



## Javnost - The Public

Journal of the European Institute for Communication and Culture

ISSN: 1318-3222 (Print) 1854-8377 (Online) Journal homepage: <http://www.tandfonline.com/loi/rjav20>

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To cite this article: Juan Eduardo Bonnin (2017): Dissent, Protest and Resistance: Discourses of Contestation and Mental Healthcare in Buenos Aires, Javnost - The Public, DOI: [10.1080/13183222.2017.1306192](https://doi.org/10.1080/13183222.2017.1306192)

To link to this article: <http://dx.doi.org/10.1080/13183222.2017.1306192>



Published online: 09 May 2017.



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# DISSENT, PROTEST AND RESISTANCE: DISCOURSES OF CONTESTATION AND MENTAL HEALTHCARE IN BUENOS AIRES

**Juan Eduardo Bonnin**

*The aim of this article is to analyse the concept of “dissent” under the light of political practice in Argentina. I propose a critical theoretical position, which differentiates different discourse practices of contestation: resistance, dissent and protest. After a theoretical discussion regarding the difference between actors and contestation discourse practices, I argue the need for an empirical approach to political discourse theory. Hence, I analyse discourses of resistance, dissent and protest in the process of emergence, discussion and (non-)appliance of the National Law of Mental Health in Argentina.*

**KEYWORDS** activism; deliberation; dissent; protest; resistance; mental health

## Introduction

Theory is embedded in its local contexts of practice (Shi-Xu 2015). Concepts that have been developed to understand central countries, with their distinctive social organisation, political mechanisms, media systems and discourse traditions, are not equally suited to understanding other realities, even in a context of globalisation (Blommaert 2005, 2010). On the contrary, natural language terms usually carry with them their previous uses and traditions, translations and appropriations.

When Ivie elaborates on the concept of dissent, he somehow proposes a scale of intensity:

When debate inside and outside of formal channels of deliberation is insufficiently engaged, dissent defaults to myriad forms of protest that interlace poetic complaints with provocative speech and that resort to symbolic acts of resistance and even violence. (Ivie 2005, 279)

From this perspective, being unable to manage deliberation results in an overflow of dissent, which escalates in intensity to protest, then to resistance and, finally, to violence. The concept of deliberation, as I will argue, does not entirely apply to political culture in Argentina.

Protest in Argentina is not necessarily a faulty form of dissent which cannot be sufficiently engaged through channels of deliberation. Neither is it a spontaneous act of political freedom, as understood by Drexler (2007). Massive protest demonstrations are usual and are routinely organised. They respond to more or less explicit rules, and they have their own rituals and their own legitimate agents and actions (Cross 2008). Although protest exerts some kind of violence on the public space, it is tolerated. It is in fact a form of performative discourse with its own genres, styles and meaning-making resources (Cox and Foust 2008, 613–614).<sup>1</sup>

Finally, I will discuss resistance as a practice of engagement over time which does not necessarily occur outside formal channels and institutions but, on the contrary, often develops within those very same institutions. Resistance, as I will argue, is the tactical form par excellence, because it develops over time within “an existing web of power and knowledge” (De Certeau 1984, 269).

### Dissent and Protest

Gallagher understands “dissent” as a single limited act of disagreement, while “dissensus” suggests “less a single concrete action than an abstraction, a state of affairs; it seems, in other words, to point to the existence of a diffuse multiplicity of differing viewpoints” (2016, 171).

The verb “to dissent” can be translated into Spanish as *disentir*. Someone who *disiente* (dissents) is basically somebody who can say “I disagree”. This conception of dissent is thus based on an essentially symmetric conception of participants: disagreement is only possible among equals. From this perspective, there are institutional mechanisms which distribute turns for speaking among participants in a debate, an assembly or a mass-media controversy. Elective politics and its deliberative institutions do not fulfil the needs of democratic political communication. In terms of Iris Young:

the social power that can prevent people from being equal speakers derives not only from economic dependence or political domination but also from an internalized sense of the right one has to speak or not speak. (Young 1997, 63)

In a wider context of discursive inequality, which distributes the right to speak differentially and evaluates styles, varieties and lects differentially, most citizens are not considered equals (see Bonnin 2013). In contexts of inequality and asymmetrical power balance, protest and resistance are ways of remaining human while facing dehumanising discourses (Ivie 2008), becoming agents—and not merely patients—in public policy-making. The value of this kind of dissent, however, is not individual but collective. Citizens force their way into the public debate through numbers and active, public protest (Unamuno and Bonnin, forthcoming).

Ivie (2015, 47–48) describes the state of the art, mainly regarding US social movements. In these cases, the “rhetoric of war” sustains a strategy of radical confrontation, a “sustained collective action aimed at achieving basic structural change”. Thus, these social movements “want big changes. They reject injustices. They are persistent and impatient. They march, shout, strike and make nonnegotiable demands” (Ivie 2015, 48).

