

LIVING AND LEARNING ACROSS STAGES AND PLACES: HOW TRANSITIONS INFORM AUDIENCE MEMBERS' UNDERSTANDINGS OF POP CULTURE AND HEALTH CARE

Kaela Jubas

University of Calgary

Dawn E. B. Johnston

University of Calgary

Angie Chiang

University of Calgary

Abstract:

Using the medical drama Grey's Anatomy as an exemplar, this article discusses findings from a qualitative case study exploring impacts of popular (or pop) culture on Canadian audience members' understanding of social issues, particularly health care policy. Adopting a neo-Gramscian perspective, our fundamental premise is that pop culture operates pedagogically and that cultural consumption informs audience members' understandings of current social issues. We use the word transition to structure our discussion, and we employ it in a dual sense—as progression from one stage of life to another and as movement from one physical place to another. After positioning our study in relation to relevant scholarship in the field of adult education and outlining the theoretical perspective in which our work is grounded, we present our findings and conclude with suggestions for how our inquiry can contribute to understanding adult learning in contemporary times and places.

Résumé:

En utilisant la série médicale « Dre Grey leçons d'anatomie » comme exemple, cet article traite des résultats d'une étude de cas qualitative qui explore les impacts de la culture populaire (ou culture pop) sur la compréhension par son auditoire canadien des enjeux sociaux, en particulier des politiques de soins de santé. Suivant une perspective néo-gramscienne, notre principe fondamental est

*The Canadian Journal for the Study of Adult Education/
La Revue canadienne pour l'étude de l'éducation des adultes
26,1 February/Février 2014, 57–75
ISSN1925-993X (online)*

© Canadian Association for the Study of Adult Education/
L'Association canadienne pour l'étude de l'éducation des adultes

que la culture a une fonction pédagogique, et que la consommation culturelle améliore la compréhension par les membres de son auditoire des enjeux sociaux. Nous utilisons le mot « transition » pour structurer notre discussion et nous l'employons dans un double sens : celui de la progression d'une étape de la vie à une autre et celui de la circulation d'un endroit à un autre. Après avoir positionné notre étude dans le champ de la formation en lien avec l'éducation des adultes et après avoir décrit la perspective théorique sur laquelle notre travail repose, nous présentons nos conclusions et nous terminons par quelques suggestions sur la manière dont notre enquête peut contribuer à la compréhension de la formation des adultes dans les structures temporelles et spatiales contemporaines.

Introduction

This article outlines findings from a qualitative study exploring impacts of popular or "pop" culture on adult learning about social issues, notably health care. The study is guided by the broad premise that pop culture functions pedagogically among its adult audiences. Resisting the inclination to dismiss pop culture as trivial and mindless, we argue that it can have serious and persistent, albeit unpredictable, impacts on people's understandings of and knowledge about important social issues. More particularly, we are exploring how the American medical drama *Grey's Anatomy* is received by audience members in Canada and how it provides one source of information about health care for its Canadian audience members.

Since its launch in 1966, Canada's Medicare framework has marked Canadian identity and is considered to be a central concern for Canadians (Rak, 2008; Redden, 2002). The status of health care in the Canadian imagination was illustrated when Tommy Douglas, an early political champion of socialized health care in this country, won the title of Greatest Canadian in a contest sponsored by the Canadian Broadcasting Corporation (see Jubas, 2006, for a discussion of this contest as pedagogy). Given the obvious interest in and commitment to Medicare, we found it interesting that there are very few Anglophone Canadian pop cultural representations of health care. This paucity of health care-related pop culture seems especially puzzling because the medical drama has been a popular genre and American-produced medical shows—including *Grey's Anatomy*—have been popular with Canadian audiences ("Separated at Birth," 2010). The relative inattention of Canadian cultural producers and small demand among cultural consumers for a made-in-Canada representation of health care seem curious when juxtaposed with Medicare's centrality in Canadian discourse and imagination.

In this paper we relate our research to the characterization of contemporary globalization as a period of transition, an interesting notion in relation to the long-standing and consistent view of Medicare as a quintessentially Canadian policy framework. We develop our discussion along two lines of understanding: transition as coming of age and transition as movement across physical or geographic space. That is, we think about transition in relation to both maturing and transiting. After briefly reviewing literature that has informed the study, especially with regard to the pedagogical function of pop culture, we move on to an outline of the study's methodology and participant base, and a discussion

of our findings. First, though, we consider the word *transition* itself, its varied meanings, and how it might apply to adult learning.

Conceptualizing Transition and Adult Learning

Transition: “movement, passage, or change from one position, state, stage, subject, concept, etc., to another; change: *the transition from adolescence to adulthood*” (dictionary.com, 2013; emphasis in original).

In this paper, we adopt two understandings of the word *transition* suggested by the definition above. First, we consider transition as individual maturation or development. In this sense, transition is a process present in any era. This fact resonates in a particular way in the current period of so-called globalization, in which the extent and pace of technological developments, economic turbulence, cultural fusions, and human mobilities often lead to its characterization as an era of transition, both within and beyond the field of adult education.¹ Despite its characterization as a period of rapid and deep change (see, for example, Jarvis, 2004), contemporary globalization might not be any more transitional than other periods. As television studies scholar John Hartley (2008) wrote, “It is not in fact the case that once upon a time economic or social life was city- or nation-based and then it began to go global” (p. 61). This first meaning marks transition as a universal and steady characteristic of all societies.

