In recent decades, there has been much interest in research on linguistic inequality and how it produces wider social, economic and cultural inequalities. However, there are few perspectives in sociolinguistics and discourse analysis that provide an update of the theoretical concepts and methodological approaches that enable new views on this phenomenon. The book by Juan Eduardo Bonnin proposes an original approach to linguistic inequality in mental healthcare settings from a critical, situated perspective on discourse analysis. By an extensive action-research process with an ethnographic perspective, the author presents a sociolinguistic examination of the ways people produce and reproduce (in)equality in everyday communicative practices, focusing on the practical problems derived from unequal access to language-based rights, such as the right to health.

The book is the result of a long fieldwork conducted by the author at a public hospital located in Buenos Aires, Argentina. It can be read, as he suggests, as ‘an invitation to visit a specific time, place and people through discourse and interaction’ (p. 7). The book is composed of seven chapters, framed by an introduction and an epilogue. The structure proposes a reflection about the different steps taken by the author during the research process, from the first approaches to
the field, through the identification of new emerging categories from data, the raising of new questions and the combination of different theoretical and methodological approaches to understand the phenomena observed. In addition, each chapter can be read independently, as it presents its own questions, theoretical frameworks, methodological tools and even specific references list, a fact that makes its reading more accessible, fluent and comprehensive. Although each chapter addresses a specific issue, together they provide important findings for a better understanding of the complex relationship between linguistic diversity and inequality in access to mental health.

In the introductory chapter, Bonnin presents the contents of the book and makes a brief review of works and approaches that had contributed to his research. This heterogeneous set of influences is situated in what the author, following de Melo Resende (2010), understands by ‘Latin American Discourse Analysis’, not as a theoretical framework in discourse analysis, but as an attitude towards data and theory that an academic community shares. As Bonnin remarks, the main contributions presented in this introduction represent voices that only recently began to participate in the global scenario of academic research, although they have had a lot to say.

In the first chapter (‘Voice, singularity and emergency: A discursive perspective on linguistic inequality’), the author theoretically situates his position through a critical dialogue with other perspectives in discourse analysis, and presents his epistemological attitude towards the discursive reality and the people involved in the research process. The chapter offers a comprehensive discussion of the key theoretical concepts that guided his research: the idea of singularity that characterizes every discursive event; the act of voice, as an individual act of agency, which is unexpected and yet possible in every utterance; and the dialogical notion of discourse as an interactional emergent. Finally, Bonnin formulates his view on linguistic inequality as ‘a specific form of language contact’ (p. 27), which emerges not only from the unequal social valuation of languages, varieties and lects, but also from the styles, repertoires and discursive traditions spoken or written in a given community, as illustrated by the different kinds of data analyzed in this book.

The second chapter (‘Psychoanalysis in public hospitals: Context as a discursive problem’) focuses on one of the main areas of interest in the tradition of linguistic studies in healthcare settings: the doctor–patient interaction. Bonnin proposes an analysis of the professional–patient interaction in the specific interactional event that he observed and recorded: the so-called ‘admission interviews’ that users must successfully go through in order to be admitted to the hospital’s mental health service. The data presented by Bonnin indicate that the
mental health service is overcrowded and there are only ten vacancies for new patients per week, so the percentage of rejected requests is usually quite high (about 50% in 2012 according to the internal service statistics). So in this chapter he examines the processes of definition and negotiation of the roles and situation conducted by the participants in the interview, that is, what the participants think they are doing and what they expect to achieve in that interaction. The analysis of the data shows that there are frequent contextual maladjustments between patients and professionals: even though they are sharing the same space and interacting in the same event, they are situated in different ‘imaginary spaces’, setting different agendas and goals for the event. These mismatches are the product of various contextual levels (cf. Blommaert, 2007) in which the individuals are interactionally situated: the public, the private and the intimate. The relevance of this finding is, first of all, practical: he noticed that the reported maladjustments and the ambiguity in the definition of the activity prevent patients from returning to the hospital, because their demand and expectations have not been met. Furthermore, it points to a definition of ‘context’ not as a pre-established framework for interaction, as many studies of doctor–patient communication assume, but as constitutive of and constituted by interaction.

