Celebrating risk: The politics of self-branding, transgression and resistance in Public Health

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Abstract: Persons 'branded' as dangerous to the public's health often try to hide their status (as smokers, as HIV positive, etc). Yet, a small but growing subgroup has re-appropriated stigma symbols and voluntarily branded themselves as 'marked' individuals, rebellious, transgressive and refusing to be shamed by their status. In this article we examine voluntary branding as acts of resistance, paying particular attention to bodily practices that disrupt dominant aesthetic and moral/political sensibilities. We draw on our research and observations in the realms of smoking and *bareback sex* to illustrate and address broader issues of branding the self, aesthetics and the politics of resistance, surveillance, and transgression. Drawing on the work of Goffman, Bourdieu and Foucault, we examine the interpenetration of class, physical and social capital, and unequal social relations. While these works are often used to celebrate resistance, we argue, following Fiske, that it should not be romanticized as inherently liberating.
Keywords: Body, *Branding*, Identity, Public Health, Resistance, Skin, Stigma.

Celebrando o risco: as políticas de rotulação de si, transgressão e resistência na Saúde Pública

Resumo: Pessoas "rotuladas" como perigosas para a Saúde Pública geralmente tentam esconder seu *status* (como fumantes, como pessoas vivendo com HIV etc.). Inobstante, um pequeno mas crescente subgrupo tem se reapropriado dos símbolos de estigma e tem voluntariamente se rotulado como sendo composto por indivíduos "marcados", rebeldes, transgressivos, recusando-se a envergonharem-se de seu *status.* Neste artigo, examinamos a rotulação voluntária como atos de resistência, prestando atenção especial às práticas corporais que rompem com a estética dominantes e com sensibilidades morais, políticas. Baseamo-nos em nossas pesquisas e observações no tocante ao tabagismo e *bareback sex* para ilustrar e assinalar questões mais amplas de rotulação de si, estéticas e políticas da resistência, vigilância e transgressão. Baseando-nos nos trabalhos de Goffman, Bourdieu e Foucault, examinamos a interpenetração de classe, capital físico e social e relações social desiguais. Mesmo que esses trabalhos sejam

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comumente usados para celebrar a resistência, nós argumentamos, de acordo com Fiske, que essa não deveria ser romantizada como inerentemente libertadora.
Palavras-chave: Corpo; Rotulação; Identidade; Saúde Pública; Resistência; Pele; Estigma.

Ce qu'il y a de plus profond, c'est la peau.
Paul Valéry

INTRODUCTION

The most extensive organ in the human body is the skin (Serres, 1998). While protective and waterproof, it remains fragile and revealing. Often, our histories are inscribed on our skin (the kind of work we do, past injuries). The skin is an important concept in the field of critical and cultural theory (Pitts, 2003). More than mere anatomy, it is a social and cultural phenomenon. In the West, skin is everywhere, not only in the most obsessive displays of its surface in Western media (cinema and advertising, in particular), but also in the widespread efforts to control its appearance by means of cosmetics and plastic surgery, in practices and representations associated with fetishism and sadomasochism, but also in the "anxious concern with the abject frailty and vulnerability of the skin, and the destructive rage against it exercised in violent fantasies and representations of all kinds" (CONNOR, 2004, p.9).

Tattoos, piercings and other bodily markings invite interpretation in light of the worldview of the persons sporting them because they raise questions about a person's identity and presentation of self. Indeed, the body, especially the skin covering it, can be considered a powerful aesthetic and political tool. We believe along with Goffman (1996) that branding the self implicates a complex network of social interactions, which imbue stigmata (body markings) with value according to the perceptions of those exposed to them.

Public health discourse increasingly frames enlightened citizenship in terms of the embodiment of subjectivities of suitably reflexive monitoring and avoidance/mitigation of risk (risks imposed by self or others). One of the corollaries of otherwise successful public health campaigns is that persons who bear the bodily markings that identify them as potential risks to the public health feel themselves to be increasingly stigmatized and under (disapproving and unwelcome) public scrutiny. In an effort to avoid stigma, persons with such markings often go to great lengths to conceal, for example, the telltale

signs of being a smoker (yellow stains on fingers, yellowed teeth, the smell of smoke in one's hair) or the early physical signs of HIV infection. In this context, an active embracing of risk can be seen as (more or less intentionally) subversive when it extends beyond socially approved practices (playing the stock market, extreme sports) to include bodily practices that challenge public health sensibilities. While such behaviours remain mostly hidden from public view, a small but (it would appear) growing subgroup have re-appropriated stigmata that they display openly, defiantly, in a celebration of non-conformity, transgression, and resistance. In a field where the apprehension and avoidance/mitigation of risk is taken as self-evident, the embracing, resisting, or reframing (e.g., positive reappropriation) of behaviours and identities 'branded' by public health as 'deviant' and/or 'dangerous' can be read as more or less blatant acts of resistance, as political acts, that is.