Within the field of adult education, much of the theorizing has drawn on the idea of stages of life through which people move as they age; this way of thinking is exemplified in writing by scholars such as Cyril Houle (1974). Seen as overly prescriptive and rigid, such approaches are giving way to more openness in thinking about developmental transitions (Merriam, 2005). Mark Smith (1999) noted that learning associated with the transition out of adolescence can extend to three possibilities. First, as the notion of andragogy (Knowles, Holton, & Swanson, 2011) suggests, it might be that adults become capable of engaging in new, more sophisticated learning processes. Second, it might be that, as they enter adulthood, people encounter new sorts of situations through post-secondary education, the workplace, and long-term intimate relationships. Third, the range of scenarios that people have dealt with by the time they reach adulthood might help broaden their knowledge and understandings. In sum, new experiences, opportunities, demands, and capacities combine to influence adults’ learning.

In her article on transition, Sharan Merriam (2005) adopted an understanding of transitions as “periods of change in our lives that seem to alternate with periods of stability” (p. 3). Changes can be anticipated (e.g., graduation, entry into a career) or accidental (e.g., onset of illness, job loss). Additionally, a “nonevent” transition might be experienced when life does not unfold according to one’s plans or social norms, and a “sleeper” (Schollsberg as cited in Merriam, 2005, p. 5) transition refers to a change that unfolds slowly and subtly so that it goes unrecognized until a clear outcome makes it apparent. Regardless of its type,

¹ Indeed, this article follows and draws on our presentation at Changing Configurations of Adult Education in Transitional Times, a conference of the European Society for Research on the Education of Adults.

a transition has intellectual, emotional, and physical or sensory dimensions, and resultant learning is similarly multidimensional or holistic (Dirkx, 2001). Merriam pointed out that, although transitions can be accompanied by turbulence and can have great impacts on people's lives, they do not always translate into learning processes. As she wrote, "For learning to occur, an experience needs to be discomforting, disquieting, or puzzling enough for us not to reject or ignore it, but to attend to it and reflect on it. It is then that learning takes place" (p. 8).

We share Merriam's and John Dirkx's belief in the multidimensionality of adult learning and the transitions that can ground learning, although we remain less certain about the necessity of attention and reflection. After all, incidental learning, which is attracting increasing attention among adult education scholars, is learning that is "taken for granted, tacit, or unconscious" (Marsick & Watkins, 2001, p. 26). Regardless of whether people reflect on their experiences of transition, new relationships, opportunities, demands, and experiences help adults see themselves in expanded or new ways, and that is a form of learning.

For our study team, the decision to narrow the age range of participants to 18 to 30 responded to the idea that adult learning is qualitatively different from and more complex than children's learning. At the same time, it reflected an appreciation of the limitations of learning from experience or experiential learning (see Miller, 2000, for a discussion of these concepts), especially among younger adults. Many people in this age range have not had much direct experience with health care services. Still, as they come of age as citizens (i.e., voters) and health care consumers (i.e., individuals responsible for finding their own physicians and soliciting health care advice), people in this age range encounter new opportunities for themselves and new expectations of them. We return to this point later in our discussion. For now, we note that, despite the fact that many of them have had relatively little direct contact with health care service providers beyond standard visits to the family doctor, even younger Canadian adults seem to feel that they know enough about Medicare to understand its importance to national identity and their own lives.

How, though, do people in this age range, who have yet to experience much of the health care system first-hand, form their images of this valued program? Personal experiences as well as media reports, political platforms, school curricula, and anecdotes shared by acquaintances who work within the health care sector or have experienced it as patients are important sources of information; however, further to our premise that pop culture functions pedagogically, we note that many cultural representations, including those that provide the fullest vision of health care, are imported into Canada. We think about our efforts to investigate not only how cultural texts function socially and politically, but also how they transit across borders and, in so doing, inform cultural, social, and political transitions in the places—whether national or more local—where they are received. Further to the first notion of transition that we discussed as maturation or development, we think about how, as it transits across borders, pop culture informs understandings of and policies about social issues. In this sense, transition is seen as circulation of texts, ideas, and practices within and across geographic borders. This is the second meaning of transition that we take up. In this meaning, transition can be explored as a more particular characteristic of contemporary globalization, when new information and communication

technologies, conglomerates, and processes facilitate cultural movements. We employ both of these meanings of transition in our discussion of research findings, which we present following a brief overview of relevant literature.

Investigating Culture as Pedagogy: Key Concepts and Prior Research

The making of a society is the finding of common meanings and directions, and its growth is an active debate and amendment under the pressures of experience, contact, and discovery, writing themselves into the land. The growing society is there, yet it is also made and remade in every individual mind ... The questions I ask about our culture are questions about our general and common purposes, yet also questions about deep personal meanings. Culture is ordinary, in every society and in every mind. (Williams, 2011, p. 54)

Theoretically, the project discussed in this article is anchored in the work of Antonio Gramsci (1971). In particular, we turn to his writing about the importance of everyday cultural practices and institutions in an educative process. Such education can reflect and bolster existing social ideologies and the taken-for-granted understandings rooted in those ideologies (what Gramsci referred to as “common sense”). Alternatively, such everyday learning can challenge hegemonic perspectives and contribute to different ones.

Taking the refrain that everyday life is a site of informal and incidental adult learning (Marsick & Watkins, 2001) seriously requires attention to the role of culture in adults’ learning, particularly in relation to identity construction. Although the field of cultural studies, which developed around this premise, has roots in the field of adult education, particularly through the work of Raymond Williams (2011), pop culture remains a seldom explored topic among adult educators. Furthermore, cultural studies scholarship

does not necessarily frame the relationship between culture and identity as one of learning or pedagogy, and thus does not explicitly focus on pedagogical address and pedagogical relationships of teaching and learning nor seek to explicate the process of how culture teaches or how and what people learn from interacting with/in that culture. (Sandlin, Wright, & Clark, 2011, p. 8)

Interestingly, educational scholars have continued to study the pedagogical functions of pop culture among children and youth; however, even adult educators who insist that daily life is a site of important learning largely overlook pop culture. Until recently the exception was found among scholars working from a Frankfurt School perspective, which views the influence of pop or mass culture as “something akin to ‘capitalist brainwashing’” (Savage, 2010, as cited in Sandlin et al., 2011, p. 4).