Chapter 3 (‘Invisible landscapes: Diversity and the semiosis of space’) presents an original proposal for the analysis of linguistic diversity and inequality in access to mental healthcare, by setting up a dialogue with what is known as ‘Linguistic Landscape Studies’ (cf. Landry and Bourhis, 1997). Without limiting the analysis to strictly linguistic data found in the public space (i.e. what can be read), Bonnin proposes an approach to the ‘discursive landscape’ which seeks to integrate and explore a set of data collected in the research (notes, pictures, interviews, and conversations), looking at visible and especially invisible features of the landscape. The results highlight two relevant issues that contribute to increasing language inequality in access to health. On the one hand, there is an invisibility of the linguistic diversity that can be observed in the fact that indigenous and minority languages (such as Guarani and Quechua) are not seen in the landscape (in their written form), but are heard as soon as one walks into the hospital space (in their oral form). On the other hand, Bonnin highlights a progressive deregulation of the hospital public space, which has been replaced by private entities that make decisions about communication within the hospital walls, and the agency of the individuals themselves, who often act as ad hoc interpreters or mediators between languages and varieties.

In Chapters 4, 5 and 6 the author includes a more conversation-analytical perspective that seeks to understand specific interactive phenomena observed in the admission interviews, such as sequential organization, diagnostic and
treatment formulations, questioning actions and response expansion movements. As noted in Chapter 2, these interviews are ambiguous clinical instances, as can be described as falling somewhere between a medical consultation and a psycho-therapy session, in which a professional team composed of psychiatrists and psychoanalysts decides on the admission of the patient to the hospital. In those three chapters, Bonnin shows how the event is presented as unknown or confusing to most of the patients, whose expectations are often linked to their previous experiences in medical practice and not so much in mental health. The asymmetrical relationship between patients and professionals places the former at a disadvantage, leading to situations like those described in this book, where patients are explicitly admitted for mental healthcare but are ‘communicatively rejected’ (p. 110). Thus, the exclusion is a product of the encounter between a monolingual and monoglossic institution and a linguistically and culturally diverse population.

In Chapter 4 (‘Diagnosis and treatment: Sequencing and exclusion’), Bonnin analyzes how these ‘ambiguities’ and ‘confusions’ are expressed in the sequential organization of the interaction: there we can see the tensions between medical discourse, in which the expected sequence order is diagnosis-treatment, and the discourse of mental health professionals, who often propose a treatment without establishing the diagnosis. Therefore, Bonnin reveals that sequential organization embodies an ideological tension running through the practice of mental health professionals in the hospital, which has clear repercussions on patients. The analysis points out the different strategies that patients employ to resist or accept treatment proposals, in order to understand how ‘treatment without diagnosis’ works.

In line with these findings, Chapter 5 (‘Resisting exclusion: Patients’ tactics of misunderstanding bureaucratic discourse’) focuses on another feature of the structural organization of the event: the bureaucratic questions that professionals ask at the beginning of the interview. These epidemiological-statistical questions are an institutional requirement and also serve as a first ‘filter’ on the admission of the patient, who must fulfill certain conditions related to, e.g., the area of residence and health coverage. In his research, Bonnin found that patients often challenged this organization of the interview, answering ‘more than the question’ and shifting from the bureaucratic/public to the private sphere. In this sense, the analysis shows four types of expanded answers to bureaucratic questions which are strategically used by patients for negotiating or gaining access to mental healthcare.
Dealing with asymmetry and inequality is also the issue that underlies Chapter 6 (‘Speaking with the other’s voice: An attempt to close the gap’), where the author develops his own vision about the concept of ‘voice’ and focuses on the movements of voice’s accommodation made by both professionals and patients to manage closeness/distance between participants in interaction. By adopting some of the assumptions of the Communication Accommodation Theory (Giles, Coupland and Coupland, 1991), the analysis points to one of the main resources found in the data: the adoption of some features associated with the interlocutor’s voice. For patients, it involves a movement of ‘upward accommodation’, achieved by using bureaucratic and psychiatric terms; for professionals, a movement of ‘downward accommodation’ is linked to the patients’ perceived social rank, whose characterization depends on the selected social feature (age, social class, occupation, ethnicity, etc.). Based on the analysis, Bonnin concludes that the resource of ‘speaking with the other’s voice’ is a way of negotiating the activity in progress and associated roles and, therefore, modifying the relationship between the participants. While this resource seeks to reduce the asymmetry and social distance, Bonnin also shows that it is not always successful and it can generate the opposite effect of accentuating the gap.

