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WHO ARE THE EXPERTS? MEDICALIZATION IN TEEN MAGAZINE ADVICE COLUMNS

Janice McCabe

Teen magazines are ubiquitous in adolescent girls' lives, as evidenced by their high rates of readership – approximately 90 percent of U.S. adolescent girls read them at least occasionally (Currie, 2001; Evans, 1990; Milkie, 1995, 2002) – and by the large number of issues sold each month – the leading magazines *Seventeen* and *YM* each have circulation rates nearing three million (LaGuardia, Katz, & Katz, 2002). Advice columns are girls' favorite items to read in teen magazines (Currie, 1999) and one site where teenage girls turn for answers to their questions about what are “normal” bodily changes and feelings. Until recently, discussions of female adolescent sexuality and bodies were not routinely part of public discourse, including that in teen magazines. Sources on women's health, such as *Our Bodies, Ourselves for the New Century*, point to the importance – for both health and well-being – of women learning about their bodies and talking with other women about their bodies (Boston Women's Health Collective, 1998). Therefore, with their discussions of traditionally taboo topics and their information and advice to girls who are curious about these topics, teen magazine health advice columns may be an encouraging development for adolescent girls and their health and well-being. Although the presence of

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these columns is liberating, we know little about the messages they present to teenage girls.

Sociological theory on medicalization suggests that girls, women, and other less powerful groups are increasingly subject to medicine's authority over their bodies and their lives. Because at adolescence girls suffer a significant drop in self-esteem (American Association of University Women, 1991; Block & Robins, 1993; Bolognini, Plancherel, Bettschart, & Halfon, 1996; Brown & Gilligan, 1992; Martin, 1996; Orenstein, 1994; Polce-Lynch, Myers, Kliever, & Kilmartin, 2001; Simmons & Blyth, 1987), teenage girls may be especially vulnerable to medicalization. Some researchers suggest this sudden drop in self-esteem may be due not only to teenage girls' changing bodies, but also to the negative discourse in our culture surrounding women's bodies and sexuality (Brumberg, 1997; Martin, 1996; Polce-Lynch et al., 2001). Many girls receive limited information about these bodily changes and often feel ambivalent about puberty (Martin, 1996). Health advice columns in teen magazines are one place where explicit discussions of girls' bodies, health, and sexuality take place.¹ Specifically, health advice columns represent one site where female youth may (or may not) come to respect medicine's pronouncements on how people should think about their bodies and what they should do with them. What kind of information and advice is being given in these columns?

Through a content and textual analysis of the health advice columns in *Seventeen* and *YM* (the two leading "mainstream" teen magazines) and those in *New Moon* and *Teen Voices* (two "alternative" teen magazines) from 1998 to 1999,² this paper analyzes the questions posed and advice given in the columns using the theory of medicalization to interpret the messages. The analysis suggests that mainstream advice columns present norms and standards for teenage girls through their focus on medical authority, medical language, citation of medical experts, and "normality," especially regarding sexuality and body issues. In contrast, the girls' advice in the alternative magazine is less medicalized, advocates multiple explanations and multiple authorities on the body, and occasionally recognizes problems as socially produced. Through a format where girls answer other girls' questions, girls are cultural producers in addition to being consumers of health and medical knowledge. While this paper highlights problems surrounding medicalization in teen magazines, it also attempts to illustrate the complexities in this process. For example, while columns in mainstream magazines bring adolescent girls' concerns about their bodies and sexuality into public discourse, they also privilege the medical professions' knowledge over that of other adults as well as adolescent girls through their use of

doctor citations, doctor referrals, and medical language. In addition, these columns provide adolescent girls with information – albeit limited and medicalized information – about their bodies and health. In the next section, I explain the theoretical framework for this paper and consider research on the content of teen magazines and their potential effects on adolescent girls' behavior and perceptions of their bodies.

BACKGROUND AND THEORY

Theoretical Framework: Medicalization

Medicalization is the increasing social control of the everyday by medical experts. It is a key concept in the sociology of health and illness because it sees medicine as not merely a scientific endeavor, but a social one as well. Medicalization is a "process whereby more and more of everyday life has come under medical dominion, influence, and supervision" (Zola, 1983, p. 295); previously these areas of everyday life were viewed in religious or moral terms (Conrad & Schneider, 1980; Weeks, 2003). More specifically, medicalization is the process of "defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to 'treat' it" (Conrad, 1992, p. 211). Sociologists have used this concept to describe the shift in the site of decision-making and knowledge about health from the lay public to the medical profession.

Many early writings regarded medicalization as a negative development in Western societies. Labeling something as a medical problem makes it an individual concern, thereby discouraging individuals from discussing their "problem" with others, recognizing non-medical solutions, or attempting to understand the social causes of their "problem" (Conrad & Schneider, 1980; Zola, 1972). Recently, researchers have questioned this simple characterization and, instead, have argued that medicalization is a complex process (Broom & Woodward, 1996; Conrad, 1992; Garry, 2001; Purdy, 2001; Riessman, 1983; Williams & Calnan, 1996). At times, medicalization is beneficial because it may be accompanied by research, medical interventions, and new treatments (Broom & Woodward, 1996; Conrad & Schneider, 1980). Medicalization is not only a top-down process as individuals sometimes embrace it (Foucault, 1979; Oinas, 1998; Riessman, 1983). Medicalization can have both constructive and destructive outcomes.

Medicine is an influential institution; medical knowledge both reflects and reproduces gendered social and cultural structures. Some scholars argue that women are especially at risk for medicalization and are the main targets in the expansion of medicine and the medical profession (Boston Women's Health Collective, 1998; Ehrenreich & English, 1979; Garry, 2001; Levy, 1992; Riessman, 1983; Weitz, 1998). Young women may be especially vulnerable to medicalization. Teenage girls are at an age where they experience many bodily changes and have to figure out what they mean. In recent years, many aspects of women's experiences have been medicalized: exercise and eating problems (Hesse-Biber, 1996), cosmetic surgery and body shaping (Sullivan, 1993), menopause (Bell, 1987; Coupland & Williams, 2002; Martin, 1987), premenstrual syndrome or premenstrual dysphoric disorder (PMDD) (Figert, 1996; Martin, 1987), and, most recently, female sexual dysfunction (Moynihan, 2003; Purdy, 2001). For example, the debate over the naming of PMDD and its inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM) illustrates both the "positive" effects (e.g., the term legitimates and legitimizes a condition that many women report and it stimulates thought and research on the topic) and the "negative" effects (e.g., it may be stigmatizing since it is only women's – not men's – hormones that are seen to cause mental illness) of medicalization (Figert, 1996). While medicalization can serve to control bodies (especially those of women), it also can provide care (Morgan, 1998; Purdy, 2001) and be used for "genuine empowerment" (Morgan, 1998, p. 115). As stated earlier, medicalization is, at times, a constitutive process (Foucault, 1979; Oinas, 1998; Riessman, 1983) in which girls, in the case of teen magazine readers, may willingly participate to define "normal" female behavior. Therefore, advice columns in teenage magazines may offer particular insight regarding theories of knowledge, power, and gender.