We join a growing number of adult educators attending to this topic, often focusing on critical pedagogies and the advancement of social justice both within and beyond the classroom. We also build on the writing of Jennifer Sandlin, Robin Wright, and Carolyn Clark (2011) in adopting a both/and stance that accepts insights from critical theory and post-structuralism. From that stance we assert that pop culture represents and

helps audience members learn about themselves and social life *and* opens opportunities for them to engage in “embodied, holistic, performative, intersubjective, and aesthetic aspects of learning and development and sees transformation, learning, and development as more tentative and ambiguous” (Sandlin et al., 2011, p. 15). As we suggested above, attention to culture and other parts of everyday life is also consistent with the discursive turn to lifelong—and its rhetorical cousin, lifewide—learning.

Much of the relevant research in adult education has followed the lead of cultural studies scholars and involved textual analysis. Examples of this approach include Paul Armstrong’s (2008) analysis of national variations of the television show *The Office*. The basic premise of the original British show, a spoof of the systems and structures that shape life among office workers, has generated “copycat” versions in the United States, Germany, France, Israel, Chile, and even Quebec (Osborn, 2011). Armstrong asserted that each version reflects nationally specific cultural norms and values around office work. Consistent with the first meaning of transition outlined above, Armstrong further concluded that the show teaches audience members who are preparing to take up full-time employment for the first time about work-related processes and relations.

Robin Redmon Wright’s study of the first season of the British show *The Avengers* is another example of how adult educators have incorporated pop culture into their research. Wright (2010) described the impacts of Cathy Gale, the strong female lead in that particular season of the show, highlighting the political or critical interpretations of the show among its fans. Produced in the early days of second-wave feminism, this season of the show and the Cathy Gale character offered lessons about new social, cultural, and professional options that women could pursue in post-Second World War Britain. In contrast to Armstrong’s (2008) study, Wright’s investigation included participants—fans of that first season of the show.

Beyond using somewhat different research approaches and methods, adult education scholars working in this area emphasize a range of concepts and themes. Some concentrate on the usefulness of incorporating pop culture into courses dealing with social inequities, while others look to pop culture’s ability to foster positive qualities in its audience members; many working in this area focus on both pop culture’s potential connection to social justice learning and the power of its emotional resonance.

For example, Christine Jarvis explores how, by creating emotional connections with fans, pop culture helps them develop a deeper sense of empathy. In embodying cultural, social, and physical differences and enacting different practices, fictional characters offer new alternatives and previously unconsidered possibilities to their real-life audiences. Writing about her conversations with fans of the American show *Buffy the Vampire Slayer*, Jarvis discussed the show’s presentation of moral complexities (Fisher, Harris, & Jarvis, 2008; Jarvis & Burr, 2010). Because they admire and relate to the show’s lead characters, fans can reflect on how they think *and* feel about characters’ responses and project how they might respond if they found themselves in similarly difficult situations.

On a similar note, Tony Brown (2011) asserted that, by presenting stories that touch audience members emotionally, pop culture can illuminate social problems and critiques. In his words, “Stories do not persuade us, they either ‘move’ us, or they don’t”

(p. 236). Inserting movies into his adult education curriculum helped Brown raise social issues. Rather than impeding critical discussion, analysis, and learning among his students, the emotionality of movies' storylines facilitated these processes. Such work establishes emotionality as a crucial dimension of adult learning rather than a distraction to be pushed aside for the sake of the intellectual work of learning.

Reiterating ideas about pop culture's emotional sway in adult learning, Elizabeth Tisdell (2008) offered complementary, but somewhat different, conclusions. Discussing three studies conducted with colleagues, she noted that participants who were members of minority groups felt affirmed by portrayals of successful people who resembled them and hoped that such portrayals could discourage prejudices and stereotypes. Bringing mainstream culture into the classroom aided participants' critical learning about themselves and their social context because facilitated discussion helped them move beyond their initial enjoyment of the cultural texts and refocus on "understanding of marginalized 'Others' in new ways and/or ... their understanding of how hegemonic processes work both in media and in society at large" (p. 58).

Although we argue that pop culture functions pedagogically, we recognize that it is not the sole source of information on any topic. News media, advocacy organizations, political platforms, personal experiences, and anecdotes all contribute to audience members' learning. Cultural consumption and adult learning are intertextual processes and never entirely predictable. Intertextuality refers to the "vast storehouse of interlinked cultural forms, places, objects, people and practices which are associated across time and place" (Edensor, 2002, p. 187), so that, ultimately, "every text has its meaning, therefore, in relation to other texts" (Allen, 2011, p. 6). Having conceptualized our approaches to transition and to culture as pedagogy and reviewed some of the most relevant literature in the field of adult education, we turn now to our own research.

Methodology and Participants

We began this qualitative case study by watching episodes from the first six seasons of *Grey's Anatomy*, transcribing segments that highlight three questions central to health care policy: who deserves care, what procedures are covered, and how health care is organized. That analysis informed guidelines for sessions conducted with Canadians aged 18 to 30 in six cities in Canada's westernmost provinces, including our selection of fairly short segments from episodes in several seasons to view during the sessions with participants. Scenarios presented in the selected segments ranged from patients who lack medical insurance and cannot afford necessary treatment, the helpfulness of well-positioned personal acquaintances to working-class patients who need care, the reluctance of insurers to cover expensive or unproven treatments, reminders to the surgical staff and residents about the fiscal pressures on hospitals and warnings of impending cut-backs, and inferences that private, for-profit hospitals provide high-quality care in contrast to the low standards of equipment and expertise at public hospitals.

