudice, says “The message is: if we follow God’s teachings and don’t have sex outside a single stable union, engage in gay sex or use drugs, then we are not at risk of infection” (140). Hence, Devon brings havoc to the supposed order of marriage and family with his non-traditional, non-normative way of life. The sister is married with children and living in the “prosperous and triumphant” part of the world (101). This very contrast is deliberately emphasized, here and there, by the sister by which she draws attention to Devon’s disorderly life that results in him contracting HIV/AIDS. So, her sister, in a way, posits Devon’s status, perhaps, as a poetic justice: “My brother did not have a steady girlfriend, a woman, someone other than his own mother [...] he had no children, as he lay dying” (14). She accentuates that without “a wife, a companion of some kind, children, his own house, even a house rented,” Devon must have been asking for getting AIDS (173). Michael Warner suggests that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity” (203). In that sense, Devon fails to approximate “the expected standard,” hence, inevitably, is “radically separate and loathsome” as an unmarried, non-heterosexual, non-monogamous and seropositive person who is constantly interpellated into compulsory heterosexuality. Judith Butler argues that, “abjected or deligitimated

bodies fail to count as “bodies” because the “exclusionary matrix” of heterosexuality “enables certain sexed identifications whilst foreclosing other identifications,” thus positing them as “abject beings,” who are neither livable nor inhabitable (15, 3).

What is more, as Jennifer Rahim argues Devon’s “AIDS-consumed body serves as a symbol of the historical stasis in which Antigua is imprisoned” (131). What Rahim argues, I believe, associates the diseased Caribbean body with the disease-causing birthplace, both of which, are stuck in the loop of constant abjection. Rahim accentuates the stark contrast of the imagined third world which is historically posited as despicable and uninhabitable, which also has abject habitants in opposition to the first world, historically desirable and inhabitable, and has sanitized habitants that are non-abject. As Ramón E. Soto-Crespo suggests, “Kincaid analogizes AIDS [...] with the spread of colonialism in the West Indies [...] her brother’s subaltern body becomes bereft of life in postcolonial Antigua, just as the West Indies were depleted of their flora during colonization” (343). This analogy draws further attention to the geographical abjection, showing that the stigma of HIV/AIDS is also perpetuated geographically which permeates through the dwellers, in this case it is Devon who is the subaltern, the oppressed, the threatening..

Indeed, HIV/AIDS is associated with abjection in *My Brother*. The sister goes to Dr. Ramsey’s lecture “about AIDS and other sexually transmitted diseases” in which she learns “how the HIV virus” turns bodies into a battlefield.<sup>5</sup> Through Dr. Ramsey’s slides, she, in a very metaphorical, hyperbolic, vivid, and even in a very fetishized way, defines the bodies living with HIV/AIDS which, to her, are epitomizing the very abject and which, as a result, makes her feel repelled from the sexual act itself, making her “overwhelmed by fear and death”:

There were penises that looked like ladyfingers left in the oven too long with a bite taken out of them that revealed a jamfilled center. There were labias covered with thick blue crusts, or black crusts, or crusts that were iridescent. There were breasts with large parts missing, eaten away, not from a large bite taken at once but nibbled, as if by animal in a state of high enjoyment, each morsel savored for maximum pleasure. There were pictures of people emaciated by disease, who looked very different from people emaciated from starvation; they did not

have that parched look of flesh and blood evaporated, leaving a wreck of skin and bones; they looked like the remains of a black hole, something that had once burned brightly and then collapsed in on itself (Kincaid 37-8).<sup>6</sup>

Here, the sister explicitly shares how she is irked by these slides of photos of people living with HIV/AIDS. It is clear that she draws attention to their transgression, their previous border-respecting conditions as opposed to their current trespassing of the somatic borders. She, indeed, in a way abjectifies bodies with HIV/AIDS, here, by associating sexuality with food when describing the body parts of these people. According to Kristeva, “food loathing is perhaps the most elementary and most archaic form of abjection,” since food also is excremental, a “dung” which “signifies the other side of the border, the place where [one] is not and which permits [one] to be, the corpse, the most sickening of wastes” (2-3). In that sense, the sister, here, perhaps feels abjected towards these bodies because of this type of food loathing that Kristeva suggests which, again, is border-passing and is reminiscent of the waste, hence the corpse.