Girls and Teen Magazines

Mainstream teen magazines are widely read and, through their focus on heterosexual romance and physical appearance, play a part in socializing adolescent girls to be "proper" young American women. Research finds that these magazines focus on the theme of self-improvement through fashion, beauty, and traditional heterosexual femininity (Evans, Rutberg, Sather, & Turner, 1991; McRobbie, 1991; Peirce, 1990). In her best-selling book *The Body Project*, Brumberg (1997) remarks that starting in the 1980s, information about contraception and protected sex (with the "right" boy and

when the girl is "ready," following the magazines' dominant sexual script) is included in *Seventeen's* advice columns. Brumberg argues that although this adolescent sexual behavior is not new, it was, until recently, excluded routinely from public discourse.³ Research shows that the sexual scripts in mainstream teen magazines frame sexuality in terms of heterosexual romance rather than girls' sexual desire, portraying girls, not as sexual subjects, but as the gatekeepers of sex (Carpenter, 1998; Durham, 1998; Fine, 1988). No sociological research has focused on the content of alternative magazines, such as *New Moon*, and few on teen zines (Kearney, 1998; Schilt, 2003), although a few scholarly pieces have noted their growing popularity and have applauded the alternative femininities they offer girls (Bayrl, 2000; Gonick, 1997). These researchers have noted the need for examinations of the texts that girls produce as well as those created for them to consume (Kearney, 1998; Schilt, 2003).

Regardless of mainstream teen magazines' general focus on heterosexual romance, fashion and beauty, some researchers find that politicized and/or feminist subtext and positive images, while limited, are present in these magazines as well (Budgeon & Currie, 1995; Currie, 1994; Peirce, 1990; Schlenker, Caron, & Halteman, 1998). Budgeon and Currie (1995, p. 175) argue that although teen magazines seem to naturalize and reinforce traditional gender roles for girls who read them, the messages are not all traditional or all negative. Instead, they found that some of these images promote non-traditional roles for women, although there are few direct references to feminism or the women's movement. Still, these authors do not address the role that health advice columns specifically play in reinforcing traditional or non-traditional gender norms, or whether this range of images is present in these columns.

Studies on the readers of teen magazines find that the influence these magazines have over girls is not total. Girls do not just passively accept teen magazines' discourse about what it means to be an adolescent girl. Meaning is negotiated in a wider cultural context; therefore, not all young women internalize the same messages to the same extent (Bordo, 1993; Currie, 1999; Duke & Kreshel, 1998; Gonick, 1997; McRobbie, 1991; Milkie, 1994, 1995, 1999). Certainly, reading these magazines feels like a pleasurable, rather than oppressive, act for many girls and women (Budgeon & Currie, 1995; Currie, 1999; Fiske, 1989; Hollows, 2000; McCracken, 1993; Winship, 1987). Nonetheless, even when girls are critical of magazines' images and messages, these images negatively affect girls' self-esteem according to both qualitative and quantitative examinations of the consequences of girls' media interpretations (Milkie, 1995, 1999). In summary, research on youth and

magazines suggests that the content of these messages is complex, thus inviting further detailed examination.

Magazine Advice Columns

Although health advice columns are present in many girls' and women's magazines, very little research has been conducted on them. In one of the few studies that examine advice columns in teen magazines, McRobbie (1991, p. 155) observes that the "problem page" – an advice column in British teen magazines for girls such as *Just Seventeen*, *Jackie*, *Patches*, *Blue Jeans*, and *My Guy* – is appealing because it promises confidentiality and advice for girls' "problems" and concerns. Furthermore, the problem page is important to study because it provides girls with "the strongest definitions of teenage femininity" (McRobbie, 1991, p. 165). Through a content analysis of teen magazines and individual and focus group interviews with teenage girls about "teenage fashion culture," Currie (1999, 2001) found that girls identify "questions and answers" as their favorite item to read in teen magazines. Approximately, three-quarters of 13- and 14-year-old girls read advice pages and that increases to nearly 90 percent of 15- and 16-year olds. Currie attributes part of their popularity to the framing of advice as "problems" rather than information, although she also notes that girls consider questions and answers to be "useful information" (Currie, 1999, pp. 166–168). Questions and answers are "useful information" not only for learning how to solve one's individual problems, but also for illuminating what types of problems are common among their peers, thereby serving a normative function as well. Chow's (1999) focus groups with girls about health advice in mainstream teen magazines also point to the normative functions of "health secrets."

Through her interviews with young readers, Currie (2001, p. 277) found that "the rejection or creative rewriting of advice texts was the exception rather than the rule." More often, girls compare their behavior "against the normalcy constructed by the text." Currie's (1999, 2001) interviews and focus groups with adolescent readers suggest that many girls take magazine advice constructions as "truth."⁴ Currie briefly discusses the content of health advice columns and notes that the magazine "often directs the reader to male professionals employing patriarchal definitions of womanhood" but does not discuss how these same references can function to socialize girls to respect medical authority over their bodies (Currie, 1999, pp. 183–184). In the only published empirical study that focuses on health or medical advice

columns in popular magazines, Oinas (1998) analyzed letters concerning menstruation answered by doctors in Finnish health, youth, and women's magazines in 1991. Oinas found that the questions written by young women are seldom medical in nature; rather, they express concerns about normality. The doctors, on the other hand, answer the questions with assurances that the young women need not worry because the medical profession can and will handle their problems and concerns. These findings point to the importance of a systematic study of the content of teen magazine health advice columns.

This paper explores the multiple messages present in health advice columns addressing a broad range of questions about health and bodies in U.S. teen magazines. In these magazines, girls' questions are not answered by doctors, but by other girls in the alternative magazines and by columnists in consultation with medical "experts" or doctors in the mainstream magazines. The questions this paper addresses are threefold. First, what topics and what questions are included in these columns? Second, what do columnists' (i.e., girls' in *New Moon* and *Teen Voices*) responses to girls' questions reveal about the multiple messages offered in teen magazine health advice columns? In other words, what information is presented to adolescent girls in these columns and how do they advise girls to solve their "problems"? Third, how is expert knowledge conveyed in the columns? Who is presented as an "expert" on girls' bodies, health, and sexuality? Specifically, how are physicians, other medical experts, and the medical profession represented in these columns? What is the relationship between the presentation of medical knowledge (including medical language) and lay understandings of girls' bodies in these columns? To answer these questions, I analyze both the manifest content – the characteristics of the messages presented in the columns – and the latent content – the meaning of these messages – (Holsti, 1969) in mainstream and alternative teen magazine advice columns.