Little research has yet been conducted on the study of *branding* one's own body (LEBRETON, 2005), despite recent works on the subject (BABIKER & ARNOLD, 1997; FAVAZZA, 1996; HEWITT, 1997; KETTLEWELL, 1999; STRONG, 1998). Using empirical observations drawn from research (HOLMES & WARNER, 2005; POLAND, 2000; POLAND, TAYLOR *et al.*, 1994; POLAND, STOCKTON *et al.*, 1999) and the theoretical perspectives developed by Bourdieu (1984; 1985; 1990; 1998), Goffman (1996), Le Breton (2003; 2002) and Lupton (1997; 1999), this article will attempt to illustrate to what degree branding the self with/through plastic surgery, tattooing, piercing, scarification and other procedures that mark the body reflect aesthetic and political decisions.

Indeed, it is the social and political significance of people's pre-emptive attempts to 'brand themselves' that is our concern in this paper. We examine voluntary branding as acts of resistance, paying particular attention to bodily practices that disrupt dominant aesthetic and moral/political sensibilities of the late-modern public health apparatus. By "public health apparatus," we mean

> A thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic propositions… the apparatus itself is the system of relations that can be established between these elements (FOUCAULT, 1980, p.194).

In this article, we draw on diverse examples of transgressive bodily practices (tattooing, bareback sex, smoking, motorcycling), drawing on our research and observations, but this paper is not primarily about these practices. Our focus is on broader issues of branding the self, aesthetics and the politics of resistance, surveillance, and transgression. In this context, the goal of our work is twofold. On the one hand, we want to illustrate to what degree certain media of branding the self, when decoded as part of an aesthetic, are part of the physical capital of a person and serve to distinguish social groups and often social classes as well. On the other hand, we want to show to what degree the marking of the body as a political act is a response to certain social and health directives and guidelines that are interpreted as repressive (or overly?) prescriptive. In this last case, the branding of oneself arises from a need to display one's "transgressive" identity with the ultimate (intended) goal of defying the dominant public health discourse. Marking one's own body becomes a means of taking possession of it in order to use it as a locus not only of suffering but also of pleasure and rebellion (LE BRETON, 2003; 2002). Nevertheless, following Fiske (1989) and others, we posit that resistance, no matter how aggressive or extreme, is always and necessarily partial, and always forged in the context of prevailing power relations. Thus, we argue, branding the self, as an act of defiant resistance, also necessarily, if unwittingly, serves to consolidate the imbrications of the self in the social, perpetuating some of the same power relations transgressors seek to challenge and disrupt. We conclude our discussion with an exploration of an alternative vision of a politics of practice that might allow public health professionals to avoid unnecessarily fuelling ever more extreme forms of resistance.

STIGMA: A BRIEF HISTORY

Because our work focuses on transgressive bodily practices, it is essential to begin with consideration of the social dynamics of stigma. The concept derives, historically, from the notion of "stigmata" as body markings inflicted on certain persons because of their ignominious, immoral character. Before Christ, these markings, etched with a hot iron or a knife, were regarded as a clear sign of infamy and impurity (GOFFMAN, 1996). Society understood the unworthy, detestable nature of the people marked in this fashion, who belonged primarily to marginalized groups such as slaves and criminals. The visible marks on stigmatized people resulted in their being excluded from society.

After the spread of Christianity, the notion of stigmata took on the possibility of new meaning. On one hand, people believed some bodily lesions were a sign of divine intervention (religious stigmata that evoked the five wounds of Christ). On the other hand, other bodily 'aberrations' were seen as physical disorder, causing fear, humiliation and disfavour (CANGUILHEM, 1962; FOUCAULT, 1975).

Goffman (1996) was one of the pioneers in conceptualizing and researching stigma in contemporary western societies. From his work we underscore four insights. First, stigma can take many forms. According to Goffman (op. cit.), there are three types of stigma: "bodily monstrosities" (disabilities, deformities, etc.), "character defects" (mental illness, homosexuality, alcoholism, etc.) and "tribal stigma" (ethnic, religious origin, etc.). Second, stigma derives not only from the physical or behavioural traits themselves, but from the way in which the character (moral, social, competence) of the stigmatized is impuned. Third, such attributions are arbitrary and subjective, so they can only be properly understood with reference to their historical and cultural context.

Fourth, Goffman observed that, discarded by a majority said to be "normal," the stigmatized sometimes use their disadvantage as a basis for organizing their lives (op. cit.). They gather with people in similar straits in order to avoid being further abused by a society intolerant of difference, insofar as they can expect support from those who are "similar."

Goffman's work was confined primarily to the study of stigmata involuntarily acquired. More recent in scope and scale in the West are voluntary body markings (tattoos, scarification, piercing, etc), which can also be stigmatizing, depending on the social circles and contexts in which they apprehended. According to Le Breton (2002), voluntary bodily markings also serve to unite the members of a group who share a stigma. In this case, the body marking intensifies the feeling of belonging and solidarity (ANZIEU, 1985). The stigmatization of a tattoo, for example, might constitute a branding strategy of a group of persons who sought to stage symbolic rebellion. Thus, the tattoo is part of a subcultural style that has political implications for rebellious selves (PITTS, 2003).