In Argentina, however, protest is a routine discourse practice which mobilises collective social actors demanding very local and concrete action from the State. Since political contestation generates legitimacy “because it represents a capacity to acknowledge power relations” (Rasmussen 2016, 36), protest in Argentina is not perceived as illegitimate. On the contrary, it is a routine discourse practice which, as Laclau (2005) states, simultaneously constitutes the demands and the subject who formulates them. By protesting, (more or less) organised citizens recognise power relationships and the asymmetry which leaves them on the streets when protesting at the doorstep of corporations or public buildings. Their goal is not to overthrow power relationships, but to be acknowledged by power. They do not demand to demolish bourgeois institutions, but to be included in them. Dissent, on the contrary, does not gain legitimacy through

confrontation, but through the institutional design that makes it possible. There is a symbolic shared ground of equality that allows someone to say “I disagree”.

Protest, as a discourse practice, has two main genres: the *marcha* and the *piquete* (Cross 2008). The *marcha* is a demonstration in which the actor is typically massive and heterogeneous. Although it has immediate demands, it is usually guided by general *consignas* (“slogans”). It has a beginning and an end, independently of its success. The *marcha* is defined by movement, usually between meaningful symbolic places: protesters march to meet the addressee of their slogans.

The *piquete*, on the contrary, is typically a road or street blockade conducted by a smaller but more integrated and homogeneous group with concrete demands. These blockades last until some agreement is achieved, while *marchas* end after a given lapse of time. The *piquete* is defined not by moving through the public space, but by occupying it. It does not usually move to meet the addressee; on the contrary, State officials (usually second rank) “*bajan*” (“go down”) to the *piquete* to negotiate.

### Protest and Resistance

Young (1997) argues that democracy needs inclusion as a way to overcome unequal opportunities to deliberate as a consequence of cultural differences and socio-economic inequality. I believe that this is the reason why protest and resistance are necessary as discourse practices which allow for democratic contestation in contexts of inequality. Drexler (2007) criticised Young as being a moderate version of the Habermasian deliberative approach, according to which this perspective (which explains very well symmetrical forms of contestation, such as what we call dissent) fails to understand the political nature (and legitimacy) of protests, blockades and forms of civil disobedience which are not deliberative practices, but are nevertheless political actions. This is the place of protest and resistance, what Drexler calls “performative political practice”.

Differences in social position and identity are resources, from this perspective; hence they conform to a repertoire of practical discourse genres available for social and political actors to contest and confront within a context of democratic discourse. However, due to their short-term duration, dissent and protest are aimed at resolution and thus supposed to end in either victory or defeat. Resistance, on the contrary, learns to live with conflict. It is a silent, indirect, metaphorical practice which contests dominant discourses or practices from the place of the subordinate. As M. De Certeau (1984) states, despite repressive aspects of social order, ordinary people enact tactics of resistance in everyday life choices. They do not have a proper space, but develop over time, which is the most readily available resource to the subordinated.

Resistance is the least known side of activism: in typical-ideal conceptualisations (such as Young 2001), activists are persons who:

[often] make public noise outside when deliberation is supposedly taking place on the inside. Sometimes activists invade the houses of deliberation and disrupt their business by unfurling banners, throwing stink bombs, or running and shouting through the aisles. Sometimes they are convinced that an institution produces or perpetuates such wrong that the most morally appropriate thing for them to do is to try to stop its business—by blocking entrances, for example. (Young 2001, 673)

Activists are characterised by Young as childish persons who make noise and draw attention from serious, deliberative people. However, she seems to confuse protest—as a discourse repertoire which includes slogans in banners and stink bombs—with protesters, the individuals who effectively protest. Activists do not only protest; on the contrary, protest is the most visible form of activism, but it can only exist thanks to the fact that the activists belong to an organised community of people bonded by shared meaning developed over time. Drexler (2007) proposes an excessively homogeneous category of “political performative actions” to understand activism. Her call to recognise the political freedom of spontaneous protest fails to understand long-term processes of resistance, which are not visible and refulgent actions but, instead, secretly build up community and collective meaning.

Resistance does not foresee an end. Even if the resisters’ goals are achieved, their practices continue because they build up community over time. Intertwined with history and each participant’s biography, resistance becomes part of their life. Thus, because it has to semiotise and give meaning to a history of conflict and contestation, resistance is indirect and metaphorical. In addition to being a political practice of contestation, resistance is a practice of identity-building which integrates biographies even beyond their own participation within a limited time-frame.

In this sense, resistance is more poetic and metaphorical, combining utopic long-term goals with concrete, immediate demands. Everyday negotiation with authorities and institutions is at the same time a success in itself and a step further towards the community’s ultimate *raison d’être*. This interplay between long and short term, between utopia and everyday achievements, guarantees the community’s sustainability over time as an actor capable of resisting domination from within its own institutions.

