

Narratives of the Brazilian homosexual movement on the health of gays and lesbians

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Abstract *This study analyzes narratives of health produced by representatives of gay and lesbian groups. The analysis seeks to contribute to a shift from the pathologization of non-heteronormative sexuality towards ensuring comprehensive gay and lesbian health care that takes into account the specific needs of these groups beyond HIV/AIDS. We conducted a qualitative study using narrative inquiry and drawing on previous narrative studies analyzing social movements. The results highlight collective homosexual identities and the plurality of gay and lesbian health. It is concluded that the narratives shift between the association between AIDS and homosexuality and the demarcation of differences between gay and lesbian health, leading to new demands that make these groups protagonists or supporting actors in health promotion.*

Key words *Gays, Lesbians, Health, Homosexual movement, Narratives*

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Introduction

The homosexual movement is one of the most prominent social movements. The first milestone for Brazil's homosexual movement was the creation of the group "*Somos – Grupo de Afirmação Homossexual*" (We are – Group for Homosexual Affirmation) in São Paulo in May 1978¹. According to Polletta and Jasper², unlike conventional movements that seek to gain political and economic concessions, the homosexual movement seeks recognition for new identities and lifestyles.

The alliance between the homosexual movement and AIDS activism has provided mutual benefits. Thanks to AIDS activism, the homosexual movement has gained visibility, channeling actions and financial support from various institutions. Despite some setbacks, AIDS activism has been successful in anchoring itself to homosexual mobilization, making the homosexual movement an integral part of activism³.

The homosexual movement has expanded to include a range of different political subjects, becoming known as the LGBT movement (lesbian, bisexual, gay transvestite and transsexual)⁴. However, this study focused on gays and lesbians.

Narrative studies can help provide a deeper understanding of the general and specific aspects of the homosexual movement and other social movements. Based on this premise, this work analyzes the narratives of gay and lesbian groups. Narratives can be seen as conventional forms anchored in cultural transmission and constrained by the narrator's level of mastery and conglomerate of colleagues and mentors. They are versions of reality governed by conventions rather than empirical verification and logical requiredness⁵.

Narrative is configured as general and continuing aspects, such as meaning, character (real and imaginary), plot (chronological and non-chronological) and point of view⁶. Polletta⁷ suggests that characters are human and human-like in their characteristics and perceptions. According to Ricouer⁸⁻¹⁰, narrative is intertwined with the temporality of human experience. A fusion between past and future occurs in the present, rendering the unknown familiar and vice versa. There is a dialectical relationship between part and all of time. Sharing Ricouer's views⁸⁻¹⁰, Bruner¹¹ observes that one of the properties of narrative is sequentiality, which is composed of events, mental states and happenings involving characters or actors, the meaning of which is given by their place in the overall configuration of the sequence.

Besides temporality, Bruner¹¹ takes into account the spatial nature of narrative when he maintains that it is situated in an environment within which the meanings of experience are constructed¹².

Using narrative inquiry to analyze social movements, Polletta suggests that, while discursive processes are not necessarily consciously exploited by leaders, they foment collective action¹³ and provide powerful incentives for participation¹⁴. According to the author, the study of narrative can capture cultural changes in the political sphere, expanding the focus to include other levels, such as the recognition of new actors or a new understanding of the problems that cut across policies⁷. Internally, groups can use narratives to strengthen collective identity – understood as an *individual's cognitive, moral and emotional connection* with a community – and develop a coherent community, nation or collective actor¹⁴, thus simultaneously transforming people's identities in a way that motivates action⁷.

According to Polletta, narratives are dynamic and constructed interactively with an audience and within a context. The narrator therefore conveys a point of view of a story that can be changed or expanded upon by the interlocutor, who retells the story from his/her own point of view¹³.

Polletta observes that while narratives enable a better understanding of the dynamics of mobilization before the consolidation of a formally organized movement, activists do more than just tell stories. They protest in public spaces, negotiate with authorities and assess their tactics¹⁵.

Anchored in these initial considerations, this study analyzes the narratives of representatives of gay and lesbian groups in Brazil in order to identify and discuss the structural elements of these narratives (scenarios, plots, characters, etc.) related to the construction of health agendas.

