

INSTITUTIONALIZING GENDER AND SEXUALITY IN A CALL-IN RADIO

ADVICE PROGRAM: A CHARACTERIZATION OF LOVELINE

by

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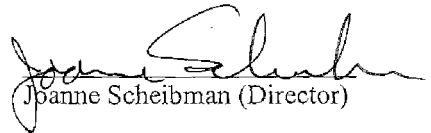
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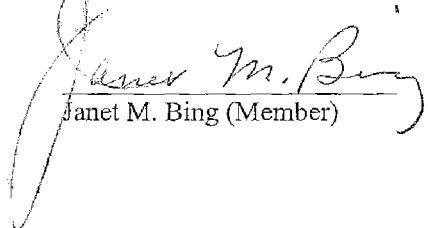
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## ABSTRACT

### INSTITUTIONALIZING GENDER AND SEXUALITY IN A CALL-IN RADIO ADVICE PROGRAM: A CHARACTERIZATION OF LOVELINE

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Previous studies of advice characterized it as a discourse in which authority is afforded to the giver by virtue of being asked for advice. As an authoritative discourse, advice sets the standards by which interlocutors base their judgments of normalcy. The consequences of these judgments are multiplied when advice is given as part of public, institutional talk, such as with radio call-in programs. This thesis examines how the authoritative discourse of global advice (public, commercial advice) is used to construct and normalize human experiences, specifically gender and sexuality. This study is based on an analysis of ten audio-taped episodes, each two hours in length, of the radio call-in program *Loveline*. In addition to examining the linguistic features of global advice that identify it as norm-enforcing, such as generalized references, axiom markers and metaphor, this thesis examines how the environment of institutional talk and the medium of radio strengthen the normative aspect of global advice. In doing so, the text under analysis is characterized (Chapter II) with attention to other texts that inform it, such as doctor-patient interaction and therapeutic texts. After providing this characterization, the data are examined to illustrate the ideologies constructed and enforced in the program. By quantifying the topic selections of caller to the program, the data in Chapter III show that the topics important to women are other-oriented while those important to men are self-oriented because women and men attend to different texts in the program. Chapter

IV examines the most prevalent ideologies normalized by the hosts. Masculinity is defined by the following desires, identities, and practices: men desire sex all the time; men who have sex are successful in all other areas of life and have nothing to complain about; men masturbate frequently. Femininity is primarily defined in contrast (subjugation) to masculinity. Women are treated as objects of masculine desire and practices, and this often leads to their identities as victims. The analyses indicate that what would seem to be a helpful linguistic environment is actually an arena for judgment and norm-enforcing.

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## CHAPTER I

### INTRODUCTION

#### 1.1 Global advice

Advice-giving is a common speech activity in American English. Whether solicited or unsolicited, advice carries with it the expectation that a resolution will be provided on the matter under advisement. More and more these resolutions are sought through commercial, public institutions. Advice seekers write to advisors in print outlets, such as newspaper advice columns, or seek the same experiences in electronic environments via websites that post questions-and-answers, BLOGs (Web Logs), and interactive chats. Advisees also contact advisors by phoning radio and television call-in programs, or even by appearing on these types of television shows. The outcome of advice seeking in these texts is the increase of 'global advice' (DeCapua and Dunham 1993:527). In global advice, advisors offer information and guidance to individual advisees, but also to the audience of readers or listeners, and audience members apply the advice given to individual callers to themselves. This kind of public talk influences the private mind.

The public talk under examination in this thesis is the global advice enacted on the radio call-in program *Loveline*. Readers unfamiliar with *Loveline* may know of Dr. Laura Schlessinger and Howard Stern, both popular talk radio hosts. Schlessinger provides daily advice on a variety of personal topics, in a manner that, though

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controversial, has proven successful (Smith 1998). Stern is talk radio's most notorious "shock jock" for his frequent sexual references and scatological humor.

Schlessinger's and Stern's talk tactics and topics parallel those on *Loveline*, where the advice-giving is done in a 'locker-room atmosphere' (Smith 1998:77).

As institutional discourses, what all talk radio programs provide is a space at the 'interface of private and public spheres' (Hutchby 1996:7). Indeed, 'the boundary between public and private is currently undergoing a process of redefinition and *public* negotiation in Western society. It has become commonplace, for example, to postulate a general movement of private language and experience into the public domain' (Harvey and Shalom 1997:11). Radio advice programs are ideal contexts for the study of the discursive construction of sexuality because potentially sensitive private matters are discussed as part of unplanned discourses in a public forum. Additionally, as Ochs and Taylor (1995) note, language and gender research has historically focused on dyads when studying the influence of interaction on identity construction. The participants in radio advice programs include the host(s), callers, and audience. Therefore, while two people may certainly enact various roles within an interaction, larger groups such as those participating in these programs are more representative 'of the contexts in which most people are socialized into gender notions and roles' (Ochs and Taylor 1995:99).

## 1.2 Background to the study

The official *Loveline* website promotes the program with the following: 'Sex. Drugs. Canker Sores. If you can get it, we can talk about it'(KROQ n.d.). The implication of this invitation to talk is that all topics, especially those of a sexual nature, are open for discussion. A contemporary belief is that talking about sexuality is good; it is liberating. However, this belief 'conceives of sexual desires, practices and identities as

fixed realities which have always existed, just awaiting the sociocultural conditions that would permit them to be expressed openly in words' (Cameron and Kulick 2003:18). The belief that talking about sexuality is good suggests the presupposition that speakers know what sexuality is and how to talk about it. In a related way, the presupposition behind advice is that the advisor knows more about and how to talk about the subject matter under advisement.

*Loveline* is a complex text. On the whole, it should be considered an advice text within the radio call-in genre. While much has been written about therapy (Labov and Fanshel 1977; Gaik 1992) and doctor-patient interactions (ten Have 1991; Wodak 1997; Tannen and Wallat 1999; Young 1999), few linguistic studies have addressed advice (DeCapua and Huber 1995). Within the genre of radio programs, there are assorted studies that focus on call-in programs (Hutchby 1996; Thomborrow 2001) and radio discourses such as political and news opinion programs (Hutchby 1999; Cook 2000). Other studies address medical discourse on radio call-ins (Pappas 1989) and advice-giving on radio call-ins (Hudson 1990; DeCapua and Dunham 1993). None of these studies, though, provides a descriptive model that can be applied uniformly to advice-giving, radio call-ins or radio advice. Additionally, none provide overt considerations of the intertextual nature of the medium of radio, the genre of call-ins, and the text of advice-giving.

Advice-giving is a dominant discourse. Participants are placed in asymmetrical stances wherein advisors are empowered with the authority to judge advisees' emotions, beliefs, actions, etc. In a public institution, such as a radio call-in, the advice is global and therefore extends beyond the individual advisee and the single advice-giving interaction. Through generalizations and other discursive practices, advisors construct

reality in such a way that their ideologies are normalized as authoritative assertions. In these discourses, human experiences are categorized as normal or deviant.

When the stakes are relatively low, as with Hudson's (1990) examination of advice-giving on a call-in radio program about gardening, judgments and prescriptions of *normal* and *deviant* are easily regarded as 'factual generalization[s]' (Heritage and Sefi 1992:369). Should the same presupposition of advice-giving, though, be extended to interactions where the subjects under advisement are not flowers and fertilizers, but sexuality and intimate relationships? Can the sexual practices of one individual be evaluated with the same impartiality as the gardening (or cooking or car repair, etc.) practices of another individual?

The analyses in this thesis indicate that global advice givers treat advice-giving as a norm-enforcing interaction. No matter the subject under advisement, advisors categorize the world through generalized statements about what they consider normal or deviant. In the data for this research, such generalizations apply to human sexuality, including the gender roles participants enact in relation to their sexuality. Here sexuality should be understood as shorthand for sexual desire, practices, identities, etc., and not sexual orientation. On *Loveline*, despite the open invitation to callers ("If you can get it, we can talk about it"), the discourse is limited to narrow constructions of gender and sexuality. Men and women are treated as distinct categories, with advice being oriented towards the genders of callers. In other words, the advice defines what sexualities are *normal* and *deviant* for women and men, without regard to the particular desires, practices, etc. of individual callers. Masculinity is defined by an overriding sexual desire for intercourse with women and a fascination with one's penis. Femininity is defined in a subjugated position to masculinity. Women are denied sexual agency because female

sexual desire is regarded as a reaction to male desire. Women are identified as victims, yet they are blamed for their own problems. Men are not allowed to be victims or to have problems.

The hosts, though, are not alone in constructing these ideologies. Women and men who call the show behave quite differently. Women are more likely to call with personal problems or questions about their relationships with other people. They present themselves as problematic. Men more frequently call the program to discuss impersonal topics and do not seek advice from the hosts.

### 1.3 Objectives for the study

This thesis examines how global advice is used to construct and normalize human experiences, specifically gender and sexuality. The analyses will show that global advice is a norm-enforcing discourse. In negotiating this argument, the conclusions are confined to a specific text in order to attend to Eckert and McConnell-Ginef's call to 'think practically and look locally' (1998:486). The analyses are based on data gathered from advice-giving discourse concerning, for the most part, sexuality, within the context of a radio call-in program. In addition to examining the features of global advice that identify it as norm-enforcing, this thesis examines how the global environment of institutional talk contributes and strengthens advice as a normative discourse. In doing so, the text under analysis, *Loveline*, is characterized with attention to other texts that inform it, such as doctor-patient interaction and therapeutic texts. There is also an examination of the influence the medium of radio has on advice-giving interactions. After providing a description of the text in relation to advice-giving and radio call-ins in Chapter II, the data are examined in order to illustrate what ideologies are constructed and enforced in the text. These analyses include an examination of the topics most frequently introduced

by callers (Chapter III) and the most prevalent ideologies normalized by the hosts (Chapter IV). Indeed, the analyses indicate that what would seem to be a helpful linguistic environment is actually an arena for judgment and norm-enforcing.

#### 1.4 Motivations for the study

Many of the conclusions of other studies into advice-giving do not correspond to the data in this study (Hudson 1990; DeCapua and Dunham 1993). While there are important theoretical commonalities in these studies, especially the idea that authority is unconditional and not tied to academic, professional, or practical training, there are ideas that do not at all correspond to the analyses in this research. For example DeCapua and Dunham make the point that 'staying "on agenda"...is not the focus of radio advice program hosts so much as is clarifying or understanding the situation itself, so that reassurance or whatever can be offered' (1993:528). DeCapua and Dunham present this idea in comparison to the hosts of other radio programs, such as news and political opinion programs. Their conclusion is not at all borne out in the data used in this research. The hosts of *Loveline* do stay "on agenda" in that their advice-giving is informed by a specific ideology of gender and sexuality. That is, because advice-giving is a norm-enforcing discourse and because the advice givers in these data attend to a particular ideology, their agenda is to enforce their ideology in the same way other hosts do, yet they accomplish this in a different way. Their agendas are hidden *as part of* advice-giving.

Other motivations for this research stem from studies in gender and language. There are many similarities between the advice-giving interactions on *Loveline* and the family dinnertime narratives examined by Ochs and Taylor (1995), wherein fathers tended to take on roles that allowed 'socializing and (re)constituting paternal prerogative

point of view in and through narrative activity' (1995:112). Ochs and Taylor labeled these power displays the "father knows best" dynamic. Pinsky and Corolla, as the hosts of *Loveline*, play roles of father figures in that in response to callers' questions they "know best" because, as advice givers, they hold authoritative stances in the interactions. The power asymmetry of the family (parents to children, father to mother) is familiar and adds to the hosts' authority. This authority, which is essential in advice-giving, extends beyond interactions with callers and into the other discourses on the program, namely Corolla's comedic monologues and both hosts' discussions with celebrity guests. Because callers believe the hosts have the power to judge and diagnose them, it seems reasonable to conclude that they also believe the hosts are right when they hold the floor on other topics. This is a unique aspect of radio advice, and one that has not been treated in other research.

This study is also interesting and important because *Loveline* is in large part devoted to sexuality: sexual experiences, sexual practices, sexual desires, etc. In the data, gender is managed in relation to sexuality. In the introduction to *Language and Sexuality*, Deborah Cameron and Don Kulick make the point that few studies into language and sexuality have given attention to "*sex* i.e. *erotics*" (2003 :xi). Only recently have researchers begun to examine the interrelation of gender, sexuality, and language in terms of encoding sexual desires, roles, and practices (Harvey and Shalom 1997; Campbell-Kibleretal. 2002).

## 1.5 Data and methodology

### 1.5.1 Description of the data

This study is based on an analysis of the radio call-in program *Loveline*. The show is broadcast from the Los Angeles FM radio station KROQ, and rebroadcast in

Norfolk, VA on 96X, an FM radio station. The program airs Sunday through Thursday nights between 10 pm and midnight. It has been on the air for almost 20 years. The participants in the program include the hosts, guests, callers, and audience. The hosts are Dr. Drew Pinsky, who began the program, and Adam Corolla. Pinsky is an internist, and serves as director of chemical-dependency services at Las Encinas Hospital in Pasadena, California. He is also a contributor to various media outlets and a guest speaker on college campuses. Corolla is a stand-up comedian and comedy writer. He was the original cohost of the television program *The Man Show*. Guests on the program include a range of celebrities. In the data used for this study, the guests include musicians and singers, actors, and pro wrestlers. The ages for callers and the audience include teenagers and young adults.

Callers are screened by members of the production staff, who then provide the hosts with callers' names, ages, and questions or topics. Calls to the program are both advice and non advice-oriented. Advice-oriented calls typically include questions about sexuality, general health, interpersonal relationships, familial relationships, and illegal drug use. Non-advice-oriented calls typically entail the caller asking questions or making comments to the guests or hosts on various non-personal matters. For example, on one episode in the data for this study the guest was Pink, a popular singer. Two of the callers in that episode had questions for Pink about her career and life.

Episodes of *Loveline* begin with comedic monologues from Corolla, discussions between Corolla and Pinsky, or discussions between the hosts and their guest(s). The hosts then take calls. Corolla introduces callers by their names and ages. The hosts negotiate calls by asking callers questions until they diagnose or otherwise provide resolution for callers' problems. Most calls end with a monologue from Corolla, usually

related to the previous caller's questions, but not always. An example from the data of this kind of monologue entry includes a call from a young woman who wanted to watch pornography with her husband. The call ended with a monologue from Corolla in which he compared men to "lone wolves" in that they like to be left alone and are territorial . Advice-giving in the program extends beyond interactions with callers in part because of these monologues, especially when the monologues are related to callers' concerns.

The primary methodological frameworks for examining the data described above are discourse analysis (DA), critical discourse analysis (CDA), and intertextual analysis. These methodologies are employed at the macro and micro level for qualitative analysis. Additionally, a quantitative analysis is employed in looking at caller topics.

### 1.5.2 Discourse analysis

Discourse analysis (DA) is a useful methodology for uncovering patterns in language use (Schiffrin 1994). There are many approaches to DA, encompassing work within various academic fields of study, and thus it is not an easy term to define (Coulthard 1985; Tannen 1989; Cameron 2001; Johnstone 2002). DA allows for analysis that examines language in use, above the sentence level, in specific speech activities and interactions, and within certain social contexts. Specifically, this analysis looks at the ways in which the hosts of a radio call-in advice program use language to construct and normalize ideologies of gender and sexuality, and how callers to this program present themselves within these interactions. Through multiple modalities of power, the hosts of *Loveline* construct, maintain, and normalize their attitudes about gender and sexuality, and they assert these ideologies as realities in the discourse of advice-giving. Therefore, their advice-giving is an ideal arena in which to examine issues of normalization,

<sup>1</sup> Please refer to Appendix A.

naturalization and dominant discourses. Furthermore, because the data in this thesis come from institutional discourse, namely a radio program, critical discourse analysis (CDA) is an apt mode in which to examine these ideological issues.

### 1.5.3 Critical discourse analysis

The concern here is with the discursive construction of ideologies and uncovering those ideologies by analyzing language. A critical approach is useful in uncovering the interrelated nature of the text, the discursive practices of the participants, and the social context, which all contribute to these constructions. Critical discourse analysis (CDA) is an interdisciplinary approach to language study, often focusing on institutional or mediated texts, i.e. doctor-patient interaction, advertising, television, newspapers, radio programs, etc. (Wodak 1997; Chouliaraki and Fairclough, 1999; Cameron 2001). CDA allows researchers to examine how dominant discourses construct reality in ways that favor power asymmetries, thus keeping the users of these discourses in positions of power (Fairclough 1992). CDA also allows researchers to examine how "common sense" is constructed in discourse. That is, what speakers take for granted are often judgments about the world and not facts. Central to using CDA as a methodology is the definition of terminology employed in the analyses.

In CDA, *discourse* is understood both in the general linguistic sense and as a social practice that 'constitutes situations, objects of knowledge and the social identities of and relationships between people' (Wodak 1997:173). In the data for this study Dr. Pinsky, the addiction specialist, exploits the medical discourse of drug use; he uses medical terminology, and his discourse has to do with the physical effects of drug use on the body. The identity of a drug user in this kind of discourse is constructed as that of a sick or flawed person who needs the help of a doctor. The discourse employed by Pinsky

in these interactions creates the ideology of drug use as a deviant, but treatable, affliction. *Ideologies* are the shared knowledge of groups. They convey the beliefs systems of those groups (Jaworski and Coupland 1999). Ideologies are created, changed, and reproduced through discourse (van Dijk 1998), and within them, beliefs, behaviors, and practices are judged as normal or deviant. That norms come from dominant groups is a common assumption when referring to terms like *normalization* and *naturalization* because 'what gets naturalized in discourse tends to be the common-sense beliefs of dominant groups' (Cameron 2001:126). This idea of "common-sense" plays heavily in the discourse of advice because perceived expertise is often more important than ratified or institutionalized expertise (DeCapua and Dunham 1993). In the dominant discourse of advice-giving, the prescriptions of expert groups are often naturalized as statements. In turn, advice seekers view these statements as facts.

#### 1.5.4 Intertextuality

Another approach that informs this research is intertextual analysis. A factor that is key to the analyses, and to the appeal of the program, is that *Loveline* is comprised of multiple text types, as well as multiple discourses. *Loveline* is a radio program, but within that medium, it can be seen as an advice show, radio therapy, or simply entertainment. For various calls to the program, interactions can be seen as a doctor-patient interaction, a counseling session, a humorous conversational exchange, or a celebrity interview. Fairclough terms this type of combination *interdiscursivity*. Specifically appropriate for these analyses is the suggestion that 'the principle of interdiscursivity applies at various levels: the societal order of discourse, the institutional order of discourse, the discourse type, and even the elements which constitute discourse

types' (Fairclough 1992:124). It is necessary to use an intertextual or interdiscursive approach to examine the discourses and texts that comprise the advice-giving on *Loveline*.

### 1.5.5 Data collection

Ten, two hour episodes, aired between 2003 and 2004, were taped for the data in this thesis. I listened to each taped episode twice. During the first listening, I made short, impressionistic notes. For each call to the show, the caller's name, age, sex (if not apparent from the name), and question or topic were noted. Also noted were any outstanding occurrences in the interactions, either during the calls or during the discussions between the hosts and guests. For example, during the episode featuring Pink, a caller asked the guest about her numerous tattoos and body piercings. It was noted that the hosts then ridiculed Pink about her personal adornments, with Corolla asking her, "What the hell happened to you Pink?"