METHODS

Sample

I chose four teenage magazines for analysis based on their circulation rates and their inclusion of a regular advice column aimed at adolescent girls addressing mental and physical health issues. The first, *Seventeen*, published since 1944, has approximately 2.4 million yearly subscriptions and sells over

450,000 copies from newsstands (Carr, 2003; LaGuardia et al., 2002, p. 1438; Striplin, Banks, Joseph, & Rasberry, 2002, p. 1905). According to their website, "Seventeen is a leading magazine for women, ages 12–24, each month reaching 14.45 million readers nationwide" so that one in every two female teens reads *Seventeen* (The Hearst Corporation, 2004). *Seventeen's* monthly health advice column is called "sex + body." The second magazine, *YM: Young & Modern*,⁵ reaches 9.1 million teens (G & J USA Publishing, 2004), has over 2.2 million yearly subscriptions and sells nearly 600,000 copies from newsstands (Carr, 2003; LaGuardia et al., 2002, p. 1439; Striplin et al., 2002, p. 1096). *YM* publishes ten issues per year; double issues are published in December/January and June/July. In 1998, *YM's* advice column was called "ask anything: the lowdown on life, sex, and your bod." In 1999 the title was changed to "ask anything: the lowdown on sex and your bod."⁶ In both magazines, a columnist (a young woman) in consultation with doctors and other medical experts answers readers' questions on health and body issues. Beyond circulation rates and the data presented earlier about readership of these columns, the magazines themselves reveal the extent to which girls rely on this advice. That the pages of these advice columns were often torn out of the magazines to such an extent that I had to travel to multiple public and university libraries to compile a complete set of columns for this 2-year period also confirms their popularity.

The third magazine, *New Moon: The Magazine for Girls and Their Dreams*, is an "alternative" magazine for girls. At about 30,000 readers, *New Moon* – a non-commercial magazine for girls and edited by girls⁷ with girls from "all over the world" as contributors – has a much lower circulation rate than *Seventeen* and *YM* (LaGuardia et al., 2002, p. 351; Striplin et al., 2002, p. 1905). *New Moon* has won many prestigious awards including the Parent's Choice Award and the National Organization for Women's Woman of Courage Award. *New Moon's* approach, with their "Ask a Girl" column, differs from the format used in *Seventeen* and *YM's* advice columns. According to *New Moon*: "Ask a Girl is an advice column for you and by you. We help each other and take our problems seriously. Here's how it works: We publish letters that ask for help or advice. In later issues, we publish your replies – advice or personal experiences you can share." Unlike the format used in the mainstream magazines, many of the questions in *New Moon* are printed with multiple answers.⁸

The fourth magazine, *Teen Voices*, is another "alternative" teen magazine edited and written by, for, and about girls and young women with circulation rates similar to *New Moon*. According to their website, most readers are girls 13–19 years old (Teen Voices Online, 2004). Women Express, Inc., a

non-profit organization, publishes *Teen Voices* four times a year. Magazine content is written by "girls from all over the world" and is edited by Boston-area teens in their journalism-mentoring program. Teens are matched with interns/volunteers, who are usually college students, and each team edits an aspect of the magazine. Unlike *New Moon*, *Teen Voices* includes ads "for products and services that enhance the reader's life, education, and/or entertain," but, unlike the mainstream magazines, has a policy to only accept advertisements that "do not exploit their audience through graphics or text." According to Alison Amoroso, a prior editor-in-chief of *Teen Voices* and co-founder of Women's Express, *Teen Voices* was established to "cut down on alienation, so common among teen girls, and provide good information in a helpful way, instead of through an uninspiring public health brochure" (Norton, 2001/2002). Their advice column was called "Dear Debbie" until 1998 when it became "Dear D." Like *New Moon*, questions are answered by girls, but there are many differences in this process between the alternative magazines. *Teen Voices'* advice column typically is focused around a theme. A team (often one or two teens advised by an intern) selects a topic from the submissions they have received from teens, they select material to appear in the column (often a couple of letters and a poem), and they compose a response. After the team has written an answer, it is sent to a social worker, who gives them feedback on the column (Ellyn Ruthstrom, 2004, *Teen Voices'* Managing Editor, personal communication).

Initially, I chose only the two mainstream magazines for analysis because they are the two most popular teen magazines, based on their circulation rates and wide readership. I had planned to compare *Seventeen* and *YM*; however, my analysis suggested the advice columns were operating in ways that were more similar than different. After my initial analysis, I was surprised by the extent of medicalization in the advice, regardless of the topic. I showed the paper to several colleagues and was struck by their reactions, particularly that they did not see the medicalized nature of the advice as problematic. Therefore, I felt it was important to seek out other comparisons and delve into the emerging market of alternative teen magazines. The problem became the lack of advice columns in such publications. *New Moon* and *Teen Voices*, however, fit the criteria for inclusion: they are aimed at teenage girls and each has an advice column. They also are two of the most established alternative magazines in the U.S. teen market. Unfortunately, during the 2 years of this analysis, the advice column in *Teen Voices* was not included in every issue, most likely because the column was transitioning from "Dear Debbie" (up through 1997) to "Dear D" (included in 1 issue in 1998, 2 issues in 1999, and nearly every issue thereafter). Because of the

small number of questions and answers published during these 2 years (six questions and answers), I include 3 years of *Teen Voices*. Therefore, my analysis encompasses the 15 questions, 11 answers, 3 poems, and 1 essay included in *Teen Voices*' advice column in 1997–1999. I also analyzed the 41 answers and 60 questions⁹ that appeared in the 12 issues of *New Moon* in 1998 and 1999 as well as the 175 questions and answers that appeared in the 44 issues – 24 issues of *Seventeen* and 20 issues of *YM* – of the “mainstream” magazines published in 1998 and 1999.

Coding Categories

Systematic analyses and close readings of advice columns in teen magazines are important because implicit messages can be overlooked easily. Budgeon and Currie (1995, p. 175) argue that, when they were teenagers, their own readings of teen magazines suggested that multiple discourses exist in teen magazines and many layers, including alternative interpretations, are overlooked when researchers do not fully examine the context of these magazines but rather analyze them by “simple counting without reading.” Their conclusions, as well as my own experiences with reading teen magazines as a teenage girl, encouraged me to combine content and textual analysis and led me to develop a detailed coding system for this study. I used both inductive and deductive theory as an analytical approach when coding the columns. Guided by the theory of medicalization, deductive reasoning was used to develop coding categories, such as “doctor citation,” “doctor quotation,” “doctor referral,” “other expert referral,” and “medical terminology.” Feminist theory guided the development of codes, such as “offer self-solution” and “ask/talk to other women.” Other codes such as “structural explanation,” “slang,” “slang and medical language,” and “explicit focus on normality” were developed inductively, based on the data.