We were interested in speaking with people aged 18 to 30 about these segments and other portions of the show because those are the years when individuals come of age as health care consumers and citizens. As they transition into that age range, people begin

to seek service providers and take charge of their health care and are able to participate in democratic society as voters and political candidates. Moreover, we thought that talking to people in different provinces might illuminate more locally or provincially distinct, rather than nationally uniform, understandings and receptions of both health care and pop culture.

All participants were familiar with *Grey's Anatomy*. We also sought people who had voted in a provincial or federal election and were aware of recent health care–related news stories. They were recruited through postings on the online classified websites Craigslist and Kijiji, one study member's Facebook site, word of mouth, and flyers posted primarily on campus. Graduate students at local post-secondary institutions were hired to help with participant recruitment and on-the-ground logistics for out-of-town sites.

We conducted small focus groups and, sometimes, individual interviews. Although we preferred the former, we found that last-minute changes in participants' schedules meant that, occasionally, only one person arrived for a session. Wondering whether to cancel an entire session, we decided that speaking with somebody who took the time to meet with us was more respectful than sending him or her away and that individual sessions would yield useful information. In the end, we met with 55 people (47 female, 8 male). Twenty-one participants were located in British Columbia (Vancouver and Victoria), 17 in Alberta (Calgary and Edmonton), and 17 in Saskatchewan (Saskatoon and Regina).

Our initial plan was to travel more widely across Canada; however, we quickly realized that we would face challenges in bringing participants together. The reality that we needed to stretch our availability in any given site and the possibility that repeat visits to some locations might be required persuaded us to decrease the number of data collection sites. We chose to concentrate on western Canada, believing that it balanced cost-effectiveness with sufficient diversity of locations. We also chose to start with two centres in each province: the provincial capital and the commercial or corporate hub. These three provinces were alike in some noteworthy ways: All were being led by governments that could be described as right-of-centre and premiers who happened to be the same age. The New West Partnership Trade Agreement finalized in 2010 suggests that these provinces share a political and economic vision.² Our findings, though, illuminate how provincial notions of history and identity add nuance to the understanding of Medicare as a universal Canadian framework and heritage and problematize the inclination to characterize these three provinces collectively as western Canada.

From the three broad questions that guided our inquiry—who is seen as a worthy patient, which services are covered, and how health care is organized—as well as the relevant messages that we found in our analysis of the show, we expanded our list of questions to raise during the semi-structured sessions with participants. Focus group and interview data were transcribed, and pseudonyms were assigned for participants who had not chosen names for themselves. Analysis has been aided with NVivo qualitative analytical software.

2 Details about this trade and mobility agreement are available at http://www.newwestpartnershiptrade.ca/the_agreement.asp.

Understandings of Health Care Policy in Pop Culture and Society: Findings

In this article we identify tangents from the data that correspond to the conceptualizations of transition and culture as pedagogy outlined above. We link our textual analysis of the show and our conversations with participants to two themes: lessons learned by participants as they came of age as adults, citizens, and health care consumers, and, further to Armstrong's (2008) emphasis on cultural production in the context of the nation-state, the pedagogical potential of pop culture when it transits across national borders and contexts.

Coming of Age: Transitions into Adulthood

As we explained above, we chose to talk to *Grey's Anatomy* fans between 18 and 30 precisely because of the transitional period they are in as adults, citizens, and consumers of both health care and popular culture. In one way, *Grey's Anatomy* itself is a show about a group of people who transition into adulthood and into a professional identity. After all, its central characters are surgical residents engaged in the in-between period of internship when they are both learners and workers. They are also negotiating personal relationships in new ways and perhaps moving into their first long-term intimate partnerships. In this section we present findings related to participants' comments about the multiple ways that they were coming of age and how their responses to *Grey's Anatomy* were linked to their own age-related transitions.

Many participants told us that they enjoyed watching the show because it features characters who are physically attractive and have other appealing qualities as well as interesting storylines. The show helped participants imagine whom they see themselves as, aspire to be, or envision as friends, and the sorts of people who might be called upon to help them meet their health care needs. Joanna intimated a connection between the show's appeal and moving into adulthood:

I think yeah, definitely, your background and where you are at life, you're gonna take something different from what you're viewing and you're gonna see different messages in it. And for example, if you're maybe a little bit older or farther along the path in life, you might just find the relationship drama on *Grey's Anatomy* just like drama and it's silly.

Although some participants decided that the show really emphasizes personal qualities and interpersonal relationships, there was agreement that it also presents important issues. One participant, Jane, commented that she liked "the well-roundedness of *Grey's Anatomy* ... As much as it's full of drama, it still has real life issues in it, and it's not just so-and-so slept with so-and-so. There's a little bit more of day-to-day issues that are addressed." For the most part, participants appreciated the balance of authenticity and dramatic licence that the show employs to build both intellectual and emotional resonance with fans.

On a related note, many participants distinguished between what they saw as the show's realistic and appealing elements and its unrealistic elements. Often that ability developed as they engaged with acquaintances who worked in the health care field,

encountered health care issues themselves, or undertook studies encouraging critical thinking and analysis. As Robin said during her session,

I've watched *Grey's Anatomy* for two or three years now and I enjoy watching 'cause the people are really good looking [laughs] and because it is really funny and it's interesting. And because it annoys my dad to no end 'cause he's a GP [general practitioner] and he'll be like, "This is not real, this does not happen." He'll be like, "None of this is true!" So it's really fun.