### **Ethnographic Discourse Analysis of Resistance, Dissent and Protest in Mental Healthcare in Argentina**

To illustrate the distinction between resistance, dissent and protest, I will analyse three moments in the process of development, discussion and implementation of the National Law of Mental Health in Argentina (NLMH).

The data analysed herein were collected over several years of ethnographic discourse analysis and action research in the field of mental healthcare at public hospitals in Buenos Aires, Argentina. They were not, however, the main data I were collecting, which involved hospital communication (Iedema 2007) and professional–client interaction. The issue of the discourse of contestation in mental healthcare contexts arose as additional, somehow secondary, observations during six years of fieldwork.

Indeed, one of the main problems I encountered to publish results of my research was that discourse at public healthcare institutions in Argentina is not configured under the general premises observed elsewhere (Wodak 2006; Heritage and Clayman 2010). Above all, there is a high level of politicity in every action and decision taken by healthcare workers in general, and mental healthcare workers especially. Thus, over the years of my ethnographic work, a series of contestational political practices emerged, which turned out to be a hermeneutic key to understanding what was happening in the consulting rooms (see Bonnin 2014a, 2014b). The data I analyse herein are drawn from these marginal activities, notes and discourse practices of contestation which were necessary to my research and yet could not be published.

In this sense, I differ radically from Young's advice to "keep distance from democratic practices in existing structural circumstances" (2001, 688). I believe that research requires social practice. Analysis of the discourses of contestation is always made from a standpoint regarding the status quo, which may be either critical or conformist (to different degrees), and therefore I do not believe that the researcher can be separated from the citizen (as Young [2001, 688] proposes), but rather that only through engagement can theory be relevant to understanding and changing current practices.

At the margins of social practice, at the margins of theory and methodological strategies, discourse practices of contestation are nevertheless central to understanding the political meaning of communication in public healthcare settings.

I will analyse three sets of data: field notes taken at hospitals and demonstrations; Facebook posts, Fanpages and profiles set up by individuals or organisations; and semi-structured interviews with key respondents. I include Facebook as a second ethnography site because it is a virtual space that is complementary to other spaces.

By including these three kinds of discourse of contestation, we can observe contestational discourse practices as a systemic form of political action and meaning making, instead of observing acts of dissent as separate events produced by separate actors. Because they are different discourse practices, they are heterogeneous and cannot be compared. Instead, I propose a continuum through differences under the political problem of contestation and the NLMH.

### **Resistance, Dissent and Protest in Action: The National Law of Mental Health in Argentina**

The NLMH (N° 26.657) was a paradoxical *discourse événement* (Bonnin 2011): on the one hand, the ideas of reducing the power of physicians in mental healthcare decision-making and actively promoting the deinstitutionalisation of mental health patients were (and still are) strongly resisted by the medical establishment. This is one of the reasons why resistance movements take such great pride in this law as an accomplishment of decades of underground work. On the other hand, however, the bill passed Congress almost unanimously, with 47 votes in favour and one abstention. This maladjustment between strong dissent in public debates and evident consensus in institutional deliberation might explain why, within a context of general approval, the law has not yet been fully applied. Moreover, this year amendments have been proposed to some of the most controversial aspects of the law, leading to protests in recent months to defend the law and demand its full implementation.

The NLMH is the first national law on mental healthcare in Argentina. It was preceded by eight provincial laws which, in general terms, are consistent with what is known as the "human rights perspective" on mental health (Hermosilla and Cataldo 2012). With the exception of the legislation of the Provinces of San Juan and Entre Ríos, which adopts a traditional and more biomedical view of "mental illness", the human rights perspective refers to "mental suffering" ("*padecimiento mental*") to designate its object, the same expression used in the NLMH.

The new law was applied to the whole country, introducing several innovations with regard to existent provisions in the public healthcare system. Following Hermosilla and Cataldo (2012, 136), I highlight five of these provisions: substitution of the term "mental illness" by "mental suffering"; emphasis on interdisciplinary teams, reducing the pre-

eminence of psychiatrists over non-medical professionals; community orientation, forbidding non-consensual treatment and privileging the patient's rights; new provisions regarding inpatient admission, which is now viewed as a last resort and can be ordered either by a psychologist or a psychiatrist; and creation of an autonomous government entity to supervise the application of the law by healthcare institutions. Regulatory Decree 603/2013 included one more novelty: the elimination of mental hospitals by 2020. Instead, mental health units are to be created in general hospitals and community treatment should be privileged over inpatient admission.