Further illustrating the systematic nature of the content analysis, the question was coded as having an “explicit focus on normality” if it included a phrase or sentence such as “Am I normal?,” “Am I weird?,” or “Is something wrong with me?” Examples of words categorized as medical terminology are included in the appendix; the medical terminology found in these advice columns was cross-referenced with and validated by comparison to several medical dictionaries, including *Dorland's Illustrated Medical Dictionary* (1994), *Gould Medical Dictionary* (1979), *Mosby's Medical, Nursing, and Allied Health Dictionary* (1998), and *Webster's New Explorer Medical Dictionary* (1999). Theory was further refined through the use of

negative cases. For example, the three doctor referrals in *New Moon* magazine, described later, were initially negative cases. Through additional textual analysis, these three exceptions to a general pattern led to the development of more nuanced codes such as “multiple experts” and “relates personal experience,” which then enriched theoretical understandings of expert knowledge and medicalization. The idea of multiple experts on the body emerged and the coding categories of “non-medical expert” and, more specifically, “counselor,” “guidance counselor,” “peer,” and “friend” emerged as separate, but related categories, which expanded my initial category of “ask/talk to other women,” mentioned above.

In addition, using lists of key words for each topic, questions were placed in a main topic category. Secondary topics addressed in the question were also noted. These categories and the key words for each category were based on my preliminary analysis of question topics in teen magazine health advice columns. The ten categories are: (1) appearance; (2) dating; (3) relationships with peers, friends, and parents; (4) sex, pregnancy, contraception, and virginity; (5) menstruation; (6) sexually transmitted diseases (STDs); (7) vaginal discharge or odor; (8) smoking, drinking, and drugs; (9) visit to a doctor or gynecologist; and (10) other topics. Topics falling into the “other” category include depression and mood swings in *New Moon*, tattoos, thumb sucking and constipation in mainstream magazines, and nutrition in both types of magazines. Through analyzing the manifest and latent content of these columns, I examined the topics and content of the questions and answers, focusing on which solutions were and were not offered. The goal here is not to determine whether the advice given is right or wrong, but to examine what messages are offered.

RESULTS

Consistent with analyses of the overall content of leading teen magazines, which suggest that these magazines are more alike than different (Evans et al., 1991), this content analysis indicates that *YM* and *Seventeen's* health advice columns address similar issues. For example, questions about sex and appearance are the most popular topics published in both mainstream magazines. Slightly more than one-fourth of the answers involve questions about sex, such as virginity, pregnancy, contraception, and masturbation. Approximately one-fifth of the questions asked in these columns concern the girls' appearance, such as body image or body hair. The content analysis suggests that similar topics are covered in both magazines and the messages

conveyed in the answers are similar; however, the textual analysis suggests that medicalization occurs in slightly different ways in the two magazines. Although differences between the two mainstream magazines' approaches will be discussed, this paper focuses primarily on the similarities between the mainstream magazines, comparing and contrasting them with the alternative magazines.

The alternative teen magazines address comparable issues although the most popular topics are different than those in the mainstream magazines. For example, *New Moon* and *Teen Voices* print more questions/answers on relationships with peers, friends, and parents than either *YM* or *Seventeen* and focus less on sex and appearance-related issues. During this 2-year period, *New Moon* occasionally published questions whose main topic included dating or a doctor visit; however, there was no mention of menstruation, STDs, or vaginal discharge even as secondary topics. Compared to *New Moon*, *Teen Voices* covers a wider range of topics, including menstruation, vaginal discharge, sexual intercourse, and masturbation. The topic differences do not account for the greater medicalization in mainstream magazines; the same patterns are present when examining only the most medical or health-related issues in both groups of magazines (see later discussion). The implications of the differences between the types of magazines will be discussed later in the paper. The most striking difference in the answers, however, is in whether the message is medically oriented or not.

Five themes regarding medicalization, expert knowledge, and the body emerged from the content and textual analysis which I identify as: (1) the use of medical language and medical experts; (2) physicians as *the* authority or one of many; (3) seeking non-medical help; (4) self-help; and (5) normality and structural versus individual explanations.

"Are We Getting Too Textbookish on You?": Use of Medical Language and "Expert" Citations

Medical terms are used extensively in both mainstream magazines. For example, in response to the question "How long does pubic hair grow? Do you need to shave it?" the answer reads:

You can relax ... All the hair on your body has a growth cycle with three distinct phases: *anogen* (growing), *teelogen* (resting) and *catogen* (falling out). Hair growth depends on the longevity of the anogen phase; pubic hair has a shorter anogen phase than your head hair but a longer one than, say, your eyebrow hair. Pubic hair falls under the category of sexual hair – that is, hair that begins to grow at the onset of puberty. Pubic hair may, at

first, be a little coarser and lighter in color than nonsexual hair, but within a few years, it darkens, thickens, becomes coarser and covers the entire area, even extending onto the inner thighs ... You don't have to shave (or even trim) your pubic hair as you might your legs. (*Seventeen*, May 1998, p. 107, emphasis in original)

In this example, the issue of pubic hair is addressed through medical language describing the phases of hair growth. In fact, the columnists in a few instances explicitly acknowledge this language use: one answer in the October 1998 issue of *Seventeen* reads, "... (Are we getting too textbookish on you?)." Medical terms are also used to answer a question on endometriosis:

This genetic condition, which affects 15 percent of American females, occurs when the tissue that lines the uterus (endometrial tissue) also grows on other parts of the body, like on the surface of the uterus, the bladder, the large intestine or the ovaries, as well as outside the fallopian tubes. But unlike the uterine lining which sheds – resulting in your period – this tissue and blood remain trapped in your body, causing cramping and pain in the lower pelvic area ... Early detection is key, because if left to progress for years, endometriosis can make it difficult to conceive. As always, it's important to pay careful attention to your body and know how it works. (*Seventeen*, February 1999)

This example, regarding a clearly medical topic (endometriosis), uses medical language to describe the problem and discusses medical treatments for endometriosis, yet also encourages girls to explore and better understand their bodies. Over three-quarters of the answers to the adolescent girls' questions in mainstream magazines contain at least one example of medical language. Because the answers use medical terminology to describe and define the young women's "problems," the use of medical language in these columns is an example of medicalization, according to Conrad's (1992) definition. On the other hand, the use of medical language is not entirely negative; the answers cited above provide information about hair growth and endometriosis to young women curious about their bodies. Additionally, not all of the medical terms are as foreign to most teenage girls as "anogen" or "endometriosis" (see the appendix for examples of medical terminology).