Drawing on Bourdieu (1984, 1990, 1977), *branding* the body can be seen as one among many strategies for distinguishing oneself from others, according to ones class and social position (social capital). Branding can be seen as encompassing a social class continuum from the expensive corrective

dentistry and orthodontics, fake ‘beauty spots’, ‘radical makeovers’ (tummy tuck, facelift, nose job) and tanning salons of the well-to-do to the markings of those with less economic capital that are equally about claiming a form of resistance that is enfleshed, but which may take the form of tattoos, body piercing and scarification.

We deliberately chose the expression *branding* as opposed to *body transformation* to underscore that we do not see a radical break from use of wearing of brand logo clothing, and other means of displaying physical capital, but rather a continuum of possibilities for the construction and display of identity, aesthetics / politics of the self. For Bourdieu, aesthetics and politics are entangled: aesthetics is always political because it is about claiming distinction, marking oneself as different within a social field which renders these meaningful.

Before examining the aesthetics and politics of branding the self, we turn to our two primary examples in order to ground our discussion: smoking and unsafe anal sex (*bareback sex*).

SMOKING

In response to the accelerated efforts of public health authorities to ‘denormalize’ smoking in contemporary North American society, many smokers have adopted a conciliatory stance that emphasizes their consideration for others. They hide their smoking from those presumed to be unsympathetic, they often go to great lengths to conceal or undo some of the potentially stigmatizing bodily markers of smoking such as yellowed fingers and teeth, *smokey* breath, hair and clothing.

Others have taken a different approach. Previous research (POLAND, 2000; POLAND, TAYLOR *et al.*, 1994; POLAND, STOCKTON *et al.*, 1999; POLAND, COHEN *et al.*, 2000) suggests that a proportion of smokers could be characterized as ‘adamant’ or ‘defiant’ regarding recent advances in tobacco control. On the basis of a multi-item scale, derived from prior qualitative research and applied in a large population survey, this group was recently estimated to comprise as much as 42 percent of current smokers (Poland, Cohen et al., 2000. A lack of trend data means we do not know if this group is growing or shrinking as tobacco control becomes increasingly stringent. What the research shows is that adamant smokers feel restrictions have gone too far (op. cit.). They are most apt to express resentment about government regulations being “rammed down our throats”. Adamant smokers

are more likely to indicate that they enjoy smoking, are less likely to have rules about smoking in their home (for self or others), and report being less likely to defer to non-smokers in public situations.

It is instructive to examine how adamant smokers handle what ‘reluctant’ smokers (POLAND, COHEN *et al*., 2000) would normally conceal as problematic stigma symbols. In some cases, smokers describe actively displaying smoking props to forewarn others of their smoking status and their intentions to smoke. For example, rather than concealing their status as smokers, they tuck their cigarette pack conspicuously under their t-shirt sleeve, or, as they arrive, they ‘casually’ toss the cigarette pack onto a table in a public space. There is no mistaking their intentions. If others don’t like it, they can move. After all, they were given fair warning, adamant smokers reason. (It should be noted that in many communities and regions in North America smoking has been banned from most or all public places, workplaces and even some outdoor environments, lessening the opportunities for the behaviours described above). Some adolescents also report tucking a cigarette behind the ear to broadcast their toughness or to ‘get under the skin’ or ‘get a rise out of’ non-smokers (MCCRACKEN, 1992).

No discussion of smoking in the context of ‘branding the self’ would be complete, however, without addressing the manner in which cigarette brands themselves constitute important props in the constitution of identity. Displaying a brand as a statement of ‘who one is’ is as common among smokers as it is for other consumer goods (clothing, automobiles, etc). Smokers are often astute at discerning the social meaning of certain brands (e.g., in Canada, Camels are for tough guys, Players and Export A are ‘working class’ brands, DuMaurier are ‘classy’, menthols are ‘black’ or ‘gay’ cigarettes, the latter depending on where you live and who you socialize with). Of course the tobacco industry has not been a passive observer in these dynamics, having not only sought to augment the addictiveness of their products (manipulating nicotine levels, for example), but also having actively sought and promoted ‘market segmentation’ and consumer identification with certain brands. Furthermore, as restrictions on smoking in public have become more stringent in many locations, the tobacco industry has shifted part of its marketing strategy to one of ‘sympathizing’ with, and indeed celebrating, the status of smokers as ostensibly hip, fun-loving but misunderstood and unfairly targeted. In recent tobacco advertising, smokers are cast as ‘cool’ in their marginality, in a world of ostensibly rigid intolerance, as still capable of having fun in a fastidious world.