During the first year of the Macri administration, however, the role of the State has changed and the political balance is now unfavourable to the application of the law and the new rights it defines. Ferreyra and Stolkiner (2017) have pointed out a number of setbacks regarding the NLMH during the last year: medical corporations have begun to gain power at the Ministry of Health regarding maintaining the old structure of mental hospitals and preventing the integration of mental healthcare units into general hospitals and community treatment; the control agency is being dismantled, leading to a situation of non-observance of the law at general hospitals—new organisation charts use the designation “psychiatry” instead of “mental health”; and new regulations favour physicians, whether or not they are psychiatrists, as directors of mental health interdisciplinary teams, in express contradiction of the law. Within this context, during the past six months new organisations, social movement networks and meetings have emerged to defend the implementation of the law and assert the human rights perspective on mental health.

The discursive process of emergence of the NLMH in Argentina can be described from the perspective I have developed herein: long-lasting collective resistance at the margins of mental health institutions allowed for public debate and the exercise of democratic dissent which resulted in a National Law. However, the obstacles deployed by the medical establishment, the change in the political situation and the lack of active engagement in its instrumentation and application have recently resulted in practices of protest, as a response of weaker sectors to the omission of the law.

### *Resistance: Demolishing the Walls through Art*

The field of mental healthcare is broad and heterogeneous. Many organisations, movements, volunteer groups and so forth emerge constantly at the margins of official institutions, resisting what they call “the psychiatric corporation” (Viviana) and “hegemonic medical discourse” (Viviana, Cristian). One of the oldest and most respected organisations is the Borda Artist Front (BAF), an artistic organisation created in 1984 at the Neuropsychiatric Hospital José T. Borda in Buenos Aires.

The Front was a part of a wider global movement, commonly known as “anti-psychiatry”, which denounced mental asylums as violent and repressive “total institutions” (Goffman 1961). Combining political activism, psychiatry and psychoanalysis, different groups and organisations called for community mental healthcare. In this sense, there is a rejection of “hegemonic medical discourse” (see Lakoff 2006), which is understood as a means for attaining domination over bodies through a process of biologisation of the psyche (Bonnin 2014b). The political agent that reproduces this hegemonic discourse and benefits from it is the “psychiatric corporation”, which does not include all psychiatrists but those who oppose an interdisciplinary, community approach to mental healthcare:

With regard to the law, what happens is that the psychiatric corporation is against us psychologists gaining any hierarchy. Instead of sharing and thinking things over together, they understand the whole business as if they were being displaced. (Viviana)<sup>2</sup>

Movements such as the Therapeutic Communities “combined democratization, permissibility, freedom of speech and communication [with] the key therapeutic instance (the community assembly)” (Chiarveti 2008, 175; my translation). However, military dictatorships as from 1969 were extremely repressive of this kind of alternative experience, and many of the actors in such movements were exiled during the last dictatorship (1976–1983). The democratic government of Raúl Alfonsín (1983–1989) allowed for the (re-)emergence of “multiple practices and discourses which favoured the establishment of spaces for transformation and development of deinstitutionalization practices” (Ferigato, Sy, and Resende Carvalho 2011, 352; my translation).

Within this new context, in 1984 an artistic workshop experience began at the Borda, a neuropsychiatric hospital for male inpatients. The concept of deinstitutionalisation (“*desmanicomialización*”) has lain at the heart of the BAF activities since its inception. The Front carries out its artistic workshops for inpatients and outpatients “until the walls fall down” (Sava 2008, 6; my translation). It is therefore relevant to my analysis of resistance as a discourse practice which develops over time, rather than space, because the Hospital Borda, as a place, is experienced only as the point of departure for the Front’s activities:

I was lost in the Hospital halls and suddenly saw a sign which read “Artists Front”. I joined, I felt really good and took it as an exit. I did not use the Artists Front; it gave me the chance to get out. (Carlos Almirón as quoted in Sava 2008, 9)

We are not artists at the Borda, we are artists *from* the Borda. (Javier)

This is a key feature to understanding the use of space as a semiotic resource: the aim of the Front’s activities is to go beyond the boundaries of the hospital, both in a symbolic and a material sense. On the one hand, the demand for deinstitutionalisation (*desmanicomialización*) is radical and non-negotiable: “The Borda Artists Front will fight and resist ... until the walls fall down” (Sava 2008, 6). This kind of slogan is typical of public protest (see Ivie 2015, 48) and helps give meaning to long-term processes. On the other hand, however, there are small, everyday negotiations with the hospital authorities to allow workshop participants to make temporary outings: musicians would go out to make a concert; actors to present a play; painters to open an exhibition. Resistance cannot succeed over time with long-term slogans alone; it also needs short-term, achievable goals in order to continue. This double temporality of discourse (long-term demands and short-term goals) helps explain the reason why the BAF has lasted over time.

This perspective sheds light on how the NLMH was understood by the BAF. Professionals and artists who participate in the Front’s activities consider that the law was a major success in the path of deinstitutionalisation, as Executive Decree 603/2013 states that psychiatric hospitals should be closed by 2020 and psychiatric inpatient units should be created at general hospitals. Although this goal does not look likely at the moment, the legislation of a term in which to implement it was perceived as a success.

