

Inventing cultural heroes: how culture, nationalism and hegemony have shaped the Australian rural and remote health sector.

A report on a study in progress

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INTRODUCTION

This research project is driven by a curiosity about how the Australian rural and remote health sector has developed and the catalysts that are driving this process. Is the funding of programs predominantly politically driven? Why do some programs favour some professions eg. incentives programs? Why is there such differential recognition of the various professional groups? What complexities and inequities are emerging and what is driving them?

In thinking about these issues, I noticed how rural and remote health practitioners are depicted in the Australian print media – they are often represented combating isolation and extraordinary odds to “save” others (Fitzpatrick, 1997). In these media articles rural and remote health practitioners appear to be drawing on long tradition of Australian mythology about the outback hero (Patience, 1990; Langer, 1994).

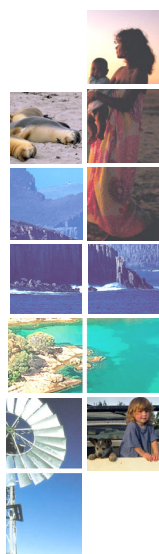
The media representations also infer an essentially “Australian” quality in the work and life of practitioners. Within these characterisations, some aspects of rural and remote practice are emphasised and others are not. For example, as with many other articles, this one from The Courier Mail (8 Jan, 1999) features a nurse with the Flying Doctor Service responding to an emergency in difficult circumstances. It is captioned: “She’s one guardian angel who really does have wings” and it claims:

as a veteran flying nurse, Susan Markwell is not fazed by cardiac emergencies or delivering a premature baby in the back of a wildly bucking plane. (The Courier Mail, 8 Jan 1999)

Another example of media representations of rural and remote practitioners is evident in this Australia Day feature (The Courier Mail, 1 Jan 1997) on Chester Wilson, a general practitioner based in Charleville, Queensland. This excerpt is indicative of the tenor of the article.

Country bred, comfortably at home in the often lonely bush and partnered by strong women prepared to share isolation and a demanding calling. Theirs are profiles of what could be called modern pioneers, explorers as much of their own human limitations or professional competence as of the still harsh land itself.

These words are resonant for Australians. Rural and remote health practitioners are often represented as pioneering or sacrificial, echoing the Australian mythology about the outback hero. They are reminiscent of the “larger than life” dynamic surrounding other Australian cultural icons: for example, ANZACS, explorers and sporting heroes; groups that have played an important role in the establishment of national identity



and cultural myths through metaphors of the struggle with the land and heroic responses to challenging situations (Clarke, 1962, Patience, 1990).

OUTLINE OF MY RESEARCH PROJECT

This presentation is based on my doctoral research. It looks at how myths about rural life, national heroes and Australian cultural values influence the ways in which Australian rural and remote health practitioners are represented and perceived. It seeks to develop a clearer understanding of the discursive interaction between these factors and the ramifications for policy development and service provision. Of interest is how they effect the structure of the Australian rural and remote health care sector; the programs that are funded, the services that are provided, and whose interests are served in this process.

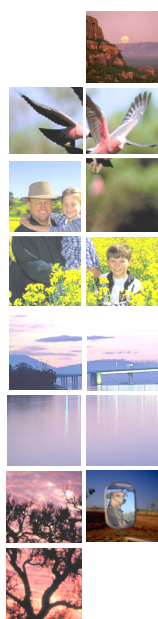
The major objective of the research is to understand:

- how the identities of rural and remote health practitioners are being formed in textual representations and personal narratives about their lives and work
- how such representations are defining and responding to rural and remote health care needs and being reconfigured in texts developed in official and bureaucratic domains
- how these definitions and responses produce and maintain relationships of cultural, political and social power in the rural and remote health field
- the implications for the organisation and development of rural and remote health care in contemporary Australia.

My approach to this research is based on the following activities:

- investigating the literature from relevant fields to determine social conditions within which rural and remote health care is practised
- assembling textual data that provide representations of rural and remote health practitioners through print media texts, oral accounts of practitioners, and policy and official documents of bureaucracies and professional group
- examining the texts to determine systems of language use employed in representations of rural and remote health practitioners
- using critical and post-structural theoretical frameworks to analyse the discourses shaping the identities of rural and remote health practitioners, to identify the discursive relationships that reinforce or challenge existing political, cultural institutional and occupational power relationships in the field.

The primary geographic focus for this study is Queensland, Australia and the timeframe is 1990–2000. The study will collect data that will provide a detailed picture of the constructed identities of rural and remote health practitioners. The project will use a range of data sources: textual representations of rural and remote health practitioners from the public domain (newspaper articles, and bureaucratic and policy documents); and from the personal domain (through transcribed interviews with rural



and remote health practitioners regarding their lives and work). My study is incomplete. This presentation is based on background research and a preliminary overview of media articles.

