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book review

Queer Counterpublics in Australia, Mexico and Brazil

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Rafael de la Dehesa

*Queering the Public Sphere in Mexico and Brazil: Sexual Rights Movements
in Emerging Democracies*

Duke University Press, Durham and London, 2010

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RRP US\$24.95 (pb)

Kane Race

Pleasure Consuming Medicine: The Queer Politics of Drugs

Duke University Press, Durham and London, 2009

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RRP US\$23.95 (pb)

Pleasure Consuming Medicine: The Queer Politics of Drugs and *Queering the Public Sphere in Mexico and Brazil: Sexual Rights Movements in Emerging Democracies* are ostensibly similar in that both take sexuality as a central concern. However, the subject matter under consideration varies significantly. In *Pleasure Consuming Medicine*, Race examines drug consumption among gay men, both consumption of anti retroviral drugs to treat HIV/AIDS and consumption of illegal substances. De la

Dehesa's book maintains a very different focus on gay, lesbian, transsexual and transgender legislative and political activism in Mexico and Brazil. Despite the thematic incongruence, there are several points of convergence. Both books seek to reveal the workings of power within the neoliberal state. While examining discourses and practices of health is at the core of *Pleasure Consuming Medicine*, *Queering the Public Sphere* reviews the effects of HIV/AIDS related healthcare activism on the constitution of the state. Further, both volumes engage with public sphere theory and delimitations of the public-private divide through different imaginings of the state.

A major strength of *Pleasure Consuming Medicine* is that it seamlessly blends insights from divergent theoretical traditions. Some of these conjunctions are to be expected; for example, Race integrates Foucault with insights from later queer theory such as those of Eve Sedgwick and Lauren Berlant. While it is certainly not unheard of to combine these strands of theory with corporeal feminist ethics, it is still quite rare to find such an analysis that does full justice to embodied experience. These theories are clearly but delicately intertwined in *Pleasure Consuming Medicine*, and I certainly can't fault such a masterful integration of disparate approaches, but it might have been helpful if some of the potential incommensurabilities between these approaches were explicated.

Pleasure Consuming Medicine begins by questioning the distinction between drugs categorised as medically legitimate, and those seen as merely 'lifestyle' drugs. Within first world consumer societies moral panics are generated as governments relinquish some of their traditional functions. (9) As government responsibilities are diminished, Race argues, categories of *family*, *community* and *nation* symbolically offer some of the previous functions of the welfare state. (9) Within this moral order, non-normative styles of life become designated 'superfluous' or recreational. (10) Anti-drug strategies draw on images of protecting the nation, which is seen to consist of 'communities' and 'families'. Race describes raids at raves and dance parties as 'a disciplinary performance of moral sovereignty' (12) as they do not so much protect people as tend to heighten harm levels as ravers scoff all their drugs at once in order to avoid prosecution. As the state shrinks, claims Race, it 'replaces the moral agenda of 'discipline' with a more 'efficient', 'amoral' focus on the correlates of risk. (17) While this conception of risk, according to Race, is seen as individualised

and autonomous, drug consumption remains regulated by law. (17) This then leaves an opening for the state to engage in spectacular displays of 'sovereign authority' which Race designates 'exemplary power', such as the abovementioned drug raids.

Drawing on Foucault's discussion of 'bodies and pleasures' in *The History of Sexuality Volume One* (xi) and in later volumes on 'the care of the self', Race advocates new experimental forms of 'care' which could resist 'normative determinations' (xii) but develop ethics based on embodied styles. Race is clearly frustrated that careful research about the effects and practices of drug use in specific contexts is not achievable (xiii) as 'pleasure' is not comprehensible within medico-moral regimes and deviations from prescriptions (non-compliance) and drug use for pleasure must not be advocated. Race argues that pleasure is often seen as antithetical to medicine (1) but that 'HIV education has in fact been most effective when it has foregrounded and incorporated embodied pleasures of endangered groups'. (1) Within the medical and scientific communities medicine is constructed as *neutral* or restoring a natural state, rather than *positive* or as an enhancement. (5) As public subsidies are limited, certain drugs, such as Viagra, are cast as 'lifestyle' or 'recreational' drugs by self-appointed guardians of the public purse and advocacy groups for other medical issues. (5-6) Race argues that queer already maintains strong associations with 'lifestyle' and 'recreation' in the public sphere. (6) A further dichotomy obtains between 'lifestyle' and 'essential' or necessary in medical and pharmaceutical discourses. (6) Against these common discourses Race maintains that all drugs are *recreational* in the sense that they are part of a world making and self-making project. (9) When drugs are seen as 'restoring nature' (9) these world making effects are sheltered from view.