Furthermore, Kristeva also indicates that “food becomes abject only if it is a border between two distinct entities or territories. A boundary between [...] the human and the nonhuman” (75). Since, people living with HIV/AIDS are perceived as nonhuman, as unlivable bodies, then, it is no coincidence that the sister demarcates their unlivability, one more time, through devaluing their sexuality by associating it with the food loathing, both of which equally exude abjection. In relation to that, the sister also makes no bones about her depictions of Devon’s body as well. To her, inside Devon’s body, “a death lives,” that “he live[s] in death” (20, 88). It is clear that she perceives Devon’s status as a premature death, a corpse alive. She explicitly describes the body of her brother throughout the book. This is especially conspicuous when she gazes Devon’s injured penis which, to her, “look[s] like a bruised flower [...] covered with sores and on the sores [is] a white substance, almost creamy, almost floury, a fungus,” (91). She desexualizes as well as dehumanizes him. She feels abjected by Devon’s moribundity and his bodily fluids that pour out from his orifices. In the upcoming passage Devon’s bodily fluids, the outpouring of the internal body to the outside brings the Kristevan abject to mind, representing the disorderly body due to its uncontrollable leakage: “A stream of yellow pus flowed out of his anus constantly; the inside of his mouth and all around his

lips were covered with a white glistening substance, thrush,” and these “fluids of different textures [...] [do] not have a fragrance, they [have] a smell, and only someone who [knows] him deeply (his mother) could tolerate it” (138, 150).

According to Kristeva, there is a “horror within,” the body,

the body’s inside [...] shows up in order to compensate for the collapse of the border between inside and outside. It is as if the skin, a fragile container, no longer guaranteed the integrity of one’s “own and clean self” but, scraped or transparent, invisible or taut, gave way before the dejection of its contents. Urine, blood, sperm, excrement, then show up in order to reassure a subject that is lacking its “own and clean self.” The abjection of those flows from within suddenly become the sole “object” of sexual desire—a true ab-ject. (Kristeva 53).

Appearing as unclean and disorderly due to the border-passing leakage of the bodily fluids, Devon’s body “become the sole object of [his] sexual desire,” which makes his sister abjected from it. His body engenders a threat which is caused by his visible and perceivable physical deterioration by which the onlookers—in this case his sister—are severely abjected. Facing with his brother’s inside out state, his sister feels threatened and at a loss about her sexuality and materiality. To her, Devon’s moribund corporality, which is supposedly the result of his transgressive sexuality, becomes the symbol of his impurity, contaminating the very air with its abject-ness. Moreover, Michael Warner argues that, the “disgust and embarrassment are used by some to restrict the sexual autonomy of others” (16). In Devon’s case, indeed, the heteronormative politics of creating “disgust and embarrassment” functions to abjectify Devon’s sexual autonomy, impeding and trivializing it. His sister equates the idea of ideal sexuality with the supposedly safe and unarmful heterosexual sexual practices, excluding the non-normative, non-marital sexual practices and posits them as valueless, something that needs to be vanished and excluded. By this logic, these practices need to be expunged because, supposedly, through these practices that the infection and the disease are showcased. It is with these practices that the fluids ooze from the bodily orifices, foreshadowing a corpse which brings us to the further convergence between Devon’s corpse and abject.

Kristeva argues that, “the corpse represents fundamental pollution. A body without soul, a non-body, disquieting matter, it is to be excluded from God’s *territory* as it is from his *speech*” which to her is “the utmost of abjection. It is death infecting life. Abject” (109, 4). In the case of HIV/AIDS, Kristeva’s approach is doubly noteworthy since it once (and, sadly, still is) considered as God’s just punishment to the homosexuals whose bodies are polluted with HIV/AIDS by providence. Plus, Kristeva also suggests that, “corpses *show me* what I permanently thrust aside in order to live [...] There, I am at the border of my condition as a living being. My body extricates itself, as being alive, from that border” (3). Devon’s corpse gives birth to this very abject that Kristeva explicates. After her confrontation with Devon’s corpse, his sister finds herself recursively haunted by Devon’s corpse which reminds her the idea of her own death. She finds herself “at the border of [her] condition as a living being,” facing her own materiality. She understands that it is actually not that impossible to catch the HIV virus, that it would have been her who her mother is (un)ready to bury (173). Now that the sister has her own son, she is also, perhaps, scared of losing her son to HIV/AIDS, to bury him like her mother buried Devon.