UNSAFE ANAL SEX (BAREBACK SEX)

Bodies infected with HIV are constructed as contagious and dangerous within Public Health discourse. HIV-positive individuals are admonished to disclose their status to potential partners at the same time as such status is highly stigmatizing and more or less guaranteed to lead to social rejection. As with smoking, but with higher stakes, many who are HIV+ do their best to 'keep up appearances' (of 'normality') by concealing their status as people living with AIDS. Yet, also as with smoking, there is a small but growing number who fight stigma not by hiding bodily markers, but be proudly displaying them. Such '*creative appropriation and resignification*' was promoted by Foucault to fight against homophobia (HALPERIN, 1995). The whole point of this strategy is to reclaim words (here contagious and dangerous bodies), which in their very meaning, are oppressive for certain groups in society (HIV positive persons for instance). Therefore, the subjects of potentially infected, contaminated and somehow dangerous bodies of HIV positive persons could reclaim these epithets in order 'to transform [them] ludicrously into a badge' (HALPERIN, 1995, p. 48) of identity and a sign of resistance. Regarding this complex *reterritorializing* strategy, a participant in a research studying unsafe anal sex between men (HOLMES & WARNER, 2005) states:

> Like the Bio-Hazard tattoo [that some HIV positive men are displaying on their shoulders]. It is like a Jew wearing a star of David… a symbol of segregation that's being taken as a symbol of pride.

According to Goffman (1996) stigmas produce even more effects if they are visible. This branding of his body by a tattoo that signifies he is 'contaminated' displays his identity as a person infected with HIV while at the same time clearly warning potential sexual partners of his nature. But this branding has two effects: on one hand, it can provoke fear, even abjection, on the part of potential partners; on the other hand, it can spark interest from people for whom risk and desire go hand in hand. The location of these biohazard tattoos on the body is also significant. Both shoulder and lower back are easily selectively concealed or revealed by the choice of clothing. For those who find risk and flirting with danger/death arousing, however, a biohazard tattoo on the lower back has an undeniable appeal in a sub-community where bareback sex is commonplace.

Foucault was not alone in promoting "creative appropriation and resignification" strategies. In the *Red Night Trilogy* (*Cities of the Red Night*, *The Place of the Dead Roads*, *The Western Lands*), radical novelist William Burroughs (1983; 1987) shows how the revolutionary deployment of toxic (homosexual) bodies offers resistance to law and culture. Burrough's fictive gay masquerade in *Cities* (written at a time still innocent of AIDS) is a story of a rampant outburst of homoerotic activities that cannot be contained. These activities have explosive sexual politics that illuminate how society, according to Burroughs, reads the homosexual body, and demonstrates its urgent need for rebellion. According to Langeteig (1997, p. 138), 'Burroughs turns culture's alignment of the homosexual with disorder on its head by affirming this negative construction, and uses this mythic contagion as a means of empowering his queer outlaws'. Burrough's portrayal of homosexuality painfully emphasizes how a culture's message about toxicity is inscribed on the bodies of males who desire males. His strategy is then to transform this mythic toxicity into a paradoxical means of resistance (op. cit.).

The risk aversion promulgated by public health amounts, in the minds of some, to nothing less than a demonization of pleasure and desire. The hyper-vigilant public health vision is equated with a land of the joyless, sanitized, walking dead. Life, by contrast, derives from not hiding from the fullness of life. In the extreme, some report feeling most alive only when they are flirting with death. This is as true for some inner city policemen, and military personnel on active tour of duty, as it is for those engaging in bareback sex.

From *aesthetics* to *politics*

BOURDIEU, AESTHETICS AND EMBODIED/PHYSICAL CAPITAL

A full accounting of Bourdieu's work is beyond the scope of this paper, and in any case its relevance to an analysis of public health practice has been explicated elsewhere (COCKERHAM, RUTTEN, ABEL, 1997; FROHLICH, CORIN, POTVIN, 2001; WILLIAMS, 1995, 1998, 2003). Nevertheless, we draw attention to several key features of his work that concern us here. For Bourdieu, power relations infuse all dimensions of social life, characterized in particular by the struggle for social distinction as a critical mechanism by which "stratified social systems of hierarchy and domination persist and reproduce intergenerationally without powerful

resistance and without the conscious recognition of their members" (Swartz, 1997, p.6). Two key foci concern him: an analysis of the 'logics of practice'; and second, the explication of the ways in which hegemonic symbolic systems and modes of representation function as instruments of domination. In the case of the former, insider representations of the "practical logic of getting along in their world" (op. cit., p. 56) are to be understood in the context of objective conditions of possibility (relative class position within one or more fields of social interaction, in terms of capital accumulation, capital defined to include not just economic but also cultural, physical, symbolic and other dimensions). Tastes, preferences, and 'styles of life' (FROHLICH, CORIN, POTVIN, 2001) are forged in the context of strategic practical necessity, in an alignment of aspirations and objective life chances. Thus, "bodies develop through interrelations between individuals' social location, habitus, and taste" (SHILLING, 1993, p. 130), habitus being the inculcation of a system of cognitive and motivating dispositions reconciled to one's location in the social hierarchy, and tastes being the consumptive preferences rooted in material constraints, that either make a virtue of or mark distance from necessity, and which serve to mask the underlying economic interests served by a 'naturalization' of degrees of privilege as mere differences in the degree of 'refinement' (or 'vulgarity') of tastes and mannerisms (cultural capital, embodied as physical capital).