At 21 years old, Robin was studying to become a teacher and thought of herself as a professional in the making. She was also envisioning the kind of partner she might be and the kind of partner she might find. Finally, she was having conversations with her father, a physician, about the differences between his experiences and what he and his daughter were seeing on television. In these ways, Robin exemplified how participants' understandings of *Grey's Anatomy* and pop culture more generally, as well as their social contexts and possibilities, were in transition.

Like Robin, many participants looked to their parents and other respected acquaintances for information about health and health care, especially people who worked in the health care field and were regarded as well-informed experts. Aside from physicians and nurses, participants also considered dental specialists and other paramedical professionals, medical transcribers, and veterinarians to have trustworthy knowledge and to be reliable supports when participants encountered problems or puzzles. Of course, parents routinely provide information, advice, and direction to their children; however, we were struck by how participants described engaging in mature, if still rather playful (in Robin's case), conversations with their parents and soliciting advice rather than having it imposed on them.

Participants also encountered new medical issues or witnessed other people manoeuvre through the health care system as they aged. When asked about the greatest health care-related problems in their communities, almost all participants noted wait times for both family physicians and specialists. For example, a few participants recalled knowing people who had to wait for surgery after damaging their anterior cruciate ligament (or ACL)—a sports-related injury common among young adults—and one person remembered waiting several months to get an appointment with a dermatologist. In part, then, participants' learning about health care was informed by first- and second-hand experiences as they became adults; that learning was juxtaposed with portrayals of medical issues on *Grey's Anatomy*, among other informational sources.

Some of the other sources of information that participants noted seemed especially "grown-up." These included news media, provincially produced and widely distributed health guides, Internet searches on medical or provincial government websites, and peer networks (especially helpful for referrals to care providers). Several participants noted that, through their academic programs, they were learning how to seek and assess information from multiple sources and become more assertive with care providers. A small number of participants active with formal political parties talked about getting information directly from party policy documents or platforms.

Even as participants described efforts to find trustworthy information, they admitted that pop culture continued to exert an influence. This was particularly so with regard to teaching them about people and problems that, so far, were outside their sphere of real-life experience. That point was articulated in the following excerpt from a session:

Natasha: I would say that pop culture probably influences me heavily because ... I'm sure that I interact with people who are similar to me, I think that people do that. So you don't get out there to experience different types of people except for through culture.

Heera: And then sometimes those ideas that you have, they break down as well, like when you don't have experience ... you have to rely on something else.

Natasha: Yeah.

Heera: And it might not be the best source of information but TV is—

Natasha: You live through it.

In short, as participants transitioned into adulthood, post-secondary education, and careers, they engaged in information-seeking and learning in new and more sophisticated ways at the same time as they continued to develop sensibilities and knowledge through cultural consumption. All of that learning can be understood as an intertextual process, as multiple sources of information and messages are set against one another and come into play in participants' changing understandings.

Within/across Borders: Making Sense of Health Care and Grey's Anatomy

Further to the consideration of transition as a developmental process, we turn our attention to transition as movement of people and texts. Across the three provinces included in the study, the vast majority of participants supported Canada's Medicare framework, preferring it to the largely privatized, for-profit system of insurance and care portrayed on *Grey's Anatomy*. That feeling about Medicare is consistent with previous research and writing on this topic (Rak, 2008; Redden, 2002). The following dialogue exemplifies how *Grey's Anatomy's* version of health care was one that participants, as health care consumers and citizens, found wanting:

Celeste: I really value our Canadian health care system and access for everybody That's incredibly important for me ... that Canadian heritage and, to me, that basic human right.

Cora: I completely agree with you. I think it's about access Talking to people who haven't grown up in Canada [who] move here and take pride in the fact that we have public health care. And ... I think, too, health care is one of those issues that no matter your demographic, no matter where you're living, it's applicable.

Beyond articulating their own preference for a policy framework ensuring universal access to health care as a vital common good, participants saw *Grey's Anatomy's* frequent

presentation of patients who could not afford health care insurance as both realistic and a deliberate critique by the show's writers and producers of America's highly privatized health care sector.

Although Medicare might be pivotal to Canadians' construction of a sense of self as citizen and might function centrally in Canadian nation-building efforts, participants understood that health care in this country is characterized by fragmentation and inequities. The *Canada Health Act* is a federal piece of legislation implemented on a provincial or territorial basis. Medicare ensures portability of coverage across the country, but that does not mean that coverage is identical in all parts of the country. As health care experts have explained, "Variation exists at the provincial level, likely the result, at least in part, of jurisdictions pursuing different strategies to address local wait time and access to care issues" (Canadian Institute for Health Information [CIHI], 2012, p. xiii).

Added to that fact is the reality that health care has developed in particular ways in each province. For example, Saskatchewan is where Tommy Douglas, the pioneering champion of socialized health care, was based, and participants in that province saw themselves as having a special responsibility to protect and further his vision. Carrie articulated this view in her responses to our questions:

Carrie: I think given that Saskatchewan considers itself kind of one of the founders of health care because of—it was Tommy Douglas right? ... I think they were maybe especially more sensitive to the splitting of the health care system, so that's—

Kaela: Do you hear his name? ... Or do you hear Saskatchewan kind of talked about that way in the debate, positioned that way in the debate?

Carrie: ... Yeah, I think, I don't know if it's in the papers or if it's just something that you just know 'cause you're from Saskatchewan.

Noteworthy among both the Regina- and Saskatoon-based participants is their attachment of health to broad, so-called social determinants of health, including poverty. We return to this important point later in this section. For now we acknowledge that participants in the Saskatchewan sessions were, for the most part, highly engaged in socio-political debates. We also note that several people who came to these sessions were studying or working in a health-related field such as epidemiology, policy studies, social work, and child care. Saskatchewan-based participants also knew that in neighbouring Alberta, which for the past 40 years has elected conservative governments, there were many more privately operated, for-profit health care centres and services, and they were concerned about the rising influence of the corporate sector in health care.