Social stigma continues even in the grave. Devon seems to be transgressing the rules of being dead as well. A posthumous abjection, so to speak, permeates through the funeral processions and graveyards of victims who died of HIV/AIDS. Devon’s funeral procession “[is] not large,” because, he, as his sister says, [has] died of a disease that carried a powerful social stigma [...] a disease that had a great shame attached to it” (184-85). As Sontag puts forward, “A whole politics of “the will”-of intolerance, of paranoia, of fear of political weakness-has fastened on this disease” (63). As a result, Devon is also “buried at the margins of the cemetery [...] lying in the least expensive coffin” (192-5). The sister also draws attention to the lack of communication between families of people who died of HIV/AIDS: “The other dead man’s family did not say a sympathetic word to us and we did not say a sympathetic word to them” (192). As non-bodies, excluded from the hegemonic normativity, these abject bodies are even disregarded by their own families. Now that the abject is gone, they are playing along, covering their bodies up, trying to conceal the abject. There is no communal grievance over their bodies, but rather, a total silence, all forgetting that silence equals death. In, again, her interview with Frías,

Kincaid sheds light on the reticence of the families in the graveyard, “Homosexuality was so unimaginable that you never discussed it [...] To be homosexual is the most shameful thing in the culture I come from” (126). It is clear that homosexuals are severely excluded and posited as abject in Antigua. They are unknown and unrecognized, forced to gesture towards non-existence which, perhaps, even surpasses the abject, like in Devon’s case.

Lastly, the form of the book also reflects Devon’s silence and oppression. Devon cannot even have a chance to talk on his own account, but is constantly objectified, treated as an abject body by his sister. This “textual disavowal”, as Rahim states, creates “the censorship of homosexual knowledge” (132, 137). Thus, the narration itself “reproduces the attitude that spreads HIV” as Timothy Lyle puts (58). Indeed, Kincaid refuses to give Devon a voice other than stating how he perceives HIV/AIDS as “chupidness”. This narratological exclusion, sadly, contributes to Devon’s abjectification as Lyle aptly suggests. Kincaid, however, also lets abject permeate in the language of the book. That is, *My Brother*’s language reflects its matter, creating confrontational affects upon the reader who feels abjectified, even towards himself/herself/themselves. The sustained language of the book, which helps articulating the abject, impinges on the reader, like a virus. Thus, I believe, it destigmatizes the supposed shame of HIV/AIDS, specifically, by directly associating the abject with the reader in its entirety. Kincaid’s autobiographical account, indeed, lay bares how the black bodies living with HIV/AIDS are severely ostracized through abjectification.

Sapphire’s *Push* is about a 16-year-old illiterate, obese, poor and HIV-positive African-American teenage girl living with her mentally ill housebound mother in Harlem in the 80s. The novel recounts the story of Precious’ dreadful journey which starts with successive sexual and psychological harassment which is induced by her own family. Although, the horrific past looms over Precious, she finds her voice and power at the end of the novel, heading towards a future which is hopeful. Existent scholarship on *Push* has generally been about how the novel represents the generally unrepresented black female subjectivity. Elizabeth McNeil argues that *Push* “unfreaks” the black female selfhood and Silvia Pilar Castro Borrego prioritizes the novel’s reclamation of black female sexuality. Going one step further, Katie Hogan lays emphasis on how *Push* elaborates on “the story of

AIDS from black women's standpoints" and, in the same vein, Nels P. Highberg accentuates the importance of Sapphire's illustration of African-American women living with HIV/AIDS. More pertinently, Sika A. Dagbovie-Mullins argues that, "Precious's disgust for her body compounds her fear" (443). Though not using the theory of Kristeva, Dagbovie-Mullins draws attention to Precious' self-disgust as to her body which exacerbates her fear, thus making her one step closer to abject. Building on these, my aim is to find parallels with the Kristevan abject, laying bare the possibility of abject by analyzing the novel's protagonist Precious in relation to her family and the society she lives in.