Although, at least theoretically, implementation of the law would mean effective deinstitutionalisation, its achievement would not imply the end of the BAF. On the contrary, the metaphorical slogan “until the walls fall down” allows for fighting other kinds of “walls”, which should guarantee its continuity even if its historical demand happens to be satisfied.



When asked specifically about what will happen once “walls have fallen down”, one respondent answered:

The walls are not just the asylum’s. Many people at the workshops are outpatients and others are not even patients, but they come anyway, because walls are mental and social. Besides, you have a lot of ties, you know everybody. You can’t just quit. (Fabricio)

This metaphorisation of the BAF’s demand, produced in a context in which deinstitutionalisation is foreseeable in the near future, was already a part of the Front’s discourse about itself:

Deinstitutionalization [ ... ] is to prepare society to knock down the mental walls it has built around mental health issues and, not fearing chaos, to learn to accept that it also has suffered a psychiatric pathology, just like any other person who, after an experience of suffering, takes up his original place again. (As quoted in Sava 2008, 14; my translation)

In the same way as protest is literal in its demands (“No more asylum”, “Regulate the NLMH now!”), resistance is simultaneously literal and metaphorical. Going “from the Borda to the world!” (Fabricio) is at the same time a material description of “going out” to do artistic activities, but also a symbolic expression which shows that art:

has three different meanings for them: as a language which is foreign to the asylum, as a way of living at the asylum, and as a way of being oneself. (Viviana)

Resistance is thus based not only on slogans and political demands, but also on shared meaning and community belonging, reinforced by interpersonal communication. Resistance, as a form of organisation, is a matter of trust and mutual knowledge.

### *Dissent: The Politics of Disagreement*

Dissent rests primarily on space—material and/or symbolic—rather than on time. It has consecrated places: the Blue Hall, the Congress, the newspapers—places which have their own names and communicate through a relatively stable code of political meaning. Time, on the contrary, is accessory: it is scheduled and limited. Allocutions are also timed, and respecting time for dissent is key to its functioning.

Dissent is not only a matter of public institutions, such as Congress: it also happens in a “shared symbolic space” (Ivie 2015, 54) which works as a place. Dissent, as we understand it, is preferably displayed over space by equals, in a symmetric relationship.

Although consensus regarding the NLMH was almost unanimous at the House of Representatives and the Senate, its legislative process included four debates at the Congress with representatives of professional associations and civil society organisations (Faraone 2012). These events can be understood as places suitable for typical deliberative politics, because there is a common ground which guarantees symmetry between participants and time and space are scheduled and organised from an “objective” institutional point of view.

The organisation of the debates shows who were considered to be legitimate participants. The three preliminary events included some Human Rights organisations (Mothers of Plaza de Mayo and the Center for Legal and Social Studies), but no professional associations of social workers, occupational therapists or sociologists, even though they were part of the

“interdisciplinary teams” being discussed. The final encounter, at the Senate, included only associations of psychiatrists and of psychologists, thereby highlighting which actors were considered legitimate in the debate.

Although there was no explicit agenda for the debate at the Senate, it soon became apparent that the most critical points of disagreement were Article 1 (which defines “mental suffering”<sup>3</sup>), Article 13 (which refers to managerial and directive positions at healthcare institutions) and Article 16 (which defines which professionals can admit someone as an inpatient).<sup>4</sup> Dissent, as we understand it here, is a struggle for power over a common ground: psychiatrists and psychologists fought over the right to define mental health (Article 1), to rule institutions (Article 13) and to make decisions about people (Article 16).

As dissent occurs among equals, it requires comparative analysis. This is not the case for resistance and protest, which can only be exerted by the weak. Peers can disagree with each other, but they cannot resist or protest against one another. In this sense, disagreement appears to be the most binary form of contestation in our corpus.

In a context of equals, dissenters were powerful (i.e. the representatives of medicine and medical institutions). This is not a paradox, however, because they disagree with the text of the law: the dominant actors in the public healthcare system were the dissenters at the Senate.

Unlike the metaphorical demands of resistance and the floating signifiers of protest, dissent sets an explicit and literal agenda for disagreeing, in this case, with the text of the bill in discussion. This need to name and designate the topic lies at the core of the law, the definition of its object:

The aim of this law is to ensure the right to mental healthcare protection of *every person*, and the full enjoyment of his/her human rights to *every person with mental suffering* residing in national territory. (National Law of Mental Health, Article 1)

In this article, the law defines two kinds of beneficiaries: every person, and “persons with mental suffering”. This distinction is made by avoiding the use of expressions attributed to the “psychiatric corporation” and “hegemonic medical discourse”: healthy people and sick people; normal people and crazy people (see Vilar 2016). The term “mental suffering” acts as a substitute for “mental illness/condition”, but also widens the scope of mental healthcare: it no longer refers to pathologically defined patients, but to any person who suffers. We see here a more psychoanalytically than psychiatrically oriented perspective on mental health, which thus establishes that “every man is a neurotic”. As the bill adopted this view quite openly, it was explicitly and directly confronted by, among others, the representative of the Argentine Association of Psychiatrists, who declared:

It should also be noted that mental illness exists, because we should not medicalize psychic suffering, which we may all experience. Everybody has suffered a night of insomnia because of a wounded heart, and we should not medicalize that. However, mental illness does exist, and thus requires the best possible conditions to guarantee social reinsertion of the psychotic patient. (Honorable Cámara de Senadores de la Nación 2009a)

The psychiatrist argues against the first article of the law by defying its distinction: “persons with mental suffering” simply means “every person”. Thus, the bill would overlook its specific beneficiaries: “people with a mental condition/illness” and, later on, “the psychotic patient”. As we can see, dissent between psychologists and psychiatrists at the NLMH hearings seems to be a zero-sum game in which each party’s gain is a loss for the other.

Something similar happens with regard to the right to occupy directive positions at mental healthcare units. Article 13 of the bill reads:

Professionals with a college degree are in equal conditions to access directive positions at healthcare units and institutions. It will be necessary to evaluate their qualification for the position and their capability to integrate the different kinds of knowledge involved in the field of mental healthcare. (NLMH, Article 13)

This article was contested by the representative of the Argentine Association of Child and Youth Psychiatrists (AAPI), who spoke against it based on a legal argument:

I think it is very important that whoever has the highest responsibility should also have certain decision-making roles because he/she is the highest legally responsible person if there is any problem at a hospital. As you know, physicians are legally responsible and should hold these positions. (Honorable Cámara de Senadores de la Nación 2009b)

In this example, also based on the “hegemonic medical discourse”, the power to rule an interdisciplinary mental health unit is attributed to a physician because of his/her “legal responsibility”. In this argument, the psychiatrist does not take into account that the object of the bill is, precisely, legal: its aim is to create a new legal order, which could also have impact on the previously defined responsibilities. The aim of this argument is to maintain a certain prior medical status quo by arguing that the new order will not accommodate to the existing status quo. Even now, six years after the approval of the NLMH, most mental healthcare units are run by physicians:

You know? The team leaders are psychiatrists, and, if they are psychologists, they are psychiatrists besides being psychoanalysts. (Viviana)

To oppose the legal argument against the law, its defenders resort to the “art of the possible” by arguing that it is a matter of political—not legal—responsibility:

I wonder why such a big deal is made about the directive positions at health units, if there are hospitals run by accountants, nurses, dentists, etcetera. There have been ministers of health with no college degree: union leaders, people with political responsibility. Nowhere does it say that the minister has to be a doctor, a nurse or a member of a healthcare team. (Lores as quoted in Honorable Cámara de Senadores de la Nación 2009c)

In his intervention, Lores dismisses professional qualifications as being a necessary condition for access to directive positions at mental healthcare units. Instead of defining the issue of “legal responsibility” (as did the AAPI representative), he states that it is a matter of “political responsibility”. As such, the definition of professional qualifications is not a matter of opinions but of political muscle.

The last issue on the agenda was the legal ability to admit inpatients at general hospitals. Article 16 states that every hospitalisation should be signed by at least two professionals from the health unit, at least one of whom should be “necessarily either a psychologist or a psychiatrist”. The representative of the Association of Argentine Psychiatrists argued:

We think that admitting an inpatient, either clinical or psychiatric, should be an attribution of the physician, especially the psychiatrist, just as it is now and is stated in the Civil Code.

The person responsible for hospitalization is the psychiatrist. There is a legal problem, that of malpractice, which is why only physicians are authorized to hospitalize. In addition, there are legal responsibilities. If you are a psychologist and you want to medicate and hospitalize, you have to be a physician first. (Honorable Cámara de Senadores de la Nación 2009c)

Here again, the argument is of legal nature; the same legal status invoked by the representative of the Federation of Psychologists of the Argentine Republic:

On October 31st, resolution 343 of the Ministry of Education was approved, which states the responsibilities and limitations of the degree in psychology. Admitting inpatients is one of our rightful responsibilities. (Honorable Cámara de Senadores de la Nación 2009c)

As in the previous case, disagreement is symmetrical: on a given point, the two positions are exactly opposed. Because both claims have legal support (either the Civil Code or the Ministry of Education resolution), what would finally tip the scale is political power.

We see here that dissent among equals at the Congress is not a matter of argumentation, but of power. The Bill passed almost with no modifications after the debates, and the senators were unwilling to accept any changes to the proposed text, as stated by the leader of the ruling party, who asked to shorten the opposition's interventions simply because:

We have already said that we will not accept any modifications to our bill, so you needn't keep reading your intervention. (Liliana Fellner as quoted in Honorable Cámara de Senadores de la Nación 2010, 106)

As Humpty Dumpty said in Lewis Carroll's *Through the Looking-Glass* (1872), what is at stake is not a matter of words and argumentation: "The question is", said Humpty Dumpty, "which is to be master—that's all".