Medical language was used much less frequently in *New Moon* and *Teen Voices*; about 10 percent of the answers included at least one medical term. One such answer is a response to a girl concerned about her best friend who eats very little:

Your friend has an eating disorder. Hers seems to be anorexia, a self-starvation process. I recently ended my struggle with bulimia. I'm 13 now and started my battle at 10 ... I lost over 77 pounds in 3 years, until my esophagus ruptured. The full 10 or so inches from my mouth to my stomach on the left side ripped. I had been home alone. My aunt came home to find me running down the stairs coughing up blood. I had three surgeries after that. Eating disorders usually deal with control. Your friend might have some

troubling things happening in her life. I started after my mother, who was a model, got brain cancer. I wanted to be as beautiful as I could before she died. Didn't happen ... (New Moon, May/June 1998, p. 11)

This answer takes a medical approach by labeling the girl's problem as a medical condition and through describing the writer's own experiences with medical treatment of bulimia. The answer above also relates personal experience and offers advice about talking with the girl's friend and listening to her. Even among the most medically oriented questions in all magazines (those where appearance, sex, or other mental or physical health issues are the main topic), the differences between the magazines are stark: more than three-quarters of answers in mainstream magazines use medical terms, compared to nearly 30 percent of those in alternative magazines. This suggests that differences in the use of medical language between the two types of magazines are not attributable to less frequent discussions of medically oriented issues in the alternative magazine.

Along with the use of medical language, the citation of medical experts is another implication of the choice of writers between alternative and mainstream magazines (e.g., teenage girls or professional columnists in consultation with medical experts). Quoting or citing a doctor in the body of the answer privileges the medical profession's authority and knowledge because, presumably, the "experts" give the answers authority. Doctors are cited for a variety of medical and non-medical concerns in mainstream magazines. In each issue, *Seventeen* visibly lists the medical experts consulted for that month's column,¹⁰ and medical experts and doctors are listed, even if they are not cited directly. *YM* cites or quotes "experts" or doctors in nearly two-thirds of the answers. Although they are not prominently displayed, *YM* lists its medical experts consulted for that issue in the binding of the magazine. *New Moon's* advice column, in contrast, contained no doctor or expert citations or quotations in their answers. Although this is a notable difference, it is not entirely surprising since girls, rather than columnists in consultation with doctors or other medical experts, answer girls' questions. However, *Teen Voices's* column, which is written by girls in consultation with a professional expert – a social worker – contains only two expert citations. The first references a study done by the School of Medicine at the University of California at San Francisco, showing that while 58 percent of girls thought they were overweight, only 15 percent were (*Teen Voices*, Fall 1997, p. 7). The second citation, "P.S. Therapists do edit *Teen Voices* – we take our responsibility to you very seriously!" was in response to a letter which began "I know you're not a therapist or anything, but ..." (*Teen Voices*, Winter 1999, p. 55). That professionals are consulted for the column

in *Teen Voices* as they are in mainstream magazines suggests that the sheer volume of expert citations in mainstream magazines is the result of more than their consultation with medical professionals in writing the column.

One mainstream magazine question asks, "I've never had sex, but I've done some serious body-bonding. Does that mean I'm still a virgin?" The answer reads, "Elliot Levine, M.D., a Chicago gynecologist, says a girl remains a virgin until she's had intercourse, meaning penis-in-vagina penetration" (*YM*, April 1998, p. 52). The doctor's name appearing in this answer serves to give legitimacy to the answer. On the other hand, without the expert's name in the answer, would *YM's* authority be in danger of being doubted by teenage girls? The frequency with which doctors are cited and listed in mainstream teen magazine advice columns reinforces the belief that the young women should believe the advice because doctors possess the ultimately true and right answers. *YM* cites medical doctors in the answers when what they are stating could be doubted, but they consult doctors for every question in every issue (Chandra Czape, 2000, *YM's* Features Editor, personal communication). In a second example, in response to the question, "Even when my period's heavy, it hurts to put in a tampon. Why?" the answer cites a medical doctor on how to put in a tampon:

Here, some plug pointers from Bonnie Dattel, M.D., a professor of gynecology at Eastern Virginia Medical School in Norfolk: Take a few deep breaths. Then put one foot on the toilet and slightly bend your other knee while you insert the little buggler. If you meet resistance, stop and readjust the angle. And if you're using cardboard-applicator tampons, try plastic for improved glide-ability. (*YM*, September 1999, p. 44)

In the answer, a medical doctor is cited when, presumably, the columnist, a young woman, could answer the letter herself based on personal knowledge and experience. Through responses such as the one discussed above, medical authority and knowledge is privileged over other adults' knowledge and over youth's knowledge of their bodies, perhaps because the authors of the column think girls accept medical authority.¹¹ Although the advice columns' reliance on medical terms can inform girls about their bodies, it, as with the citation of medical experts, signifies medicalization.

"When in Doubt, Get a Doctor's Opinion": Physicians as The Authority or One of Many

There were also striking differences between the types of magazines in the solutions proposed, especially regarding doctor referrals. In response to the questions asked in the column, the answers can relate a range of messages

depending on which bodily authority the columnist wishes to promote. One alternative is to refer the teenage girl to see a doctor who knows best, thereby implying that the body always is, at least potentially, sick. A doctor referral occurred in nearly half of the answers in mainstream magazines. In one issue, a girl asked “I have small bumps on my nipples. Can I get rid of them?” The answer begins:

We all have bodily imperfections that we would love to see disappear. But before taking action, you need to determine whether these are normal physical characteristics and whether it's safe to remove them. When in doubt, get a doctor's opinion. In this case, what you're referring to as your nipple is probably the darker circle of skin around it called the areola ... (*Seventeen*, August 1999, p. 170)

In this answer the young woman's own ability to judge and assess her own body is not given much credit. Examining this answer through the lens of medicalization, the message implicit behind “When in doubt, get a doctor's opinion” is that a teenage girl never can be quite sure if everything is all right; therefore, it is always good to let an “expert” take a look. Another example illustrates this point more clearly: the columnist recommends, “[Y]ou should call your doctor ... Whenever you have *any* question, pick up the phone!” (*Seventeen*, July 1998, p. 55, italics in original). Because of liability concerns, magazines may refer a girl to see a doctor to protect themselves from giving wrong or inadequate advice, such as telling a girl she is “normal” when she has a condition that requires medical attention. And, certainly, doctors can be a good source of information on some topics. The frequency with which mainstream magazine columnists refer young women to see a doctor, for a range of medical and non-medical concerns, points to the centrality of medical authority in these columns.¹²