Race's ethics may at first seem incompatible with queer theory's eschewing of norms. However, Race's embodied ethics is neither prescriptive, universal or explicitly normative. This version of ethics considers the body and its history—its capacities and the way it has been shaped and its relations to others given its experiences and temporo-spatial locatedness. Rather than medical subjects consuming drugs compliantly in line with universal dictates regarding their effects and doses, Race suggests taking into account a loosely shared queer social positioning (109) in order to understand gay men's experiences of drugs.

Race refigures common conceptions of intentionality. There are everyday states where people are generally thought to engage in entirely intentional activities, and others, such as drunkenness or being high, or sometimes sex, where behaviour is seen to be not entirely voluntary. Race questions the clarity of this distinction, claiming that 'It's only occasionally that subjectivity feels fully determined by one extreme or the other—completely intentional or utterly prone to accident.' (166)

While both books contend with neoliberalism's effects on the representation of the state and the provision of healthcare, *Pleasure Consuming Medicine* focuses on a liberal Western democratic nation, while in *Queering the Public Sphere* the activism takes place as the South American nations of Mexico and Brazil transition from autocratic military governments to democracies. More so than in Australia, Marxism influenced queer legislative action in these nations, particularly in earlier decades, and in Brazil the Evangelical churches still hold considerable power. In Brazil, activist claims have been articulated through the framework of 'full citizenship' rights for sexual minorities, whereas in Mexico such demands have fallen under the rubric of 'sexual diversity'. The framework of sexual diversity allowed for broader coalitions of left, queer, HIV/AIDS, health, lesbian and women's activists to develop in Mexico. De la Dehesa points out that this coalition politics counters claims that 'liberalism will splinter representation into narrowly identitarian frames'. (155)

The development of different political configurations was also heavily influenced by the electoral context, particularly the parties' structures and the rules governing elections. Brazilian activists were able to gain entry into legislative processes earlier than their Mexican counterparts as they created alliances with different political parties, mostly on the left. In Brazilian politics, candidates craft their appeal to small sections of the public. (118) This allowed individual candidates to promote issues surrounding LGBT rights. Mexican groups did not have the same success as the Brazilian activists in enacting legislation (indeed, Brazil is held up as 'best practice' in that region and throughout the global south in progressive legislation for the rights of sexual minorities). In Mexico there were fewer political parties, and de la Dehesa notes that this means, largely, that parties will try to appeal to majority interests. (150) Activists therefore maintained broad alliances with other groups and opposition parties to lobby the major party. (153)

A strength of this book is its patient insistence that political forms are shaped by the particularities of the culture and political system. De la Dehesa conscientiously covers a large swathe of political history in both countries, demonstrating how each system has been shaped by contingencies and political and social particularities and movements in each country. As the book notes, there has been little published to date on LGBT activists' engagement with institutional politics in South America and the book is worthy in its unique elaborations of public sphere theory, and its attention to the contingencies and calibrations of shifts in the private–public divide in these countries. A main message reiterated throughout the book is the resistance to modernist teleological narratives of political development along liberal lines as imposed by the West and international organisations in a prefabricated form.

While de la Dehesa acknowledges the normative force of the 'transnational construction of sexual rights' (5) he rejects scholars' and politicians' categorisations of LGBT activism as a foreign imposition. Diverse non-normative sexual identities exist in both Mexico and Brazil which are not necessarily analogous to the Western categories of LGB and T.