A literature review conducted in 2019³ shows that, thanks to the articulation between the homosexual movement and other social movements around the globe such as the feminist movement, gay and lesbian groups have made great strides in the field of health, particularly in relation to gay rights and HIV/AIDS. However, the review did not identify any Brazilian studies investigating the participation of the homosexual movement in health issues. Discussing the history of the homosexual movement in Brazil, Trevisan¹⁶ suggests that "it is necessary to go far beyond anti-AIDS programs to formulate policies that meet the direct needs of the homosexual

community...” (p. 58). Based on these observations, the present study seeks to address some of the gaps in the Brazilian literature on the specific health needs of gay and lesbian groups. The results of this study can make contributions at various levels in the area of health, ranging from policy-making to the organization of health services and definition of lines of care tailored to the specific health needs of these groups.

Study design

This work is part of a broader study investigating gay and lesbian health agendas supported by the *National Council for Scientific and Technological Development* (CNPq, acronym in Portuguese) and approved by the ethics committee at the Fernandes Figueira National Institute for Women’s, Children’s and Adolescents’ Health, Oswaldo Cruz Foundation (approval number 2.661.585).

We conducted a qualitative study using narrative inquiry, which investigates the meanings subjects assign to phenomena and the sets of relations in which they are embedded¹⁷. In this regard, we take the position that a specific method of analysis is required that treats the narratives as the object of study. For the purposes of this study, we adopted the approach proposed by Gomes and Mendonça¹⁸, which considers three levels of narrative enquiry: (a) understanding the context in which the narrative is situated; (b) analysis of the structural elements of narrative (scenarios, plots and characters), and (c) interpretative synthesis, where the dialogue in the narrative provides a frame of reference for the interpretation of narrative.

For the purposes of the broader project submitted to the CNPq in 2017, we visited the website of the Brazilian Association of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (ABGLT, acronym in Portuguese)¹⁹. We identified 51 groups active in 2017 using the terms homosexuality, gays and lesbians. An initial sample was defined by randomly selecting two groups per region with the intention of conducting two open-ended interviews in each group, resulting in a final sample of 20 narratives.

We started to contact the selected groups by email at the beginning of the fieldwork in February 2019. However, after not receiving responses to the first five messages, we visited ABGLT’s website once again and noticed that some of the groups had changed their name. We therefore opted to use “familiar universe sampling”, where-

by people known to the researcher recommend potential interviewees, who in turn recommend other respondents²⁰. Since the study was focused on groups affiliated with the same association, this technique proved to be successful.

First, we contacted the ABGLT member responsible for health matters. Based on the contacts recommended by this person, we interviewed representatives from groups in ten state capitals, encompassing at least two groups in each region and conducting two interviewees in each group. The original inclusion criteria were maintained: groups affiliated with the ABGLT developing actions related to gay and/or lesbian health; groups selected from at least two states in each of Brazil’s five geographic regions.

The groups were visited between February 2019 and February 2020. The narrative interviews were conducted adapting the approach proposed by Jovchelovitch and Bauer²¹, who recommend the following: explain the context of the investigation to the informant and ask for permission to record the interview; formulate a topic for narration; do not interrupt the narration until there is a clear indication that signals the end of the story; at the end of the story, ask the interviewee if he/she has anything else to add; translate questions of interest to the researcher into the themes, topics and accounts of events that appear during the narration to complete the gaps in the study; at the end of the interview, with the recorder switched off, pay attention to the comments made by the interviewee. These comments can often be very important for a contextual interpretation of the informant’s accounts.

After explaining the purpose of the investigation to the interviewee and providing an informed consent form, the following question was used to trigger narration: What claims made by the group have been transformed into health agendas and what was the process that led to these agendas like? At the end of the narration, when necessary, the interviewer asked questions about events mentioned in the story. With the recorder switched off, important information arising from the discussions that developed during the small-talk was noted down.

The narratives were analyzed using the approach proposed by Gomes and Mendonça¹⁸, drawing on the theoretical and conceptual frame of reference discussed above.

To understand the context, we used a strategy proposed by Gomes and Mendonça that draws on a framework developed by Thompson²² situating narrative in a specific place and particular time,

thus taking into account the area of operation of the groups and when the events took place. The small-talk before and after the narration was important for understanding the context.

The next stages consisted of the identification of excerpts from the accounts related to the narrative elements (scenarios, characters and plots); the description of the findings for each narrative element; and the elaboration of an interpretive synthesis outlining the linkages between the narratives elements, meanings and theoretical principles outlined in the introduction.