The impressionistic notes gathered during my first listening, along with my own years of listening to the program (nearing ten now) informed the characterization of the text in Chapter II. The second listening was used to gather data for the local analyses in Chapters III and IV. For the analyses in Chapter III, every call was screened during recording and coded for topic(s). The sections of the data used for the transcriptions in Appendix A and Chapter IV were chosen for various reasons. Because many men do not call to seek advice (please see the discussion in Chapter III), I chose to transcribe those calls from men who did seek advice. The calls from women that were transcribed were chosen as representatives of the most frequent topics introduced by women. For example, many women call the program to ask about how they can more easily achieve orgasms through intercourse. Michele's call was chosen as a general representative of this frequent topic (please see excerpt (12) of Chapter IV). In some cases, more than one call

was chosen from the same program in order to represent a typical episode. Excerpts (3), (4), (7), (8), (9), and (10) from Chapter IV are from a single episode. Additionally, the examples represented in Chapter IV and Appendix A comprise the clearest data in that they are easiest to follow. In most, the contributions of the guests are nonexistent or limited, and thus it is easier to examine the hosts' and callers' interactions. After being transcribed, the data examples were coded for occurrences of advice-giving strategies. These include shifts in person deixis, generalized reference, axiom markers, and metaphors.

The names of callers given in this paper are from the program. The program airs publicly and callers have the option to provide pseudonyms. According to Goffman, 'because publicly transmitted words are involved, no prior permission for scholarly use seems necessary' (1981:197). In addition to transcriptions, a chart for the call topics was created.

## 1.6 Transcription

The data were transcribed using a modified version of the transcription conventions from Du Bois et al. (1993). The conventions that are most attended to in the data are intonations units, speech overlap, and latching. The criteria for intonation units were prosodic cues such as anacrusis (a pattern of acceleration-deceleration), pauses before and after informative linguistic material, a decline in pitch, the lengthening of a final word, or falling pitch contour at the end of an utterance (Chafe 1993; Du Bois et al. 1993). Attention to speech overlap and latching signifies the solidarity between the hosts and the necessity for continuous speech in the medium of radio. Because the talk is done on the radio, there are few pauses, and little attention was given to this feature. Readers can refer to Appendix B for a presentation of the transcription conventions.

The transcribed data are presented in vertical format because this is the most conventional page layout (Ochs 1999:169). A top-to-bottom treatment, though, hinders interpretation because utterances seem dependent on or relevant to previous utterances. The talk in the data involves multiple participants, and it is difficult to determine how one utterance influences another. This is, in part, why latching and overlap are important features to include in the transcriptions for the analyses.

The overall approach to transcription used for the presentation of the data in this thesis was meant to enable readers to attend primarily to the word choices of the participants. In the data examples, these choices are bolded. Some of the bolded elements in the examples are meant to highlight various advice-giving strategies, which had been coded for analysis. Definitions of these strategies appear in the next section.

### 1.7 Definitions for coding of advice-giving strategies

Hudson notes that the 'prototypical grammatical form for directive advice in English is the non-agent imperative' (1990:286). Imperatives provide advice in that they offer direction directed towards a future action. But because radio advice is globally directed as well, strategies that utilize generalizing are more salient to the interactions. These strategies include shifts in person deixis, generalized references, the use of axiom markers, and metaphors.

#### 1.7.1 Shifts in person deixis

Shifts in person deixis change the focus of reference from one participant to another. For example, a shift in deixis can be from the second person personal pronoun *you* to the third person singular feminine pronoun *she*. In his examination of letters to agony aunts (the British/Australian version of "Dear Abby"), Paul Thibault found that when text A is a letter to the agony aunt and text B is the reply 'text A tends towards

particularistic person deixis, whereas text B shifts the emphasis to a more generalized, universalistic person deixis' (1988:211). This facilitates global advice because the advice is made applicable to all participants, not just the advisee who has asked for assistance. This shift in person deixis also depersonalizes advisors' responses, lessening an individual's sense of self. Like shifts in person deixis, generalized references enforce the idea that advice is a 'factual generalization' (Heritage and Sefi 1992:369) by providing 'global assertions' (Adams, Towns, and Gavey 2003:190).

### 1.7.2 Generalized references

*Generalized reference* refers to statements like *a lady, a male, women, or a twenty five year old guy*. Also included in this linguistic strategy is the use of the third person plural pronoun *they* as a generic reference. DeCapua and Dunham found that use of the generic pronoun assured callers that there were others in their situations. In their data, Sally Jessy Raphael advised a caller to go to counseling at a women's center so she can see 'how THEY'VE handled it' (1993:527). Generalized reference in this sense attends to the global generalizations that characterize advice-giving.

Generalized references are also components of authoritative statements. Adams, Towns, and Gavey found that in their interviews with abusive men, the participants used statements like 'A man's home is his castle. *That's it. Pure and simple*' (original emphasis) (2003:190). In their data, participants used generalized references in conjunction with axiom markers to emphasize the typicality of their statements, offering them as certain truths rather than mere opinions. Though the data from Adams, Towns, and Gavey comes from abusive men in counseling, the text of counseling is similar to advice-giving, and the statements from the men are part of a dominant discourse, much

like advice-giving, and particularly the advice-giving on *Loveline*. The idea is that these dominant discourses use various linguistic strategies to enforce authority.

### 1.7.3 Axiom markers

In this research, *axiom markers* refer to what Pappas terms 'intensifiers' and 'qualifiers' (Pappas 1989:95). The term "axiom marker" comes from research by Peter Adams, Alison Towns, and Nicola Gavey (2003) into the rhetoric of abusive men. This term is useful for two reasons. The first is the connotation of *axiom*: 'a self-evident truth...a universally accepted principle or rule...a proposition assumed without proof for the sake of studying its consequences' (Stein 1984:60). The second is the specific reasons for which it is used by the authors: "'axiom markers'...appear to function as a means of qualifying adjacent statements...adding emphasis or conveying a strength of belief (Adams, Towns, and Gavey 2003:190-191). The authors also refer to the use of axiom markers as 'global assertions' which 'refer to the nature of reality as a whole' (Adams, Towns, and Gavey 2003:190). As "global assertions," axiom markers are apt strategies in giving global advice.

Axiom markers are similar in form to intensifiers (Pappas 1989). They include absolutes, such as *always*, *all*, and *never*. They also include 'markers of certainty' (Pappas 1989:106), such as *obviously*, *the fact that*, and *that's the reality*. Unique to the advice-giving on *Loveline* is that the effect of axiom markers in the discourse is doubled. Often one host will repeat what the other has said or will offer agreement, both of which serve to intensify the other's assertion.

### 1.7.4 Metaphors

Metaphors are used to make sense of the world. They allow speakers to categorize their experiences (Lakoff 1987). Metaphors are used in advice-giving because

they facilitate generalizations. When advisors use metaphors they encourage advisees to make sense of the information provided without actually providing facts or explanations to support their advice.

Pappas (1989) considers metaphors as part of the group of intensifiers used by physicians in radio call-ins. Her example is the physician's response that the caller's symptom 'is a sign as big as any billboard' (1989:106). Metaphors are used differently, though, in my data, and thus they deserve their own delineation.

The prime metaphors used in the discourse of giving advice on *Loveline* are 'desire as an external force' (Deignan 1997:25) and the 'experiencer of desire [as] an animal' (Lakoff 1987:392; Deignan 1997:32). Pinsky frequently employs these metaphors as a means to explain male sexual desire. Using these metaphors for masculine desire creates an ideology that men are unable to rationally manage their desire or actions (Patthey-Chavez et al. 1996:89). By creating these global generalizations via metaphor, Pinsky normalizes a specific view of male desire. This is in essence the function of all generalizing strategies used in advice-giving: to enforce norms according to the advice givers.

In addition to coding the data for advice-giving strategies used by the hosts, I also coded caller topics, which are presented in three charts in Chapter III. Caller topics refer to the topics introduced by callers. This portion of the data reflects the behavior of callers.

### 1.8 Caller topics

The data in the analyses in Chapter III are comprised of 135 caller topics from 121 callers. The data represent 68 calls from women, who introduced 73 topics, and 53

calls from men, who introduced 62 topics. Caller-initiated topics were divided into four primary categories: *Sexuality*, *Health*, *Interpersonal Concerns*, and *Other*.

### 1.8.1 Sexuality

Calls falling under the general category *Sexuality* have to do with topics that address *sexuality* as with regard to the desires, identities, and practices available to participants (Cameron and Kulick 2003). This category also includes caller topics that pertain to issues related to sexuality, such as reproductive health, sexual health in general, sexually transmitted diseases (STDs), sexual organs, etc.

### 1.8.2 Health

Calls under the category *Health* address non-sexually related health issues. Topics in this category pertain to questions callers pose about themselves, questions they pose about others, and questions relating to mental health. This category is limited in scope, but it was necessary to separate non-sexual health topics from sexually related ones because the *Sexuality* category is sizeable already.

### 1.8.3 Interpersonal concerns

The category *Interpersonal Concerns* encompasses aspects of interpersonal relationships with friends, family, romantic and sexual partners. Caller topics in this category tend to focus on other people or the caller's relationships with other people. Additionally, calls about abuse were placed in this category.

### 1.8.4 Other

Calls in the category *Other* are generally impersonal and attend directly to the entertainment element of the show. Caller topics in this category speak to topics previously discussed on the show. Some are questions or comments addressed to guests. Many of the calls in the data attend to an ongoing game the hosts play wherein callers

read a news story and the hosts guess whether the locality of the story is Germany or Florida. Others are callers' responses to the hosts in varying forms and varying topics. Also included as a subcategory are calls about drug use, which comprise only a small percentage of caller-oriented topics. This is rather ironic considering Pinsky's medical specialty.

## 1.9 Chapter summary

Chapter I is a presentation of the objectives and motivations for the research in this thesis. Advice is characterized as a dominant, norm-enforcing discourse, and the linguistic strategies used by advice-givers are described. These strategies include, but are not limited to, shifts in person deixis, generalized references, axiom markers, and metaphors. Also presented are the methodologies for the analyses in Chapters III and IV. These include methodologies such as discourse analysis, critical discourse analysis, and intertextuality, which allow for macro analyses of the patterns in language use that reflect the ideologies of speakers. Chapter II is a characterization of the radio call-in program *Loveline*. In that chapter, other discourse studies are examined in order to characterize the kinds of talk taking place on the program. Chapter III is a presentation of the topics that callers to *Loveline* introduce, and highlights how women and men who call the program behave differently in their interactions with the hosts. Chapter IV is a presentation of how sexualities are managed by the hosts of *Loveline*, both in their interactions with callers and in discussions that are not explicitly caller-oriented. Also presented in that chapter is the differential treatment given by the hosts to women and men who call the program. Chapter V is the conclusion to this thesis.

## CHAPTER II

### CHARACTERIZATION OF THE TEXT

#### 2.1 Introduction

This research examines the attitudes about gender and sexuality naturalized as part of the advice on the radio call-in program *Loveline*. This chapter provides an overview of previous theoretical work that informs the characterization of the program as an advice-giving text and the analyses in the next two chapters. In doing so, this chapter provides a consideration of other research and builds on relevant studies. Considerations of other research are matched with a close analysis of *Loveline*. References to relevant studies and theories are incorporated in the characterization of the text.

#### 2.2 Discourse(s)

This thesis uses DA to examine reoccurring patterns of language and how those patterns reflect the ideologies of speakers. Speakers express meaning in various ways. Meaning is conveyed, 'not by single sentences but by more complex exchanges, in which the participants' beliefs and expectations...and the situation in which they interact, play a crucial role' (Crystal 1997:116). This research is informed by the Foucauldian sense of discourse(s), or the discursive construction of reality (Foucault 1972; Fairclough 1992; Wright 2000; Cameron 2001). Foucault has been influential in the work of many discourse analysts, and the following quote from Deborah Cameron (2001:16) exemplifies the value of using such an approach:

In the modern age, Foucault points out, a great deal of power and social control is exercised not by brute force or even by economic coercion, but by the activities of 'experts' who are licensed to define, describe and classify things and people.

In the Foucauldian sense, discourses are 'historically constituted social constructions in the organization and distribution of knowledge' (Talbot 1998:151). Discourses change over time and vary according to those in positions of power.

An interesting feature in these data is the multiple discourses, many times concerning the same topic, being performed at any one time. As mentioned in Section 1.5.3, Pinsky, as an addiction medical specialist, uses the discourse of a medical interaction when addressing callers' questions about illicit drug use. The other host, Adam Corolla, is a comedian and an admitted drug user. His discourse has to do with drug use as a recreational activity and as a marker of in-group status. Corolla uses humor, often at the expense of callers, to provide a sort of peer-based advice, as well as to entertain the audience. The competing discourses of medicine and humor create a unique advice-giving situation. What is especially interesting is that these discourses, and the hosts who use them, work collaboratively to provide a unified front. Their discourses are collusive in that they carry the same message, though in seemingly dissimilar ways. Though the hosts might seem, on surface examination, to be quite different in their aims and strategies in this speech activity, they often co-opt one another's discourse. Corolla will use medical terminology, and Pinsky will make humorous remarks.

On a superficial level, the show, in its own presentation and in articles and reviews about it (Petrozzello 1996; Van Boven 1998; Gruenwedel 2000; Raskin 2000; Westwood One 2001), creates a pretense wherein one host, Adam Corolla, is expected to be humorous and the other, Dr. Pinsky, is expected to be serious, the voice of reason. Pinsky is a medical doctor. He is married, and the father of triplets. However, often his

comments, usually uttered at a lower volume than those of Corolla, are as derisive as his cohost's (line 40, Excerpt 5, Chapter IV).

Discourse shapes the world about which it speaks. Though Pinsky is a trained specialist in chemical dependency, much of the talk on *Loveline* has to do with sexuality, not drug use. In talking about sexuality, 'the "reality" of sex does not pre-exist the language in which it is expressed, rather language *produces* the categories through which we organize our sexual desires, identities and practices' (Cameron and Kulick 2003:18). The kinds of talk done in advice-giving reinforce this view of the social function of language because advice is a normalizing discourse. This view of discourse emphasizes its relationship to power.

### 2.2.1 Language and Power

Language can be used to dominate others and maintain the status quo. In reference to research on gender and sexuality, the current thinking is that certain groups, namely, but not exclusively heterosexual men, use discourse to maintain their positions of power. On *Loveline*, Pinsky and Corolla use the discourses traditionally associated with interactions among heterosexual men, such as holding the floor through monologues and using minimal conversational contributions to assert authority (Kiesling 1997, 2002). For this analysis, though, it is more relevant that the hosts' displays of power are functions of the medium in which they are talking and the other discourses to which they are privy. For example, Corolla's comedic monologues illustrate the generalizations that men tend to hold the floor more and make more jokes than women (Edelsky 1993; Coates 1997, 2003). The overt function of these monologues, though, is not to engender the discourse in a display of masculine dominance, but to provide the comedic element of the program.

Such a display is 'associated with playing the expert' (Coates 1997:110), yet that is precisely the role any advisor plays in the context of advice-giving because it is an expert discourse. Corolla's "playing the expert" is not a function of being male or enacting masculinity, but rather a function of taking an authoritative stance in the discourse.

Radio is an especially salient medium for advice-giving. It reflects the intersection of institutional and everyday language. Radio call-ins are useful environments in which to examine issues of gender and sexuality in relation to the exercise of power through language because these issues are not obscured by institutional roles (McElhinny 1997). That is, the exercise of power cannot be solely attributed to its being a function of the institution, as with doctor-patient interaction or therapy. Instead, what is revealed is how institutional roles of authority are maintained in the everyday discourse practices of expert groups. Call-ins provide the additional features of evidenced interaction between expert groups and their audiences.

### 2.3 Radio

Many scholars involved in linguistic studies have used radio as a medium of study. Ian Hutchby applies conversation analysis techniques to study arguments and power relationships in radio call-in programs (1996, 1999). Though Hutchby focuses on arguments in the kinds of radio talk typified by political and news programs, his point is central to a discussion of radio advice shows. He is often cited for his analysis of the organization of turns in talk radio. The highlight of his claim is that callers to radio programs are placed in subordinate positions to hosts because they speak first. Callers introduce topics, and hosts, who have second position, are entitled to question or disagree with caller claims. 'Going first means having to set your opinion on the line, whereas

going second means being able to argue merely by challenging your opponent to expand on or account for his or her claims' (Hutchby 1999:578). Callers are never in control of the topic or the talk, even when they have introduced the topic under discussion.

This recalls the power displays studied in family dinnertime narratives, wherein protagonists (the principal characters of narratives) are 'exposed to familial scrutiny, irony, challenge, and critique' (Ochs and Taylor 1995:101). Callers to radio programs take on the roles of protagonists in the interactions. Hosts, who act as primary recipients (the participants to whom the narrative is primarily oriented), are in positions 'to evaluate, reframe, or otherwise pass judgment on both the tale and how it is told' (Ochs and Taylor 1995:106). Like the fathers in Ochs and Taylor's study, the hosts "know best." Their relationships to callers are ones of familiar familial power asymmetry, enhanced by the medium of radio. This is especially true on *Loveline* where callers are generally younger (preteens, teens and young adults) than Pinsky and Corolla. Many callers to *Loveline* do not have fathers in their homes, and "where's your dad?" is a common question from Corolla. At any rate, both hosts, as advice givers, hold unassailable positions of authority, just as parents do (or rather as we assume they do). This authority is made easier to maintain via the production aspects available to participants who interact within the medium of radio.

### 2.3.1 The machinations of the medium

Jackie Cook (2000) repeats the idea that the roles of participants in talk radio are inherently asymmetrical, but she concentrates on how the aspects of production account for this disparity. Listeners are so accustomed to radio that they forget the machinations of the medium: 'Radio has its own distinctive techniques for selection, regulation, and

transformation of talk, all the time constructing myths about itself- representing itself as immediate, spontaneous, low-tech, accessible, democratizing and "real" (Cook 2000:61). However, there is no real democracy or accessibility for callers. Hosts of radio talk programs are in positions of power, not only because they have privileged second position, but because they can physically obstruct callers' contributions. In face-to-face communication, it can be difficult to disengage from uncomfortable or hostile exchanges. In radio talk, the hosts, or perhaps more accurately the producers or engineers, need simply to push a button to displace callers who offend, disagree or otherwise aggravate them. The management of calls to a radio program mirrors the management of speech in face-to-face talk in that those who hold positions of power control the interaction.

Elinor Ochs and Carolyn Taylor note that 'of critical importance to all gender research is the idea that gender ideologies are closely linked to the management of social asymmetries' (1995:97). In radio talk, asymmetries are doubly managed, through talk and through the medium. The effects of this management are reinforced when the interactions are ongoing, as they are on *Loveline*, which is broadcast five nights a week and has been on the air for more than 20 years. As Ochs observes, 'gender hierarchies are socialized, sustained, and transformed through talk, particularly through verbal practices that recur innumerable times in the lives of members of social groups' (1992:336). The participants in the program, the hosts, callers, and audience, compose a "social group" in light of the duration and regularity of the program's broadcast, the strength of the interpersonal relationship between Pinsky and Corolla, and the numerous callers who identify themselves as "long time listeners." Regular listeners to call-ins become quite familiar with the hosts and other on-air participants. Hutchby terms this

'intimacy at a distance' (2001:84). This reinforces Cook's assertion that the medium of radio becomes 'immediate [and] spontaneous' for listeners (2000:61). The management of social relations within the institutional discourse of radio call-ins may seem no more overt than the management of these relations in face-to-face interactions. However, the effects are multiplied because the talk is public and 'spread...across all layers of social space'(Cook 2000:72).

Cook found that the male host of an Australian talk show portrayed himself as an 'unassailable masculine authority' (2000:72). The host used a chauvinistic, patronizing interactional style with his female staffers and combative tactics with male callers who disagreed with him, thus subordinating both women and men who did not assent to his point of view. For example, when introducing his producer, Shirley, into an interaction with a male caller, he referred to her as 'the lovely Shirley' and asks her for 'another cuppa tea' (Cook 2000:71). As producer, Shirley was professionally equal in power to the host. Yet he managed her role in the program, first by introducing her into the talk, then by calling her "lovely" and asking for a "cuppa." The host patronized her and reduced her to a 'tea maker to the star,' while lessening her role in the global environment of the program to one of local, domestic support (Cook 2000:71).