RECONCEPTUALISING THE FIELD

The way a study is conceptualised and undertaken is framed within the researcher's ontological and epistemological understandings. The methodologies I will use:

- assume that meaning and social organisation reflect and reinforce the purposes and discourses of prevailing cultural, political and social institutions
- “treat culture and systems of meaning in connection with questions of power and politics” (Alasuutari, 1995, p 2)
- acknowledge the importance of discourse in the development and circulation of cultural meanings (Nightingale, 1993).

Thus, theoretical assumptions are made about the nature and influence of several important dynamics; culture, national identity, hegemony and the political definition of needs. I will now summarise the way in which these key concepts are understood in the context of this research.

Culture

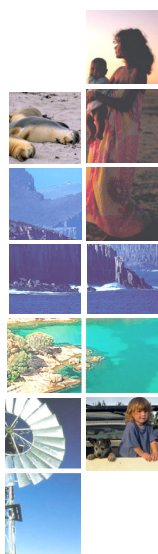
Briefly, culture is viewed as a socially constructed pattern of meanings that communicate, perpetuate, and develop, knowledge and attitudes to living (Geertz, 1973). It is influenced by social events, behaviours, institutions and processes. It includes not only symbolic and aesthetic constructs but also patterns of socialisation, and everyday practices. Thus culture is taken to be “the social production of meaning and understanding, whether in the interpersonal and practical organisation of daily routines or in broader institutional and ideological structures” (Cunningham, 1992, p. vii).

Health care

Health care is seen as a grouping of social practices that are historically constituted. It is influenced by constructs embedded in cultural, political and socially based power relationships (Turner, 1987). Health care practice is a discursively organised, elaborate system of specialised knowledge, techniques and socially governed behaviours. It is not purely concerned with the delivery of appropriate care. Historically, health related discourses have served to legitimise professional power and practice, social structures and world views. (Michel Foucault, 1980)

National identity

Now on to national identity: A nation is a community of people who adopt a collective frame of reference to give shared meaning to their experience of existence (Anderson, 1983). National identity becomes part of the life and beliefs of its members, predominantly in narratives of national culture. This depends on the development of a “narrative of the nation” which includes:



- an emphasis on origins
- the invention of ritual and symbolic traditions
- a foundational myth or a myth of origin
- the notion of an original or “real” people (Wodak, 1999).

These elements assist in masking differences between different social groups (based on race, gender, ethnicity, class etc.), thereby constructing a national “family” (Wodak et al, 1999). Cultural identification is strengthened through the development and depiction of cultural themes. Current events and issues are re-framed into constructs that encompass both the past and the future. This creates an interpretation of an issue or event that integrates it with ongoing social processes and with past, and future, cultural ideals and goals.

So, stereotypes and particular time periods become mythologised and adopted as ideals that embody national virtues and characteristics. Representations that link current concerns and activities to these factors employ powerful cultural processes that reinforce shared meanings and values (Williams, 1961). This is significant in relation to this work. Developing representations that link rural and remote health practitioners with past Australian heroes, myths and ways of life, transcends time and aligns their characteristics, and significance with valued nationalistic sentiments.

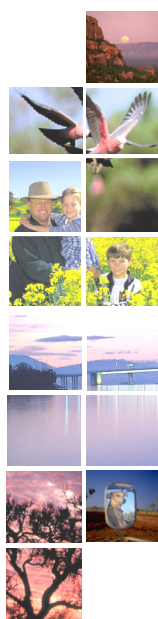
Settler cultures such as Australia are particularly involved in a quest for identity which is related to their need to establish their independence and difference from their parent culture. Allegiances to particular kinds of landscapes and subcultures that distinguish settler societies from others are part of this process. The Australian nationalistic construction rejects what is “characteristically Australian in preference for what is viewed as uniquely Australian” (Lowenthal, 1978, p. 85). The most widely embraced myths of national identity are based in the landscape (the beach, the bush and the outback) and in the events and characters of Australia’s short history since European settlement (early settlers, bushrangers and explorers) (Cunningham, 1992).

Hegemony

Now I’d like to turn to the notion of hegemony which Fraser (1989) defines as the power to establish the “common sense” of a society – the descriptions of reality that normally go without saying. This includes the power:

- to establish authoritative definitions of social situations and social needs
- to define the universe of legitimate disagreement
- to shape the political agenda.