Results

Groups and narrators

We visited 16 groups from ten state capitals in Brazil's five geographic regions (Chart 1). The newest and oldest groups were created in 2017 and 1989, respectively. The initial sample included only ten groups; however, the representatives of some groups also invited other people from other groups to narrate their experiences.

Two of the groups were exclusively for lesbians, bisexual women and trans women (*Associação de Mulheres do Acre Revolucionárias* and *Coletivo Cássia*). The other groups were considered gay, mixed (gay and lesbian) or LGBT, two of which had a specific focus: *Grupo Oxumare de Direitos Humanos de Negritude e Homossexualidade*, which works to defend the rights of the black LGBT community; and *RENOSP-LGBTI+ (Rede Nacional de Operadores de Segurança Pública Lésbicas, Gays, Bissexuais, Travestis, Transsexuais, Intersexos e Mais)*, which focuses on the rights of LGBT public security officers, municipal guards, traffic officers and military, civil and federal police, as well as members of the army, navy and air force.

Despite being informed that the focus of the study was gay and cisgender lesbian health, all the representatives of the 16 groups mentioned actions concerning the LGBT community as a whole.

Not all the groups had their own office. Some groups used spaces provided by other organizations to hold meetings, such as the headquarters of political parties and rooms provided by public organizations, and in some cases the group's headquarters were a member's home.

The 25 narrators (Table 1) were predominantly male, gay, white and educated to degree level. The average age of the sample was 38 years.

The interviewees were assigned a fictitious name followed by a number from 1 to 10 denoting the capital city.

In general, the narrators were fluent in constructing narrative, regardless of level of education. However, some paused briefly at times on becoming emotional when recalling painful moments for themselves or others or to sensitize the researcher or prompt him to voice his position on a matter (which was not expressed).

Only two narrators found it difficult to connect ideas in a continuous flow, one of whom explained he was nervous. When we asked whether he would like us to switch off the recorder he said no and continued, making short pauses and going over things he had already said. The other need needed some encouragement to continue the narration, such as "do you want to talk a bit more about that?" and "is there anything else you want to say about that?"

Perceptions of the political context in Brazil

At the beginning of the field visits in February 2019, it was clear that the incoming government headed by President Jair Bolsonaro, sworn in on January 1 2019, rehoisting the banner of conservative values and compulsory heterosexuality, posed a serious threat to LGBT rights. The new government eliminated the responsibilities of the Ministry of Human Rights in relation to the LGBT community, alleging that Brazil was not a "paradise for gay turismo"²⁴.

Negative perceptions of the political backdrop in the narratives were linked to two central points: the dangers posed to rights by retrograde steps and the need for movements to reorganize themselves in order to tackle this threat.

We are more focused on how to combat this government that is coming to break the LGBT movement (Getúlio, 9). We are experiencing major setbacks [...] if we don't fight, there will be harsh consequences (Guto, 6). [The] remarks of the head of state [...] legitimize the number of violent acts committed against us (Lúcia, 5).

One narrative and the contents of the small talk reveal hope for change in the political scenario after June 2019, when the Supreme Court²⁵ judged that acts that undermine the fundamental rights of the LGBT community are crimes:

Just the fact that the Supreme Court recognizes that we are victims of a process of violence, exclusion and abandonment [...] in the same year that the government declared itself LGBTI-phobic is a major step forward (Gervásio, 6).

Chart 1. Group names and location.

Group	City	State
1. Grupo Arco-íris de Cidadania LGBT	Rio de Janeiro	Rio de Janeiro
2. Grupo Movimento LGBT Leões do Norte	Recife	Pernambuco
3. Associação da Parada do Orgulho GLBT de São Paulo	São Paulo	São Paulo
4. Grupo Associação de Homossexuais do Acre	Rio Branco	Acre
5. Associação de Mulheres do Acre Revolucionárias	Rio Branco	Acre
6. Grupo Homossexual do Pará	Belém	Pará
7. Grupo Oliva - Organização da Livre Identidade e Orientação Sexual do Pará	Belém	Pará
8. RENOSP-LGBTI+	Goiânia	Goiás
9. Grupo Oxumarê de Direitos Humanos de Negritude e Homossexualidade	Goiânia	Goiás
10. Associação Ipê Rosa LGBTI	Goiânia	Goiás
11. Associação da Parada do Orgulho GLBT de Goiás	Goiânia	Goiás
12. Grupo de Resistência Asa Branca	Fortaleza	Ceará
13. Coletivo Cássia	Curitiba	Paraná
14. Grupo Desobedeça LGBTI	Porto Alegre	Rio Grande do Sul
15. Conexão Diversidade	Porto Alegre	Rio Grande do Sul
16. Grupo Livrementemente	Cuiabá	Mato Grosso

Source: Author.