Important to this thesis is 'the role that radio can play in the constitution of masculinity' (Cook 2000:72), femininity, and sexuality. In Cook's analysis, the host of the Australian call-in program constructed an image of masculinity as dominance, playing his role of dominant male in a public space. The same is true in the analysis offered in this study. Pinsky and Corolla use their positions of power to dominate the talk (as is expected of hosts) and to subvert attitudes about gender and sexuality with

which they do not agree. In turn, their attitudes are reflected by callers. As will be shown in Chapter III, most male callers portray themselves within the confines of (appropriate) masculinity as defined by the hosts. Male callers who do not conform to these expectations are ridiculed. Female callers are not as well-defined in terms of constitutive social roles because the hosts do not enact femininity. They treat women as victims, problems, and objects of male sexual desire. The public space of a radio program, especially one in which the public has a role in the interaction, construes essentialized notions of gender and sexuality as equated 'with dominant social values' (Cook 2000:72). The public voice influences the private mind.

### 2.3.2 Motivations of participants in radio talk

With call-in advice shows, the topics under discussion are the problems of individuals, or, better, the potential problematization of individuals themselves. Yet callers to radio programs view these texts as helpful because the premise for many of these programs is advice-giving, which is done free of charge and with the option of anonymity for callers. Whereas in traditional forms of talk such as therapy or counseling the discourse is patient or client focused, in radio talk the discourse is host focused.

Jennifer Stevens Pappas (1989) examined medical discourse in a radio context. Her summation of the goals and expectations of the participants in her study closely parallels this study. Pappas states that moderators (the non-medical professionals who host the programs) view the purpose of these programs as one of entertainment combined with education. Their concerns are with engaging 'the interest of the listening audience' (Pappas 1989:96). The physicians who participate view these programs as opportunities 'to display professional expertise' and to promote their profession, specialties, or

'affiliated institutions[s]' (Pappas 1989:96). The public, commercial motivations of the hosts (moderators, producers, guest experts, etc.) are important points to consider in evaluating advice-giving in radio programs. Callers to radio programs disclose intimate information pertaining to personal problems or concerns, with the hope that explanations or resolutions will be provided on these matters. Hosts usually spend time eliciting more information in order to clarify callers' questions. These features are akin to the speech activities of therapy and counseling (Labov and Fanshel 1977; Gaik 1992). Unlike therapy or counseling, though, radio talk does not allow callers, who fulfill similar roles to those of patients or clients in other settings, the time to negotiate their concerns. Because 'satisfying the concerns of individual callers may be less of a priority than educating listeners about medicine' (Pappas 1989:96), the medium enables advice-givers to treat individual problems as global ones. That is, no caller, or caller question, is unique to the hosts.

### 2.3.3 The effects of time constraints on categorizations in radio talk

Because of the time constraints inherent in the production of a radio program, categorization and global generalization are necessary in moving the flow of talk. The categories and generalities created and practiced by hosts of radio call-ins are intended to extend from the individual caller to the audience. While this is advantageous in meeting time restrictions, as well as in making the advice applicable to listeners with similar problems, it means that the messages of hosts and/or advice-givers, which are (to repeat Cook's assertion) 'spread...across all layers of social space,' are thus equated 'with dominant social values' (2000:72). DeCapua and Dunham label this 'global advice'

(1993:527). The assumption behind this label is that listeners apply the advice given to others to their own situations, while accepting the authority behind it.

One of the most "dominant social values" concerning sex and gender is that they are treated and perceived as binary categories (Bing and Bergvall 1998). These are certainly the values expressed on *Loveline*. Female and male callers are confined to narrowly prescribed roles. Through advice-giving discourse, the hosts construct opposing categories for callers: female/male, feminine/masculine. Such a 'dichotomous picture of gender is problematic because it overstates similarity within each of the categories so designated, and understates similarities across these categories' (McElhinny 2002:113). McElhinny makes the point that it is not so important to ask what the differences are between women and men, but to ask how these differences are constructed. In the discourse of advice-giving, at least within this program, women and men are categorized as separate, mutually incomprehensible beings. Men are defined in terms of masculinity as deemed appropriate by the hosts. Women are ill-defined and regularly problematized; they are the causes of their own problems and of men's problems. What interests me is not only how the hosts sustain these dichotomies of gender, but also the roles callers and the audience play in reflecting the hosts' prescriptions.

#### 2.3.4 The relationship between callers and the audience

An additional feature of radio talk that is important to emphasize is that listeners associate themselves with callers. Though not 'official participants[s]' (Goffman 1981:131), listeners are encouraged to identify with callers precisely because the advice offered on radio programs is global in nature. There is also the sense of 'caller-on-

behalf-of-all-listeners' (Cook 2000:63). The belief that callers and audience members are on equal footing as ratified participants in the talk is essential in understanding the effects of radio advice in creating and enforcing normative behavior. If audience members believe that what is appropriate for an individual caller is also appropriate for them, they take part in self-categorization. While the advice-giving discourses of the hosts of *Loveline* systematically define and enforce gender roles and normative sexual behavior, caller (and thus audience, as the two are tied together) participation ratifies these discourses. This collusive element of categorization is a unique aspect of the context of radio call-ins, and one that further distinguishes this type of advice-giving discourse from other texts.

## 2.4 The texts of *Loveline*

*Loveline* is comprised of multiple text types, including doctor-patient interaction, therapy, counseling, advice-giving, humor, and celebrity chat. In this section, I will only address the first four texts. Doctor-patient interaction and therapy texts are appropriate for an examination of language, gender, and sexuality because 'the kinds of expert discourse which have historically been most influential in shaping modern classifications of sexual desire, practices and identities are those of medicine...and social scientific disciplines such as psychology' (Cameron and Kulick 2003:23). In this section I will focus briefly on doctor-patient interaction, therapy, and counseling; I will more fully address advice-giving in Section 2.5 of this chapter.

### 2.4.1 Doctor-patient interaction

Ruth Wodak argues that there is a 'frame conflict' (1997:177) between the medical and lay worlds. A person who visits a doctor sees himself as a unique individual.

His medical concerns are new to him, or at the least, he lacks sufficient knowledge and experience to self-diagnose. A doctor who sees this man will treat him as a patient, using her previous knowledge of and experiences with other patients to guide her diagnosis. One conflict that arises in doctor-patient interactions concerns expectations for what kinds and amounts of information will be communicated by the participants. Other linguists have pointed this out as well (Tannen and Wallat 1999).

Medical discourse has short and swift communicative goals. The same is true for radio talk. The text of doctor-patient interactions informs this analysis for two reasons. One is the issue of the time constraints that doctors place on their interactions with patients and the role these constraints play in generalizing about patients' problems. The other is the issue of asymmetrical positions of power inherent in the doctor-patient relationship.

As mentioned, medical discourse prefers, or at least is typified by, limited interactional communication. Time constraints enable generalizations by doctors, who use background information knowledge to expedite their interactions with patients. Wodak describes this as part of 'the myth of efficiency' (1997:193). Doctors use their previous experiences with other patients to save time, the idea being that they can associate one patient's problem with another's. Saving time is important in radio advice-giving because hosts want to attend to as many callers as possible. In doing so, they make global generalizations (which is necessary in some cases). For example, someone who has a disruptive cocaine habit will likely suffer from the same physical effects as any other person who abuses that drug. The emotional and psychological reasons for that individual's choice to use cocaine, however, should not be assumed to be the same as any

other cocaine user. Yet, the hosts of *Loveline* often make assumptions about the reasons for the behaviors or activities in which caller's engage. Because generalizations and global categorizations are acceptable outcomes of medical texts, when they occur in the advice-giving of this radio program, the consequence is that these activities go unchecked. The advice offered on *Loveline*, because one host is a medical doctor, is easily accepted as authoritative "common sense."

Medical authority contributes to the asymmetrical relationship between doctor and patient. This asymmetry is enacted in several ways. There is the difference in registers, wherein doctors use a 'power register' to which patients do not have access (Wodak 1997:179). On *Loveline*, Dr. Pinsky's education and professional status maintain an asymmetrical relationship that is typical of doctor-patient interactions (ten Have 1991:141). There is also the fact that doctors treat patients as subjects under discussion rather than as contributors to the discussion. Medical interviews have 'the structure of a transgression, an infringement' (Young 1999:428). Young eloquently delineates how medical discourse attempts to allay this threat: 'Medicine constitutes a separate realm in which the body as lodgement of the self is transformed into the body as object of scrutiny: persons become patients' (1999:429). Though *Loveline* includes some aspects of doctor-patient interaction, such as diagnosis through generalizations and asymmetry of status, callers do not become patients because they are not physically present in the interaction and because they are limited in how they can interact with the hosts (to a greater degree than is the case with medical interviews). The "transgression" of the radio interview is not deflected because there is no corporal object under scrutiny. The "infringement" of the self is done without redress. Ultimately, because of the technological control

available in the medium of radio, the hosts have control over the interaction to a much higher degree than a doctor does in a medical interview. Young observes that patients are 'complicit' (1999:429) in the "transgression" and "infringement" of the medical examination because they reveal themselves to *the other*, the doctor. In the same way, callers to *Loveline* are "complicit" because they call the show, but they have little to no control over the interaction. The program, unlike a medical interview, is not about them, but about *the others*, Adam and Dr. Drew.

Jan Wright (2000) has also looked at 'embodied subjectivity, where those social practices which form selves work through language and material practices to locate individual subjects in relation to institutional and cultural discourses' (2000:152). Wright studied the discourse of a physical education lesson, concluding that such an interaction constructs ideologies of bodily behavior and their relations to social interactions. Like medical interviews, physical education lessons place the body under scrutiny. Educators, as those in positions of authority, decide what is normal, create binary categories of meaning, and construct generalizations about these classified groups. Students are told how to properly execute exercises, with some exercises more appropriate for girls and others more suited to boys. From these dichotomies, distinctions between what physical tasks girls and boys respectively perform well are institutionalized in the discourse of physical education.

Such discussions of the body, what is normal for the body to do, and what behaviors and practices are normal for people to engage in with their bodies, comprise much of the talk on *Loveline*. Additionally, the asymmetrical relationship inherent in an educator-student interaction, which often entails a discrepancy in age, is the same for

*Loveline*. The callers and audience act as students of Pinsky and Corolla. As with doctor-patient interactions and physical education lessons, *Loveline* is a text in which experts naturalize physical normality through the dominant discourses associated with their positions of authority. In the same ways these discourses regulate the body, other discourses regulate the mind.

#### 2.4.2 Therapy

In therapy, 'help will be given only through further talk. Unlike the lawyer or the doctor, the therapist will not give the patient advice on what to do' (Labov and Fanshel 1977:31). Therapy and advice-giving are not the same kinds of speech activities. The purpose of this section is simply to delineate the differences in order to illuminate how ill defined advice-giving has been in discourse analysis, and to be able to characterize *Loveline* as an advice-giving activity.

Unarguably, the most famous linguistic study of therapy is Labov and Fanshel's 1977 work, *Therapeutic Discourse*. *Loveline* does not meet the criteria for therapy, at least in reference to the conclusions found in Labov and Fanshel's research. To begin with, the hosts of *Loveline* do not have ongoing relationships with individual callers in the sense that they do not have access to each caller's life history. Secondly, where therapists prefer a non-direct role, which allows patients to engage in self-analysis through introspection (Labov and Fanshel 1977:32), Pinsky and Corolla consistently use directives. Furthermore, therapists do not attempt to build solidarity with patients (1977:32), as Corolla often does. He refers to his own experiences with drug use, his predilection for pornography, and his frequent masturbation, all of which are popular topics with callers. It is also the case that, in therapeutic interactions, the therapist hopes

to aid the patient in identifying the causes of negative or otherwise troubling feelings and behaviors. On *Loveline* the hosts often define these causes for callers, rather than letting them discover them for themselves. One feature that therapy and the advice-giving on the program share, though, is that callers offer 'verbal resistance' (Labov and Fanshel 1977:34). Callers assume they are experts about themselves, their feelings, their experiences, etc. Yet in the program, as in therapy, *the other* is the expert to the point that contradiction, correction, and challenge become features of advice-giving. It is built into the discourse that callers (patients) can and should resist; however, the difference lies in that therapy is private and radio talk is public.

As mentioned previously, because of the format, individual callers are not granted much time with the hosts of advice call-in programs. Radio necessitates rapidity. From this rapidity, one might assume that all callers are treated equally in order to facilitate the global aspect of the advice-giving. However, as my analysis will show, women and men receive unequal treatment concerning the causes and solutions to their problems. Pinsky and Corolla quite differently diagnose women and men with similar problems. A woman will be prodded to disclose ever increasingly intimate information until the hosts reveal that she is a victim of past abuse, however minor the abuse or her initial concern. The solution to women's problems is usually therapy. The hosts, though, readily accept denial of abuse from male callers. A common solution to male callers is "to get over it." This focus on solutions, often realized through directives, makes advice-giving on *Loveline* more like counseling than therapy.

### 2.4.3 Counseling

Talk show advice-giving is similar to a counseling session in that it is 'a process designed to help a person answer the question "What shall I do?"' (Gaik 1992:276). Counselors attempt to build solidarity with clients. Corolla builds solidarity with callers through his use of vernacular language, slang, and references to pop culture, pom, and illicit drugs. However, these tactics also serve his comedic discourse. In building solidarity with callers, Corolla's role on *Loveline* is similar to a counselor. The exception in this case, though, is that the counselor, Corolla, is the focus of the discussion, not the client/caller. The program also differs from counseling texts in that a feature of these interactions is that advisers expect 'to provide emotional support through discussion, introspection, and advice' (Gaik 1992:273). Again, the limitations of the medium and the format of this genre do not provide time for "discussion" or "introspection." For these reason, I prefer to consider *Loveline* an advice-giving activity.

### 2.5 Advice-giving

Advice-giving is a useful model for examining issues of normalization, naturalization and dominant discourses. In coming to a conclusion about these issues, my first task is to look at various components of advice-giving interactions in order to characterize it adequately as an independent text. Such components include the roles of advice-givers, the expectations of participants, a definition of advice-giving interactions, a characterization of the strategies used by advisors, and lastly the functions of these strategies in the discourse of advice-giving. Additionally, specific to this examination is the interdiscursive nature of the advice given on *Loveline*. Advice-giving is 'often embedded in other contexts' (DeCapua and Huber 1995:117). This underscores its

intertextual nature, as participants see advice as part of medical, therapeutic, and conversational exchanges. Advice is also often the primary focus of texts like advice columns, etiquette guides, and, of course, radio talk shows.

### 2.5.1 Roles in advice-giving interactions

In this research, the advice givers are Dr. Drew Pinsky, addiction specialist, and Adam Corolla, comedian. Tangentially, guests on *Loveline* also offer advice, but as individual guests are not regular participants, their roles in the advice-giving interactions on the program will only be considered where notably relevant.

Andrea DeCapua, with her colleagues Lisa Huber and Joanne Dunham, has studied advice-giving on radio talk shows. DeCapua and Huber examined how participants allocate 'the roles of authority and expertise' (1995:119). Both giver and seeker presume the giver's authority. Credibility is based more on a seeker's perception of expertise than any social, medical, legal or educational credentials bestowed upon an advice giver (DeCapua and Dunham 1993:520). Thom Hudson echoes this, and adds that because the advisee has asked, 'the advisor is defined as an authority' (1990: 286). In a later study, DeCapua and Huber report that 'in all advice, greater knowledge or understanding of a problem and its solution is assumed by advice-givers' (1995: 120). On *Loveline*, aside from their actual credentials, Corolla and Pinsky have privileged positions of authority. This assumption distinguishes advice from medical, therapeutic, and counseling discourses in that authority need not be based on institutional criteria, such as academic degrees or formal training.

DeCapua and Dunham argue that the role of the advice-giver is to help seekers clarify problems and options, provide direction on implementing solutions, and offer

reassurance for any decisions the seeker has already made (1993:526). Their argument recalls therapeutic texts in that clarification is central, and counseling texts in that direction is provided. However, it still leaves advisors' roles open to interpretation. Medical patients expect doctors to provide expertise in matters pertaining to health and the body. Psychological patients expect doctors to provide expertise in matters relating to the health of the mind. Counseling clients expect guidance on issues of personal and interpersonal relationships and concerns. Callers to radio advice programs, or at least to *Loveline*, expect all these things and more. Because their roles are not clearly defined, advice givers are free to be experts on any area of inquiry; their roles are to be experts about everything. The implication is that the roles advice givers play are those of unquestionable authorities. Radio enhances this implication because advisors on radio programs can easily terminate their interactions with callers who disagree with them, or who have questions they cannot answer. Radio eliminates an advice seeker's ability to negotiate her contribution to the interaction. This interferes with the successful achievement of her goals for the event because, as mentioned previously in Section 4.1, the discourse is about *the others*.

### 2.5.2 Expectations of participants

Whether solicited or unsolicited, participants have expectations for the outcome of an advice-giving interaction. As with medical, therapeutic, and counseling interactions, the end goal is a resolution or solution to some problem. The radio call-in context complicates this matter because advice must be judged as appropriate and credible by the caller and by the audience. Ratings are important in any media outlet, and because of this

commercial aspect, the hosts of radio call-ins are constantly aware of their obligations to meet caller and audience expectations.

A second look at Pappas' account of the motivations for the moderator, physician, and callers in her study (1989) provides a useful characterization of the expectations of participants in call-in advice shows. Central to the expectation of the moderator of a radio program is that the content will engage listeners to an extent that the program is financially successful. Pappas defines a moderator as the participant 'who manages the introductory greetings and the closing acknowledgements' (1989:96). Corolla fulfills this role on *Loveline* because he opens and closes calls to the program. His expectations are more blatantly tied to economic motivations because of his profession. As a comedian, his success is determined by audience approval. This is also true for Pinsky, a frequent contributor to various media outlets and a regular speaker at colleges and universities. However, Pinsky is a practicing medical professional. His services to *Loveline* may not seem overtly commercially driven in that it is a common assumption in the United States that medical doctors are paid well and thus have no need for outside employment. Though both hosts offer advice, Pinsky has professional expectations tied to that advice. The individual motivations of the hosts reflect their (surface) expectations for the interactions: to entertain and educate.

Caller motivations are more difficult to surmise. Pappas contends that callers to radio programs expect 'an opportunity to obtain free diagnostic and therapeutic advice including the possibility [of] referrals to medical practitioners' (1989:96). The economic factor is important, as a free telephone call (1-800-LOVELINE) is more accessible to callers than a costly doctor's visit or therapy session. Callers also value the option to

remain anonymous, which permits the introduction of topics they may consider too sensitive to discuss with their own doctors. Callers to *Loveline* often address taboo topics in American conversation, such as sex and illicit drugs, made more taboo by their ages (ranging from preteens to young adults). Radio programs like *Loveline* provide a forum in which callers feel free to discuss intimate topics without the potential threat a face-to-face interaction with familiar authorities may produce.

### 2.5.3 A definition for advice-giving interactions

In characterizing advice-giving as a text type, it is necessary to account for the other texts that influence it. Previously mentioned texts are doctor-patient interactions, counseling, and therapy. These texts do not provide a sufficient basis for my analysis because of the ways in which they differ from advice-giving and because the advice given on *Loveline* contains other texts, such as humor and celebrity chat. Because of its intertextual quality, it is of use to ground it with its own definition, and in reference to the medium of radio. Thorn Hudson (1990:285) describes advice-giving activities in the following way:

Advice giving encounters would appear to be potentially tricky interactions to negotiate. They involve someone either assuming or being given the role of advisor and at least one other person assuming or being put in the role of advisee. The advisor role may involve the proffering of advice about the advisee's past behavior, morals, projected behavior, habits, or any number of personal or impersonal topics...advice may be presented in several direct or indirect speech acts.

Hudson's definition is useful in my analysis because he bases his claim on research he conducted on a radio call-in show. His definition provides a good starting point for further exploration of advice-giving, especially within the medium of radio.