Alan Whiteside, as to the populations affected by HIV/AIDS, says, "Disease, globally and nationally, flourishes where there is poverty. In the rich countries of the world, the greatest disease burden is found among the poorer populations: those who are ill-nourished, poorly housed, and less well educated" (40). Harlem is depicted as quite explicitly poor and suffocating where abject it epitomized on every corner,

I hit 116<sup>th</sup> n sometimes I walk up Madison and go around the park, the park nevr clean but green. Pas bafhouse. Bafhouse where faggits meet nekkid fuck each other [...] Turn a corner and you see all different. Pass 116<sup>th</sup>'n Lenox, more abandoned land, buildings falling down. How it git so ugly is people throw trash all in it. City don't pick it up; dogs doo doo. Peoples wif no bafroom piss 'n shit. Ugliness grow multiplied by ten.

[...]

dope addicks

pile up

flow ovr

uglee

I HATE

HATE UGLY

(Sapphire 106-7, 112).



The surroundings, inevitably, strengthen Precious's self-inflicted abjection. The abject prevails within her house, but she cannot seem to escape from it, the outside perpetuates it, exacerbating her self-abjectification. Besieged by her family she is constantly abused by her own mother and father. Precious militantly tries to get rid of this oppressive life which is abject-ridden, but she gets disappointed when she leaves the house as well. Precious is abused by her family, not only physically and emotionally, but also sexually. She says, "Since I was little, her husband fuck me beat me. My daddy. [...] But Mama give me to him" (87). Clearly, her mother acquiesces her husband's continual molestations and rape of their daughter. As a result, she gets the HIV virus from her own father.

Precious is a social pariah. As a result of incessant familial abuse, she pisses on herself in school. She finds her body transgressing its own borders with the urinary incontinence which stems from her family's continual misuse. She says: "I wanna die I hate myself HATE myself," further underlining the disorder her body creates (40-1). As a result, she feels self-alienated and self-abjected. Her body, indeed, surpasses the societal expectations, epitomizing an unlivability. She also faces racism and is severely bullied and assaulted at school as well as in her social milieu. Carrying her second baby in her body, she ends up perceiving her baby as something that needs to be excluded, something amounts to abject. Perhaps, she likens her unborn baby to the HIV virus, both of which, unwanted and unsolicited, contracted from her father.<sup>7</sup> She hates both of her children and worries that her unborn baby will, again, be born as a result of an incestual rape. She, who is still a child, refuses to be a child-bearer. This gestures towards a prenatal abject. That is, even though, she and her baby's unity is not yet disrupted, she still feels dislocated. The incestual rape not merely passes the border but smashes it. The babies appear as a paternal residue which is the abject. Kristeva, as to incest, writes that "defilement is incest considered as transgression of the boundaries of what is clean and proper" (85). Precious never feels clean nor she feels beautiful. She feels dirty and irreducibly self-loathing. Incest passes the borders, becomes "a brutish suffering that, [she] puts up with, sublime and devastated, for [she] deposits it to the father's account" (Kristeva, 2). Incest impedes Precious's attempts of forming her subjectivity, making her fluctuating between identity and non-identity which leads her to abject. Hence, she feels aloof towards her body which feels like

no more hers, but her father's, completely defiled. It causes further commotion, confusion and disgust,

I try to forget I got baby in me. I hated borning the first one. No fun. Hurt. Now again. I think my daddy. He stink, the white shit drip off his dick. Lick it lick it. I HATE that. But then I feel the hot sauce hot cha cha feeling when he be fucking me. I get so confuse. I HATE him. But my pussy be popping. He say that, "Big Mama your pussy is popping!" I HATE myself when I feel good (Sapphire 59-60).