Table 1. Characteristics of the narrators.

Variável	N
Sex	
Male	19
Female	6
Sexual orientation	
Gay	17
Lesbian	5
Bisexual man	1
Bisexual woman	1
Androssexual*	1
Average age	38
Youngest age	24
Oldest age	20
Self-reported skin color**	
Yellow	4
White	7
Indigenous	1
Brown	6
Black	7
Level of education	
Had not completed high school	2
Had completed high school	4
Had not completed higher education	2
Had completed higher education	10
Post-graduate qualification	4
Master's	1
Doctorate	1
No information	1

*Expression added to the form upon the suggestion of an interviewee, which, according to him, means a man interested in men in general (homosexuals, heterosexuals, bisexuals and transgender people).

**Classification proposed by the Brazilian Institute of Geography and Statistics (IBGE, acronym in Portuguese).

Source: Author.

These concerns and the need for movements to reorganize themselves were still evident when we completed the visits in January 2020. Some informants mentioned the extinction of project funding and lack of calls for proposals to hire groups working with health and human rights. The findings also show that, in general, the groups had not interrupted their actions. This was made possible by the following: (a) in one state, the Public Prosecutor's Office provided a space for group meetings and supported the defense of LGBT rights through a specific department dealing with rights violations; (b) in some municipalities, groups managed to obtain project funding for actions related to health and human rights; (c) some groups received donations for their activities; and (d) other groups survived *purely due to the* voluntary support provided by members and collaborators.

Scenarios and plots

Scenarios and plots were intertwined in some narratives. Some narrators recounted the experience of their groups in specific settings, while others ordered events, using spaces to demarcate the temporality of their experiences.

The narratives reveal a variety of scenarios for activism, notably the following:

We go to social spaces [...] like bars, saunas, gay clubs, squares [...] and we notice [...] that the large part don't know where to do the test, or to find help with prevention, a prevention service, or are known

to report cases of abuse and rights violations (Gil, 4).

In February, they wanted to remove the CAV [Victims of Violence Assistance Center] for LGBT-phobia from the Public Prosecutor's Office [...] So we went to the legislative chamber, Public Defender's Office, Brazilian Bar Association, the mayor [...], made our claims and [the CAV] is working again (Gino, 7).

[We] made non-therapy home visits to people with HIV to help with adherence to treatment and sometimes did shopping or pay bills because they couldn't go out (Gonçalo, 10).

These scenarios exemplify the physical spaces in which actions are developed and the spatial dimensions of the interrelations established in order to achieve aspirations.

Three types of plots were predominant in the narratives, often coexisting in the same narrative. The first concerns the story of how new priorities have been embraced over time without necessarily abandoning existing ones. The following excerpt illustrates this:

So we continue to work; many years dedicated to HIV, and AIDS has gone, but we have reached a level in which [...] we need to expand the discourse [...]. So we shifted to advocacy and the legislature, seeking for example the implementation of federal laws, because Brazil doesn't have any really concrete laws for the LGBT population. Then legal decisions and understandings of the Supreme Court [emerged], like same-sex marriage and other issues [...] in the social sphere, area of transvestite and transsexual health and related to men's health programs, LGBT programs and women's health, including lesbian and bisexual women (Gonçalo, 10).

This type of plot shows that groups have broadened their focus from gays and lesbians to other segments of the LGBT community.

The second type of plot is characterized by the predominance of personal stories used to exemplify the issues the group should support or tackle and to reveal narrators' motives for becoming a member of a group that shares experiences similar to their own.

In these cases, narrators take on the role of the character at given moments during the narrative. The following excerpt is emblematic:

I didn't ask to be born gay [...]. I was born gay. No one becomes gay. I am a father. I have a 25-year-old son at university. I got married, was evangelical; all to live in peace with society. And today I realize that nothing was worth it because I still live in the same fear, the same torture. Before, I kneeled and prayed, asking God to let me die... today I ask to

live, and I feel that I might take the backward step of asking to die again [...]. It's not easy being gay in a country like this one (Gerônimo, 5).