This brings us to the second of Bourdieu's key foci, that is, the explication of the ways in which hegemonic symbolic systems and modes of representation function as instruments of domination. As the preceding text implies, the power to define embodied capital as 'refined' or 'vulgar' is not evenly or equitably distributed. Within the fields of health and education, in particular, a variety of 'body experts' (health professionals, clergy, counsellors, trendsetters in fashion) "are all involved in educating bodies and labelling as legitimate or deviant particular ways of managing and experiencing our bodies" (SHILLING, 1993, p.145). Bourdieu's understanding of agent's preoccupation with establishing social distinction, in different social fields, is not meant to imply a calculated or explicitly goal-oriented rationality. Rather, individuals' practices (including practices of resistance) are to be seen as tacit and pre-reflective, reflecting certain socially contingent interests played out in the process of strategic moment-to-moment engagement in the circumstances of life. This affords subjects a certain latitude of improvisational agency that belies the structural and situational constraints that shape the 'structured and structuring dispositions' of the habitus, inculcated over time,

that govern action and that serve to align aspirations with objective conditions of possibility.

One of the contributions of Bourdieu's work is to encourage an analysis of the interpenetration of bodily practices, cultural capital, and power relations (viz., systems of signification as modes of domination). In particular, bodily practices such as branding can only be properly understood in the context of the class relations in which they are situated. An example may help illustrate this point. While the excitement and, to varying degrees, risks and 'freedom' associated with motorcycling (as a form of branding through consumption – the 'lone rider', freedom in the wind, beholden to no-one, a risk-taker) holds appeal to a broad economic spectrum of aficionados of the sport, it is expressed very differently in different social strata (e.g., 'rat' bikes and older Harleys vs. expensive BMWs). Lawyers and doctors who don temporary tattoos and mount their expensive low mileage Harleys for the weekend are widely reviled by self-proclaimed 'real bikers' (of often more modest means) as 'fakes'.

RUBs (Rich Urban Bikers) can play with danger for fun, as they can return at will to their hyper-secure middleclass life. They are not consigned to elevated risk as are the working class. Ironically both working class and economic elites seek freedom from constraint through biking, but for different reasons and to different effect. For the working class this may be to assert a phantasm of personal freedom from very real constraining oppression. For elites it may represent an escape from ostensibly oppressive discourses of propriety and perhaps the unacknowledged emptiness of 'getting ahead', selectively 'tasting' the lifestyle of the *other*, as an act of 'risky' consumption, playing with identity (having fun being 'bad'). Being 'branded' a 'biker' has different social consequences too, depending on one's social location.

BRANDING AND POLITICS

Contrary to aesthetic affirmation, branding could mean extreme dissidence from society or be a reflection of an extreme form of resistance to social directives. In this way, the body is intended to be a surface on which to display markings that also show a radical refusal of the conditions of existence (*skinheads* and *punks,* for example).

Some social directives, particularly ones relating to health, attempt to map the individual body (anatomo-politics). In effect, since the end of the 18th century, citizens have been the target of regulatory (disciplinary) power (of government) through numerous health campaigns, thus increasing restrictions on the part of individuals (FOUCAULT, 1976). These disciplinary practices have been supported by the development of an understanding of health determinants and health risks based on population data (bio-politics) (Street, 2004). A number of health directives and guidelines call on people to adopt good health habits, and they must then comply with them. For example, not only is acceptance of the discourse of the public health apparatus encouraged but those who flout adherence become the targets of expert, even scientific, intervention. Moreover, compliance is not only structured by regulations but also by a new industry in health promotion (GALVIN, 2002). Modern health promotion has become a strategy to focus on individual responsibility based on the belief that individuals can control their own health and health outcomes (GALVIN, 2002; MEADOWS, 2001). These governing discourses place responsibility for health maintenance squarely in the hands of the individual, albeit with an occasional nod to the influence of context and environment on said behaviour. At the very moment when social (and health) imperatives are compelling the individuals to obey, they are simultaneously fed by desires that continuously disrupt protocols of 'responsible' self-care (PATTON, 2000). Deviant selves refuse to be objectified by religion and medicine (PITTS, 2003). Their bodies are sites for the experimentation of pleasure and the inscription of their *transgressive* identities. Deviant bodies express social disaffection and rebellion while establishing one's membership an alternative community.

BRANDING AS RESISTANCE

This tension between the 'territorializing modern system' (epitomized in the health care system, governmental agencies, etc.) and rebellious nomads is implicit in much of our research on *smokers* and HIV+ men who deliberately display a cigarette pack under one's t-shirt (cigarette smoker) or a bio-hazard tattoo on their shoulders (*barebackers*). Seeing their activities in such a light, not only illuminates their practice, but also helps us see the role the public health system potentially plays in creating spaces of possibility for such

branding practices. Thus resistance is not only possible but appears to be a 'refracted patterning which has some resemblances' to the territorializing (mapping) effects of health regimes (FOX, 2002, p. 360). Desires and pleasures, like power, constitute a positive force that can be expressed under the form of resistance. Deleuze and Guattari (1972/1973) suggest that social norms attempt to exercise their power by marking (mapping) and shaping the body. In this schema, the body is not a collection of organs, but an inscriptive body. Much like a political map, where most geological realities of the area are obscured to the mercy of political borders, the body is a 'political surface' on which laws, social values and moral predicaments are inscribed (FOX, 1993).