Within Alberta, participants were more likely to qualify their support for Medicare's principle of universality with an argument that some additional privatization and corporate involvement would improve the health care system. Alberta-based participants appeared to recognize that the particular social and political history in that province distinguished their views about health care and the public sector more generally from views prominent in other parts of the country. As Joanna commented,

It's because it is kind of a government-run system and it's more bureaucratic and it's very much different than if you would go work in a private business. And I think that you could bring over some of that ... over-arching attitude to the health care system ... They've done some of it already, for example all the food in hospitals is outsourced ... in Alberta Same with the linens They could hire a private company to do it for a lot less money, so that saves a lot more money for ... the people who come in But then as soon as you say privatization ... or even if you use the word business when you talk about health care, you're screwed ... You're not gonna get elected. Like as soon as you say it people don't listen to anything that you're necessarily saying about it or what solutions you're bringing to the table. As soon as you use that word, you're a goner in Canada.

Although the sort of privatization that Joanna described has occurred in health care systems across Canada, her perception was that it was risky for federal politicians to campaign on a platform of greater privatization.

Even Alberta-based participants who opposed greater privatization or outsourcing of services in the health care sector seemed aware that the sentiment in Alberta was somewhat different from what seemed common elsewhere in Canada. Celeste offered this thought:

I also think we have a unique situation. I think that the situation in Quebec is very different than the situation in Alberta. [In] Alberta there's obviously a more conservative economic and social environment and so people are more pro privatization and it's, and I mean I think that it's provincially, that health care is mandated provincially, right? Yeah, okay, so I think that it's different in every province, I think our province because of its conservatism there is more acceptance of having a two-tier system rather than other provinces where it's probably not as prevalent or there's a stronger push for ... public health care.

Further west, in British Columbia, views straddled commitment to Medicare's universality and fairness, and concern about the vulnerability of the middle class and potential tax increases. Beyond these concerns, several participants in the Vancouver and Victoria sessions related threats to Canadian Medicare to this country's larger public sector. We note that several of the Victoria-based participants were studying in a faculty of education and were well aware of a protracted dispute between the provincial government and school teachers. For them, *Grey's Anatomy's* presentation of problems posed by a highly privatized health care system that relies on for-profit, corporate service providers and individualized responsibility for payment served as a warning about creeping privatization throughout the public sector. In Katrina's words, the emphasis in the public sector "is about funding and, like, with education right now, all the cuts that they're making is [sic] totally about funding, it's not about anything other than money."

As they moved across Canadian spaces or thought about Canadians living in other places, participants learned about differences in service accessibility. Regardless of their

location across our study sites and consistent with frequent media reports and political rhetoric (CIHI, 2012), participants agreed that finding a family physician could be difficult and identified a shortage of family physicians and wait times as major problems in their communities. For several people, this problem became evident when they moved away from home, typically to attend university. This was so for Anita, who "moved to Victoria from up island and I had a heck of a time finding a new family doctor I was on waiting lists for a long time, and only in the last couple of months did I ever get in to see one. And yeah, that was hard for me."

Even moving around their cities, most participants could see disparities in access to high-quality services despite Medicare's assurance of equal access to basic services. Susan was among those who commented on this issue during her Vancouver session:

Like if they're homeless they don't have an address ... they can't get the [provincial] CareCard ... and then they can't receive the benefits that they want. If someone had an address, they had a CareCard, then you just go to the hospital and ... receive treatment.

In contrast to characters in *Grey's Anatomy* and what participants understood about the reality for many Americans, wealthy Canadians might not be able to buy their way to the top of a wait list easily; however, their social contacts help them connect with both general practitioners and specialists and navigate a complex health care system more smoothly. Some participants recognized and articulated the understanding that, even with Medicare's assurance of access, poorer Canadians face greater barriers to good health. Two participants in Saskatoon seemed well aware of relevant details and problems in their city and, to some extent, Canada more generally:

Tammy: Rates of mental illness are something like 15 times higher in poorer neighbourhoods than wealthier neighbourhoods in Saskatoon and suicide rates are significantly higher and HIV rates, and all kinds of things. And so I think that kind of disparity stands out the most and I would agree that it's not the same across Canada I mean I think there is certainly ... [similarity] between rich and poor across Canada and that affects health care across Canada but I think that the huge gap in Saskatoon is not necessarily the same everywhere. And I also think that part of the Aboriginal status ... issue related to health also has to do with racism. I think Aboriginal people are treated differently by the health care system, so it's not just that Aboriginal people tend to be more poor, although that's also part of it, I ... also think it has to do with racism ...

Suzie Q: No it's really true, I would agree with ... you on that You see neighbourhoods and high amounts of homelessness lead to all of these things.

Of course, *Grey's Anatomy* is set in the United States and does not attempt to portray health care in Canada. Further to Armstrong's (2008) conclusion that pop culture operates in a nationally specific way according to where it is produced, he noted that cultural texts also are consumed across national borders. Our study additionally illustrates how transnational consumption creates new possibilities for interpretations that might be quite

different from any messages intended by producers. That potential is increasing, in large part because of the global reach of media conglomerates and the trend of multinational syndication.

Participants in the study recognized that, in watching *Grey's Anatomy*, they were consuming pop culture made within and about the United States. For some, the show's presentation of health care in the United States struck them as largely realistic, although living in another country could make it challenging to distinguish what was fictionalized for dramatic purpose and what was realistic. As two participants explained during their session,

Isabel: I'm sure it's realistic, maybe in the States that people can't get these life-saving surgeries because they can't afford it I just feel like it's not as relevant to us in Canada.