This account illustrates the path taken by older gays playing out the script of heteronormativity in order to be accepted and, at a given point in their lives, coming out as having a non-hegemonic sexual orientation. In the case of Gerônimo, however, coming out as gay ultimately became a problem. The socioeconomic characteristics of this narrator might suggest that gay black men from disadvantaged backgrounds have greater difficulty coping with homophobic responses.

The third type of plot concerns the unequal attention given to lesbians in comparison to gays, with the former often being invisible:

On a timeline of gay and lesbian health, these days including trans health, you can see that gay health has risen to the top [of the agenda] and trans health has emerged like a hurricane, while lesbian health continues at the bottom, falling into total invisibility (Laís, 10).

So we still joke, saying there is August [lesbian visibility month] and the gay pride parade in September. We even stretch it a bit to August 29. The march is usually on the second Sunday of September. We gain a little visibility (Leda, 9).

[...] historically, the parade movement was made up predominantly of gays [...] Now, after 23 years of existence, our current president is a Lesbian (Guilherme, 8).

Some representatives mentioned that the lack of attention paid to lesbians occurs both outside and inside the groups.

Characters

Our understanding of character in this study is not limited to people or groups, but rather encompasses all that which is personified by the narrators.

AIDS

AIDS was still associated with the fear of death or something that can be controlled and prevented in the narratives. With regard to prevention and control, new technologies besides the use of condoms appear in the narratives, which also reveal that groups lost public funding for their work against AIDS:

We see the [AIDS] epidemic growing once again, particularly affecting the young gay population (Gonçalo, 10).

We don't see public money anymore [...]. Before we worked together [on AIDS] with the state de-

partment of health, but not anymore, and I see this as a problem (Gregório, 2).

Talking about AIDS is like signing a death certificate [...]. If you have cancer, everyone embraces [you] and is there for you; if you have AIDS, everyone distances themselves as if it was socially contagious (Gaspar, 1).

PrEP [pre-exposure prophylaxis] prevents HIV and condoms prevent syphilis, and so you combine prevention [methods] [...]. You seek PEP [post-exposure prophylaxis] if you are seropositive and have a partner who is seronegative [...]. People are more equipped with certain technologies to increase the level of safety and personal and collective health (Geshe, 4).

Mental health

In general, mental health promotion is personified as one of the most important issues for gays, lesbians and other members of the LGBT community in the narratives. Actions consisted mainly of support for gays and lesbians suffering from depression and abandonment because they have come out. Mental health promotion is also seen to play an important role in the prevention of suicide, which, according to some narrators, occurs because many gays, lesbians and other segments of the LGBT community are unable to cope with the suffering caused by discrimination and non-acceptance of coming out and living their non-hegemonic sexual orientation. Finally, mental health promotion is also important for combating *pathologization*, which, according to some narrators, had been overcome but has raised its ugly head again to haunt homosexuality, claiming that it is something that needs to be “cured”.

When you think about the issue of mental health these days, for example, the interaction with the councils [of psychology] is very interesting, for example, to not treat homosexuality as a disease and seek a pseudo-cure (Gonçalo, 10).

Mental health is a really important agenda [...], particularly for lesbians, whose gender identity flows within the male world and who face issues such as non-acceptance, shame, being kicked out of home and abandonment, which can lead to depression, attempted suicide; psychological problems, psychiatric disorders that ultimately lead to suicide (Leticia, 3).

It is interesting to observe that, to a certain extent and albeit as laymen, some narrators promote mental health by listening to and supporting people from both inside and outside their group suffering due to their sexual orientation.

The doctor

The doctor is a character that epitomizes issues related to health professional training and the organization and delivery of health care. In addition to these questions, this character is also associated with prejudice.

We know that gynecologists often neglect to perform pap smears [on lesbians]. Another factor is assisted reproduction [...] lesbians face difficulties receiving assistance in the SUS [acronym in Portuguese for Brazil's national health service] because they are not understood: why would they want to have and bring up a child? (Lais, 10).

I think that the majority of doctors make presumptions. That because I'm a lesbian they don't need to do the test, that I've never been penetrated or that my hymen hasn't been broken. [On the other hand, there are] a number of girls who say they are lesbians and the doctor begins that spiel that God doesn't want that (Leda, 10).