Adamant/defiant smokers and barebackers reject public health warnings while creating at the same time subversive/dangerous unhealthy practices. These examples show to what extent certain social and health directives may cause some people to resist and take ownership of the demeaning epithet as a sign of an identity that is initially wounded and subsequently becomes rebellious. It works as a brand name, proudly evoking a marginalized and resistant culture. According to Rosenblatt (1997), such people are plugged onto subcultural *metacommentary* that frames their practices or performances.

The body and its surfaces are a medium where identity is both enacted as well as socially patrolled. Branding practices respond to and are shaped by the larger social context that shapes the bodies in question. As Butler states: "no bodily performance, even an overtly rebellious one, operates outside of the accumulating and dissimulating historicity of force" (BUTLER, 1993, p. 66). In their resistance, *smokers* and *barebackers* are enacting defiance within a context permeated by power relations that already frames the contours of what is possible and/or called for in terms of contra-response. If where there is power resistance occurs, one has to consider that the latter is displayed according to specific manifestations of power. We suggest, after Fiske (1989), that powerful forces territorialize and reterritorialize the body up to a point where they also frame the way in which health imperatives are resisted.

We find ourselves therefore suspicious of claims of the inherently empowering nature of resistance, to be naturally celebrated by social progressives. A more realistic appraisal of the limits of resistance, it's very real (and often repressive) consequences, and it's inherently paradoxical relationship with the dominant culture, suggests that resistance is not always or as fully the panacea that some of its protagonists would have us believe. If it is true that public health regimes create tensions, and as a consequence, foments

resistance, actively deviant bodies remain trapped within power relations while at the same time contesting them. Does this mean that resistance is futile? Not necessarily. At a societal level it can be important to bring hidden assumptions and repressive social practices to more conscious attention. Without being problematized they cannot be transformed through social action. And of course, at a personal level, resistance is a deeply existential question, often a matter of principle, regardless of its putative effectiveness as a vehicle for social change. What we are advocating here is a more nuanced understanding of resistance as a social phenomenon and as a vehicle for progressive social change, notwithstanding its inevitable limitations.

RESHAPING PUBLIC HEALTH PRACTICE: FROM SURVEILLANCE TO SOLIDARITY

One of the most perplexing dilemmas for public health practice at the moment is the way in which concerted efforts at identifying, curtailing and managing risks to human health (especially those that are seen as being 'self-imposed'), while in many respects important work that bears fruit in terms of population health outcomes, nevertheless contributes to both the maintenance *and the radicalization* of resistance in a segment of the population increasingly uncomfortable with the perceived 'sanitization of life' and perceived demonization of pleasure (sex, smoking, food). One of the paradoxes of a risk-averse (and safer) society therefore is a growing (albeit minority) segment of society that increasingly feels the need to seek out ever more dangerous risks. It is in the flirting with death that some feel most fully *alive*. It is worth underscoring that we are not talking about a small fringe group of 'lunatics' here: Holmes's (2005) fieldwork on *bareback sex* uncovered doctors, lawyers and many other well educated and apparently 'normal' and successful individuals among those bearing biohazard tattoos and/or seeking out HIV-positive / HIV-negative men for unprotected anal sex. Some evidence of a backlash is also evident in popular culture, to the extent that manufacturers are starting to market their products (e.g. chocolate bars) as self-indulgent 'breaks' from the joyless tedium of minding what we eat, etc. So too has the tobacco industry sought to portray smokers as the victims of overzealous public health officials and a 'nanny state' hell-bent on protecting us from ourselves. Undoubtedly, some backlash to public health measures is inevitable. We are not suggesting that these drawbacks outweigh the benefits of taking action on pressing public health issues. The question is how a reflexive public health can best deal with the phenomenon of resistance, so as to not unnecessarily feed it.

If *barebacking*, for example, is part of the “collateral damage of the repressive public health prevention discourse regarding STDs and HIV”, then what is suggested as an alternative set of more empowering (or at least less harmful) public health practices? If the exertion of power inevitably produces resistance which in turn ‘produces’ reactions from the authorities, is there any way out of the vicious circle? What new forms of reflexivity, being and practice would health care professionals need to exhibit to de-escalate this vicious circle? What does a more empowering practice look like?

We believe that one possible approach to reducing radical manifestations of resistance to messages conveyed by the public health apparatus is to go from a paradigm of repression (surveillance) to one of support of and openness to the other (solidarity). This perspective is best explained by Schubert (1995) who invites us to accept the ethical and moral obligation knowledge producers have to identify, problematize and transgress existing, socially constructed and potentially repressive boundaries. Both Connolly (1993) and Schubert (1995) frame progressive action as the exposing of the inherent arbitrariness of the taken-for-granted and the hidden interests served.