Kristeva claims that "through [father] the abject exists," that he is "an apparition that remains" (6). Precious's father is the "apparition that remains," haunting her here and there, continuing to disturb Precious even when he is absent. In the passage above, his physical absence – though he bodily remains within Precious's body which can be likened to some sort of a paternal possession- engenders abjection. His never-ending intrusions on the Precious's mind resemble his previous sexual intrusions, creating abject which is not only directed towards the father, but also, and most importantly, towards herself. Affectively, she also feels quite ambivalent. Her repulsion is laced with a jouissance which is the abject. "I want fuck feeling from Daddy I want die I want die," says Precious, unable to establish herself wholly (55). According to Kristeva "Urine, blood, sperm, excrement" render the body dirty and contaminated because flow out, passing the borders of what needs to be inside, hence, the inside outside distinction becomes invalid: "The abjection of those flows from within suddenly become the sole "object" of sexual desire—a true ab-ject" (53). In Precious's case, his father's fluids problematically become "the sole object of sexual desire—a true ab-ject," and Precious detests that since this also contaminates her body.

The prevailing masculinist ethos along with various other parental (specifically paternal) intrusions render Precious's body as abject-body. Alan Whiteside, as to the gendered stigmatization of HIV/AIDS, says, "It is the stigma of the epidemic, and of course it is gendered. Men try to control female reproduction, and most societies have double standards when it comes to sexuality; it is more acceptable for men to have sex before marriage, to have multiple partners, use sex workers, and have affairs" (142). What can be added to this, in Precious's case, is the incestual rape which is also condoned by the

same masculinist system of values. Her mother becomes one of the representatives of this patriarchal condonation which she internalizes. She has her own parts in Precious' self-inflicted abjection as well. First of all, as I have mentioned earlier, she acquiesces her husband's rapes. Moreover, she, as well, uses Precious sexually. She even, at some point, blames Precious for taking her husband from her. But, as she says, her "Mama give[s] [her] to him" (87). Perhaps, this can be read as a familial, or perhaps, a maternal abject directed towards the child. Kristeva suggests that incest "amounts to tampering with the mother" (85). We are reminded of the mother's mentally ill state through the excessive violence she deploys and unbalanced decisions that she makes throughout the novel. Is this why she *tampers* with the daughter? Does she perceive her daughter as a threat to her husband/marriage which leads her to the territory of abject? Barbara Creed argues that, "one of the key figures of abjection is the mother who becomes an abject at that moment when the child rejects her for the father who represents the symbolic order" (45). Perhaps, her mother thinks her husband rejects her due to Precious, gesturing towards a very problematic affective territory which is the abject. This, perhaps, functions as an Electra Complex felt by the mother. The constant fear and threat that her daughter may kill her to marry her husband is the motive behind her egregious acts. Or perhaps, her sexual molestations and her condonation of the paternal sexual harassment, that is to say, her complicity, function as an abject-ridden revenge fantasy which stems from Precious's first disunity from her. It is as if she tries to get even with Precious due to her initial disunity from her.

Perhaps what is more tragic and makes Precious one step closer to abject is the prohibition of abortion. Patriarchal set of values forbid abortion which basically is the condonation of rape. Precious says she cannot change the situation since "the abortion is a sin," thus coerced to live with the burden of rape as a teenager (65). The abortion underlines the abject once again. She does not want to give birth, she just wants to get rid of her unborn child, to exclude her child from her body. Precious feels completely estranged from her own body. The very reason is her father who is nothing but an untouchable purveyor of the sustained patriarchal values. He not only desexualizes but also dehumanizes her, further pushing her towards abject. Precious' body, her genitals specifically, are acutely damaged "What I'm spoiled to do; my pussy feel torn apart in pieces, my lower back pain me, my bresses

is leaking milk [...]” (79). Milk, also, comes from a bodily orifice, demarcates the inside from the outside outside; an extrusion which engenders abject. In this case, especially, it is a maternal leakage, reminding her the imminent birth of her unwanted child which, again, leads her to abject.