Hegemony, then, expresses the advantaged position of dominant social or professional groups who hold the power to define issues and needs and their solutions, and to shape the political agenda. Cultural hegemony institutes an environment within which contestations and negotiations as a plurality of



discourses, meanings and perspectives engage and disengage. The formation of social groups (and in relation to this study, special interest groups), occurs through contestations over various perspectives and perceptions about an issue. The predominant goal of this process is for a particular group “to establish as hegemonic their respective interpretations of legitimate social needs” (Fraser, 1989, p. 166). Powerful institutions in society are powerful because they convincingly assert influence over the definition of issues and concerns in which they have established a mandate.

The definition of “needs”

The issue of defining needs (including who has needs, who defines the need and how the need is defined) has a critical influence on the solutions that emerge. It is an important conceptual tool for understanding the intersection of power, discourse, and the satisfaction of needs. The political lobbying, or rhetoric about needs that special interest groups engage in “functions as a medium for the making and contesting of political claims: it is an idiom in which political conflict is played out and through which inequalities are symbolically elaborated and challenged” (Fraser, 1989, p. 161–2).

It is likely that these dynamics have influenced the development of the Australian rural and remote health sector. Identity formation through media representations of rural and remote health practitioners highlights the roles and interests of some groups. It also promotes a particular image of the nature of rural and remote health care practice; for example an emphasis on dramatic instances of illness, injury and death, rather than more common chronic illnesses. The way individuals and groups are characterised and represented, affects the ways in which they are understood by individuals, communities, organisations and bureaucracies.

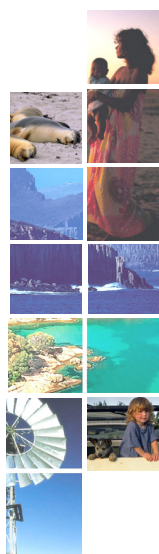
Analysing the data

The data collected will be considered using a Critical Discourse Analysis framework which:

- focuses on the linguistic aspects of social and cultural processes and structures
- names power structures that advance political control and dominance, through language-based strategies
- seeks to “uncover manipulative manoeuvres in politics and the media ... to heighten awareness of the rhetorical strategies which are used to impose certain political beliefs, values and goals” (Wodak et al, 1999, p9).

Specifically, I am using the Discourse-Historical method (Wodak et al, 1999) which is a theory building method with an emphasis on

- exegesis and interpretation
- uncovering reciprocal relationship between discursive action and political and institutional structures
- using a variety of theoretical perspectives, data collection methods and sources



- uncover divergent narratives, discursive relationships and linguistic manoeuvres.

Text sampling will be based on the identification of themes, commonalities and differences, and the selection of particular texts as representative or of interest. The three dimensions on which texts are analysed will be:

- theme and content
- setting and context – identified through the analysis of discourse level strategies which are unique to the particular issue in question
- Linguistic realisation – how the discourses are effected linguistically.

An analysis of the selected texts will be considered in light of four linguistic macro-strategies:

- constructive macro-strategies – attempts to build identity by promoting unification, identification, solidarity and differentiation
- perpetuation strategies – attempts to maintain, reproduce, preserve, support or protect a threatened identity
- transformation strategies – attempts to transform an established identity or components of it into another identity that the speaker has already conceptualised
- dismantling or deconstructive strategies – attempts to dismantle or disparage parts of an existing identity construction
- assimilation strategies (which create temporal interpersonal or spatial similarity or homogeneity) and dissimilation strategies (which create temporal interpersonal or territorial difference and heterogeneity).

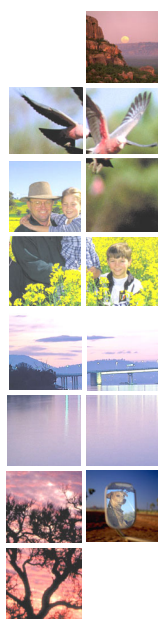
Evidence of these strategies will be seen in:

- linguistic constructions of the rural and remote health practitioner
- narration and alignment with a common past
- linguistic constructions of a common or different culture
- linguistic constructions of a common or different political present and future.

As you can see, the analytical framework is multi-layered and complex, but today I'd like to give you an idea of how this will be done. Here is an example which draws on the article I mentioned earlier entitled "A Country Practice" (The Courier Mail, 1 January, 1997).

IT IS the first day of 1997 and Chester Wilson is swimming bare-arsed in the muddy waters of the Ward river, a tributary of the Warrego. It is not a pretty sight but his is a face in which, by the minute, bone weariness is losing a battle with an essentially sunny nature.

Along the banks the river gums throw out a leafy defence against 39deg heat. Further west the still stream could pass for the Waltzing Matilda waterhole. But, a bush poet and enthusiastically indifferent banjo player himself, Wilson is saying that he prefers Paterson's poem about Saltbush Bill's second fight.