Hudson uses three basic constructs to describe the delivery of advice: someone is asked for advice; advice is given as part of a conversational exchange; the realization of the advice is directed towards the future (1990:286). John Heritage and Sue Sefi also describe advice as 'explicitly future oriented' (1992:368). Hudson asserts that the speech activity of advice-giving extends beyond a single speech act and has a 'global purpose' (1990:286). The idea that advice has a "global purpose" is central to defining advice-giving interactions on radio call-in programs.

The hosts of *Loveline* offer solicited, public advice. As mentioned in 2.3.3. DeCapua and Dunham call this 'global advice' (1993:527). Because radio advice-giving is public discourse, advice is given to the individual caller who prompts the discussion and to the audience at large. Listeners who share similar concerns feel assured they are not alone. At the same time, because of the strategies used by advice givers in public discourses, advisees also feel this assurance.

#### 2.5.4 Advice-giving strategies

Advice-giving relies on generalizations. On the radio, generalizations are facilitated by the notion of global advice, that what is applicable for one is applicable for all. This mirrors medical discourse, where doctors apply their learned knowledge and previous experiences to new patients or medical conditions. In medical interactions, 'advice could be expressed as a "factual generalization"' (Heritage and Sefi 1992:369).

It is appropriate for one of the hosts, Pinsky, to use generalizations in this way. As a trained medical professional in chemical dependency, he brings specialized knowledge to the interaction. A caller who has a question about the effects of smoking marijuana can trust that Pinsky has the endorsed educational and practical knowledge and

experience to answer his question to a satisfactory degree. In such a case, generalizations allow Pinsky to attend to the public and commercial nature of the discourse by quickly answering the caller's question, (re)educating the audience (as this is a common question), and moving on to another caller. Pinsky and Corolla use generalizations in giving advice concerning most issues discussed on their program. Like doctors, they base their diagnoses of new callers on their previous interactions with other callers. Whether the topic is marijuana, masturbation, herpes, problems in romantic or familial relationships, etc., Pinsky and Corolla are the experts.

## 2.6 Chapter summary

Advice-giving replicates many of the features of other texts in which asymmetrical relationships influence and are influenced by discourse. It is similar to doctor-patient interactions, therapy, and counseling. The defining characteristic of advice-giving that separates it from these other texts is that the authority of the advice giver need not be ratified by educational or professional qualifications. Furthermore, what distinguishes radio advice from other authoritative discourses is its global stance. Power is enacted among an infinite number of participants. In viewing the relationship between language and power, radio call-ins are unique. One can examine how those in power, the hosts of radio programs, construct ideologies and categorize the world, and can also examine how those most likely to be affected by those ideologies present themselves within the interaction. Chapter III examines how callers present themselves to the hosts by looking at what topics are most frequently introduced by callers.

## CHAPTER III

### CALLER PRESENTATION AND TOPIC INTRODUCTION

#### 3.1 Introduction

Callers to *Loveline* are not restricted in what topics they can introduce on the program. They are only asked to "get your problems ready" during commercial breaks in the broadcast. The first purpose of this chapter is to contextualize the program in relation to what kinds of topics are introduced by callers. In doing so, this chapter sets up the analyses in Chapter IV in that readers will be more familiar with the context in which the hosts of the program give their advice. The second purpose of this chapter is to attend to caller participation in the construction of normative ideologies of gender and sexuality. The data from this chapter are based on the local analysis of ten, two hour long, episodes of the program.

#### 3.2 Preliminary definitions

I am using *sex* and *gender* as is currently conventional in language and gender research. That is, *sex* refers to biology, being born with certain sexual organs and genetics, and *gender* refers to the cultural constructions related to expectations of outward manifestations of *sex*. In my data, *sex* and *gender* are bipolar categories. *Sex* is composed of females and males. *Gender* is composed of feminine/women and masculine/men. This is not my conception of these terms, but how the participants in the program treat these concepts.

*Sexuality* refers not to sexual orientation, but rather encompasses the range of desires, identities, and practices available to humans (Cameron and Kulick 2003). Caller topics that pertain to sexuality comprise a broad category designation. Such topics

include questions about sexual behavior with and without partners, fetishes, and contraception, as well as normative evaluations of various other aspects of sexuality.

### 3.3 Description of the data

The data for the analyses in this chapter are comprised of 135 caller topics from 121 callers. Some callers submit more than one topic for discussion and thus there is a disparity between the number of callers and the number of caller topics. The data represent 68 calls from women, who introduced 73 topics, and 53 calls from men, who introduced 62 topics. Women comprise 56% of the callers, and introduced 46% of the caller topics. Men comprise 44% of the callers, and introduced 54% of the topics. Callers and caller topics will be differentiated in the discussion.

Topics are represented by percentages and divided into four main categories: *Sexuality*, *Health*, *Interpersonal Concerns*, and *Other*. Finely delineated subcategorizations of caller topics would be difficult because of the range of caller concerns and because many callers have questions that cross multiple categories. For example, one caller phones because he has recently "come out" as a gay man. His question for the hosts is where he can meet other gay men for friendship and romantic relationships. In this call, the topic would be difficult to subcategorize because he begins his call by introducing topics under the category *Sexuality*, namely identity and desire, when he identifies himself as gay. His call then touches on the category of *Interpersonal Concerns* because he is seeking advice about friendship and community. Additionally, once introduced by callers, the hosts are free to change topics during the interaction. This happens very frequently. For example, Kristin, 14, calls the program with a question

about her husband's penis, which has a small tear in it.<sup>1</sup> Very quickly the hosts turn the topic of discussion away from her husband's penis. They instead direct the conversation to questioning the caller about her marital status. Though the hosts do provide a provisional diagnosis for Kristin to share with her husband, they return to their inquisition of the caller after doing so, prodding her with additional questions about her marriage, whether she uses birth control, and why her parents would allow her to marry at 14,

Broad subcategorizations are used to characterize caller topics, and these subcategories are explained and illustrated in the analyses. For example, the subcategorization *Sexuality - Reproductive Health* includes caller topics that have to do with pregnancy, contraception, sexually transmitted diseases (STDs), and sexual or general health practices that could jeopardize one's reproductive capabilities. The analyses in this chapter will attend primarily to topics in the *Sexuality* category and the differential behaviors of women and men who call the program.

### 3.4 General findings

Most women who call *Loveline* introduce topics that are other-centered. These topics include concerns about romantic and familial relationships, and also questions that ask for normative advisement of sexual practices that require a partner. Most men introduce topics that are either impersonal or self-centered. They make jokes, respond to discussions in previous programs, or ask questions about their penises. Table 1 represents the percentages of the total of caller topics (135). The topics are divided by category and gender of the caller who introduces the topic. For example, a woman who calls with a question about sexual desires will be cross-represented in Table 1 under *Women-Initiated Topics* and *Sexuality*.

<sup>1</sup> The transcription for this call is found under the excerpt title *Kristin, 14* on pages 107-110 of Appendix A.

Category	Women-Initiated Topics		Men-Initiated Topics	
	<i>Total</i>	<i>Percentage</i>	<i>Total</i>	<i>Percentage</i>
<i>Sexuality</i>	34	27%	19	13%
<i>Interpersonal Concerns</i>	17	13%	4	3%
<i>Health</i>	7	5%	3	2%
<i>Other</i>	15	11%	36	26%

Table 1: Percentages of Total Caller Topics

Women introduce more topics about sexuality and interpersonal concerns, such as relationships with other people. Men primarily introduce more topics that fall under category *Other*, which are impersonal and not advice-oriented. Though 13% of men-initiated topics are classified as relating to sexuality, most of these topics are self-oriented. This is in contrast to the nature of the topics in this category that are introduced by women, which tend to focus on sexual practices and desires that would involve a partner.

#### 3.4.1 Topics introduced by women

Women were more likely to introduce topics that were focused on their relationships with others (see Table 2). The topics most frequently introduced by women were questions about their romantic relationships with partners and concerns about aspects of sexuality that require or involve a partner in some sense.

Category - Subcategory	Total	Percentage
<i>Sexuality - Practices</i>	14	19%
<i>Interpersonal Concerns - Romantic Relationships</i>	10	14%
<i>Sexuality - Reproductive Health</i>	8	11%
<i>Sexuality - Desires</i>	6	8%

Table 2: Most Frequent Women-Initiated Topics

The most frequent topics that were initiated by women fall under the classification *Sexuality - Practices*. This subcategory of *Sexuality* is oriented towards sexual practices that require a partner, such as reaching orgasm through intercourse. The second most frequent topic classification introduced by women pertains to their personal, romantic relationships with partners. These topics include various questions. For example, Reannan calls for advice because a guy she has been dating has stopped calling her.<sup>2</sup> Topics under the heading *Sexuality - Reproductive Health* include questions about pregnancy, contraception, and fertility. The implication is still an orientation towards others as all of these questions presuppose sexual interaction with a male partner. The last heading listed in Table 2 is interesting. *Sexuality - Desires* might seem to indicate an orientation towards others. In the data, the topics are indeed oriented towards others, but not in terms of desire. Instead, the majority of the topics have to do with questions about the sexual desires of others. Four of the six caller topics that comprise this subcategory are questions about the sexual desires of the callers' partners. Two of the six calls are from women concerned about their partners' fetishes, and two are from women concerned about their partners' use of pornography. Only one third of the topics in this subcategory pertain to the sexual desires of the caller herself,

The findings in this section indicate that women who call *Loveline* treat the program as an advice text in that they present their concerns to the hosts and ask for help in finding resolutions to these problems. These women treat this program as a setting in which they can discuss intimate, and perhaps taboo, topics, especially those involving people who play significant roles in their lives. Women present themselves as people

<sup>2</sup> A portion of the transcription for this call can be found under the title *Reannan* on pages 106-107 in Appendix A.

who have problems and as people who are concerned about the problems of others. They also present themselves as concerned about their interactions with others.

### 3.4.2 Topics Introduced by Men

The majority of caller topics that men introduced had to do with impersonal topics such as playing *Germany or Florida* or addressing questions to the hosts or guests.

*Germany or Florida* is a game wherein callers read the hosts a news story and the hosts guess whether the location of the story is Germany or Florida. The premise for the game is Adam's belief that all weird things happen in one of these two locations. An example of a news story used for this game was the man who taught his dog the Nazi salute.

In reference to advice related topics, men were primarily concerned about their penises. In Table 3, the category *Sexuality - Penis* is the only one in which advice is sought.

Category - Subcategory	Total	Percentage
<i>Other - Question/Comment to Hosts (not advice-oriented)</i>	15	24%
<i>Other - Germany or Florida</i>	12	19%
<i>Sexuality - Penis</i>	7	11 %
<i>Other - Question/Comment to Guest(s)</i>	7	11 %

Table 3: Most Frequent Men-Initiated Topics

The most frequent topics initiated by men fall under the category *Other* and are not advice-oriented. The only classification in Table 3 that pertains to personal topics or advice-oriented talk is *Sexuality - Penis*. The results in Table 3 indicate that men who call *Loveline* do not treat the program as an advice text. Instead, they treat it as a forum

for general discussion. They do not present themselves as people with problems, though when they do present problems, they are self-oriented. In contrast to women, men display no concern for managing personal relationships.

The men whose calls are represented in the data call *Loveline* to make jokes, such as when they play *Germany or Florida*. These men also call to respond to discussions on previous programs. Two of the topics in the subcategory *Other - Question/Comment to Hosts (not advice-oriented)* came from callers who wanted to defend Yorbalinda, California. In a previous episode, Corolla had engaged in a monologue about Yorbalinda, complaining that it was too far away for the hosts to have to visit for a calendar signing. Four of the topics in this subcategory came from men who were, essentially, "playing the expert". The men who initiated these topics called the program to answer questions that had been introduced either by the hosts or previous callers. For example, George, 26, called to explain why Corolla prefers powdered creamer, as opposed to milk, in his coffee.

These kinds of calls suggest that men who call *Loveline* are trying to even the asymmetry between themselves and the hosts by treating the program as an ongoing chat and not as an advice text. They do not present themselves as problematic, and thus are not entering the discourse as people who need help. Because *Loveline* is offered as an advice-giving text, these men are not cooperating with the discourse expectations. More often than not, they attempt to present themselves as if they were on equal footing with the hosts. The men in this data attend overwhelmingly to the entertainment text of the program, behaving as if their roles in the interaction were more like hosts or guests than like callers. Their behavior is in sharp contrast to the behavior of the women, who primarily call the program to ask for advice. As the percentages of women (56%) and men (44%) who call and the percentages of caller topics introduced by women (46%) and

men (54%) are roughly equal, one wonders why the women and men in this data present themselves to the hosts in such disparate ways.

### 3.5 Chapter summary

The data presented in this chapter show that the topics most important to women include concerns for other people or concerns about their relationships. The most popular topics for women address sexual practices (aside from masturbation, which has its own subcategory), which are other-oriented because they necessitate being engaged in a sexual activity with another person. In contrast, the *Sexuality* topic most often introduced by men is their penises, a self-oriented inquiry.

The indication in this chapter is that women treat this program as a setting in which they can discuss intimate, and perhaps taboo, topics, especially those involving people who play significant roles in their lives. Men display no such concern for managing personal relationships. The majority of their caller topics fall under the category *Other*. Men do not treat the program as a forum for advice seeking.

The conclusion of the analyses in this chapter is that women and men who call *Loveline* behave differently because they attend to different texts in the program. In the next chapter, the behaviors of the hosts are examined. The question to be answered is whether the hosts treat callers according to how they represent themselves. Just as men and women treat the program differently, do the hosts treat men and women differently? If men do not consider the program an advice text, how do the hosts attend to the management of normative heterosexuality without addressing callers' questions about masculine desires, identities and practices?

## CHAPTER IV

### THE MANAGEMENT OF SEXUALITIES

#### 4.1 Introduction

This chapter presents a local analysis of the discursive practices used by the hosts of *Loveline* to construct and enforce their ideologies of gender and sexuality. The analyses in this chapter are based on 45 minutes of transcribed data. The hosts use various linguistic strategies to naturalize these ideologies, including, but not limited to, shifts in person deixis, generalized references, axiom markers, and metaphors. What is naturalized is a heteronormative view of gender and sexuality in the sense that 'heterosexuality requires gender differentiation' (Cameron and Kulick 2003:72).

The analyses in this chapter reflect the beliefs that compose such a view of sexuality. Women and men are placed in binary categories. Men are unable to control their sexual desires and women are the objects of these desires. Women are given little to no agency for their own desires in the data. Women are problematized to a much higher degree than men. Creating and maintaining these ideologies actually serves to diminish or obscure the advice-giving activity because the construction of norms only serves to categorize people. People do not want to fit into categories. The normalization inherent in advice-giving can actually confuse advisees because they are problematized within the interaction. In a sense, global advice feeds the need for advice-seeking because the discourse creates a world in which advisees (callers and listeners) view themselves as problematic.

#### 4.1.1 Sexuality: desire, identities, and practices

In the data, sexual desires, identities, and practices are intertwined. That is, certain desires and practices are only appropriate for certain identities, and certain desires and identities lend themselves to certain practices. Additionally, in the data, the construction of gender is tied to its placement within sexual relationships, and is constructed in relation to the sexual identities available to people. Therefore, in the analyses, gender and sexuality are not treated as two distinct topics of study, but as intertwined. Cameron and Kulick call this the 'special relationship' between gender and sexuality (2003:7). My interest is in examining how heteronormativity is constructed through the discourse of advice-giving. How is heterosexuality normalized? What is taken for granted? What attitudes and beliefs are treated as common sense, and how are these ideologies expressed by the hosts of the program? What generalizations about heterosexuality are made as part of advice-giving? This interest comes from the data, as most calls are from people in heterosexual relationships, but also because normative heterosexuality is less studied.

#### 4.1.2 Advice revisited

An expectation for advice seekers is the assurance they are not the only ones with problems (DeCapua and Dunham 1993; Bredmar and Linell 1999; Sarangi and Roberts 1999). Advisees are concerned with the question, "Am I normal?" Advice givers have the authority to judge what is normal. This is true for professional advice givers, such as doctors, therapists, and counselors, as an 'aspect of professional knowledge is the negotiation of what counts as "normal" or "deviant"' (Sarangi and Roberts 1999:36). In their introduction to an edited collection of studies into professional discourses, Sarangi and Roberts characterize information seeking interactions in the following way: 'ordinary

experiences elicited from clients and patients are glossed as deviant or normal by the professional voice and so are categorised as meaningful evidence to support both decisions made and professional authority' (1999:37). Because authority is assumed by advice givers, this negotiation of normalcy need not be based on professional knowledge.

#### 4.1.3 The advice on *Loveline*

On *Loveline*, Pinsky is professionally knowledgeable about chemical dependency and physical manifestations of drug use on the body. Though his institutional authority is grounded in physical sciences (chemistry and biology), as an advice-giver in the genre of radio talk shows, he is an authority for all concerns discussed on the show. The end effect is that Pinsky's presence on the show, that is when he is not directly providing advice or offering his opinion, provides a scientific and thus (theoretically) tangibly concrete basis for the construction of sexuality presented in the program.

Neither he nor Corolla is a trained sexologist or relationship expert, though they have gained knowledge of and experience with these subject matters from hosting the program. However, their knowledge and experience are based on their own generalizations, which over time have become factualizations. In other words, the ideologies of the hosts have become naturalized in the discourse of the program. Their advice-giving serves as a normalizing discourse.

#### 4.1.4 The importance of intertextuality in the management of identities

In other advisory texts, such as medical interviews, and therapy and counseling sessions, the focus of the interaction and object of identity construction is the patient/client. In radio advice shows, the focus is the *other*, the host(s) who advise(s) callers. On *Loveline* Pinsky and Corolla manage their identities in order to set the standard for their evaluations of normative sexuality. Much of this construction is done

at the end of advice-giving interactions, through Corolla's monologues, and through their chats with guests. Because of this, their advice-giving discourses are informed by the other discourses going on at any time in the program. Equally, because they are the authorities in this context, their desires, identities, and practices are normalized, naturalized, and used as the standards by which callers' concerns are judged. Additionally, it is under their own ideologies of what defines normalcy that they give advice. For example, Sarah, 18, calls because her boyfriend, who is 20, does not want to have sex as often as she does. Corolla concludes that her boyfriend is not interested in having sex with her. In order to maintain the ideology that masculine desire is driven by the need to have sex (excerpt (3)), Corolla distances himself and Pinsky from Sarah's boyfriend, who is clearly a bad example of masculine identity because he does not want sex all the time:<sup>1</sup>

(1) A Man of Exquisite Passion

- 1 Adam: **Drew is a man of exquisite passion,**<sup>3</sup>  
 2 Guest: @@  
 3 Adam: exquisite passion,  
 4 **and can't understand how this works,**  
 5 Drew can't (Hx) this is why Drew Drew can't even go to a strip club,  
 6 he cannot go because,  
 7 Guest: @@  
 8 Adam: **he's a <@ man @> of such exquisite passion,**  
 9 **that he can't..look at a woman's,**  
 10 Guest/Drew: @@  
 11 Adam: ah..rear end for three hours whilst ah.  
 12 drinking wine coolers and then go home.  
 13 **He must rape.**  
 14 Guest/Drew: @@  
 15 Adam: **And he must be stopped before he rapes again.**

<sup>1</sup> Please refer to Appendix B for an explanation of the transcription conventions used in the examples.

<sup>2</sup> Please note that in the data Pinsky and Corolla are referred to by their first names, Drew and Adam, respectively.

<sup>3</sup> Intonation units that are bolded will be referred to in the analyses.