While there is copious research regarding queer sexualities in late modern Western liberal political orders, one rarely reads about sexual rights within Marxist political movements. This is not a major focus of the book, but an interesting trend in the prehistory of sexual rights movements is detailed. Activists are first marginalised and told to direct their energy towards more revolutionary pursuits, told that sexuality is merely a superstructural concern (de la Dehesa likens this to the public–private divide of liberalism). Marxist organisations, like those of liberal democracy, do not maintain a unified stance on sexual rights, especially between organisations and over time. The Maoist left declares that homosexuals are a symbol of a decaying society, and later Trotskyites of the fourth international come out in support first of women's rights and then the rights of sexual minorities.

In chapter six, towards the end of the volume, de la Dehesa underlines the steps taken to achieve the federal government *Brasil Sem Homophobia* (Brazil Without Homophobia) campaign. Up until now, the book has focused on legislative activism and representative politics, but here it turns to examine public policy activism. Where legislative activists needed to influence political parties and win

parliamentary debates and votes, public policy activism largely takes place within government bureaus where it is not subject to the same amount of debate and publicity between conflicting parties. Activists were incorporated into this process of policy development and implementation as 'technical experts' and this expertise was dispensed largely through the operation of non-governmental organisations. (178)

Despite the book's central concern with institutional politics and legislative reform, de la Dehesa argues that technocratic activists' achievements have 'arguably found a much deeper expression in society'. (203) As in *Pleasure Consuming Medicine*, the 'NGOization' of public health provision for HIV/AIDS has taken place in the context of a receding state and is considered an 'apolitical technical rationality', in other words, neutral rather than ideological. (180) In Brazil, this form of activism occurred in the context of World Bank-led structural adjustment. Brazil Without Homophobia developed out of a national HIV/AIDS program, emerging from the government's Human Rights Secretariat's program to gather together activists and agencies and develop LGBT policy. (194) These trends contribute to what de la Dehesa terms 'biomedical citizenship'. (181)

Brazilian healthcare, while marked by NGOisation and structural adjustment, has also been a story of tensions and resistance; for example, due to activist pressure, the Brazilian government extended 'universal access to free medications'. (188) De la Dehesa explains that this is largely a legacy of AIDS activism couched in the terms of rights-based discourses. Activism has become more bureaucratic and allied to the state, weakening the public sphere, according to this author, (202) but he claims there are also political effects that exceed the purely bureaucratic. While this form of activism affects the form that the public sphere can take, reconfiguring civil society, it also has effects on the social movement 'reinforcing certain subjectivities, desires, needs, and choices by activists'. (187)

Each book utilises diachronic analyses to highlight the development of present trends and norms over time. Race uses genealogy as a methodology to underline the contingencies that resulted in the current sets of norms surrounding prescription, compliance and medical authority. In the chapter 'Recreational States', Race takes up a similar methodological technique to 'situate' drug legislation 'in the context of broader shifts taking place in the legal regulation of "illicit" pleasure in many

Western jurisdictions in the postwar period'. (59) De la Dehesa takes a comparative approach to the politics of Mexico and Brazil. This comparison of social movements in recent history, operating within different cultures and locations, has a similar effect to Race's genealogy: it reveals the components which lead to particular (much different) outcomes in Mexico and Brazil. As Race does in his book, de la Dehesa demonstrates the ways in which outcomes could have been different, given slightly different calibrations in politics or culture, or discourse. This mitigates against (post)colonial narratives of modernity that would claim that any developments must be towards a liberal democracy drawn cookie-cutter style from Western models. Despite this, de la Dehesa also demonstrates that activists have used modernisation rhetorics in order to further their goals.

Both authors incorporate queer theory perspectives, but they do so to different extents and for different purposes. In *Pleasure Consuming Medicine*, queer is an explicit critical stance which draws on queer theory in order to critique what Race terms 'bionormalization', (107) of which drug discourses are a part. Queer is also used to describe the Sydney party culture of the 1990s (18) and seems here to be synonymous for sexual subcultures or 'gay, lesbian and transgender subcultures' although the main focus of the book is on gay men. De la Dehesa also uses the term queer to denote an anti-normative orientation (xvi) or as an 'umbrella category'. However, given that there are a number of different terms used in Mexico and Brazil to describe a wide variety of non-normative sexual identities, he generally uses these terms or uses LGBT when referring to the social movement. In one sense the public sphere is queered by the entrance of activists into government institutions through political parties, electoral politics and NGOs. If *Pleasure Consuming Medicine* draws on Foucault's theories particularly to examine the care of the self and pleasure, de la Dehesa's analysis in *Queering the Public Sphere in Mexico and Brazil* refers to mainly to the biopolitics of population management (13) and governmentality within liberal frameworks.