The answers in the alternative magazines also suggest doctor or health referrals, but do so less frequently (i.e., in only five responses) than mainstream magazines. Moreover, the context of the referral is often quite different. The following example uses medical language and includes a health referral, yet informs the girl about what may occur after the referral through relating personal experience, implicitly telling the girl that she is not alone. A 14-year-old girl wrote to *New Moon* about feeling lonely and depressed. One girl responded:

It is 2:30 in the morning, and I can't sleep. I thought about your letter, and decided to write to you. I don't know if I can help you, but I'll sure try. The reason I am up in the middle of the night is because I have a disease called depression. I can't sleep, I can't eat, and I cry a lot. Sometimes I don't even want to get out of bed. I have been depressed for a year and a half. In that time, I have attempted suicide twice. The most important thing to recover from depression is to get help ... Especially if you are suicidal like me, you

need to see a counselor ... Like you, I didn't feel comfortable telling my parents that something was wrong, so I talked to the counselor at school ... If and when you go to a counselor or other mental health person (which I strongly suggest), you will probably start with talk therapy. You and your counselor will chat about how you feel, why you feel that way, your past, and your relationships with other people ... You may also be put on antidepressant medication, of which Prozac is the most famous. I'm going to be starting one next week. I'm not thrilled about taking a “happy” pill, but if it will make me feel better, then I guess it's worth it. Also, to find out more about depression, there is a book that really helped me: *Overcoming Depression*, by Demetri and Janice Papolos. It talks about everything – feelings, treatment, medication, hospitalization (only in extreme cases), insurance, etc., etc., etc ... ” (*New Moon*, May/June 1998, p. 11)

The girl answering the question couches her answer in terms of her personal experiences, and advocates the same solution as many of the answers in *YM* and *Seventeen*: go see a professional (in this case, “go to a counselor or other mental health person”). On the one hand, this answer suggests that lay people are encouraging respect for the authority of medicine, which reflects how pervasive medicalization is in our culture. As discussed earlier, medicalization is not only a top-down and uniformly negative process. On the other hand, the answer is qualitatively different from those in mainstream magazines because the girl answering the question suggests multiple explanations and multiple authorities on the body. She does not just briefly empathize with the questioner and move on to offer advice. She describes, in depth, her own experiences with depression and seeking help, informing the questioner (and other readers) about what she can expect during this process. Additionally, she recommends a book “that really helped me” where the girl can turn for further information – a suggestion never offered by the columnists at *Seventeen* or *YM*, yet offered in 10 percent of the answers in *New Moon* and in all but one of the columns in *Teen Voices*. Furthermore, the *New Moon* response above, rather than referring the girl to a doctor or a psychiatrist, proposes both a medical (“mental health person”) and a non-medical expert (a counselor) on the body. This difference between the two types of magazines will be explored in more depth in the next section.

In addition to offering more context surrounding the doctor or medical expert referral, the answers in the alternative magazines suggest a less hierarchical view of the doctor–patient relationship. For example, in response to a girl's question about her sudden mood swings, Emma explains how her best friend went through something similar: “She found out that she has Reactive Hypoglycemia, which is where your blood sugar levels drop dangerously low. If these major mood swings continue, you might want to talk to your doctor” (*New Moon*, May/June 1999, p. 10). Suggesting that the girl “might want to talk to [her] doctor” gives the reader the choice of what action to take. This

difference in wording (like that in the previous example, "If and when you go to a counselor ...") recognizes the girl's agency in her decision to visit a doctor and in what occurs once she is with the doctor. In comparison, the advice in mainstream magazines advocates "call your doctor," "go see a doctor," or "get a doctor's opinion," implying that the girl has less of an active role in deciding whether to consult a doctor. In a second answer to the same question about mood swings, Anna tells how she "went through the same thing," describes how she worked to control her mood swings, and recommends, "if you continue having them, talk to a counselor. If you don't have a counselor at school, ask your parents to take you to a psychiatrist or pediatrician." By suggesting that a girl first talk to a counselor and that she should ask her parents to take her to a doctor if she does not have a counselor at school, the answer encourages girls to connect with others (a counselor, parents, a psychiatrist, or pediatrician). In addition, the answer presents doctors as one authority on the body (along with some adults, counselors, and the girl herself) without asserting that doctors are *the* authority on the adolescent female body.

"You Need to Talk to Someone": Seeking Non-Medical Help

Not all of the answers offer a medicalized view of girls' bodies. An alternative to referring the young woman to see a doctor is to encourage her to trust her own knowledge or to actively learn about her body and talk to other women about their experiences. For example, a young woman writes, "It seems to me that I really stink 'down there.' I know a little smell is normal, but this is horrible. I wash a few times a day, and I've even tried baths instead of showers, but nothing works. Is something wrong?" The answer advises the young woman: "Here's one way to put your worries to rest: Ask your mom (or another close female relative) if she's ever noticed that you have an odor problem" (*Seventeen*, February 1998, p. 62). Another answer recommends that a girl concerned about her sweaty hands and feet ask her family members if they sweat a lot, and if so it might be hereditary (*Seventeen*, September 1998, p. 128). By encouraging the young woman to ask someone else – specifically, non-medical or non-professional help – about her concern, the columnist suggests a solution that encourages her to gain information about her body through connecting with and relying on the experiences of another person, a lay person. However, very few answers (i.e., only nine out of the 175 answers printed in 2 years) in mainstream magazines encouraged the girl to ask or talk to her peers, her mother, or another adult about her concern.

In contrast to the infrequent occurrence in mainstream magazines, over half of the answers in the alternative magazines encourage girls to talk to, tell, or ask a non-professional about their concerns. For example, one reader's advice to a girl whose best friend eats little includes, "Look, talk to your friend. Confront her with the facts, then listen to her. If she insists she's OK, and you know otherwise, tell an adult. Call her parents. Get her help. Anything. Love and support." (*New Moon*, May/June 1998, p. 11). This answer offers multiple solutions that fall into this category: talk to your friend and listen to her, if that does not work, then "tell an adult," such as her parents. Another reader advises a girl whose friends tease her and call her "Heather the feather" because of her weight to tell her friends that she does not like it (*New Moon*, September/October 1999). By suggesting that the girl address her concerns to the people doing the teasing – her friends – this response encourages the girl to connect with those around her.