What Pinsky does not *understand* (line 4), according to Corolla, is how a man can be near a woman and not want sex. Example (1) is particularly insensitive in executing this message because of the implication that violence is a byproduct of the unfulfilled male sex drive. Here, Corolla uses Pinsky as a model for the generalization that men (even doctors, who hold positions of authority in Western society) are driven by the masculine desire to have sex, and describes this desire as *exquisite passion* (lines 1 and 8). Corolla refers to Pinsky as *he* thus shifting 'the emphasis to a more generalized, universalistic person deixis' (Thibault 1988:211). Pinsky plays along with this generalization, and even laughs at it (lines 10 and 14), because he needs to maintain his identity as a man. Pinsky, because he is a doctor and therefore well-educated, comes too close to being the type of man who never has sex, namely a smart man (excerpt 7).

The discourse on *Loveline* suggests that men can easily remedy their sex drive in non-violent ways, such as through the practice of masturbation. This is a popular topic on the show for Corolla, many of the guests, and many of the male callers. Corolla's fondness for this practice, especially in seemingly inappropriate settings, is a frequent topic in his monologues and chats with Pinsky and guests. In the same way that Corolla manages Pinsky's identity in excerpt (1), Pinsky does the same for Corolla in excerpt (2) when he recounts their experience hosting the Teen Choice Awards:

(2) Teen Choice Awards

- 1 Drew:           So what happened was we get out there we're introducing the,  
 2                   best love scene in ah film,  
 3                   and ah Adam goes ah <Q yeah I just want everyone to know,  
 4                   I personally masturbated to every one of these scenes Q>.  
 5 Guest:           @@@  
 6 Drew:           **Teen Choice Awards.**  
 7 Guest:           @@ <@ Oh that's great @>.  
 8 Adam:           That's back when it was racy.  
 9 Guest:           @@@

10 Adam: It it's the older Teen Choice.

11 That's eighteen nineteen @@.

In excerpts (1) and (2) the hosts' identities as men are tied to their masculine desires for sex and the practices that fulfill those desires. What is notable is the extreme degree to which these ideologies are enforced. In excerpt (1) Corolla asserts that Pinsky *must rape* (line 13), a statement that, though done in a comedic monologue, is inexcusable considering the nature of the show and the target audience. More shocking, or perhaps simply more surprising, is Pinsky's contribution in excerpt (2). Not only does Corolla masturbate frequently, he is driven to do so in seemingly indecent circumstances, namely when watching movies that would be appropriate for the *Teen Choice Awards* (line 6).

Excerpts (1) and (2) are not parts of advice-giving interactions, but are important in creating the context for the advice offered on the program. The context and discussions around the advice-giving interactions are as important as the advice-giving because they are used to maintain the identities of the advice-givers and normalize their sexual desires and practices as the basis for their advice. If Pinsky's sexual desires compel him to rape, then all men of "exquisite passion...must rape." If Corolla is a frequent masturbator, then all men, or at least men who conform to the ideology of masculinity as defined on *Loveline*, are frequent masturbators, too. Additionally, in both excerpts (1) and (2), women are simultaneously invisible and treated as objects of abuse. In presenting themselves as men to the audience, the hosts leave little room for women to be portrayed in positive ways.

The rest of this chapter is devoted to examining how Pinsky and Corolla naturalize their ideologies about sexuality, with attention given to the differential treatments they afford women and men who call the program. The analyses will show



- 25 no,  
 26 **the bad thing,**  
 27 is that we don't talk about that as a culture,  
 28 **and women aren't taught to sort of...help..to deal with that,**  
 29 **X that they don't think that way.**  
 30 Guest: Right.  
 31 Drew: **They they're thinking a little bit differ-**  
 32 **They're not under that storm of testosterone.**  
 33 Adam: Well maybe—  
 34 Drew: **And if they understand wh-**  
 35 **Can't understand what how guys work,**  
 36 Guest: Right..exactly.  
 37 Drew: **(0) Look at <X the X> reality.**

Again, though this is not part of the advice-giving discourse, this kind of talk reinforces the generalizations the hosts make with callers. The dual implication in excerpt (3) is that, one, men are powerless to control their actions because the drive for sex overrides all other concerns, and two, women should understand and accept this.

The hosts and guest use the generic reference *they* (lines 3 and 15) and the generalized reference *guys* (lines 6 and 35) in describing masculine sexuality. The participants use numerous axiom markers as well. The guest asserts *that's true a lot of that is true* (line 4). The guest and Pinsky both claim that *everything* (lines 5 and 11) men do is motivated by the desire to have sex. Pinsky also employs naturalistic metaphors to naturalize this aspect of masculine desire. His comparison of men to *primate males* (line 1) situates 'the experiencer of desire' as an animal (Lakoff 1987:392; Deignan 1997:32). Masculine sexual desire is an external force beyond rational control because men are caught in a *storm of testosterone* (line 32) (Patthey-Chavez et al. 1996:89; Deignan 1997:25).

In contrast to the unquestioned masculine *motivational priority* (line 13) to have sex, women are told that their role in heterosexual relationships is to *deal with* (line 28) male desire. Again, the generic reference *they* (lines 29, 31, 32 and 34) and a generalized

reference, *women*, are used to assert the hosts' opinions. Pinsky closes the discussion by advising Corolla, the guest, and the audience to take their assertions as the *reality* (line 37) of the condition of sexual relationships between men and women.

The strategies Pinsky uses have an increased legitimacy because he is a doctor. As a medically trained and well-educated professional, Pinsky can rely on his institutional authority to create a stronger imperative in his advice-giving. Later in the program, he reinforces the messages from excerpt (4) when Jessica, 16 and a previous caller to the show, asks if her boyfriend, who is 20, is only in their relationship for sex:

(4) Jessica

- 1 Drew: Listen..Jessica,  
 2 sh- she's processing like a sixteen year old not like a twenty year old,  
 3 that's the problem here.  
 4 Adam: Yeah.  
 5 Drew: **a twenty year old male is having a relationship,**  
 6 **because of sex..period,**  
 7 **that that's all twenty year old males.**

Similar to his use of the axiom marker *reality* (line 37) in excerpt (3), in (4) Pinsky closes the issue to further discussion or negotiation by using the axiom marker *period* (line 6). He surrounds this closure with the generalized reference *a twenty year old male* (line 5) and another axiom marker *all twenty year old males* (line 7). This generalization, according to the hosts, implies that this feature of being a man is universal. A man who is not driven by the impulse to have sex is not a man. The *storm of testosterone* (line 32, excerpt (2)) is a pervasive, undeniable, inexplicable, natural force. Rebecca, as a woman, cannot understand this. Indeed, Pinsky implies that she is *the problem* (line 3) in her situation because she cannot process this information correctly (line 2). In excerpt (3) he makes the same implication (lines 26-29), though not so blatantly; *the bad thing* (lines 20

and 26) is not that men are motivated by sexual intercourse, but that women do not understand this in order to help men with their desires.

Such a construction of masculine desire creates a binary opposition that actually negates any positive intentions the hosts may have. The idea that women *cannot understand...how guys work* (excerpt (3), line 35) leads to the possible conclusion that women will never understand men. This ideology only serves to perpetuate differences rather than similarities. It also problematizes women, assigns them with the task of relational repair, and robs them of their own sexual agency.

#### 4.2.1 Feminine desire

In the data, feminine sexual desire is treated in reference to masculine desire. Women who display overt sexual desire are often problematized by the hosts. This denial of sexual agency 'means that saying "yes" to sex (or initiating it) is disapproved of (Cameron and Kulick 2003:36). In the next excerpt, the hosts relentlessly harass a woman who has called the program to discuss her sexual desires. Jules calls *Loveline* because she is frustrated that her boyfriend does not want to have sex as much as she does:

(5) Jules

1 Jules: He knows he's teasing.  
 2 and then I'm like,  
 3 Drew: (0) So so when you,  
 4 when you get aroused,  
 5 you're sort a like.  
 6 **a male this way.**  
 7 When you get aroused,  
 8 you have to vent.

9 Adam: Hold on now,  
 10 I-1 ah I gotta yell at Jules some more,  
 11 Jules.  
 12 Jules: What

13 Adam: Alright first off  
 14 were you abused,  
 15 you got that little girl voice,  
 16 you sound like you're sexually abused.  
 17 Jules: @@@ <@ Re- ah no I'm not abused @>.  
 18 Drew: You had no sexual abuse molestation when you were growing up.  
 19 Jules: Oh no.  
 20 My brothers—  
 21 I have all older brothers,  
 22 and they woulda killed somebody if that happened @.  
 23 Adam: Including themselves.  
 24 Jules: Probably @@.  
 [...]

25 Jules: But my brothers,  
 26 you know,  
 27 they brought me up,  
 28 to be respectable,  
 29 I'm not like a girl [that goes out--]  
 30 Adam: **[Ah no you're the] perfect lady.**  
 31 yelling the f word,  
 32 ah ten seconds ago on the radio.  
 33 Jules: Well-  
 34 Drew: But-  
 35 Adam: Yeah ((STUTTERING NOISE)),  
 36 yeah X.  
 37 **...ah yeah she's Heloise this one,**  
 38 she should write a book,  
 39 etiquette,  
 40 Drew: **(0) <P Ella [Enchanted P> ((REFERENCE TO MOVIE))].**  
 41 Adam: [Look],  
 42 yeah ser—  
 43 stick your pinky out,  
 44 when you're drinking tea,  
 45 a **lady always ah crosses her legs when she ah sits down,**  
 46 and ah,  
 47 Drew: **(0) Her nighttime.ah...ambush is ah,**  
 48 quite ladylike.  
 49 Adam: Just screamed the f word,  
 50 on the radio a second,  
 51 second ago.  
 52 Drew: Alright listen.  
 53 **Th- this is again what mystifies men,**  
 54 is that there's Jules in the world,  
 55 and then there's other women that just,  
 56 **ah could not be further from that in terms of their responsiveness.**  
 57 Adam: Right.  
 58 Drew: And that that's-

59            Yeah,  
 60            men are mystified by that,  
 61            **but that's...the reality,**  
 62            that there's a lot of diversity amongst women and their response.  
 63            Jules has more of an engine going than her boyfriend.

Pinsky characterizes Jules' sexual desire as a masculine attribute by saying that she is *like, a male this way* (lines 5-6). Corolla then intimates that she is a victim of sexual abuse (lines 14, 16, and 18). Though his questioning is attributed to her *little girl voice* (line 15), there is also a suggestion that her desire is a consequence of abuse, as though women do not have sexual agency unless it has been instilled in them in some violent manner. Pinsky ends the interaction by referring to Jules' desire as *responsiveness* (line 56). This wording frames feminine sexual desire as a passive response to masculine desire, and enforces an ideology of man as initiator and women as respondent. Pinsky contends that *men are mystified* (line 60) by women like Jules. Where masculine desire is an external, natural force, feminine desire is understood as an ethereal, mystical force. Pinsky again uses the axiom marker *reality* (line 61). His assertions are presented as truths without reference to evidence or proof.

Because Jules displays sexual desire, she is problematized by the hosts. Corolla sarcastically refers to her as *the perfect lady* (line 30) and both hosts continue to ridicule her. Corolla renders Jules invisible in the interaction in lines 37 and 38: *she's Heloise this one, she should write a book*. Pinsky corroborates Corolla's ridicule by comparing Jules to *Ella Enchanted* (line 40), which is a reference to a recent movie. The implication is that Jules, as a sexual woman, is no fair maiden, no Cinderella figure. Corolla defines how a *lady always* behaves (lines 43-45). Pinsky picks up this cue in order to sarcastically add that her *nighttime...ambush* (a reference to her attempts to initiate sexual



16           and we all know taller guys—  
 17           And by the way,  
 18           whenever you do better with chicks,  
 19           **you do better in jobs..you do better in everything,**  
 20           you know what I mean,  
 21           like where they go.

22 Drew:       **(0) That's that's...primate behavior.**

The image of masculine identity presented in excerpt (6) is that of the *alpha male* (line 8), a man who is financially and sexually successful. Using the generalized reference *they* (lines 2-4), Corolla makes a statement about *tall guys* (line 1). He implies that, aside from height (as mentioned in his reference to a recent study), sexual prowess determines success in *everything* (line 19). Corolla's use of the axiom marker *everything* is a global assertion that his conviction is true. Pinsky ratifies Corolla's claim by referring to *Darwinistic theory* (line 7) and *primate behavior* (line 22). This is a repetition of the comparison made in excerpt (1) of men to primates (line 1). When Pinsky uses metaphors to the physical world along with scientific terminology and references, in tacit combination with his status as a medical doctor, he strengthens his (and Corolla's) assertions. When he cooperates with Adam, in other words, when he agrees with Adam, not only does he strengthen the message, because both hosts are offering the same idea, he provides added, institutional authority to that message.

Male callers are encouraged to define themselves within the terms of masculinity set forth by the hosts, and are ridiculed when they do not meet these requirements. One type of man who is a target for ridicule is the intelligent man. According to the hosts of *Loveline*, if a man is intelligent he does not have sex, and thus he is unsuccessful in other areas of his life. The following excerpt reflects the ways in which the hosts manage male identities in advice-giving interactions. Brian, 23, calls the show to discuss his infantilism fetish. Corolla thinks Brian sounds like a smart guy:

## (7) Smart Guys

- 1 Adam: **Yeah these guys are always the same..they're the same guy,**  
 2 **they're smart guys,**  
 3 **they have high I.Q.s,**  
 4 **they just..they're useless,**  
 5 Guest/Drew: @@  
 6 Adam: **They can't,**  
 7 Guest: @  
 8 Adam: **They can't figure out how to make any money or get laid with them.**  
 9 And by the way..now hold on a second [Brian],  
 10 Drew: [They're] useless to you,  
 11 Adam: Well..here's what ah here's ah here's what you get,  
 12 **you get a guy with a super high I.Q.,**  
 13 that doesn't translate into a nickel,  
 14 or an ounce of poontang,  
 15 and now you have an angry man.  
 16 Drew: Mm.  
 17 Adam: You see what I'm saying.  
 18 Who has to run around.  
 19 **explaining how much smarter he is,**  
 20 **than all the other guys who are getting laid more,**  
 21 and making more money,  
 22 Drew: Uh huh.  
 23 Adam: You see what I'm saying.

Like excerpt (6), excerpt (7) affirms the *alpha male* as financially and sexually successful. Brian, though intelligent, is an unsuccessful male. His smarts are *useless* (line 4) because he has not figured out *how to make any money or get laid with them* (line 8). Corolla emphasizes the generalization that intelligence is a negative attribute by again using the generic pronoun *they* (lines 2-4. 6 and 8). However in line 2 of excerpt (7) the generic reference is aimed toward generalizing a specific referent (Brian), where in lines 2-4 of excerpt (6) there is no specific addressee. Corolla then shifts the person deixis from a specific referent, *Brian* (line 9) to the third person singular *he* (line 19). He also uses the generalized references *these guys* (line 1), *smart guys* (line 2) and *a guy with a super high I.Q.* (line 12). The additional generalized reference to *all the other guys* (line

20) serves to separate Brian from successful men. He does not fit. Corolla further strengthens his stance through axiom markers. *Always the same* (line 1) stresses the universality of his claim.

Though the program is advertised as being open to discussions of all sorts, callers who deviate from the gender identities prescribed on the show become targets for the hosts' ridicule. Assuming advice-giving is a norm-enforcing discourse, this is not surprising. The context of offering advice affords advisors the authority to define deviance. In excerpt (8), the hosts treat Brian as a deviant both because he is intelligent and because he has identified himself as a sexual deviant by introducing a topic (infantilism) that does not conform to a heteronormative view of sexuality. The hosts end their interaction with Brian with swift judgment:

(8) Brian

- 1 Adam;           (Hx) Alright.  
 2                   [Try to--]  
 3 Drew:           [Regression in the face of trauma.  
 4 Adam:           Alright.  
 5                   **Get over it.**

Corolla's advice to Brian is to *get over it* (line 5). This is a common end to interactions with male callers who pose sexual questions that do not pertain to either their penises or masturbation. The hosts, in essence, tell men that they should not have certain problems. This is quite curious considering the nature of the program. *Loveline* is offered as an environment in which people can seek help, yet men are told they should not need help. This is in contrast to women, who are often told to seek therapy or additional assistance of some kind. Women are identified as victims who need help. Men are not identified in this way, and thus they are denied the expression of personal problems. This differential treatment furthers the gender divide between women and men.

## 4.4 The identification of victims

Women and men who call *Loveline* often receive different treatments when they introduce similar topics. In the next two excerpts, both callers introduce questions that are in a sense about sexual responsiveness. Katie, 20, calls because she was recently diagnosed with endometriosis. She has been receiving treatment, and she has called with a question about how she can minimize pain during sexual intercourse.

## (9) Katie

- 1 Drew: My first question is why wasn't your endometriosis treated,  
 2 because if that's controlled,  
 3 the pain will go away.
- 4 Katie: See I have a really bad ca- it's growing up um...around my spine,  
 5 and I have it all over my..uterus,  
 6 they went in [X]
- 7 Drew: [Why] wasn't it treated.
- 8 Katie: Well they just found out about it.
- 9 **Urn,**  
 10 they did a surgery in December,  
 11 and they couldn't take it all out at once,  
 12 and they're doing another one ((HMMM FROM HOSTS)),  
 13 cause I have cysts again.
- 14 Adam: Were you ev- were you ever molested.
- 15 Katie: **No <@ I was not ever molested > ((HMMM FROM HOSTS)).**
- 16 Drew: You sure.
- 17 Katie: **No I wasn't,**  
 18 what are you <P talking about P>.
- 19 Drew: (0) Beca- well because that's the other way,  
 20 that women get unexplained pelvic pain that can't be controlled.
- 21 Katie: No,  
 22 I've [never],
- 23 Drew: **[It's a very] very common,**  
 24 **very common way in fact,**  
 25 that that happens.  
 26 So...(H) and that's why,  
 27 the reason we jumped on that is,  
 28 **why are you calling,**  
 29 **if you're having your endometriosis aggressively treated,**
- 30 Adam: (0) <P Hold on P>,  
 31 Drew: (0) because that's obviously the treatment for your pain.
- 32 Adam: (0) <WH Drew,  
 33 **let me ask her a trick question WH>.**

34 Drew: (0) <P Alright go ahead X P>.  
 35 Katie: Is that a [X],  
 36 Adam: [Hold on] hold on,  
 37 Katie,  
 38 Katie listen to me.  
 39 <MRC Were you ever..not molested MRC>.  
 40 Guest: @  
 41 Drew: @@

From this point, Pinsky encourages Katie to continue with her treatment, and both hosts continue to prod her about possible molestation. They are convinced that she was molested. Pinsky uses the axiom markers *very common* and *in fact* (line 24) to assert his contention that her endometriosis is an outcome of molestation. By the end of the call, Katie divulges that when she was younger her father threw her through a window. She did not suffer sexual abuse, but she was a victim of physical abuse. The hosts believed they were correct to probe her as, according to Pinsky, the previous physical and psychological violence the caller suffered might have manifested itself as a serious medical condition. However it seems very unlikely that endometriosis, a not uncommon condition for many women, would be the result of being thrown through a window.

Pinsky and Corolla never actually address Katie's question. She has called to ask how she can minimize pain during sexual intercourse, not how she can treat her endometriosis. Yet, the hosts treat her call as if this was her initial question when Pinsky asks her why she has called if she is receiving treatment (lines 28-29). In addition to not evaluating her question correctly, the hosts try to *trick* (line 33) Katie into telling them that she was molested. They refused to accept her assertion that she was not molested (lines 15 and 17). In their minds, Katie is a victim. When she does not present herself as one, the hosts bombard her with questions until they have the result they want (her disclosure of having been physically abused).