I went to ask for a referral to do a prostate test and the doctor said: “have you got hemorrhoids?” I said no, I want to do a prostate test. I think, he mentioned hemorrhoids because I have anal sex (Gino, 7).

I had an anal fistula. I realized that he [the doctor] felt a bit awkward dealing with the issue and wanted the appointment to be over quickly (Gervásio, 6).

Two narratives stand out because they contrast with this general perspective, with one highlighting the positive aspects of medical care:

The doctor who sees me is very relaxed and makes me feel reassured in relation to the treatment (Gaspar, 1).

The other demonstrates a facet of the involvement of doctors who connive with families to admit young gays and lesbians to be “cured”.

I have seen 15-year-old girls admitted to private psychiatric clinics because their parents refused to accept their sexual orientation and thought it was curable. The lesbians were sedated the whole time, tied, sleeping, groggy, so they wouldn't understand what was happening. When they woke up a bit, we tried to speak to them and they asked for help, saying they weren't mad. I began to make complaints. But when the hospital was informed that there was going to be a visit to investigate the complaint, they would call the doctor, discharge [the patient] and the parents would take them home [so that the visit would not report inappropriate admission]. We have suffered torture, a major setback [...] And we don't want to go back to the closet anymore; we just want to live and be happy [...] the closet never again! (Gerônimo, 5).

Violence

Violence appears in various narratives as an antagonist of the right to live a *non-heteronormative* sexuality. This character has three key traits (structural violence, physical violence and psychological violence), which discriminate, stigmatize, attack and prohibit the existence of different sexual orientations. The narrators who mention violence talk about themselves and other members of the LGBT community. According to the informants, the effects of violence include fear, suffering and, in some cases, suicide. One of the narratives suggests that black lesbian women may be more vulnerable to violence than white lesbian women:

It is much more difficult with this president. We suffer much more violence, we are scared of going out, we don't go out like we used to because violence is all around us (Gerônimo, 5).

Our concern is the violence, but it goes beyond that; it's discrimination, disrespect, which doesn't necessarily lead to physical violence, but creates stigma, exclusion, leads to suicide (Gilberto, 5).

When black a woman talks, we always shut up and listen. And we learn a lot by listening. Violence has increased by almost 90%! She says, "I can choose, I can hide that I'm lesbian, I can hide that I'm bi, but I can't hide my skin". So it's the first violence that they [black lesbians] suffer (Luciana, 3).

Although merely illustrative, these accounts highlight the risk of homicide faced by lesbians, gays and other members of the LGBT community.

Gay-pride parade

The gay-pride parade is a politically significant character. It encapsulates the identity of the LGBT movement, embodying the pride and culture of the LGBT community. Although the parade takes place on a specific date, the mobilization around it can last all year round:

For many people the Parade is just one day, just a party. For us the Parade is much more. It's the crowning of all the actions, all the confrontations, all the victories that we have built throughout the entire year. You go to the Parade to show yourself, be proud and assert more claims. It is during this construction process that we have to talk to and engage with the public and private sector (Gilmar, 4).

The 1999 Parade, the 100,000 people Parade, was one of the reasons I began to take part in the Parade [movement], besides the human rights question, it was the strength that the Association came to have and this political strength (Guilherme, 8).

Interpretive synthesis of the narratives

Ricoeur⁶ and Bruner¹¹ highlight, each in their own way, that plots, scenarios and characters do not have life or meaning of their own. The specific meanings of these elements, and of narrative in general, are given in their articulation or configuration.

The central meaning that emerges from the narratives, implicitly or explicitly, is the collective identity that the narrators wish to communicate. As a character, the parade is the emblem that reinforces or creates this identity. In all the capitals visited during the study, this character was mentioned as a local event or referred to as a happening that took place in major capitals. The first gay-pride parade in Brazil took place in Avenida Paulista in the capital of São Paulo in 1997. Its theme "We are many, we are in all professions"²⁶, already provided a rough outline of a collective identity. Camargos¹, considering the parade to be a symbolic victory over fear and paranoia about death, states that "while before we hid from everything, even to die, because AIDS was a big monster, today we seek to show ourselves to live [...] especially in times of coup" (p. 434).

Polletta¹⁵ maintains that homosexual identity emerged from processes of urbanization and industrialization, becoming a target of repression and enabling the creation of a *homosexual collective actor*. MacRae²⁷ draws attention to the fact that the universe of homosexual identities is historically diverse in Brazil, suggesting that there is no universally accepted definition of these identities.