Pleasure Consuming Medicine and *Queering the Public Sphere* both engage centrally with the concept of the 'public sphere'. The public of the public sphere is a mediated public, which coheres by being addressed by the media. In *Pleasure Consuming Medicine*, Race's conception of the public sphere is heavily influenced by queer theorist Michael Warner. In this formulation 'the expression of personal

difference' conflicts with a 'traditional' abstract public sphere that denies particularity. (74) According to Warner, counterpublics are publics that are in opposition or subordinate to dominant or mass publics. (159) Race proposes a 'counterpublic' health that would address mainstream public health's deficiencies in working with those affected by HIV/AIDS in the queer community. Warner 'relates publics to particular embodied styles' according to Race, and it is by taking into account these styles that counterpublics can be addressed and specifically targeted health programs created. (160) Counterpublic health draws on shared styles and languages, such as those of camp. Race's example of a counterpublic health initiative is Nurse Nancy and Vanessa Wagner's 'Wheel of Misfortune' show, which draws on shared repertoires and challenges 'medical exclusions'. (129) Counterpublic health can help to counteract the individualising and privatising effects of 'medico-moral discourse' described by Race.

De la Dehesa draws on Jürgen Habermas's theory of the public sphere where private individuals form opinion about the state. (8) They require information about the state and then make the state aware of this information through the institution of representative democracy. (8) The author of this book conceives the public sphere as consisting of a variety of interrelated fields including the media and political parties where this opinion can be transmitted. He further divides each field into constituent cultural and structural dimensions. (8)

Elsewhere he defines the public sphere as 'an intermediary space between the state and society'. (208) His use of the term seems to be flexible enough to allow it to also represent government institutions as well as 'civil society.' What is particularly interesting is the differing configurations of the private-public divide and the effects this had on legislative activism in each country. In Mexico, liberalism challenged the authority of the church (30) creating a deeper chasm between that which was marked as public and that which was marked as private throwing the church firmly into the latter category.

De la Dehesa undertook extensive fieldwork including archival research, 268 interviews and two years and nine months spent in Mexico and Brazil. For a reader who is not a specialist in institutional politics in South America his history of LGBT movements in Mexico and Brazil is detailed and exhaustive. However, perhaps more detail could have been provided at the outset of the book as to the specifics of the

political system in each country, as it is slightly difficult to navigate if you are a reader with little knowledge of these particular configurations. The use of interview excerpts really enlivens the book, particularly as the interviews are often with some of the key figures involved in politics and activism at the time and provides a vivid illustration of what involvement with these social movements at a particular juncture in time might have been like. Unfortunately, the written expression can be awkward in places and sometimes detracts from the flow of the arguments. In the initial chapters Mexico and Brazil are compared concomitantly and this caused this reader to become confused at times as to which country was being discussed. There is a large amount of acronyms for the reader to keep track of, and although a handy list of these is provided in the endmatter, I often became confused as to which political party de la Dehesa was referring.

In contrast, *Pleasure Consuming Medicine* is written in a clear, eloquent style which makes it pleasing to read. A highlight of Race's book is the clear narrative personality that helps tie together the themes of the chapters, which, while all on the themes of medically approved or illegal drug consumption, address quite disparate aspects of these issues. Whether because of personal preference or a commitment to reflexive scholarship, Race contributes anecdotes that place theoretical elaborations within the context of personal experience. This serves to reinforce the book's commitment to research that examines specificity in drug consumption, by emphasising the personal and intergroup repercussions of medico-moral discourses. I have already discussed the effortless combination of divergent theoretical trends but I must restate that it is almost impossible to be unimpressed with the elaboration of an embodied queer ethical framework, and while this clearly works well with the subject matter at hand, I imagine it could be equally productively applied to many other issues.

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