The hosts' treatment of Katie in excerpt (9) stands in sharp contrast to their treatment of Joel in excerpt (10). Joel, 16, calls the show because he feels no sensation in his penis. He has had this problem since the age of 13, and in the past year he has been taking an antidepressant:

(10) Joel

- 1 Drew: Are you on any medication.  
 2 Joel: Um,  
 3 I'm on Lexipro.  
 4 Drew: **Alright well that will do that.**  
 5 Adam: What's that Lexipro do Drew.  
 6 Drew: (0) Anti-depressant.  
 7 It's a good one.  
 8 **but that will that will shut you down sexually a bit.**  
 9 Joel: Alright,  
 10 well-  
 11 Drew: (0) What's the what's the [dos-],  
 12 Joel: [X I] just got on,  
 13 Lexipro,  
 14 I guess like,  
 15 a year ago,  
 16 and um,  
 17 it's it's been like this,  
 18 since I've been like,  
 19 thirteen.  
 20 Drew: Well-  
 21 yeah listen,  
 22 by sixteen,  
 23 you should be getting into a little more of a stride.  
 24 and it's,  
 25 **it's shutting you down further,**  
 26 is what I'm telling you.  
 27 Joel: Alright.  
 28 Drew: (0) What's the dose,  
 29 you're on Lexipro.  
 30 Joel: Alright.  
 31 Drew: What's the [dose].  
 32 Joel: [Twenty] milligrams.  
 33 Drew: Twenty.  
 34 That's a good sized dose.  
 35 X ten,  
 36 Adam: (0) It is.  
 37 Drew: Ten is sort of an average dose.

38 Adam: Well.what's ah.  
39 going OIL  
40 you been—  
41 You say taking this since thirteen.

42 Joel: Well no,  
43 I been taking it.  
44 for like a year.  
45 so,

46 Drew: (0) Th- the other thing ((MUMBLING FROM GUEST)),  
47 the other thing that can,  
48 that can get you cut off from you body,  
49 is if you were sexually abused or physically abused,  
50 did that happen to you.

51 Joel **(0) Ah no I wasn't.**

52 Drew: **No.**  
53 **Alright.**  
54 **so you just gotta get medicines adjusted.**

55 Adam: Well Drew,  
56 what- X.

57 Guest: (0) What are you depressed about man.

58 Adam: Yeah what're you depressed about.

59 Joel: Ah.just,  
60 I don't know,  
61 just,  
62 a lot of stuff's going on.  
63 Like my parents are..divorced and ah.

64 Adam: **Ah..cry me a river buddy.**

65 Joel: @@

66 Adam: My parent's were divorced.  
67 I was getting rejected from Taco Bell,  
68 when I your age.

69 Joel @@

70 Adam: You got a girlfriend,  
71 you're getting laid,

72 Guest: @

73 Adam: you live in Denver for Christ's sake,  
74 **how bad could it be.**

75 Joel: Yeah..I don't know.

76 Adam: Alright.  
77 Aah,  
78 **ah take some walks.**  
79 **start listening to classical music,**  
80 **do some push ups.**

The hosts readily accept and even repeat (line 52) Joel's dismissal (line 51) of the suggestion that he might have been abused despite that the caller takes double the average dosage of his antidepressant, and that he has had this problem for three years. Pinsky characterizes Joel's problem as solely a side effect of his antidepressant (line 4, 8 and 25), even though Joel twice (lines 10 and 12) attempts to remind Pinsky that he has had a lack of sensation in his penis for a longer time period than he has been on Lexipro. Corolla and the guest try to repair the interaction by asking Joel why he is depressed. However, Corolla tells the caller that having a girlfriend (line 70), getting laid (line 71), and living in Denver (line 73) all disqualify him from being depressed. Like Katie from excerpt (9), Brian's question is never actually answered. Pinsky in fact misdiagnoses Brian's problem, and Corolla tells Brian to *take some walks* (line 78), *start listening to classical music* (line 79), and *do some push tips* (line 80). Like Brian from excerpt (8), Joel is essentially told to *get over it* (line 5).

Excerpts (9) and (10) reflect the differential treatment the hosts of *Loveline* give to women and men. In excerpt (9), Katie begins her call by saying she is receiving treatment for her endometriosis. Her question is more about how to manage the pain associated with the disease. Because Pinsky and Corolla offer advice under the presupposition that women are victims, they are unable to provide a resolution to her problem, and instead place the blame for her problem on her. Her contribution to the interaction is 'treated as untrue, incredible, or doubtful' and she is ridiculed on 'grounds of incompetence' (Ochs and Taylor 1995:107). The majority of their interaction with Katie is spent prompting her until she discloses she has been abused. Alternately, because they assume men are not victims, they do not provide a resolution for Joel's problem either, and even deny Joel the ability to have a problem. The naturalization of

this ideology, that women are victims and men are not, undermines the activity of advice-giving because it precludes the advisors from addressing the topic under advisement.

Instead, the function of norm-enforcing overrides the expectation that a solution will be provided as an outcome of an advice-giving interaction.

#### 4.5 Sexual practices

The naturalization of desires and identities in the program inform the hosts' prescriptions of normative sexual behaviors. These are primarily behaviors associated with masculine desire because, as shown in 4.2.1, women who call the program are denied sexual agency. Excerpt (2) reflects the hosts' management of their own identities in relation to sexual practices, namely masturbation. As an authoritative figure in the text, Corolla's tendency towards frequent masturbation presents a model for normative masculine sexual practices. Excerpt (11) is part of an advice-giving interaction with Michele (see excerpt (12)). During this interaction, the topic of masturbation is introduced by the hosts:

#### (11) The Essence of a Twenty-five Year Old Guy

1 Adam:       **Guys do nothing but service themselves,**  
 2 Drew:       (Hx) @  
 3 Adam:       Right,  
 4 Drew:       Yes.  
 5 Adam:       I mean.  
 6 Drew:       **(0) Nothing nothing.**

7 Adam:       Guys—  
 8               Okay,  
 9               **you take a twenty-five year old guy,**  
 10              **all he does,**  
 11              is beat off.  
 12              **This is his [essence].**  
 13 Drew:       **[That's all] he does.**  
 14              <@ X His essence X @>  
 15 Adam:       **Twe- 25 year old guy is gonna beat off,**  
 16              five           to ten times a week,

17 Drew: <@ Yep @>,  
 18 Adam: (0) No problem.  
 19 Drew: (0) No problem.

Pinsky and Corolla provide their summation of the *essence* (lines 12 and 14) of a *25 year old guy* (line 9) through generalized reference and axiom markers. Corolla asserts that *guys do nothing but service themselves* (line 1). Pinsky concurs, echoing Corolla's lack of doubt of the truth of this statement by repeating the axiom markers *nothing* (lines 1 and 6) and *all* (lines 10 and 13). The latching of their closing statements (lines 18 and 19) reflects the solidarity the hosts share. This axiom marker, *no problem*, indicates that, in presentation at least, their assertions are unquestionable truths. There is *no problem* (lines 18 and 19) with the naturalization of the idea that the essence of a *25 year old guy* (lines 9 and 15) is masturbation.

While masturbation is a popular topic for men on *Loveline*, women who call the show rarely introduce this topic. When they do, the hosts treat masturbation as a practice that is more natural to men than women. One suspects that women have internalized this ideology, and thus they either won't talk about masturbation or they find it *weird* (line 7 of excerpt (12)). For example, Michele, 25, calls because she has never had an orgasm through intercourse. She says that she only has orgasms through masturbation. Pinsky and Corolla suggest that she include her sexual partner when she masturbates:

(12) Michele

1 Drew: Why don't you,  
 2 include him in all that...self-stimulation.  
 3 Michele: I'm sorry.  
 4 Drew: Why don't you,  
 5 let him participate with you.  
 6 when you do that to yourself.  
 7 Michele: **Um..that's just kinda weird,**  
 8 I- I'm not like,  
 9 **most guys can be,**

10 where they just..I don't know,  
 11 **guys can do that.**  
 12 **girls sometimes can't do that.**

Excerpt (12) is especially interesting because the caller takes part in generalizing. She uses the axiom marker *most* (line 9) in conjunction with generalized references to separate what *guys can do* (line 11) from what *girls sometimes can't do* (line 12). The hosts readily agree with her, and use her call to further differentiate masculine and feminine sexual desires and practices:

(13) Masturbation

1 Adam: Now,  
 2 **women do not touch themselves nearly as much as guys,**  
 3 **but if a woman was to do a little rubbing on herself,**  
 4 even,  
 5 you know-  
 6 **a woman could lick her own nipple,**  
 7 **while a guy was on top of her,**  
 8 Drew: @@  
 9 Adam: **Guys don't have a problem,**  
 10 **guys are like <Q oh hey wow..look at her.she made it.this is great Q>,**  
 11 don't look Chris ((COMMENT TO PRODUCER)),  
 12 i- you know what I'm saying,  
 13 **so it's it's ironic,**  
 14 that the one who's going at himself all the time anyway,  
 15 Drew: (0) Can't can't [do it].  
 16 Adam: [can't touch] himself,  
 17 and the ones who don't touch themselves frequently do,  
 18 and it's it's great.  
 19 Drew: (0) Yea.  
 20 Adam: So,  
 21 women do no look—  
 22 **but but here's what women do,**  
 23 **women,**  
 24 **women do that,**  
 25 <Q oh well if he touched himself I would feel bad Q>,  
 26 <Q so he's gonna feel bad if I [touch my—] Q>  
 27 Drew: [Ri- ri -right],  
 28 right.  
 29 Adam: Don't-  
 30 **women,**  
 31 Drew: (0) **Don't think like a m- woman.**

- 32 Drew: **Every time a woman** thinks.  
 33 <Q that's disturbing to me therefore it must be disturbing to him Q>,  
 34 **Ninety-nine times out of a hundred,**  
 35 she's wrong.  
 36 Adam: (0) If it's in the bedroom.  
 37 Drew: Yea.  
 38 Adam: (0) Yea.  
 39 Drew: ninety-nine **times out of a hundred.**

Corolla and Pinsky use generalized references like *women* (lines 2, 21-24 and 30), *a woman* (lines 3, 6, 31 and 32), and *guys* (lines 2, 9, and 10) and axiom markers like *every time* (line 32) and *99 times out of a hundred* (lines 34 and 39) to explain the difference between masculine and feminine sexual desires and practices. According to the hosts, it is *ironic* (line 13) that men, who masturbate *all the time anyway* (line 14), cannot masturbate in front of women because women find this *disturbing* (line 33), yet *guys don't have a problem* (line 9) with women, who *do not touch themselves nearly as much as guys* (line 2), masturbating in front of them. The hosts advice to Michele, and other women in this situation as the advice is made as a global assertion, is to not *think like a...woman* (line 31) because *99 times out of a hundred* (lines 34 and 39) she will be *wrong...if it's in the bedroom* (lines 35-36).

Excerpt (13) recalls excerpts (3) and (4) in assigning blame to women for the problems in heterosexual relationships. Women are told not to think like women (excerpt (13), line 31) because when they do they process information incorrectly (excerpt (13), lines 32-39; excerpt (2), line 2). They do not think like men and thus *can't understand...how guys work* (excerpt (1), line 35). In (1) Pinsky makes the point that the real problem behind the negative consequences of masculine desire is that *women aren't taught to sort of..help..to deal with that* (line 28). The implication is that women are

responsible for managing masculine desire and practices. The range of this implication extends to the covert accusation that women are responsible for rape. More overtly, it means that women are responsible for remedying romantic and sexual problems and also resolving other interpersonal issues,

#### 4.6 Chapter summary

The analyses in this chapter highlight the most prevalent ideologies that are normalized in the sexual discourses of the hosts of this program. In reference to sexuality, masculinity is defined by the following desires, identities, and practices: men desire sex all the time; men who have sex are successful in all other areas of life and have nothing to complain about; men masturbate frequently. In this research, femininity is primarily defined in contrast (subjugation) to masculinity. Women who display similar desires and identities to those of men are problematized by the hosts. In reference to sexuality women are objects of masculine desire and practices, and this often leads to their identities as victims. Women are assigned the responsibility to resolve problems, though this is difficult because they think like women, not men. The discourse of advice-giving enacted on the program, in combination with the other available discourses and the medium of radio, construct these ideologies as normative views of gender and sexuality.

## CHAPTER V

## SUMMARY AND CONCLUSIONS

## 5.1 Summary

This thesis examined the institutionalization of ideologies about gender and sexuality that are created and maintained as part of advice-giving on the call-in radio program *Loveline*. The advice offered on this program is global advice, meaning that the recipients of the advice extend beyond ratified participants. Radio call-in advice programs constitute a unique genre of institutional talk because of the many texts that inform these programs and the specific features of radio that facilitate the global nature of these texts. Often these advice programs are informed by other, more familiar texts, such as doctor-patient interactions, therapy, and counseling. The crucial difference lies in the fact that the interactions between advice giver and advisee are enacted as public talk. In this environment, advice givers make use of generalizing strategies in order to provide advice that will be applicable to a wide range of recipients. The effect of these generalizations is that global advice is a norm-enforcing discourse. On *Loveline* the norms that are enforced as part of the advice discourse are those of gender and sexuality.

Radio call-in interactions are negotiated by advisors and advisees, and thus analyses of these texts must take into account how all participants contribute to the creation of ideologies in the discourse of advice. Chapter III of this thesis examined how callers present themselves to the hosts of *Loveline*. The analyses in that chapter indicated that women and men treat the text differently. Women attend to the text as an advice program because they call to ask for advice or guidance from the hosts. Men do not attend to the text in this way, and instead treat the text as a casual chat. When comparing

the kinds of topics most frequently introduced by men and women, 52% of women's topics were other-centered and directed towards advice seeking and 65% of the men's topics were self-centered, with the majority of that percentage (54% of the total) being not at all advice-related. The women in the data were more likely to present themselves as problematic (or at least as people with problems), while the men were less willing to do so. One might assume that because women are cooperating with the expectations of the program by providing topics for discussion and resolution they would be afforded appreciative treatment by the hosts. Instead, women, and certain men, are ridiculed and problematized by Pinsky and Corolla. Chapter IV explored how the hosts treat callers with regard to managing their sexualities as gendered participants in the program.

Chapter IV details the ideologies that are created as part of the advisory discourse of *Loveline*. This discourse includes advice and the talk between the hosts (and guests) before and after advice-giving interactions. The analyses show that the hosts do not treat men as people with problems. They regularly tell men who do call with problems to *get over it* (line 5, excerpt (8)) or to *cry me a river buddy* (line 64, Excerpt (10)). Instead, they enforce a heteronormative view of masculinity wherein the *alpha male* (line 8, excerpt (6)) embodies the model for a successful man in every aspect of his life. The hosts treat the women in the data as problematic, especially those women who represent themselves as sexual beings (excerpt (6)). Women who call the program, at least those in the data, are denied sexual agency, despite the nature of the program. In many calls, the hosts make women responsible for their own problems and for the resolutions of men's problems (excerpts (3), (4), and (13)). These ideologies about women and men and their sexual identities, desires, and practices serve to place caller into categories of *normal* and *deviant*. The end result is that any positive intentions of the advice-giving interactions on

this program are obscured by the hosts' attentions to maintaining these ideologies as normative judgments.

## 5.2 Conclusions

Based on analyses of caller behaviors and advice-giving strategies, the research in this study indicates a relationship between advisee self-presentation and advisor treatment of advisee in advice-giving interactions. The question, though, is whether advisees influence advisors or if the reverse is true. In the institutional talk of global advice, does advice reflect the way in which a problem or concern is presented, or do advice seekers present their concerns in relation to the ideologies enforced as part of advice-giving? The indication is stronger that the advice given by the hosts of *Loveline* and the discursive constructions of gender and sexuality within and around the advice-giving interactions influence how callers enter interactions on the program and what topics they feel are appropriate to introduce.

If one takes the claim that discourse(s) shapes reality and that advice-giving is a dominant or authoritative discourse, it stands to reason that the hosts' advice-giving strategies influence the callers more than the callers' topics influence the advice. As noted in 4.2.1 one of the strongest expectations for an advice seeker is that an advice giver will provide her with the answer to the question, "Am I normal?" (DeCapua and Dunham 1993; Sarangi and Roberts 1999). Therefore, in any advice-giving interaction, it is the advisor who sets the standards for normative behavior. By institutionalizing specific ideologies of gender and sexuality within the discourse of advice, the hosts of *Loveline* set the agenda for the program and the standards by which they judge callers. Callers who do not perform within these ideologies are either ridiculed or their questions are never answered and thus no advice is offered. In the data for this thesis, excerpts (5).

(7), (8), (9), and (10) in Chapter IV most clearly illustrate this point. In (5), Pinsky and Corolla harshly ridicule Jules because she represents herself as a woman with sexual desires. In (7), Corolla calls Brian *useless* (line 4) because the caller is intelligent and displays deviant sexual desires, namely his infantilism fetish. In (8) and (10) both Brian and Joel are told to *get over* (line 5, excerpt (8)) their problems. Their questions are never adequately addressed; they are never offered advice. Katie (excerpt (9)) receives the same treatment from the hosts. Because she does not present herself as a victim, the hosts do not answer her question. Instead, they challenge her presentation of herself until they receive the answer they want (that she is a victim).

The conclusion that the hosts' advice more strongly influences how callers enter the discourse (as compare to the other way around) is most probable. This conclusion, however, would require investigation into similar texts to more completely assert its validity. If one were to examine other advice texts that address issues of sexuality, such as the television programs hosted by Sue Johanson and the Berman sisters, a different conclusion might be reached. However, the conclusion I take in this analysis of advice on *Loveline* is that the indication is strongest that global advice influences the private mind, and thus when callers enter the interaction, they present themselves according to the ideologies naturalized in the hosts' advice-giving discourses.

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## APPENDIX A

## DATA TRANSCRIPTIONS

The following are transcribed portions of the data for this study. The title of each excerpt is bolded. Some titles are followed by short notes in parentheses. These notes describe the reason for the call and/or other relevant information, such as the name of the guest during a call (if the guest appears in the transcript).

**Jules (boyfriend)** does not want to have sex as often as she does)

- 1 Jules: He knows he's teasing.  
 2 and then I'm like.  
 3 Drew: (0) So so when you.  
 4 when you get aroused.  
 5 you're sort a like,  
 6 a male this way.  
 7 When you get aroused,  
 8 you have to vent.  
 [...talk about cursing on air and new legislation]
- 9 Adam: Hold on now,  
 10 I-1 ah I gotta yell at Jules some more,  
 11 Jules.  
 12 Jules: What.  
 13 Adam: Alright first off,  
 14 were you abused,  
 15 you got that little girl voice,  
 16 you sound like you're sexually abused.  
 17 Jules: @@@ <@ Re- ah no I'm not abused @>.  
 18 Drew: You had no sexual abuse molestation when you were growing up  
 19 Jules: Oh no.  
 20 My brothers-  
 21 I have all older brothers,  
 22 and they woulda killed somebody if that happened @.  
 23 Adam: Including themselves.  
 24 Jules: Probably @@.  
 [...ask about father...he died of cancer]
- 25 Jules: But my brothers,  
 26 you know,  
 27 they brought me up,  
 28 to be respectable,  
 29 I'm not like a girl [that goes out—]  
 30 Adam: [Ah no you're the] perfect lady,  
 31 yelling the f word,  
 32 ah ten seconds ago on the radio.  
 33 Jules: Well-

34 Drew: But-  
 35 Adam: Yeah ((STUTTERING NOISE)),  
 36 yeah X.  
 37 ...ah yeah she's Heloise this one,  
 38 she should write a book,  
 39 etiquette,  
 40 Drew: (0) Ella [Enchanted ((REFERENCE TO MOVIE))].  
 41 Adam: [Look],  
 42 yeah ser-  
 43 stick your pinky out,  
 44 when you're drinking tea.  
 45 a lady always ah crosses her legs when she ah sits down,  
 46 and ah,  
 47 Drew: (0) Her nighttime..ah...ambush is ah.  
 48 quite ladylike.  
 49 Adam: Just screamed the f word,  
 50 on the radio a second,  
 51 second ago.  
 52 Drew: Alright listen.  
 53 Th- this is again what mystifies men,  
 54 is that there's Jules in the world.  
 55 and then there's other women that just,  
 56 ah could not be further from that in terms of their responsiveness.  
 57 Adam: Right.  
 58 Drew: And that that's--  
 59 Yeah,  
 60 men are mystified by that,  
 61 but that's...the reality,  
 62 that there's a lot of diversity amongst women and their response,  
 63 Jules has more of an engine going than her boyfriend.