> Politics begins… with the denunciation of the tacit adherence to the established order which defines the original doxa; … political subversion presupposes cognitive subversion, a conversion of the vision of the world (BOURDIEU, CAMBOREDON, PASSERON, 1991, p. 127).

There are a number of real-world examples of large-scale efforts to embody solidarity with the oppressed and marginalized, of which the best known is probably liberation theology (but also the Solidarity Movement in Poland during the 1980s). While few in public health will feel drawn to mobilize the stigmatized to fight the oppressive practices of their colleagues in public health, there are many practitioners who have embraced harm reduction as an alternative paradigm that dispenses with some of the moral righteousness of abstinence-based approaches (to drug use, smoking, raves), acknowledging the inevitability of risk and the opportunity to work with those engaged in risky activities to identify and take advantage of opportunities for reducing harms. Even this, we acknowledge, is not straightforward: insofar as harm reduction remains risk-adverse, it’s not likely to be embraced by those at the margins who see risk as both pleasurable/erotic and life-affirming.

CONCLUSION

The kind of branding we discussed in this article is socially functional. While some potential sexual partners are attracted to the enhanced risk involved, others are duly forewarned without uncomfortable verbal exchanges or last-minute surprises. So too in the example of smoking above – advertising one's smoking status makes clear one's intentions, and puts the onus on others to avoid contact if that is what they desire (or alternatively, to establish it with similar others). In this sense, branding serves not only more abstract or generalized functions in aesthetic or political terms, but also very concrete purposes in daily interpersonal interaction, rendering social interaction somewhat more predictable, and serving to 'pre-screen' potential social interlocutors without recourse to embarrassing or conflictual interactions.

These dilemmas also confront social researchers, such as ourselves, who investigate and render visible the extent and nature of resistance at the margins. In seeking to understand resistance, in exposing and making visible the logics of transgressive practice, do ostensibly 'progressive' social scientists facilitate the extension of the clinical gaze, colonizing new frontiers of social practice? Does this potentially push transgression to ever more exorbitant extremes? There are no easy answers to these paradoxical ethical dilemmas of social health research at the margins. But shifting the spotlight slightly from the exotic marginalia to the regulatory practices of *governmentality* puts the emphasis where we believe it belongs, drawing attention to how we all collude, to lesser or greater degrees, consciously or otherwise, in complex power relations and interpersonal and institutional mechanisms of social exclusion.

In terms of Public Health practice, a shift from moralistic (and often stigmatizing) intervention designs (campaigns) toward an approach of solidarity (understanding and acceptance of the *other*), is, we feel, imperative if we wish to avoid pushing resistance to further extremes.

REFERENCES

ANZIEU H. **Le Moi-peau**. Paris: Dunod, 1985.

BABIKER G, ARNOLD L. **The Language of Injury**: Comprehending Self-mutilation. Blackwell Publishing: London, 1997.

BOURDIEU P, CAMBOREDON J-C, PASSERON J-C. **The Craft of Sociology**: Epistemological Preliminaries. New York, NY: Walter de Gruyter, 1991.

BOURDIEU P. Distinction: **A Social Critique of the Judgement of Taste**. Cambridge, MA: Harvard University Press, 1984.

BOURDIEU P. **Outline of a Theory of Practice**. Cambridge, UK: Cambridge University Press, 1977.

BOURDIEU P. **Practical Reason**: On the Theory of Action. Cambridge, MA: Polity Press, 1998.

BOURDIEU P. **The Logic of Practice**. Stanford, CA: Stanford University Press, 1990.

BOURDIEU P. **The social space and the genesis of groups**. Theory & Society 1985; 14:723-744.

BURROUGHS WS. **The Western Lands**. New York: Viking Penguin, 1987.

BURROUGHS, WS. **The Place of Dead Roads**. New York: Holt, Rinehart and Winston, 1983.

BUTLER J. **Bodies that Matter**: On the Discursive Limits of Sex. New York: Routledge, 1993.

CANGUILHEM G. **Le normal et le pathologique**. Paris: PUF, 1962.

CLARK C. **Managing Righteousness: Smokers' Strategies in Problematic Public Encounters** (unpublished manuscript). Indianapolis, IN: Indiana University, 1994.

COCKERHAM WC, RUTTEN A, ABEL T. Conceptualizing contemporary health lifestyles: moving beyond Weber. **The Sociological Quarterly** 1997; 38(2):321-342.

CONNOLLY WE. Beyond good and evil: the ethical sensibility of Michel Foucault. **Political Theory** 1993; 21:365-389.

CONNOR S. **The Book of Skin**. Ithaca: Cornell University Press, 2004.

DELEUZE G, GUATTARI F. **Anti-Oedipe**: capitalisme et schizophrénie. Paris: Éditions de Minuit, 1972/1973.

FAVAZZA AR. Bodies **Under Seige**: Self-mutilation and Body Modification in Culture and Psychiatry. Baltimore: Johns Hopkins University Press, 1996.