More specifically, nearly two-thirds of these responses in the alternative magazines encourage girls to specifically *talk to* or *talk with* someone else, whereas nearly half of the responses in this category (i.e., consult a non-professional) in the mainstream magazines encourage girls to *ask* someone (as in the examples above, ask your mom if she's noticed your odor or if your family sweats a lot). *Teen Voices* counsels a reader, "If you are still friends with your best friend, you should talk to her about how you feel if you haven't already" (*Teen Voices*, Summer 1999, p. 43). A *New Moon* reader advises a girl with mood swings: "You need to talk to an adult. Is there someone you are close to, like an aunt or guidance counselor? You might want to talk to them. They can take you to see someone or even try to help you out themselves ..." (*New Moon*, March/April 1999, p. 11). Another reader suggests that a girl who is depressed should "stop denying how you feel ... You need to talk to someone" (*New Moon*, March/April 1998, p. 11). These answers do not suggest medical authorities on the body, but that girls talk with adults (such as family members, teachers, or guidance counselors), peers (such as friends), or just someone, particularly someone you are close to or someone you trust. Advising girls to begin addressing their problem themselves, through talking with others about their "problem," advances the idea – supported by the women's health movement – of multiple experts on the body.

"Do the Confident Girl Thing": Self-Help

Another alternative or supplement to doctor referrals is self-efficacy solutions.¹³ For example, in response to a question about belly button odor, the

answer suggests, "While you're in the shower, use an antibacterial soap ... and rinse. Pat your navel dry with a towel. You can also clean out lingering lint by gently swabbing your navel with a warm, soapy Q-tip" (*Seventeen*, November 1999, p. 91). This solution provides the girl (and other readers) with practical suggestions on how she herself can address her concern about belly button odor. Advice that acknowledges the girls' concerns and offers solutions that girls themselves can do, if appropriate, is one alternative to doctor referrals. These solutions range from general suggestions, such as advising a girl unsatisfied with her small breasts to "start loving the ones [breasts] you're with" (*YM*, June/July 1999, p. 30), to the more concrete, such as advising a girl who is too embarrassed to buy tampons to "do the confident girl thing and buy 'em [your tampons] yourself" (*YM*, May 1998, p. 52) or suggesting padding to make a girl's breasts appear more even in size (*Seventeen*, July 1998, p. 56). Although mainstream magazines offer self-solutions, they are recommended more frequently (in nearly nine-out-of-ten answers) in alternative magazines. Moreover, alternative magazines are more likely to suggest many types of self-solutions in the same answer. For example, in response to a girl concerned about her weight, *Teen Voices* advises a range of self-efficacy solutions including, "Don't let that little voice (or the voice of the media) put you down" and "Accept all parts of what make you who you are," while also providing suggestions for healthy lunches to bring to school and types of exercise "to let go of stress and tension" (*Teen Voices*, Fall 1997, p. 7).

A mainstream magazine responds to the question "Both of my ex-boyfriends were grossed out by my saggy breasts. I don't know why I have old-woman boobs, 'cause I'm only 16. Help!," by advising, "To help you see that you're not a freak, just check out the chests on your girlfriends and classmates." (*YM*, August 1998, p. 62). This solution encourages the adolescent girl to take a more active role in learning about her body and to perhaps discover for herself the large variation in girls' bodies. However, the next sentence in the answer states, "Or as Dr. Carll suggests, ask your doc if he or she thinks they're normal for your age." By suggesting that a doctor is the final authority on the adolescent female body, the omnipotence of medical knowledge and the medical profession is still the underlying message of this answer. Citing a doctor to legitimate the doctor referral further emphasizes medical authority. In mainstream magazines, multiple solutions are rarely offered without a doctor referral included as one of these choices; this never occurred in *Seventeen* during the 2 years studied and only occurred three times in *YM*. Although a doctor referral is one among several solutions, the doctor is presented as expert, often as the ultimate authority on

the adolescent female body. For example, the answer to the question above about belly button odor begins, "ask someone close to you for a second opinion about the source of the smell, and see your doctor to make sure you don't have an infection" (*Seventeen*, November 1999, p. 91).

Although advice columns can provide girls with information and can encourage them to understand, and perhaps even solve, their own "problems," the columns in mainstream magazines (and less frequently those in alternative magazines) also may offer medicalized understandings of the "problems" and medical solutions, in the form of doctor referrals, doctor citations, and/or medical language. Furthermore, as illustrated previously, when mainstream magazines offer multiple solutions, a doctor's visit is almost always encouraged. In this way, the medical profession still appears as the primary source of power and control over girls' bodies. Recommending girls begin addressing their concern themselves, through self-efficacy solutions or talking with other women about their bodies, advocates a different expert on the body than does including medical language, doctor referrals, and doctor citations in the answers. The answers in alternative magazines (and less frequently those in mainstream magazines) offer multiple perspectives on who are the authorities on the adolescent female body by more often suggesting solutions that girls can do themselves and encouraging girls to talk with others about their concerns.

"Am I Normal?": Normality and Structural versus Individual Explanations

The health advice columns in teen magazines may discipline girls' bodies, behaviors, and attitudes, not only through socializing women to respect medicine's authority over their bodies, but also in how they define and refer to "normal" appearance, behavior, and attitudes for adolescent girls. Regarding normality, 25 of the 175 answers in mainstream magazines include an answer where the columnist disapproves of the girls' questions, concerns, or actions, or reprimands the girl for what she has done or is considering doing, while only two of the 52 answers in alternative magazines disapprove of the girls' actions. A girl writes to *New Moon* concerned about her mood swings and the answer advises, "Don't ignore this" (*New Moon*, March/April 99, pp. 10-11). The other example, in *Teen Voices*, advises a girl who is debating between her heart and her friends in deciding whether to date a specific boy to "Remember that if you don't follow your heart, then you might live to regret it - and your heart is usually right" (*Teen Voices*, Summer 1999, p. 43). In contrast, the following example is

more characteristic of the responses of this type in mainstream magazines. A columnist responds to one girl's question about how to not laugh when she sees unclothed men on TV and in movies: "And, hey: We don't want to dis your crowd, but ... oral sex should never directly follow kissing on the make-out scale. Would a baseball player cut across the field from first base to third? No ... We say, let a whole lotta time elapse between kissing a guy and engaging in some serious foreplay with him" (*Seventeen*, September 1998, p. 128).

Sex or sexuality is the topic of 14 of the 25 answers in which the mainstream magazines' columnists explicitly tells readers what not to do, while neither of the answers in alternative magazines deal with sexuality.¹⁴ As in the answer above, most of the columnists' answers involving sex explicitly advise girls to follow a sexual script (as explained above, not jump from first to third base). In another example, a girl asks, "I'm afraid my boy will decide my body's ugly if we have sex and he sees me in the nude. Should I do it with him anyway?" The columnist first empathizes with the girl: "... it's understandable that you're self-conscious about it. Unfortunately, tons of chicks think their so-called imperfections will turn a guy off." Then, she advises the girl, "... I'd hold off on doing anything sexual until your insecurities go away," but fails to acknowledge that most, if not all, women have insecurities. The answer encourages the girl to reconsider her decision and wait. After all, "You have a lifetime ahead of you to have sex" (*YM*, February 1998, p. 44). Although these answers probably are comforting to parents, they also act to direct girls' behavior by encouraging them to follow traditional gender role expectations, keep their hormones in check, and act as the gatekeepers to sex.