**Michele, 25** (never has orgasm through intercourse)

1 Drew: Why don't you,  
 2 include him in all that...self-stimulation.  
 3 Michele: I'm sorry.  
 4 Drew: Why don't you,  
 5 let him participate with you,  
 6 when you do that to yourself.  
 7 Michele: Um..that's just kinda weird,  
 8 I- I'm not like,  
 9 most guys can be,  
 10 where they just..I don't know,  
 11 guys can do that.  
 12 girls sometimes can't do that.

**The Essence of a Twenty-five Year Old Guy** (Michele's call)

1 Adam: Guys do nothing but service themselves,

2 Drew: (Hx)@  
 3 Adam: Right,  
 4 Drew: Yes.  
 5 Adam: I mean,  
 6 Drew: (0) Nothing nothing.  
 [-]  
 7 Adam: Guys—  
 8 Okay,  
 9 you take a twenty five year old guy,  
 10 all he does,  
 11 is beat off.  
 12 This is his [essence].  
 13 Drew: [That's all] he does.  
 14 <@ X His essence X @>  
 15 Adam: Two- twenty five year old guy is gonna beat off.  
 16 five to ten times a week,  
 17 Drew: <@ Yep @>,  
 18 Adam: (0) No problem.  
 19 Drew: (0) No problem.  
 20 Adam: But,  
 21 when he's with a woman,  
 22 if he did start like.  
 23 you know,  
 24 rubbing himself,  
 25 or helping himself out,  
 26 or lending a hand,  
 27 it would be creepy,  
 28 and weird,  
 29 to the woman.  
 30 Drew: (0) Um hmm,  
 31 and offensive.  
 32 Adam: (0) And offensive,  
 33 Now,  
 34 women do not touch themselves nearly as much as guys.  
 35 but if a woman was to do a little rubbing on herself,  
 36 even,  
 37 you know-  
 38 A woman could lick her own nipple,  
 39 while a guy was on top of her,  
 40 Drew: @@  
 41 Adam: Guys don't have a problem,  
 42 guys are like <Q oh hey wow..look at her..she made it.this is great Q>,  
 43 don't look Chris ((COMMENT TO PRODUCER)),  
 44 i- you know what I'm saying,  
 45 so it's it's ironic,  
 46 that the one who's going at himself all the time anyway,  
 47 Drew: (0) Can't can't [do it].

- 48 Adam: [can't touch] himself,  
 49 and the ones who don't touch themselves frequently do.  
 50 and it's it's great.  
 51 Drew: (0) Yea.  
 52 Adam: So,  
 53 women do no look--  
 54 but but here's what women do,  
 55 women,  
 56 women do that.  
 57 <Q oh well if he touched himself I would feel bad Q>.  
 58 <Q so he's gonna feel bad if I [touch my—] Q>  
 59 Drew: [Ri- ri -right],  
 60 right.  
 61 Adam: Don't-  
 62 Women,  
 63 Drew: (0) Don't think like a m- woman.  
 [...]
 Drew: Every time a woman thinks,  
 <Q that's disturbing to me therefore it must be disturbing to him Q  
 ninety-nine times out of a hundred.  
 she's wrong.  
 Adam: (0) If it's in the bedroom.  
 Drew: Yea.  
 Adam: (0) Yea.  
 Drew: ninety-nine times out of a hundred.

**Nick, 23** (unable to move body for a few seconds after waking)

- 1 Adam: Nick,  
 2 Nick: Yes,  
 3 Adam: You're twenty-three.  
 4 Nick: Yes.  
 5 Adam: Are you a virgin.  
 6 Drew: Yea.  
 7 Nick: No (Hx).  
 8 Drew: No,  
 9 Adam: (0) No,  
 10 Nick: No.  
 11 Drew: <X Hmm X>.  
 12 Adam: How many women have you..made sweet love to.  
 13 Nick: Hello.I'm sorry,  
 14 Adam: How many woman have you made love to.  
 15 Nick: Two.  
 16 Adam: Two.  
 17 Drew: <X Ah X>.  
 18 Adam: Alright,  
 19 pretty light,  
 20 for a twenty-three year old,

21 but ah okay.  
22 Go ahead Nick.  
23 Nick: Well,  
24 over the last couple weeks,  
25 um...ah when I've wake- awakened.  
26 ah several times,  
27 I've been a- unable to move my body for a couple seconds.  
28 it's really kinda freaking me out,  
29 Adam: (0)Mm hm.  
30 Nick: (0) And I was wondering if there's anything dangerous.  
31 or.ah,  
32 dangerous about this.  
33 Drew: Well it's called ah,  
34 it's a night terror basically,  
35 when you get--  
36 you wake up X in the middle of the night,  
37 or just when you wake up.  
38 in the morning,  
39 you feel sort of frozen locked in,  
40 you still—  
41 your eyes are open,  
42 you're aware of your surroundings but you can't move,  
43 And that can be medication,  
44 it can be a seizure type phenomenon,  
45 it can be a sleep disturbance,  
46 it can be emo- it's a lot of reasons it can be,  
47 most of which are benign.  
48 Nick: (0) Okay.  
49 Drew: (0) Not a big deal.  
50 Adam: (0) Mm hm.  
51 Drew: But you should talk to your doctor about i- are you on any medication.  
52 Nick: No.  
53 Drew: Do you do any drugs.  
54 Nick: No.  
55 Adam: No @ @ .  
56 Drew: <BR Yeah no BR>.  
57 Adam: No Nick,  
58 Nick: Yea.  
59 Drew: Are you- have you been anxious about something,  
60 or nervous.  
61 Nick: Oh um well I have social anxiety so,  
62 Drew: Yea alright,  
63 this may be part of that,  
64 Adam: Mm hm.  
65 Drew: (0) Are you- and you're on nothing for that.  
66 Nick: No,  
67 Adam: You have a girlfriend.

68 Nick: Um..not right now no.  
 69 Adam: Hm yea.  
 70 Drew: You're working now.  
 71 Adam: How does this social anxiety manifest itself.  
 72 Nick: With me.  
 73 Adam: [Yea],  
 74 Drew: [Yea].  
 75 Nick: Well um.just with new people mostly,  
 76 if it's someone I know,  
 77 it's pretty okay.  
 78 Adam: Uh huh.  
 79 How do they know you're nervous,  
 80 or would they know.  
 81 Nick: Urn...well just.they wouldn't really know,  
 82 except for maybe trembling in my voice,  
 83 or ah.if they were to look really close,  
 84 maybe trembling of my.hands.  
 85 Adam: Mm hm.  
 86 Ah..alright there Nick.  
 87 Nick: Yea.  
 S8 Adam: Hey ah..you still living at home.  
 89 Nick: Yea.  
 90 Adam: Alright buddy,  
 91 alright now it's time to pull yourself up by the bootstraps,  
 92 and get out there.  
 [Then question about writing career.]

Jenny, 25 (husband doesn't seem interested in her sexually)

1 Adam: Thirty-two,  
 2 Drew was..like a ah ferret on a double cappuccino,  
 3 just on top of anything that mo—  
 4 I mean the passion,  
 5 the passion,  
 6 flowed like a raging river that could not be stopped,  
 [Repetition of this theme...]  
 7 Drew: Again,  
 8 do not think like a woman,  
 9 this is a male problem.  
 [...]  
 10 Adam: And by the way,  
 11 don't don't bother trying to this sort of ex..history [math].  
 12 Drew: [math],  
 13 does not work,  
 14 no.  
 15 Adam: (0) Yea..don't worry about that,  
 16 X <X I know X>,  
 17 Jenny: Okay,

18 so what's wrong [with me now],  
 19 Adam: [It's the only] kind,  
 20 it's the only kinda ma--  
 21 by the way.  
 22 the only time.  
 23 ironically..when women do math,  
 24 is to try to <X screw everything X>.  
 25 <Q so he dated her for twelve months Q>,  
 26 Drew: (0) Yea <X but X>,  
 27 Adam: <Q but he said he was with her for eight months,  
 28 and we met in January,  
 29 so that would of Q>,  
 30 that's the-  
 31 God forbid,  
 32 it's the only time a woman ever starts thinking about math,  
 [Drew changes topic to drug addiction/suicide.]

### Tall Guys

1 Adam: The tall guys,  
 2 they got the.. corner offices,  
 3 they're the executives,  
 4 they're the movers—  
 5 Drew: (0) So you just..you're [just],  
 6 Adam: [Movers] and shakers.  
 7 Drew: (0) you hypothesizing basically sort of a a Darwinistic theory,  
 8 that the alpha male,  
 9 Adam: (0) Mm hm.  
 10 Drew: includes a male that's larger,  
 11 and more imposing,  
 12 and <F therefore F> would get better jobs.  
 13 Adam: X They just had a study,  
 14 a couple a weeks back,  
 15 that said taller guys,  
 16 and we all know taller guys-  
 17 And by the way,  
 18 whenever you do better with chicks,  
 19 you do better in jobs..you do better in everything.  
 20 you know what I mean,  
 21 like where they go,  
 22 Drew: (0) That's that's...primate behavior.

### Brian, 23 (Infantilism fetish; guest is Adam Rodriguez)

1 Drew: Was there something happening going in your family at that point,  
 2 were they falling apart or something or going away.  
 3 Brian: Yes...there's always kind of an underlying stress going on in my family,  
 4 you know,  
 5 th- pretty much...throughout my childhood.

6 Adam: Alright..so here here's the question then.  
 7 Brain: Okay.  
 8 Adam: he he's...you have this—  
 9 It's gonna make it hard for you to find a..a mate,  
 10 I mean it ah just let's ah let's be straightforward here.

11 Guest: Brian do you have..do have problems getting girls [otherwise],  
 12 Drew: [We can't].  
 13 (0) We gotta go to break.  
 14 Guest: (0) Oh he's gone..okay alright man.[good luck].  
 15 Adam: [I'm going] I'm gonna go with yes.  
 16 Drew: Yeah he seems to have a little trouble.  
 17 Adam: (0) Alright.  
 18 Drew: Trauma again,  
 19 trauma survivorship is what it's all about.  
 20 Adam: (0) (Hx) Alright.  
 21 [Try to--]  
 22 Drew: [Regres]sion in the face of trauma.  
 23 Adam: Alright.  
 24 Get over it.

### Smart Guys (Brian's call)

1 Adam: Yeah these guys are always the same..they're the same guy.  
 2 they're smart guys,  
 3 they have high I.Q.s,  
 4 they just..they're useless,  
 5 Guest/Drew: @@  
 6 Adam: They can't,  
 7 Guest: @  
 8 Adam: They can't figure out how to make any money or get laid with them.  
 9 And by the way..now hold on a second [Brian],  
 10 Drew: [They're] useless to you,  
 11 Adam: Well..here's what ah here's ah here's what you get,  
 12 you get a guy with a super high I.Q..  
 13 that doesn't translate into a nickel,  
 14 or an ounce of poontang,  
 15 and now you have an angry man.  
 16 Drew: Mm.  
 17 Adam: You see what I'm saying.  
 18 Who has to run around,  
 19 explaining how much smarter he is,  
 20 than all the other guys who are getting laid more,  
 21 and making more money.  
 22 Drew: Uh huh.  
 23 Adam: You see what I'm saying.

### Teen Choice Awards

1 Adam: Remember we did the ah what is it Teen Choice Awards,  
 2 Drew: (0) Oh yeah.  
 3 Adam: Who we going out there with.  
 4 Drew: Daisy Fuentes.  
 5 Adam: (0) Daisy Fuentes.  
 6 And Daisy's like,  
 7 we're all standing behind,  
 8 about ready to go out,  
 9 and she's like,  
 10 (H) <Q what are we gonna do Q>,  
 11 Drew: @@  
 12 Adam: and I'm like,  
 13 <Q well..we're not gonna do what's on the teleprompter Q>.  
 14 Guest:

15 Drew: So what happened was we get out there we're introducing the,  
 16 best love scene in ah film,  
 17 and ah Adam goes ah <Q yeah I just want everyone to know Q>.  
 18 <Q I personally masturbated to every one of these scenes Q>.  
 19 Guest: @@@  
 20 Drew: Teen Choice Awards.  
 21 Guest: @@ <@ Oh that's great @>.  
 22 Adam That's back when it was racy.  
 23 Guest: @@@  
 24 Adam It it's the older Teen Choice.  
 25 That's eighteen nineteen @@.

### **A Man of Exquisite Passion**

1 Adam: Drew is a man of exquisite passion,  
 2 Guest: @@  
 3 Adam: exquisite passion,  
 4 and can't understand how this works,  
 5 Drew can't (Hx) this is why Drew Drew can't even go to a strip club,  
 6 he cannot go because,  
 7 Guest:  
 8 Adam: he's a <@ man @> of such exquisite passion,  
 9 that he can't..look at a woman's,  
 10 Guest/Drew: @@  
 11 Adam: ah..rear end for three hours whilst ah,  
 12 drinking wine coolers and then go home.  
 13 He must rape.  
 14 Guest/Drew: @@  
 15 Adam: And he must be stopped before he rapes again.

### **The Storm of Testosterone**

1 Drew: Where'd you play.  
 2 Guest: Ah X I didn't even go further than high school,

3 I had some offers come in and from colleges and then ah,  
4 that was..pretty much the end of it,  
5 I fell in fell in love [after that],  
6 Adam: [Did that kind] of injury in high school.  
7 Guest: (0) and ah.  
8 Adam: Fell in love with acting.  
9 Guest: Eventually..yeah I did actually.  
10 Adam: Just fell in love with a man before that.  
11 Guest: (Hx) @@@ Not quite.  
12 Adam: Oh.  
13 Guest: But nah I di-I mean after that.  
14 I mean it was like I just lost focus,  
15 yeah,  
16 I fell in love with this girl,  
17 and ah,  
18 Adam: Yeah.  
19 Guest: I just was like,  
20 put baseball to the...back burner.  
21 Adam: (0) I'm trying to think of..ah,  
22 how how many ah high school athletes ah.  
23 a little consistent tail,  
24 has ah,  
25 ruined the career of.  
[...]  
26 Drew: Why do primate males go out and show off and stuff,  
27 th- that's,  
28 they're looking for it ((SEX)).  
29 Adam: Yeah..but then once—  
30 But they get it,  
31 and it's it's no need to.  
32 Drew: (0) Why do it.  
33 Adam: yeah,  
34 who the hell wants to do two a day,  
35 you'd be [good at X]  
36 Guest: [That's true] a lot of that is true,  
37 I mean everything,  
38 that..guys do,  
39 I think,  
40 for the most part,  
41 has to do with getting laid.  
42 Drew: (0) Yes,  
43 everything.  
44 Guest: (0) I mean,  
45 [just the X]  
46 Drew: [Tha- that's] the motivational priority ((NOISE FROM GUEST)),  
47 it may,  
48 it may not be the totality of what they're experiencing.

49 but it's the priority.  
 50 [Absolutely].  
 51 Adam: [X]  
 52 Guest: [Yeah]  
 53 And it's not a bad thing,  
 54 Adam: Nah.  
 55 Guest: I mean,  
 56 it's it's just a thing that [makes you]—  
 57 Drew: [Well the bad] thing,  
 58 no,  
 59 the bad thing,  
 60 is that we don't talk about that as a culture,  
 61 and women aren't taught to sort of...help..to deal with that,  
 62 X that they don't think that way.  
 63 Guest: Right.  
 64 Drew: They they're thinking a little bit differ-  
 65 They're not under that storm of testosterone.  
 66 Adam: Well maybe-  
 67 Drew: And if they understand wh-  
 68 Can't understand what how guys work,  
 69 Guest: Right..exactly.  
 70 Drew: (0) Look at <X the X> reality.

**Jessica, 16** (Asks if her boyfriend is only interested in sex)

1 Drew: Listen..Jessica,  
 2 sh- she's processing like a sixteen year old not like a twenty year old,  
 3 that's the problem here.  
 4 Adam: Yeah.  
 5 Drew: a twenty year old male is having a relationship,  
 6 because of sex..period,  
 7 that that's all twenty year old males.

**Katie, 20** (question about minimizing pain during intercourse; pain is caused by her endometriosis)

1 Drew: My first question is why wasn't your endometriosis treated,  
 2 because if that's controlled,  
 3 the pain will go away.  
 4 Katie: See I have a really bad ca- it's growing up um...around my spine,  
 5 and I have it all over my..uterus,  
 6 they went in [X]  
 7 Drew: [Why] wasn't it treated.  
 8 Katie: Well they just found out about it.  
 9 Um,  
 10 they did a surgery in December,  
 11 and they couldn't take it all out at once,  
 12 and they're doing another one ((HMMM FROM HOSTS)),  
 13 cause I have cysts again.

14 Adam: Were you ev- were you ever molested.  
 15 Katie: No <@ I was not ever molested @> ((HMMM FROM HOSTS)).  
 16 Drew: You sure.  
 17 Katie: No I wasn't.  
 18 what are you <P talking about P>.  
 19 Drew: (0) Beca- well because that's the other way,  
 20 that women get unexplained pelvic pain that can't be controlled.  
 21 Katie: No,  
 22 I've [never],  
 23 Drew: [It's a very] very common,  
 24 very common way in fact,  
 25 that that happens.  
 26 So...(H) and that's why,  
 27 the reason we jumped on that is,  
 28 why are you calling,  
 29 if you're having your endometriosis aggressively treated,  
 30 Adam: (0) <P Hold on P>,  
 31 Drew: (0) because that's obviously the treatment for your pain.  
 32 Adam: (0) <WH Drew,  
 33 let me ask her a trick question WH>.  
 34 Drew: (0) <P Alright go ahead X P>.  
 35 Katie: Is that a [X],  
 36 Adam: [Hold on] hold on.,  
 37 Katie,  
 38 Katie listen to me.  
 39 <MRC Were you ever..not molested MRC>,  
 40 Guest: @  
 41 Drew: @@

**Joel, 16** (lack of sensation in his penis)

1 Joel: I don't-  
 2 I don't really have...very much feeling,  
 3 down,  
 4 in my penis,  
 5 and stuff,  
 6 and like,  
 7 Drew: Mm hm,  
 8 Joel: takes like an hour,  
 9 and <X stuff like [that X>],  
 10 Adam: [Gotta] kill yourself.  
 11 Joel: Huh.  
 12 Drew: Do you ma-  
 13 Adam: (0) Rarely say this,  
 14 but you gotta kill yourself.  
 15 Drew: (0) Do you masturbate.  
 16 Joel: Uh yeah,  
 17 but it-

18 Drew: (0) And you.  
 19 Joel: <@ Takes like an hour for that too @>.  
 20 Adam: Wow.  
 21 Drew: (0) Are you on any medication.  
 22 Joel: Um,  
 23 I'm on Lexipro.  
 24 Drew: Alright well that will do that.  
 25 Adam: What's that Lexipro do Drew.  
 26 Drew: (0) Anti-depressant.  
 27 It's a good one,  
 28 but that will that will shut you down sexually a bit.  
 29 Joel: Alright,  
 30 well-  
 31 Drew: (0) What's the what's the [dos-],  
 32 Joel: [X I] just got on.  
 33 Lexipro,  
 34 I guess like,  
 35 a year ago,  
 36 and um,  
 37 it's it's been like this,  
 38 since I've been like,  
 39 thirteen.  
 40 Drew: Well--  
 41 yeah listen,  
 42 by sixteen,  
 43 you should be getting into a little more of a stride,  
 44 and it's,  
 45 it's shutting you down further,  
 46 is what I'm telling you.  
 47 Joel: Alright.  
 48 Drew: (0) What's the dose,  
 49 you're on Lexipro.  
 50 Joel: Alright.  
 51 Drew: What's the [dose].  
 52 Joel: [Twenty] milligrams.  
 53 Drew: Twenty.  
 54 That's a good sized dose.  
 55 X ten,  
 56 Adam: (0) It is.  
 57 Drew: Ten is sort of an average dose.  
 58 Adam: Aah ((SOUND OF DISBELIEF)).  
 59 Drew: So you gotta talk to your doctor about this,  
 60 th- there is,  
 61 you know there's,  
 62 other anti-depressant medicines,  
 63 that do not have this side effect.  
 64 and Lexipro's a good one,

65 it's not not wh- not very much.  
66 it's not very powerful,  
67 in terms of its suppression of sexual activity,  
68 but it can certainly do that.