In this regard, the collective actor mentioned in the narratives varied from specific identities, such as gay and lesbian, expanding to include other identities encompassing non-hegemonic sexualities such as transvestite and trans that reflect the wider LGBT community.

In general, the narratives mentioned the term gay or lesbian or LGBT community, practically never referring to the term homosexual. Some narratives mentioned identities that are invisible in the LGBT community, such as lesbian and bisexual. The need to demarcate lesbian identity can be explained by the fact that lesbians have historically fought on two fronts: "against relations of domination between the sexes and against the reproduction of the role of dominator and dominated in the homosexual environment" (p. 48)²⁷.

One narrative shows that recurring discussions about trans could obscure other identities. With regard to the repeated use of the term LGBT community, it is understood that the term

is used more to refer to an external audience to ensure the right to sexual diversity than to group members, who sought to demarcate their specific identity within this community.

The informants' accounts show that non-hegemonic sexual identity *per se* was not enough to explain the segregation that some narrators suffered in their communities. In this regard, the informants made a point of differentiating between "gay, black and poor" and "gay, white and more economically advantaged", and the same occurred with lesbians. This may indicate a need for further research on intersectionality (which is beyond the scope of this study), which refers to the interconnection between social categorizations such as race, class and gender, which create overlapping and interdependent systems of discrimination or disadvantage²⁸.

With specific regard to health, the meaning that emerges from the narratives is the plurality of gay and lesbian health needs and care.

AIDS is present as a character in almost all the narratives, reflecting the idea that, historically, AIDS activism and gay and lesbian rights movements have mutually benefitted from their achievements in the social sphere³. Although this character has shifted from the idea of a death sentence to chronic disease, accountability for individual behaviors that lead to infection prevail in the social imaginary²⁹. However, in some narratives this character is associated with the search for new forms of prevention that go beyond condom use, such as PrEP and PEP, involving the use of medication. In the narratives produced by lesbians, AIDS was overshadowed by other issues such as breast cancer. The international literature shows that the fact that lesbians stayed out of the HIV/AIDS movement meant that the focus of the lesbian health agenda shifted towards raising awareness about the risk of breast cancer³.

With the exception of AIDS and breast cancer, health-related characters are linked to the meanings of the identities. In this regard, mental health emerges as a demand to promote support to ensure that identities are accepted and lived. The doctor symbolizes health care services that are generally unprepared to deal with sexualities that fall outside heteronormative norms. Violence is a character that curtails, prevents and attacks, promoting the erasure of those who have a non-hegemonic sexual identity.

In addition to the affirmation of individual and collective identities and the plurality of gay and lesbian health needs, the narratives reveal

gratitude and persuasion. Gratitude was expressed by narrators who felt valued by the fact that a researcher from Rio de Janeiro came to listen to them. Persuasion was evident because in listening to the stories we identified what Polletta¹³ calls appeal to emotion rather than reason. In this regard, the narratives show an implicit desire that the researcher will give a voice to unheard, disregarded or even silenced stories.

Final considerations

The various scenarios highlight the diverse range of spaces used to enable actions and define key audiences to successfully fulfil the groups' purposes. Some spaces served both these functions at the same time. An example is one group that used a room in the Public Prosecutor's office to hold their meetings and engaged with this organization to ensure the rights of the LGBT community.

The plots articulate the episodes and trajectories of individuals and groups who live, survive and reinvent themselves to ensure the right to live non-hegemonic sexual identities, and also emerge to place themes that reinforce respect for sexual diversity on the agenda.

The narratives reveal the *resignification* of some of the classic characters that feature in the mobilization of social movements around sexual diversity and the appearance of new characters. All these characters were of course created in response to the question designed to trigger narrative production, which was framed in the field of health.

Drawing on Polletta¹⁵, the implicit and explicit homosexual identities expressed by the narrators do not necessarily make these narratives representative of gays and lesbians, running the risk of erasing differences within the groups visited and between other groups in general. This does not mean, however, that the narratives heard in this study do not conform to a cultural stock of plots concerning these identities.

Finally, with regard to the individual and collective health of gays and lesbians, in general, the narratives shift between the predominance of the association between AIDS and homosexuality and the demarcation of differences between gay and lesbian health, leading to new demands that make these groups consumers of health goods and protagonists or *supporting actors* in health promotion.

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