Katrina: The privatized system of it and, you know, "Oh we can't get this thing to save your life cause you can't afford it"—I feel like because we have this system here that if you're gonna die in hospital they'll just do the surgery for you.

Isabel: ... I think it's probably realistic and representative of what it's like in the States but in Canada I don't think that that's as much of a reality.

On occasion, participants seemed more tentative in their judgments about the show's authenticity. For example, one participant responded to a comment about the lack of wait times in *Grey's Anatomy* by assuming that "in the States, if you're willing to pay a premium you'll get a doctor in five minutes. Like, I don't know." Another participant explained her reception of the show and its representation of American health care in this way:

Yeah, I think the comparison is more like reality versus fantasy ... because the American system is a fantasy to me. I've never experienced it, I've never been in it, I can't directly relate to what they're talking about For me, it just is ... TV My reality is different than the TV's reality But maybe subtly underneath, it is more of like an American versus a Canadian [version of health care], but I just never would have of went [sic], "Oh, American!"

In other words, no matter how accurately a fictional text might portray a foreign or different reality, there is a degree of certainty that might be attached to knowledge that develops through direct experience or, at least, exposure. We return to this point in our concluding section.

Despite their caution about placing too much stock in *Grey's Anatomy's* portrayals, participants were quick to note the contrast between the situations in the United States, where people have relied on private health care insurance (unless they qualify for government-funded programs), and in Canada, where some attempt is made to extend basic health care services. By highlighting the American for-profit orientation in the health

care sector, *Grey's Anatomy* reminded participants about social values and understandings related to equality and the public sphere in both Canadian and American societies. In that regard, the show helped fulfill a quite-unexpected nation-building purpose in Canada.

Discussion

This inquiry contributes to scholarship about pop culture as a source of adult learning. In so doing, it positions pop culture as a type of educator and views cultural consumption in terms of its pedagogical function. The findings discussed above help make sense of the transition from rhetoric of adult education, which traditionally involves an instructor and a classroom, to lifelong and lifewide learning (Jarvis, 2004) and informal and incidental learning (Marsick & Watkins, 2001). Our discussion here also broadens understandings of where and how policy is made, conveyed, and understood. These matters, in turn, have implications for how adult educators worldwide engage with students in formal contexts, specifically in courses related to social transitions, critiques, and debates.

Transitions from youth to adulthood bring new opportunities and responsibilities. Participants suggested how relationships with older family members and peers have shifted as they have begun to look for expertise and information from those others and position that information in new, more mature ways. The appeal of a show like *Grey's Anatomy* to younger adult audience members who imagine themselves as or in relation to fictional characters implies something about the multiple levels on which pop culture and cultural consumption operate and the importance of both intellectual and emotional dimensions of consumption and learning. This point is consistent with conclusions reached in previous articles, notably by writers such as Brown (2011), Jarvis and Burr (2010), and Tisdell (2008), as well as by Jubas (2006).

We agree that the development and expression of empathy among students (and instructors) is a benefit, especially because it helps people open themselves to new people, experiences, and choices. The insight that a quality such as empathy can figure in people's critical learning confirms that learning is not or should not be reduced to an entirely cognitive or intellectual process. As Richard Jordi (2011) noted, though, some scholars effectively overturn the advantage accorded to the intellect by intimating that the emotional and embodied dimensions of knowing should be vaunted into a primary position. Jordi argued that intellect, emotionality, and embodiedness are separate dimensions at the same time as they can be integrated. In his words, "Our learning theories, conceptual frameworks, and pedagogical practices should not be constructed on mind or body preferences or dualities but should seek to engage with dissociation *and* encourage the integration of different aspects of our experience and consciousness" (p. 191, emphasis added). From this perspective, recognizing the distinction and encouraging a balance between the cognitive, emotional, and embodied dimensions of learning and knowing are central, if also complex, aims of critical pedagogy.

Comments made by several participants about the potential difficulties that some people experience in finding and receiving health care services and service providers echo findings by adult health education scholars that members of socially marginalized groups

encounter particular hurdles because of “the cultural insensitivity and discriminatory treatment that these groups often received” (Quigley, Coady, Grégoire, Folinsbee, & Kraglund-Gauthier, 2009, p. 54). Whether these participants thought about such issues and inequities as they watched *Grey’s Anatomy* on their own is impossible for us to ascertain. We can surmise that the focus group sessions provided opportunities for participants to share their interpretations of the show, understandings of health care policies and priorities, and links between the show and real-life with us and with one another. In that regard, the sessions with participants had an educational function for us and for them and became sites of informal learning about how to combine pleasure and critical thinking in receiving pop culture.

Ultimately our research is part of an intertextual process through which we consider our work in relation to other discourses and texts, whether scholarly or popular. Participants received *Grey’s Anatomy* alongside other texts and stories, including news media, acquaintances’ anecdotes, school programs of study, and recollections of their own experiences. Like Tisdell (2008), we see the classroom as holding a special purpose and function in maintaining critical, reflective learning, especially on issues and perspectives that can disrupt learners’ comfortable lives. The learning during research sessions confirms the value of having dedicated time to consider the varied meanings of cultural texts, particularly for adult educators committed to fostering critical thinking and reflection in the radical tradition that is so central to this field. As Tisdell (2008) and Brown (2011) have concluded, incorporating pop culture into adult education courses focused on social issues can provide a shared starting point for discussion and can be helpful in surfacing complex problems and perspectives.