69 Adam: Well.what's ah,  
70 going on:  
71 you been—  
72 You say taking this since thirteen.

73 Joel: Well no,  
74 I been taking it,  
75 for like a year,  
76 so,  
77 Drew: (0) Th- the other thing ((MUMBLING FROM GUEST)),  
78 the other thing that can.  
79 that can get you cut off from you body,  
80 is if you were sexually abused or physically abused,  
81 did that happen to you.

82 Joel: (0) Ah no I wasn't.

83 Drew: No.  
84 Alright,  
85 so you just gotta get medicines adjusted.

86 Adam: Well Drew,  
87 what- X

88 Guest: (0) What are you depressed about man.

89 Adam: Yeah what're you depressed about.

90 Joel: Ah.just,  
91 I don't know,  
92 just,  
93 a lot of stuff's going on.  
94 Like my parents are..divorced and ah,

95 Adam: Ah..cry me a river buddy.

96 Joel: @@

97 Adam: My parent's were divorced,  
98 I was getting rejected from Taco Bell,  
99 when I your age.

100 Joel: @@

101 Adam: You got a girlfriend,  
102 you're getting laid,

103 Guest: @

104 Adam: you live in Denver for Christ's sake,  
105 how bad could it be.

106 Joel: Yeah..I don't know.

107 Adam: Alright.  
108 Aah,  
109 ah take some walks,  
110 start listening to classical music,  
111 do some push ups.

**Mikela, 13** (huffing)

- 1 Adam: Mikela.  
 2 Mikela: Yes.  
 3 Adam: You're thirteen.  
 4 Mikela: Yes.  
 5 Adam: What's [up].  
 6 Mikela: [Okay] Adam,  
 7 I absolutely adore you.  
 8 and Drew.  
 9 your book was amazing.  
 10 I loved it.  
 11 Adam: Oh [wow].  
 12 Drew: [Thanks] Mikela.  
 13 Mikela: Okay my question is for Drew.  
 14 Over the past few months.  
 15 I've been huffing like a lotta lotta inhalents,  
 16 Drew: [Yea],  
 17 Adam: [Sure],  
 18 that's why she loves the book.  
 19 Drew: How do you--  
 20 She would huff and read,  
 21 Adam: (0) Mm hm,  
 22 Drew: (0) it makes it seem that much better.  
 23 ((CLEARS THROAT)) How do you get the inhalants,  
 24 what do you,  
 25 what are you using.  
 26 Mikela: I've been using like,  
 27 bathroom sprays and Glade plug-ins and Sharpies and glue.  
 28 Drew: So [XX],  
 29 Adam: [<@ Glade] plug-ins @>,  
 30 Drew: so you're using propellants.  
 31 and,  
 32 sort of just just hydrocarb-  
 33 just things that are liquid.  
 34 right.  
 35 Mikela: Yea.  
 36 Drew: You're just soaking liquids,  
 37 and putting in a bag or [something].  
 38 Adam: [how do] you,  
 39 how do you get a buzz off those Glade plug-ins.  
 40 Mikela: You just put them in a Ziploc bag,  
 41 Drew: [Put in a bag],  
 42 Mikela: [and then you] put it to your mouth,  
 43 and you take it in through your nose and out your mouth.  
 44 Drew: yeah.  
 45 Adam: That'd be funny,

46 it's like,  
47 somebody farts,  
48 and it smells like ah,  
49 it smells like ah pine,  
50 Drew: Because they've been huffing so [much].  
51 Adam: [ $\leq$  yea] like,  
52 like ah you start farting air freshener,  
53 Drew: (0) You tell these,  
54 you tell these guys it'll make their semen taste differently,  
55 that's what they'll start doing.  
56 Adam: (0) Oh really.  
57 Drew: (0) Yeah.  
58 But listen,  
59 Mikela this is a really serious deal  
60 [inhaling hydrocar-],  
61 Mikela: [Yeah IX],  
62 Drew: yea,  
63 inhaling hydrocarbons,  
64 <MRC damages the brain,  
65 very profoundly MRC>.  
66 Mikela: well [X],  
67 Adam: [She'd just get a headache from that].  
68 Drew: You do because basically you—  
69 The oxygen supply is sort of gone to your head,  
70 and it kills brain cells quite effectively,  
71 and uh,  
72 I've seen a lot of people,  
73 that that have done this a bunch,  
74 in their adolescence,  
75 and they do not survive into their even young adulthood,  
76 with <MRC with intact brains MRC>.  
77 They're they're obviously impaired,  
78 their cognition,  
79 their ability to think is impaired,  
80 their personalities are changed,  
81 Adam: Yea they're,  
82 Drew: their moods are off,  
83 it's it's a really an awful thing to see.  
84 So please don't [become],  
85 Mikela: [Yeah],  
86 well I'm trying to quit.  
87 Drew: Well if you need help with it,  
88 if there's something else you're trying to manage,  
89 some awful feelings or trauma issues,  
90 that are sort of left unresolved,  
91 go get help with that.  
92 Don't s- stick you're face in a baggie.

93 Mikela: Okay but,  
 94 Drew: What.  
 95 Mikela: but recently like I've been having like shortness of breath and coughing  
 96 Drew: Yeah you can you can get some stuff with that too yea you—  
 97 Mikela: I was,  
 98 I know it's from the inhalants,  
 99 but I was just wondering like.  
 100 what exactly it's doing to me.  
 101 Drew: You can get,  
 102 you can get an inflammation of the small air sacs,  
 103 in the lungs,  
 104 and it can actually be quite serious,  
 105 but usually it's a pretty mild thing,  
 106 but yea you can get a you get a serious.  
 107 what called pneumonitis,  
 108 which is like a non infectious pneumonia basically,  
 109 Adam: Yeah,  
 110 huffing is such a crappy [high].  
 111 Drew: [X Well] urn,  
 112 no they say it's a good high,  
 113 but it's crappy behavior.  
 114 Adam: Half that huffing is is the huffing part though.  
 115 Drew: Just breathing hard.  
 116 Adam: Yea.I mean look,  
 117 I swear to.christ,  
 118 if I put a bar of soap in a in a bag.  
 119 and I told somebody,  
 120 <Q hey man,  
 121 this is really gonna f you up dude but you gotta kinda hyperventilate,  
 122 and you,  
 123 ((HEAVY BREATHING)) and you gotta do it,  
 124 and then just sit back on the sofa and just close your eyes Q>,  
 125 ..seven eighths of the retarded teens I did this to would say that had a,  
 126 they got a good buzz off it.  
 127 Drew: Mm hm.  
 128 Adam: I mean it's jus-  
 129 part of it's the hyperventilating part of the ah huffing.  
 130 Alright don't do that.  
 131 The th- nothing worse.

Shawn, 14 (question about cocaine; guest is Pink)

1 Adam: How long does coke stay in your system Drew.  
 2 Let's take this call very quickly.  
 3 Shawn.  
 4 Shawn: Yeah.  
 5 Adam: You're fourteen.  
 6 Shawn: Yeah.

7 Adam: Have you done coke.  
8 Shawn: Yeah I did it [last X],  
9 Adam: [you have—]  
10 Drew: (0) fourteen,  
11 Shawn: (0) mm hm,  
12 Drew: (0) mm.  
13 Adam: How much is coke running a gram these days.  
[Talk of drug costs and joking from Adam...]  
14 Guest: Coke's only in your body.  
15 for like,  
16 a couple days,  
17 right.that's why people do it,  
18 Adam: (0) That's right,  
19 Drew: (0) Not even that.  
20 mostly twelve to twenty-four hours,  
21 up to thirty-six.  
22 Guest: (0) Yeah.  
23 Shawn: Really.  
24 So like after that,  
25 they wouldn't be able to detect it in a test.  
26 Drew: Correct.  
27 That is correct.  
28 Unless they do a hair analysis or something but even that's un- unreliable,  
29 Adam: (0) But ah Shawn,  
30 Shawn.  
31 You're you're fourteen,  
32 you got a problem Shawn,  
33 Shawn: Yeah.  
34 Adam: yeah don't,  
35 don't be ah,  
36 getting into coke at fourteen.  
37 Shawn: Alright.  
38 Drew: [Yeah],  
39 Adam: [Yeah],  
40 I know you're not going to listen ((@ FROM GUEST)) but it really,  
41 I mean it's just not gonna work at fourteen.  
42 I'm I'm not sure what direction you go.  
43 do do you know what I mean.  
44 Drew: (0) Right.  
45 Adam: (0) What what'd you do.  
46 You like the coke.  
47 so you do it ah twice a year until you're in your thirties,  
48 or do you just,  
49 get some momentum and spin off the deep end [of life].  
50 Drew: [and keep] rolling,  
51 Adam: (0) yeah,  
52 you end up selling,

53            your ah ten speed,  
 54            to try to get money,  
 55 Drew:     (0) yeah,  
 56 Adam:     (0) yeah.  
 57            Alright.  
               [The call closes and Adam goes to a commercial break.]

**Lynne** (relationship advice)

1 Drew:      Do you gravitate.  
 2            to abandoning guys.  
 3 Lynne:     No no,  
 4            not at all,  
 5            I very —  
 6            and I think —  
 7            I mean I,  
 8            I am probably more strict,  
 9            than I maybe,  
 10           I would have been,  
 11 Adam:     (0) Yeah see she's smart,  
 12            [she a- she],  
 13 Drew:     [More more] what.  
 14 Adam:     Strict.  
 15 Drew:     Strict about what.  
 16 Adam:     Well about who she chooses to go out with.  
 17 Drew:     Is that what you mean.  
 18 Adam:     (Hx) uhh,  
 19 Drew:     Come on.  
 20 Adam:     Lynne,  
 21 Lynne:     Uh huh,  
 22 Adam:     <SGH what did you mean by strict SGH>.  
 23 Lynne:     Well like you said,  
 24            like if I,  
 25            I have like um greater expectations,  
 26            of not (Hx)..I don't know how explain it,  
 27 Adam:     (0) H- [higher],  
 28 Lynne:     [Like] as far as like who I go out with X.  
 29 Adam:     (0) higher standards.  
 30 Lynne:     Yeah yeah exactly,  
 31 Adam:     (0) Alright.  
 32            S-I know what everyone's saying,  
 33            by their tone,  
 34            Drew doesn't know,  
 35            cause he's a robot,  
 36            so he doesn't know,  
 37            what people,  
 38            he doesn't know what they mean,  
 39            by their tone,

40 he only know the words that come out of their mouth.  
 41 Drew: Right.  
 42 Adam: And sometimes,  
 43 the words are ambiguous,  
 44 so he doesn't know what they're saying,  
 45 Drew: Cannot compute.  
 46 Adam: <Hx @@@ Hx>,  
 47 <@ It's <Q does not compute Q> Drew @> @@.

### The Lone Wolf

1 Adam: When guys get,  
 2 and tell me if you agree with or not.  
 3 Guys have to feel like they're sort of..autonomous,  
 4 to a certain degree.  
 5 Drew: (0) Um hmm.  
 6 Adam: We- we don't really want to nest,  
 7 that badly.  
 8 Drew: (0) Um hmm.  
 9 Adam: And,  
 10 even when we are nesting,  
 11 we like to feel like we have a X a little,  
 12 ah.like's it like alone wolf.  
 13 that a roams in a very small cage.  
 14 Drew: No it's like the wolf,  
 15 you just,  
 16 you you're just..circumnavigating the territory,  
 17 the nest is inside but you're you're just checking out the perimeter.  
 18 Adam: Yea.  
 19 Drew: (0) Yea yea.  
 20 Adam: (0) But I,  
 21 I just mean,  
 22 even when we get into the nest,  
 23 we like to be left alone a little bit.  
 24 There's nothing better.  
 25 Women can't stand this,  
 26 but there's <ARH nothing better ARH>,  
 27 than when the woman goes out,  
 28 on a girls' night out thing,  
 29 and the guy's got the house to himself,  
 30 and he's just camped out the whole night,  
 31 not worried about anyone wanting anything from them,  
 32 <A because A>,  
 33 women always want something from us,  
 34 or are telling us what we're not doing so good.

**Reannan** ("stupid teenage question" about guy she was kind of going out with, but he hasn't called her in the last few weeks)

1 Drew: What's your question.  
 2 Reannan: I don't know what I should do.  
 3 like [IX],  
 4 Drew: [Don't] talk to him.  
 5 Adam: (0) Don't do any[thing],  
 6 Drew: [Do]n't do anything.  
 7 Just don't talk to him.  
 8 Reannan: Just leave it alone.  
 9 Drew: Leave it alone.  
 10 XXXX ((FLASE STARTS, UNDECIPHERABLE)).  
 11 You gotta.  
 12 I like the way she phrased this,  
 13 as a stupid <@BR teenage BR@> question.  
 14 cause it's not stupid.  
 15 It's the first time she's experienced this.  
 16 Adam: (0) Mm hm.  
 17 Drew: And she just,  
 18 somebody to say,  
 19 <Q yeah you're right st- it's it's over Q>.  
 20 You need to hear [that],  
 21 Adam: [Right],  
 22 Right.

**Marissa, 23** (fiance's father offered her money to perform oral sex

1 Adam: And..he's he's an alcoholic,  
 2 Drew: Must be.  
 3 Adam: (0) he's gotta be an alcoholic.  
 4 Marissa: Probably,  
 5 I don't really know him.  
 6 him [that well].  
 7 Drew: [remember],  
 8 Marissa's dad was an addict too if I remember right,  
 9 Adam: (0) Oh really.  
 10 Is your dad an addict.  
 11 Alcoholic.  
 12 Marissa: Ah yeah.

**Kristin, 14** (question about husband's penis; guest is Mancow)

1 Adam: Kristin.  
 2 Kristin: Yes,  
 3 Adam: You're fourteen.  
 4 Kristin: Yes,  
 5 Adam: What's up.  
 6 Kristin: What's up..um okay,  
 7 I've been married for almost a month,  
 8 and um like,  
 9 when we first started having sex,

10 there wasn't no problem with his penis or anything,  
11 Drew: You're fourteen.  
12 Kristin: Yes.  
13 Drew: How old is he ((MUFFLED @@)).  
14 Kristin: Yes.  
15 Drew: How old is he.  
16 Kristin: He's nineteen,  
17 Adam: He's nineteen.  
18 Kristin: Yes.  
19 Drew: We're you pregnant or something,  
20 why why'd you get married.  
21 Kristin: No,  
22 Adam: <X Nah X>.  
23 Kristin: No we just got—  
24 We've known each other,  
25 for like.three years.  
26 Adam: [Three years].  
27 Drew: [Three years].  
28 Guest: [Three years].  
29 Adam: You can only keep a girl waiting so long these days.  
30 Drew: So you started dating him when you were..eleven,  
31 ..and he was <ARH seventeen or so ARH>,  
32 Kristin: Like,  
33 I think he was sixteen,  
34 weren't you,  
35 were you sixteen ((SAID TO HUSBAND)).  
36 Yeah he was sixteen.  
37 Drew: And you were eleven.  
38 Kristin: Yeah.  
39 Drew: My daughter's eleven.  
40 Adam: Yeah uh,  
41 no she's ten and a half.  
42 Big difference,  
43 big difference,  
44 Plus this is an Indianapolis eleven.  
45 Your your daughter's all full of,  
46 ice skating and Hello Kitty notepads,  
47 this is all like,  
48 ruffies and rum.  
49 Guest: @@@ Oh my god.  
[More harassing of her age and marital status...]  
50 Drew: Ah Kristin,  
51 what's wrong with his penis.  
52 Kristin: Okay urn,  
53 Adam: It's attached to him ((@ FROM GUEST AND KRISTIN))  
54 That's the thing,  
55 that's,

56 that's the number one thing that's wrong,  
57 with this guy's [penis].  
58 Drew: [Yea] I should say.  
59 Adam: Yeah.  
60 Kristin: Okay,  
61 he's not circumcised,  
62 alright,  
63 Drew: Yeah.  
64 Kristin: That's one thing @.  
65 <MRC The piece of the skin that's attached to the MRC>,  
66 Drew: Yes,  
67 Kristin: The foreskin,  
68 Drew: Right,  
69 Kristin: Okay there's like a rip or tear or,  
70 Drew: Okay it keeps [tearing],  
71 Kristin: [I don't] know.  
72 It looks like another hole.  
73 Adam: Another hole.  
74 Drew: It may just be an ulcer there.  
75 Adam: Alright,  
76 Drew: (0) Yeah.  
77 Kristin: Like,  
78 cause you know,  
79 we've been having sex like,  
80 really [often],  
81 Drew: [Alright] so he tore something,  
82 there.  
83 That's maybe,  
84 he'll wear a condom in the meantime,  
85 until that thing heals up okay.  
86 Kristin: Okay.  
87 Adam: Does he know what a condom is.  
88 Kristin: <@ Yes @>.  
89 Drew: Alright,  
90 because [you],  
91 Adam: [Okay],  
92 Drew: you can get stenosis,  
93 and what did,  
94 what did the what did the ah urologist,  
95 say last week,  
96 we had uh Jennifer Burman up here,  
97 Adam: Right X,  
98 Drew: She said it wasn't stenosis.  
99 she called it something,  
100 Adam: (0) she called it something else.  
101 but then she went back and [said it was stenosis].  
102 Drew: [said it was stenosis],

103            alright.  
104 Adam:    Hey Kristin.  
105 Kristin:   Yes.  
106 Adam:    So you're fourteen.  
107            and you're married.  
108 Kristin:   Yes.  
109 Adam:    And uh,  
110            are you pregnant.  
111 Kristin:   No.  
112 Adam:    Are you doing anything for protection.  
113 Kristin:   Yes.  
114 Adam:    What are you doing.  
115 Kristin:   Well I have birth control pills,  
116 Adam:    You do.  
117            You take them everyday.  
118 Kristin:   Yes.  
119 Drew:     Halleluiah.  
              [More teasing...]

## APPENDIX B

## TRANSCRIPTION CONVENTIONS

As noted in Section 1.6 of Chapter I, the data for this thesis were transcribed using a modified version of the transcription conventions from DuBois et al. (1993). The relevant notational symbols used in the transcriptions are described in this appendix.

*Speech continuity and units*

- A comma indicates continuing intonation
- A period indicates final intonation
- A hyphen indicates a truncated word
- A double hyphen indicates a truncated intonation unit

*Turn-taking*

- [ ] Aligned square brackets around linguistic material indicate speech overlap
- (0) A zero placed within parentheses indicates latching

*Pauses*

- Two dots indicate a short pause (0.2 seconds or less)
- Three dots indicate a medium pause (0.3 to 0.6 seconds)

*Vocal noises*

- (H) Audible inhalation
- (Hx) Audible exhalation
- @ Laughter; one symbol equates one "syllable" of laughter

*Voice quality*

- <F F> Forte: Loud
- <P P> Piano: Soft
- <A A> Allegro: Rapid Speech
- <MRC MRC> Marcato: Each word is distinct
- <ARH ARH> Arrhythmic: Halting speech
- <WH WH> Whispered
- <BR BR> Breathily
- <SGH SGH> Sighing
- <Q Q> Quotation quality

*Transcriber's perspective*

- ((CAPS)) Double parentheses around words in capital letters indicate comments made by the transcriber

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