The abject permeates through Precious’s relation to food as well. Precious detests her body, her obesity. She is forced to eat by her mother– who is also overweight– since her childhood. In addition, she eat because she thinks eating is a way out. Her options are limited though, she eats fried chicken or goes to McDonald’s when she can afford. These factors eventually turn her into an overweight self-abjected, self-loathing, frowned upon, bullied teenage girl. Expectedly, Precious develops aversion for food as well, which, again, according to Kristeva is “the most elementary and most archaic form of abjection” (2). Precious’s obesity, indeed, exacerbated by these factors, however, it is more sinister than it seems. That is, it is a systemic result of a capitalistic process, a “slow death.” In her seminal work *Cruel Optimism*, Lauren Berlant argues that, “the phrase slow death refers to the physical waring out a population in a way that points to its deterioration as a defining condition of its experience and historical existence” (95). She emphasizes that “the obesity epidemic” is a form of “slow death,” which points at “the destruction of life, bodies, imaginaries, and environments by and under contemporary regimes of capital” (104). Berlant also writes that, “already vulnerable populations, which include people of color, children, and the aged but more broadly, too, the economically crunched” are the ones who are mostly affected by these regimes (104). Indeed, Precious’ already precarious state becomes even more life-threatening when taken the regulative regimes of the capital upon the bodies of the poor and black communities into account. Under such conditions, Precious is obliged to develop certain eating practices that are poor, doomed to eat food that are subpar and unhealthy. As a result, it is no surprise that she develops self-abjection as well as abjection towards the external systems of values which is regulated by patriarchal capitalism. Together with the HIV/AIDS epidemic, the obesity epidemic also occludes Precious’s very being, rendering her further self-abjected.

What also aggravates Precious’ self-abjection is the white superiority and idealization that posit black bodies as abject. Precious thinks that her father would not have raped her if she was a pure white

girl, emphasizing that her father cannot see the real her who is “a white girl, a *real* person, inside” (34). The ideal inside fails to comply with the real outside, engendering further abjection due to her problematic “double consciousness”: “Who I see? I stand in tub sometime, look my body, it stretch marks, ripples. I try to hide myself, then I try to show myself” (34). Precious, unable to realize the distinction between how she feels inside and the outside, finds herself engulfed in further abjection.

Another, and perhaps, one of the most significant issues, is the way Precious and her mother’s thoughts on HIV/AIDS which give their HIV/AIDS-phobia as well as homophobia away. Precious’s mother says she does not have the virus because her husband, unlike faggots who fuck each other in the ass and spread AIDS, does not fuck her “in the ass and all” (88). Similarly, Precious says that she does not want her son, Abdul “to be [a] faggit or [a] dope addick” and cannot understand “how [she is] the same as a white faggit or crack addict,” trying to separate herself from this pathologized risk groups that are associated with HIV/AIDS (110). This is the logic that essentializes homosexuals as AIDS-spreaders and considers HIV/AIDS as a gay disease as it is in Devon’s case.

Moreover, the shaming of anal sex and specifying certain risk groups, which are homosexuals and drug addicts, puts a legitimate distinction to the heterosexual bodies and sexual practices which are supposedly safe and healthy as opposed to the unsafe and unhealthy, that is, abject homosexual bodies and sexual practices. Ironically, though, the heterosexual sexual practices, in this novel, amounts to incestual rape, sexual abuse of a child and the transmission of the HIV virus. By this striking contrast, Sapphire compels attention to how HIV/AIDS, as Cindy Patton argues, “provides the vessel for essentializing differences” (153). Since Precious’s mother is a housebound who is addicted to the television, it is no surprise that she internalizes the abjectifying notions of the general public as to the homosexual people living with HIV/AIDS. This, of course, is a part of a bigger governmental homophobic discourse. In the 80’s, the Reagan administration was known for their silence over the issue of HIV/AIDS. It was not only ignored, but also perceived as a gay disease and once referred as Gay-related immune deficiency (GRID). Precious and her mother reflect this prejudice and stigmatization. The supposed unlivability of the homosexuals living with HIV/AIDS is also what disturbs Precious and her mother, threatening

their supposed corporeality which creates the abject. Thus, they skirt around the topic by differentiating themselves from the concerns of white people. That is, for the African-American community being gay, especially a seropositive one, considered as part of and/or concern of white people and the advent of HIV/AIDS further exacerbated this. In that sense, Precious and her mother, perhaps, deliberately avoid relating themselves with the concerns of white people. This is particularly because of the non-existence of black politics. Precious does not want to be targeted because of her seropositive state as well. She already feels exposed and overwhelmed because of her skin-color, her obesity, and her abused body. As such, she has her concerns with regards to living in the world of white people, under the judging presence of *the white gaze*.