### *Protest: #YoMePlanto and the Empty Signifier of Protest*

The analysis I present in this article observes different discourses of contestation as part of a repertoire which is available to social actors, who are not limited to one form or another. On the contrary, they can contest differently in different settings. This is, however, a sociological issue which cannot be addressed here.

The same person can thus be an active member of the BAF and, when necessary, participate in protests about the NLMH or any other social or political demand. That is what non-ethnographical approaches to activism (even opposed among each other, such as Young 2001; Drexler 2007) fail to understand by not distinguishing social actors and discourse practices. The BAF's fanpage on Facebook, for instance, invites people to sign a petition against the reform of the law and its decree of regulation. Meanwhile, routine activities continue at the Front's workshops.

Following the historic process of the NLMH, after a long phase of resistance, and finding the right political conditions for dissent at Congress, the law was enacted in 2010. For three years, however, it was not regulated. Presidential Decree 603/2013 issued terms and conditions to put the law into practice, beginning a difficult process of application which, in turn, was resisted at several public hospitals.

A new process of dissent began in the media and professional associations regarding the applicability of the law. Everyone seemed to agree with the need for a reform in the mental healthcare system. However, some of the core changes were contested: was it

possible to eliminate asylums? Was it advisable to do so? Should non-medical professionals be able to admit inpatients? Were general hospitals ready to admit mental health inpatients?

The slow, conflictive process of applying the law came to a halt during 2016, when the new government, under the presidency of Mauricio Macri, decided to reverse many legislative initiatives taken by the former government. Within this context, different movements, groups and individuals began to protest in the public space, both on the streets and on social media.

On 7 October 2016, there was a national demonstration with the slogan “*Yo me planto!*”, a play on words which literally means “I plant myself” but is intended to say something like “I take a stand”. Unlike routine protests in the public space, there was no large concentration of people blocking streets. Rather, small groups of mental healthcare workers, mostly psychologists, gathered in public places in cities all over the country. This protest was intended to generate images and social media content, rather than immediate visibility in the public space.

The protest was organised by almost 15 mental health and human rights groups with different degrees of institutionalisation, involving informal associations like *Deheredados de la razón* (Disinherited by Reason) and government departments such as the *Comisión Nacional por la Memoria* (National Memorial Commission).

Protest works on a relatively balanced equation between time and space. It works on the chronotope *la marcha*. A *marcha* (demonstration) typically follows a regular, meaningful path (i.e. from Congress to Plaza de Mayo) or stands in different meaningful places: in December 2016, for instance, we scientists at CONICET demonstrated at the Ministry of Science, but we also blocked—at least for a short period of time—the streets nearby. A typical demonstration at the Obelisco would close any of the streets for at least for half an hour.

The #YoMePlanto demonstrations, on the contrary, were small, with about 80 participants who were not necessarily aware of the organisers or the demand of the protest:

V: I read about it on Facebook, but we were just a few, less than a hundred people

J: Why did they organize it?

V: Specifically, I don't know [...] because the national law is not being applied. (Viviana)

The demonstration was organised locally by widely differing institutions. As a consequence, it needed a slogan polysemic enough to gather them all, as well as unaffiliated people. Laclau (1996, 2005) explains the effectiveness of political demands as a consequence of them being “empty signifiers”: somehow universal concepts which are semantically empty, thus made up of heterogeneous, subordinated demands which constitute a chain of equivalencies among them. #YoMePlanto, as in “I take a stand”, worked as an empty signifier, because it allowed for different chains of equivalences which, under a shared slogan, articulated different political identities and subordinated demands. Therefore, organisations which upheld a more professional-oriented defence of the NLMH carried placards reading “In defense of the Law of Mental Health”, “The Argentine Network of Art and Mental Health takes a stand” and “Workers and Users of the PREA #TakeAStand for the right to healthcare and the defense of law 26653”. In these examples, the demand was plain and literal, identifying its immediate aim and the institutional actors involved.

In other cases, there was stylistic work on the rhetorical formulation of the demands, such as in "Mental Health takes a stand. Let our rights sprout!" (*La Salud Mental se planta. ¡Que broten nuestros derechos!*) or in "Madhouse never again" (*Manicomio nunca más*). In the first example, the untranslatable metaphor "*se planta*" ("takes a stand"/"Plants itself") is projected over the field of political activism and its effects: our protest is the necessary condition to make our rights sprout and grow. In the second case, there is a juxtaposition of terms from two different semantic fields: the "*manicomio*" ("madhouse"), which is a pejorative expression to designate mental asylums; and the slogan "never again", associated with human rights movements' struggle for justice regarding human rights violations by the last military dictatorship in Argentina. In both cases, the rhetorical work strengthens the relationship between mental health and human rights, a central innovation of the NLMH.