FISKE J. **Understanding Popular Culture**. Boston: Unwin Hyman, 1989.

FOUCAULT M. **Histoire de la sexualité** – La volonté de savoir. Paris: Gallimard-Tel, 1976.

FOUCAULT M. **Power/Knowledge and Selected Interviews and Other Writings 1972-1977**. New York: Pantheon Books, 1980.

FOUCAULT M. **Surveiller et punir**. Paris: Gallimard-Tel, 1975.

FOX NJ. **Postmodernism, Sociology and Health**. Toronto: The University of Toronto Press, 1993.

FOX NJ. Refracting 'health': Deleuze, Guattari and body-self. **Health** 2002; 6(3):347-363.

FROHLICH KL, CORIN E, POTVIN L. A theoretical proposal for the relationship between context and disease. **Sociology of Health & Illness** 2001; 23(6):776-797.

GALVIN R. Disturbing notions of chronic illness and individual responsibility: Towards a genealogy of morals. **Health** 2002; 6:107-137.

GOFFMAN E. **Stigmate**. Paris: Les Éditions de Minuit, 1996.

HALPERIN, D. **Saint = Foucault** – Towards a Gay Hagiography. Oxford: Oxford University Press, 1995.

HEWITT K. **Mutilating the Body**: Identity in Blood and Ink. Madison: Bowling Green State University Popular Press, 1997.

HOLMES D, Warner D. The anatomy of a forbidden desire: men, penetration and semen exchange. **Nursing Inquiry** 2005; 12(1):10-20.

KETTLEWELL C. **Skin Game**: A Memoir. New York: St. Martin's Press, 1999.

LANGETEIG K. **Horror Autotoxicus in the Red Night Trilogy**: ironic fruits of Burrough's terminal vision. Configuration 1997; 5:135-169.

LEBRETON D. **La peau et la trace**: sur les blessures de soi. Paris: Édition Métailié, 2003.

LEBRETON D. **Signes d'identité** : tatouages, piercings et autres marques corporelles. Paris : Éditions Métailié, 2002.

LUPTON D. **Risk**. London: Routledge, 1999.

LUPTON D. **The Imperative of Health**: Public Health and the Regulated Body. Thousand Oaks: Sage, 1997.

MCCRACKEN, G. "Got A Smoke?" A Cultural Account of Tobacco In the Lives of Contemporary Teens. **Research Report for the Ontario Ministry of Health Tobacco Strategy**. Toronto, ON: Ontario Ministry of Health, 1992.

MEADOWS LM, THURSTON WE et al. Health promotion and preventive measures: interpreting messages at midlife. **Qualitative Health Research** 2001; 11(4): 450-463.

PATTON P. **Deleuze and the Political**. New York: Routledge, 2000.

PITTS V. **In the flesh**. New York: Palgrave Macmillan, 2003.

POLAND B, COHEN JE, et al. Heterogeneity among smokers and non-smokers in attitudes and behaviour regarding smoking and smoking restrictions. **Tobacco Control** 2000; 9:364-371.

POLAND B, STOCKTON L, et al. Interactions between smokers and non-smokers in public places: a qualitative study. **Canadian Journal of Public Health** 1999; 90(5):330-333.

POLAND B, TAYLOR SM, et al. Qualitative evaluation of the Brantford COMMIT intervention trial: the smokers' perspective. **Health and Canadian Society** 1994; 2(2):269-316.

POLAND B. The 'considerate' smoker in public space: the micro-politics and political economy of 'doing the right thing'. **Health & Place** 2000; 6(1):1-14.

ROSENBLATT D. The antisocial skin: structure, resistance and modern primitive adornment in the United States. **Cultural Anthropology** 1997; 12(3):287-334.

SCHUBERT JD. From a politics of transgression toward an ethics of reflexivity: Foucault, Bourdieu, and academic practice. **American Behavioural Scientist** 1995; 38:1003-1017.

SERRES M. **Les cinq sens**. Paris: Grasset, 1998.

SHILLING C. **The Body and Social Theory**. Newbury Park: Sage, 1993.

STREET A. Ask your doctor: the construction of smoking in advertising posters produced in 1946 and 2004. **Nursing Inquiry** 2004; 11(4):227-237.

STRONG M. **A Bright Red Scream**: Self-Mutilation and the Language of Pain. New York: Penguin, 1998.

SWARTZ D. **Culture and Power**: The Sociology of Pierre Bourdieu. Chicago: University of Chicago Press, 1997.

WILLIAMS GH. The determinants of health: structure, context and agency. **Sociology of Health & Illness** 2003; 25(Suppl):131-154.

WILLIAMS SJ. 'Capitalising' on emotions? Rethinking the inequalities in health debate. **Sociology** 1998; 32(1):121-139.

WILLIAMS SJ. Theorising class, health and lifestyles: can Bourdieu help us? **Sociology of Health & Illness** 1995; 17(5):577-604.

Recebido em fevereiro de 2015
Aprovado em abril de 2015