Considering the narrative aspects of *Push*, it can be claimed that Precious actually has a voice in contrast to Devon in *My Brother* who is conspicuously silent. She sustains her own Harlem slang in which she is able to express her own opinions about the issues that give her a hard time. In that sense, the form lets the reader recognize how the way Precious uses language transforms as she pursues her education and group therapy in the course of the novel. These ameliorative practices help Precious surpass the nightmarish past. In that respect, it can be said that Precious is heading towards a promising future. At the end of the book, I would argue, Precious, “constitutes [her] own territory, edged by the abject,” accepting that black is also beautiful and aspires to be a nurturing mother-poet despite what happened in the past (Kristeva, 6). She does not forget what happened to her, in fact, decides to fight with her past by trying not to become, especially, like her mother. Although halfheartedly, Precious also anticipates “a cure” for HIV/AIDS in the end, which shows that she is also coming to terms with her status, starting to prioritize hope rather than gloom (142). The form reflects Precious’s fluctuating thoughts and her progressing idiolect as well as mindset. Her poetry, also, gains visibility and progression. It enables her to express her genuine feelings “edged by the abject,” and finally, she owns the language of her own. It becomes one of the most crucial sites of resistance that disrupts the white gaze under which she has been victimized and rendered expendable.

Devon and Precious are posited as impure, sick and disorderly entities vis-à-vis the ideal bodies which are deemed to be pure, healthy and orderly. The discursive practices of ostracization constantly and

consistently victimize their bodies, excluding them out of the social sphere in the name of maintaining the order. To this end, these bodies appear as border-passing, abject bodies unable to meet the expectations of somatic proprieties. Trivialized and reduced to unlivability, indeed, these bodies show signs of disarray and threat, breaking their own borders along with the social ones. Precious is victimized by her own family which not only leads her to a societal abjection but also a self-inflicted one. The institution of family and the white phallographic system of values pathologize Precious's body, but she finds a way out, "edged by the abject," reclaiming her supposed unlivability "edged by the abject." Devon, unable to find a way out like Precious, victimized and rendered unlivable by the Antiguan hegemonic heteronormativity which dehumanizes the homosexuals living with HIV/AIDS. Internalizing this, he pathologizes and victimizes himself as well. Julia Kristeva's theory of abjection is crucially useful if one wants to follow the traces of the patriarchal implementations of horror and disgust in Kincaid and Sapphire's works. After all, with these implementations that some people are posited as less than human.

## Notes

<sup>1</sup> People living with HIV/AIDS.

<sup>2</sup> The drugs are too expensive and are provided by Devon's sister from the U.S. for his treatment.

<sup>3</sup> Or a prostitute which are already stigmatized and abjected, thus believed to be HIV-positive in Antigua as the sister says (pp. 39).

<sup>4</sup> The only doctor in Antigua who is "publicly involved with" HIV/AIDS (pp. 31).

<sup>5</sup> Later in the book, the sister reflects on this workshop by saying that "the sexual organs looking so decayed the viewer could almost smell the decay just by looking at them," underlining the permeating abject (pp. 158).

<sup>6</sup> Her first baby is, again, from her father who is born with Down's Syndrome and who is away from Precious and has been taken care of by her grandmother.