In other cases, finally, there was a more radical political interpretation of the demand, which was integrated to a chain of equivalencies with other, more explicitly political demands. This was the case of groups such as Disinherited by Reason, who demonstrated carrying placards reading "Mental Health is also having a job" and "Mental Health means not being arrested for being activist". At the bottom of every placard, in a smaller font, was the legend "Let's defend the law of mental health 26.657. Say no to emptying the State". These examples propose an equivalence between the defence of the NLMH and political demands which, in general terms, are aimed at the government of Macri and the current rise in unemployment, political repression (such as the incarceration of Milagro Sala) and reduction in the numbers of government-hired workers.

Up to this point, we should say that #YoMePlanto was successful, in terms of Laclau (2005), at symbolically structuring a heterogeneous collection of groups and individuals as a collective actor. However, the main aim and strength of protest is visibility. Although #YoMePlanto allowed for internal cohesion in an emerging collective actor, it failed at making this actor and its demands visible locally, because there were many small demonstrations which did not interfere with the organisation of public space, and globally in social media, because #Yomeplanto is also a well-established hashtag for Spanish-speaking cannabis activists around the world. Therefore, the protest was diluted, both on Facebook and Twitter, in a very different discourse universe.

We could say that #YoMePlanto was not only an empty signifier, but indeed an ambiguous one: it allowed for two very different chains of equivalences: one devoted to mental health and human rights; the other to the legalisation of marijuana. Thus, it succeeded internally as a discourse means to build a collective identity of mental health activists, but it failed at making their demand visible to the public opinion.

### **Contestation in Contexts of Inequality: The Socio-Political Limits to Democratic Dissent**

In this article I have discussed the concept of "democratic dissent" in the light of political experiences of resistance, dissent and protest in Argentina. My aim in doing so was to analyse the limits of democratic disagreement (and deliberative forms of contestation) in contexts of inequality and asymmetry. A second goal was to show the need to discuss political theory concepts as they exist in current political practices, especially by using empirical methods such as direct observation, participation and in-depth interviews. This empirical

approach helps distinguish actors and discourse practices, thus observing that the same social actors may dissent, resist and protest. Hence, we avoid typical-ideal subject categories such as “the activist”, the “deliberative democrat” and so forth.

These three terms, as I understand them, designate forms of the discourse of contestation which are integrated into a culturally defined repertory. As such, the continuum of contestation discourses we analyse here is not generalisable. On the contrary, empirical analysis will no doubt show differences and displacements between three categories which are intended to stimulate research, rather than closing it.

From this view, dissent is a form of direct disagreement between equals which emerges in well-defined shared places, either material or symbolic.<sup>5</sup> Protest is a form of contestation, direct and literal, which exerts some kind of violence but is not necessarily spontaneous or disorganised. Under certain genres, such as blockades and marches, it has concrete demands which develop simultaneously in time and space, usually under the form of a chronotope. Resistance, finally, is an indirect, often metaphorical form of contestation which builds up community at the heart of institutions, developing fundamentally over time.

These categories are not intended to exhaust the forms of democratic discourse of contestation, nor are they meant to be absolutely distinct from one another. On the contrary, they enable me to better understand the discourse process involved in the NLMH in Buenos Aires. I believe that only through participation and engagement in transformative practices will new theoretically relevant concepts emerge.

## ACKNOWLEDGEMENTS

The author thanks the collaboration provided by Verónica S. Luchtenberg and many other mental health professionals during the research process.

## DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author.

## NOTES

1. During the last weeks of December 2016, we scientists at CONICET (National Council for Scientific and Technological Research, Argentina) protested at the Ministry of Science against budget cuts. Although the Ministry building was taken over by protesters and nearby streets were blocked several times, there was no police intervention or media condemnation. On the contrary, the protest was perceived as legitimate by general opinion in the mass media, and the Ministry authorities finally negotiated with us protesters. This is one key feature of protest: although it exerts some kind of violence outside formal channels, it may still be perceived as legitimate by both the government and public opinion. In contrast to Young (2001, 673), “powerful officials” did have motives to “sit down” with us to negotiate.
2. All texts translated from the original Spanish by the author.
3. It is difficult to translate the expression “*padecimiento mental*” in usual terms in English, because translations tend to emphasise a medical sense, such as “mental illness” or “mental condition”. The term “*padecimiento*” attempts to define a person by his/her suffering, independently of (and prior to) his/her medical condition.

4. Later on, Executive Decree 603/2013 would include the issue of effective deinstitutionalisation in the agenda of public dissent and protest.
5. This characterisation depends on the political culture and the discursive process analysed here. As such, it probably will not be suitable to understand other political realities.

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