The last chapter of the book (‘Discourse and activism: Dissent, protest and resistance’) includes an additional content, maybe unexpected, that was an emergent from the ethnographic research process. The fieldwork was conducted during an historical period of reform of the mental healthcare system, when the first national law on mental health in Argentina was discussed, sanctioned and began to be implemented (Ley Nacional de Salud Mental N° 26.657). Despite not being directly linked to the central issue of linguistic inequality, Bonnin clearly shows how some discursive practices of contestation that emerged during these years constitute a form of political action that allows a deeper understanding of the local interactions in the context studied. In this sense, these observations impact not only on the interpretation of the data (e.g. the tension between psychologists and psychiatrists, the place of mental health in general hospitals), but also on the relationship between researcher and actors, especially the professionals, who were involved in these discursive practices in their daily work. Therefore, this chapter adds an historical perspective that expands the interpretation of the data, and it also makes a valuable theoretical contribution by discussing three concepts (i.e. resistance, dissent and protest) and their situated relevance on the political culture in Argentina.
Overall, this book incorporates new, locally situated topics and also critically reviews certain domains that have been extensively studied in the tradition of doctor–patient interaction studies, such as the communicative accommodation or the questioning actions, among others. In this regard, the author’s proposal establishes a dialogue with various theoretical traditions, giving the reader access to an extensive panorama and an interesting way of articulation between sociolinguistic studies and discourse analysis in an ethnographically-based research that could encourage future directions of study. Because of its precise writing and clear organization, the book is accessible to a wide audience, including academics from linguistics and other related disciplines, and especially recommended for those who are interested in the topic of patient–professional interaction in hospital settings. As the author said in the epilogue, his proposal also makes a call to the dialogue, as considered by Bolivar (2010), and to interdisciplinarity, as a way ‘to take discourse analysis outside its comfort zone and demand it to ask (and answer) new questions, posed by new speakers, in order to understand new realities’ (p. 173).

*Discourse and Mental Health. Voice, Inequality and Resistance in Medical Settings* makes an essential contribution to the study of linguistic inequality by using a set of new theoretical categories that emerge from the situated analysis. Its value also lies in the diversity of data collected in a five-years fieldwork experience that is extensively described in the book. The treatment of these data is remarkable, as reflected in the fine transcriptions and the insertion of field notes, pictures and illustrations that contribute to a broad description of what happens in the patient–professional interaction, as shown with the analysis of gaze direction in Chapter 2. Moreover, the book provides many tools for rethinking sociolinguistic research from a collaborative and social change-oriented perspective. In this sense, the ‘co-labour research’ (Ballena and Unamuno, 2017) enables different stages of discussion jointly conducted between the researcher and the healthcare professionals, which helped implement and change communicative practices at the hospital’s mental healthcare service. Additionally, the book allows us to see the agency of individuals in their transit through access to language-based rights and to understand both professionals’ and patients’ practices of resistance, acts of voice, identity-making processes and solidarity in contexts of inequality. In conclusion, Bonnin has made an excellent contribution that fully achieves its initial purpose, by offering a new discursive approach to interaction in medical settings which provides an opportunity to understand the practical consequences of language inequality on access to mental health.
References


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