The text makes the following associations based on the linguistic strategies. The representation of Dr Chester Wilson is aligned with natural settings and landscapes through references to the Warrego River, the banks of the river, and the heat. The representation is associated with myths and figures of national significance in the parallels that are drawn with the Waltzing Matilda waterhole, Banjo Patterson's poetry and the characterisation of Chester as a larrikin – swimming bare-arsed in the muddy waters, and having “an essentially sunny nature”.

In surgery or at the bedside he comes across as a blend of Hawkeye and Trapper in the TV series MASH-mischievous wit vying with homebody compassion.

But ... he can never entirely conceal an underlying fatigue. It figures. For most of this decade he has worked alone in a community of nearly 4000 people. His day begins with a 7.30am hospital visit, seeing patients in surgery rarely ends before 6pm. He is on call-and not infrequently called out-the rest of the time ... Occasionally he has had a helper but, city bred, they never lasted long.

Evidence of the construction of identity is found in aligning Chester with Hawkeye and Trapper from the TV series MASH and through outlining unique identifiable experiences that Chester has in relation to his practice – he works alone in a community of nearly 4000 people. (This, of course, is not true. While Chester is in a solo practice, Charleville has a hospital that employs 2 full time medical practitioners).

The notion of Chester being part of a distinct or different group with different cultural values is introduced in comparing him with his occasional helpers who being “ ... city bred, they never lasted long” .

His mentor and predecessor a surgical legend of the south-west, Dr Lou Ariotti AO.

Equally dubious about being a desirable role model is Dr Bob Balmain. He's the flying doctor who, day and night, extends Charleville's medical reach to remote communities on the NSW, SA and NT borders.

Quite a trio. All country bred, comfortably at home in the often lonely bush and partnered by strong women prepared to share isolation and a demanding calling. Theirs are profiles of what could be called modern pioneers, explorers as much of their own human limitations or professional competence as of the still harsh land itself.

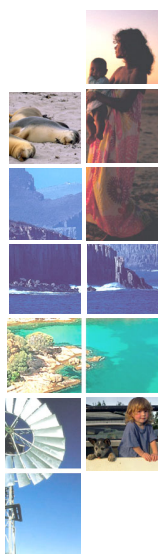
Unique, identifiable experiences which are part of identity formation are evident again in the mention of Bob Balmain's role as the Flying Surgeon. The notion of distinctive private and public virtue as part of this identity emerges in comments about being country bred and at home in the bush despite the loneliness and demands of his calling. Myths and figures of national significance are called on in references to the pioneers, the explorers and the “still harsh land” .

... If he is nowhere else Wilson is, like hundreds of other bush doctors, at the heart of a quandary in Australian medicine, a huge imbalance in the delivery of health care.

Health Minister Michael Wooldridge said recently that there was a shortage of 500 doctors in rural areas and 4500 too many of them driving up health costs in the cities.

His bitterly resented answer is to limit to 400 the number of new Medicare provider numbers. Strangely, assuming that some medical newcomers might be happy to forgo the comforts of the city or the coast, this prevents them working in the bush, too

This part of the article introduces the element of a different political situation in terms of the imbalance in access to health care and the comparison with issues in the city.



However, both city and rural issues are aligned through the comments about provider numbers which affects both situations and so are best challenged in unison.

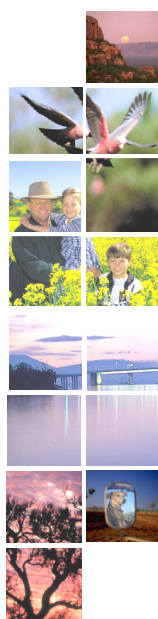
CONCLUDING COMMENTS

Hopefully this example has provided an illustration of how the analysis of the texts will be approached and the influences that are at play in identity formulation and representations of rural and remote practitioners and health care practice. It also gives an indication of what may be happening in these identity constructions and representations. Articles such as the one I have used as an example may work to:

- establish identity
- define “difference”
- describe needs and their solutions
- advance the perceptions and interests of some group and not others
- reinforce particular world views
- provide a cultural “fix”.

At this point in the study, assumptions are easy to make, but it is prudent to wait to report on actual outcomes when the project is completed. Of particular interest will be:

- what representations emerge
- how they emerge
- what dynamics assist this process
- whose interests are served in terms of the construction of particular perceptions about various professions, activities and identities
- how these are translated into policy and program design
- what outcomes there are in terms of the programs that are funded
- what can we learn from this
- how we can use this knowledge to advance and promote health and health care in rural and remote Australia.



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PRESENTER

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