At the same time, we concur with Armstrong (2008), Brown (2011), Jarvis and Burr (2010), and Wright (2010) that adults can and do learn through daily living activities and encounters. This learning unfolds for people as individuals and as members of families, communities, and networks. In closing, we note an interest in continuing to build not only on research that views popular culture as generally pedagogical, but also on research into adult health education and the potential for audience members to learn about health care policy and issues through their cultural consumption.

Acknowledgements

The study discussed in this article received funding support from the Social Sciences and Humanities Research Council of Canada. We also thank Rebecca Reznick, who worked as a graduate research assistant active in data collection and earlier preliminary presentation of the findings.

References

- Allen, G. (2011). *Intertextuality: The new critical idiom* (2nd ed.). Abingdon, UK: Routledge.
- Armstrong, P. (2008). Learning about work through popular culture: The case of office work. In V. Aarkrog & C. H. Jorgensen (Eds.), *Divergence and convergence in education and work* (pp. 379–402). Bern: Peter Lang.

- Brown, T. (2011). Using film in teaching and learning about changing societies. *International Journal of Lifelong Education*, 30(2), 233–247.
- Canadian Institute for Health Information. (2012). *Health care in Canada, 2012: A focus on wait times*. Ottawa: Author. Retrieved from https://secure.cihi.ca/free_products/HCIC2012-FullReport-ENweb.pdf
- Dirkx, J. (2001). The power of feelings: Emotion, imagination, and the construction of meaning in adult education. *New Directions for Adult and Continuing Education*, 89, 63–72.
- Edensor, T. (2002). *National identity, popular culture and everyday life*. Oxford & New York: Berg.
- Fisher, R., Harris, A., & Jarvis, C. (2008). *Education in popular culture: Telling tales on teachers and learners*. London: Routledge.
- Gramsci, A. (1971). *Selections from the Prison Notebooks* (Q. Hoare & G. Nowell Smith, Eds. & Trans.). New York: International Publishers.
- Hartley, J. (2008). *Television truths*. Malden, MA: Blackwell Publishing.
- Houle, C. (1974). The changing goals of education in the perspective of lifelong learning. *International Review of Education*, 20(4), 430–446.
- Jarvis, P. (2004). *Adult education and lifelong learning: Theory and practice* (3rd ed.). London: Falmer Press.
- Jarvis, C., & Burr, V. (2010, July). *TV teacher: How adults learn through TV viewing*. Paper presented at the 40th Annual SCUTREA Conference, University of Warwick, Coventry. Retrieved from leeds.ac.uk/educol/documents/191647.doc
- Jordi, R. (2011). Reframing the concept of reflection: Consciousness, experiential learning, and reflective learning practices. *Adult Education Quarterly*, 61(2), 181–197.
- Jubas, K. (2006). Theorizing gender in contemporary Canadian citizenship: Lessons learned from the CBC’s “Greatest Canadian” contest. *Canadian Journal of Education*, 29(2), 563–583.
- Knowles, M. S., Holton, E. F., & Swanson, R. A. (2011). *The adult learner: The definitive classic in adult education and human resource development* (7th ed.). Oxford, UK: Elsevier.
- Marsick, V. J., & Watkins, K. E. (2001). Informal and incidental learning. *New Directions for Adult and Continuing Education*, 89, 25–34.
- Merriam, S. B. (2005). How adult life transitions foster learning and development. *New Directions for Adult and Continuing Education*, 108, 3–13.
- Miller, N. (2000). Learning from experience in adult education. In A. Wilson & E. Hayes (Eds.), *Handbook of adult and continuing education* (pp. 71–86). San Francisco: Jossey-Bass.
- Osborn, M. (2011, July 7). *The Office: A decade around the world*. *BBC News*. Retrieved from <http://www.bbc.co.uk/news/entertainment-arts-14005590>
- Quigley, A. B., Coady, M., Grégoire, H., Folinsbee, S., & Kraglund-Gauthier, W. (2009). “More universal for some than others”: Canada’s health care system and the role of adult education. *New Directions for Adult and Continuing Education*, 124, 49–59.
- Rak, J. (2008). Canadian idols? CBC’s *The Greatest Canadian* as celebrity history. In Z. Dueck (Ed.), *Programming reality: Perspectives on English-Canadian television* (pp. 51–68). Waterloo, ON: Wilfrid Laurier University Press.

- Redden, C. J. (2002). Health care as citizenship development: Examining social rights and entitlement. *Canadian Journal of Political Science*, 35(1), 103–125.
- Sandlin, J. A., Wright, R. R., & Clark, C. (2011). Reexamining theories of adult learning and adult development through the lenses of public pedagogy. *Adult Education Quarterly*, 61(3), 3–23.
- Separated at birth: American and Canadian TV audiences. (2010, November 19). Retrieved from <http://thetvaddict.com/2010/11/19/separated-at-birth-american-and-canadian-tv-audiences/>
- Smith, M. K. (1999). Lifespan development and lifelong learning. Retrieved from <http://infed.org/mobi/life-span-development-and-lifelong-learning/>
- Tisdell, E. J. (2008). Critical media literacy and transformative learning drawing on pop culture and entertainment media in teaching for diversity in adult higher education. *Journal of Transformative Education*, 6(1), 48–67.
- Williams, R. (2011). Culture is ordinary. In I. Szeman & T. Kaposy (Eds.), *Cultural theory: An anthology* (pp. 53–59). Chichester, UK: Wiley-Blackwell. (Original work published 1958)
- Wright, R. R. (2010). Unmasking hegemony with *The Avengers*: Television entertainment as public pedagogy. In J. A. Sandlin, B. D. Schultz, & J. Burdick (Eds.), *Handbook of public pedagogy: Education and learning beyond schooling* (pp. 139–150). New York: Routledge.