## Works Cited

- Berlant, Lauren. *Cruel Optimism*. Duke University Press, 2011.
- Borrego, Silvia Pilar Castro. "Re(Claiming) Subjectivity and Transforming the Politics of Silence through the Search for Wholeness in 'Push' by Sapphire / Re(Clamando) La Subjectividad y Transformando Las Políticas Silenciadoras a Través De La Búsqueda De La Unidad Ontológica En La Novela 'Push', De Sapphire." *Atlantis*, vol. 36, no. 2, 2014, pp. 147–159.
- Brophy, Sarah. "Angels in Antigua: The Diasporic of Melancholy in Jamaica Kincaid's My Brother." *PMLA*, vol. 117, no. 2, 2002, pp. 265–277.
- Butler, Judith. *Bodies That Matter: on the Discursive Limits of "Sex"*. Routledge, 1993.
- Creed, Barbara. "Horror and the Monstrous-Feminine: An Imaginary Abjection." *Screen*, vol. 27, Issue 1, 1 January 1986, pp. 44–71.
- Dagbovie-Mullins, Sika A. "From Living to Eat to Writing to Live: Metaphors of Consumption and Production in Sapphire's 'Push.'" *African American Review*, vol. 44, no. 3, 2011, pp. 435–452.
- Doane, Janice L., and Devon L. Hodges. *Telling Incest: Narratives of Dangerous Remembering from Stein to Sapphire*. The University of Michigan Press, 2001.
- Frías, María, and Jamaica Kincaid. "'I Make Them Call Him 'Uncle.'" *Transition*, no. 111, 2013, pp. 117–131.
- Jarman, Michelle. "Cultural Consumption and Rejection of Precious Jones: Pushing Disability into the Discussion of Sapphire's 'Push' and Lee Daniels's 'Precious.'" *Feminist Formations*, vol. 24, no. 2, 2012, pp. 163–185.
- Highberg, Nels P. "The (Missing) Faces of African American Girls with AIDS." *Feminist Formations*, vol. 22, no. 1, 2010, pp. 1–20.
- Hogan, Katie. *Women Take Care: Gender, Race, and the Culture of AIDS*. Cornell University Press, 2001.

- Kincaid, Jamaica. *My Brother*. New York: Farrar, Straus & Giroux & Giroux, 1998.
- Kristeva, Julia. *Powers of Horror: an Essay on Abjection*. Columbia University Press, 2010.
- Lyle, Timothy. "Prolonging 'Last Call': Jamaica Kincaid's Voyeuristic Pleasures in 'My Brother.'" *Journal of West Indian Literature*, vol. 22, no. 1, 2013, pp. 33–62.
- McNeil, Elizabeth. "Un-"Freak"ing Black Female Selfhood: Grotesque-Erotic Agency and Ecofeminist Unity in Sapphire's *Push*." *MELUS*, vol. 37, no. 4, 2012, pp. 11–30.
- Patton, Cindy. "Tremble, Hetero Swine!" *Fear of a Queer Planet: Queer Politics and Social Theory*, edited by Michael Warner, University of Minnesota Press, 2011, pp. 143–178.
- Rahim, Jennifer. "'No Place to Go': Homosexual Space and the Discourse of 'Unspeakable' Contents in My Brother and Black Fauns." *Journal of West Indian Literature*, vol. 13, no. 1/2, 2005, pp. 119–140.
- Roth, Nancy L., and Katie Hogan, editors. "Constituting Clean and Proper' Body: Convergences between Abjection and AIDS." *Gendered Epidemic: Representations of Women in the Age of AIDS*, by Karen Zivi, Routledge, 1998.
- Sapphire. *Push*. London: Secker & Warburg, 1996.
- Sistani, Roohollah Reesi, and Masoumeh Mehni. "Psychoanalytical Tensions of Problematic Mother-Daughter Relationship in Jamaica Kincaid's *My Brother*." *Studies in Literature and Language*, vol. 5, no. 2, 2012, pp. 70-77.
- Sontag, Susan. *Illness as Metaphor; and, AIDS and Its Metaphors*. Doubleday, 1990.
- Soto-Crespo, Ramón E. "Death and the Diaspora Writer: Hybridity and Mourning in the Work of Jamaica Kincaid." *Contemporary Literature*, vol. 43, no. 2, 2002, pp. 342–376.
- Subero, Gustavo. *Representations of HIV/AIDS in Contemporary Hispano-American and Caribbean Culture*. Routledge, 2014.

Takemoto, Tina. "The Melancholia of AIDS: Interview with Douglas Crimp." *Art Journal*, vol. 62, no. 4, 2003, pp. 81–90.

Warner, Michael. *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life*. Harvard University Press, 2000.