According to Broom and Woodward (1996), medicalization diminishes the importance of social factors and implies that the person's "problem" is an individual matter. The mainstream magazines' advice columns never discussed (during the 2 years of this analysis) the social causes of girls' problems. For example, in a question/answer previously mentioned about virginity, the columnist addresses the controversial definition of virginity with a definite answer:

You're still a virgin after: your boyfriend touches you down there (yes); you masturbate (yes); your guy comes on your underwear (yes); you get your period for the first time (yes); you've had cybersex (yes!) ... Elliot Levine, M.D., a Chicago gynecologist, says a girl remains a virgin until she's had intercourse, meaning penis-in-vagina penetration. You've either done the deed or you haven't. (*YM*, April 1998, p. 52)

The answer fails to acknowledge that not all doctors or "experts" agree on the definition of virginity.¹⁵ The answer presents the definition of virginity

as a medical fact; therefore, the answer does not suggest that the definition of virginity is socially produced. In other words, the answer ignores how the term is socially constructed and historically contingent. The answer also contains a heterosexual bias; according to this definition, people can only "lose" their virginity if they are heterosexual. In a second example a girl wrote, "I get teased all the time 'cause my front teeth seriously stick out. My parents can't afford to get me braces. What can I do?" (*YM*, April 1998, p. 52). While the answer comforts the girl and empathizes with being teased in school, missing from the response is an examination of social factors. It does not question the standards of beauty in our society, or the idea that everyone would and should want to be beautiful. Through the implicit and explicit focus on normality in these columns, teenage girls find themselves subject to standards and norms surrounding the ideal female body that are constructed and defined for them.

In these ways, mainstream teen magazine advice columns often contribute to an unfortunate reality of social life for adolescent girls: that although "problems" are socially produced, people rarely experience them this way. Magazines exacerbate this problem. In fact, none of the mainstream magazines' responses encouraged girls to change the society that creates their anxieties, fears, and insecurities. Furthermore, very few of the answers even acknowledge that it is society, not the girls themselves, that creates their anxieties, fears, and insecurities. For example, a girl wrote in wondering if she could "take a dip with a maxi pad" because using tampons is painful. Rather than problematizing society's taboos about menstruation, the columnist provides "cool excuses" that girls can use to "fool" their friends and not swim while menstruating (*YM*, August 1998, p. 62). The pattern found throughout the mainstream magazine's columns is that regardless of whether the columnist tells the girl that she is normal (or even that she is not normal), what is not questioned is the idea of normality itself. In contrast, they validate girls' concerns by constructing them as individual, medical problems through the use of medical language, doctor referrals, and doctor citations. The columns are not informed by a sociological analysis, which would suggest that many of the "problems" that girls write in about are not individual problems, but social conditions that can, and possibly should, be changed.

In contrast, the answers in the alternative magazines occasionally treat social conditions and society as problematic. For example, a *New Moon* reader offered advice to a question about depression: "If you're still too shy to talk to anyone, talk to yourself! Be your own therapist, or even use a stuffed animal! You could tape-record yourself, or even write it down ... Don't think your feelings have to be justified, and don't try to

justify them ... there's no such thing as a wrong feeling. You have the right to your feelings, no matter what they are." (*New Moon*, March/April 1998). The answer implies that many girls think their feelings are not normal and believe their concerns need to be justified; however, according to the girl's response, "you have a right to your feelings" even if society does not condone them and perhaps even creates these anxieties, fears, and insecurities. Similarly, another reader advises a girl who is upset because her friends tease her and call her "Heather the feather": "What's important is how YOU feel about yourself, not how others feel about you. I think your problem is your friends, not your size" (*New Moon*, September/October 1999, p. 11). This suggests that her problem is not primarily an individual one, but begins to hint at a social explanation for the "problem."

Teen Voices is more explicit in the structural explanations they offer. For example, in response to a series of three questions about friendships and romantic relationships, the answer reads, "In this society, young women are raised to value romantic relationships with guys more than anything else, including education, hobbies, or other relationships. Don't fall into this trap ..." (*Teen Voices*, Winter 1997, p. 7). In another issue, sexuality is discussed in a framework very different from that in mainstream magazines:

Many adults out there, including those at *Teen Voices*, don't want teens to have intercourse because we want to protect you. But what is often missing are conversations and discussions about the normal, sexual feelings that teenagers have. Not too long ago in the United States, teens used to get married and have kids, and this is still the norm in many parts of the world. Now in the U.S. you are almost guaranteed to live and raise your children in poverty if you have kids while you're a teenager. But just because the economy has changed, and more and more people, especially young women are educated doesn't mean our sexuality has changed. It's still controlled by our hormones. (*Teen Voices*, Summer 1997, p. 7)

This answer discusses structural reasons for adults' and teenagers' actions and feelings. Additionally, it places concerns of teenage sexuality in context both in the present day and historically, relating it to economic and societal changes, while also mentioning the role of biology. Later in the answer masturbation is discussed not only as a source of pleasure, but also in the context of gender relations in society at large: "This will make you less dependent on men and less likely to act on sexual urges without fully considering the consequences" (*Teen Voices*, Summer 1997, p. 7). *Teen Voices* also explains relations among women through a sociological lens. In response to a 13-year-old girl who wrote about problems with popularity and friends, the answer explains, "Because there is power and safety in numbers, members of cliques sometimes find it easy to be mean to others"

(*Teen Voices*, Spring 1997, p. 8). On a similar theme, another answer asserts, "Society has set up these standards that make it really impossible for women to look at each other and not feel threatened. The media also makes it very hard to love ourselves and others around us for who we are and not what the media says we represent" (*Teen Voices*, Winter 1999, p. 55). Another answer encourages "Moms (and dads!)" to explore with their daughter why she is worried about her weight. The column proposes a range of options to do together including, "Analyze the television shows, commercials, and magazines you see. What messages about being happy does she absorb? Where did she learn what the best weight is? What standards is she judging herself by?" (*Teen Voices*, Fall 1997, p. 7). These answers, like many others in the "alternative" magazines, explain how structural forces – such as the media, dominant heterosexual culture, and adolescent peer dynamics – can cause problems for teenage girls. While the mainstream columns are not informed by a sociological analysis – which would suggest that most of the "problems" that girls write in about are not primarily individual, but rather social conditions that can, and perhaps should, be changed – the alternative magazine's advice column illustrates that this is possible in a magazine advice column format.

DISCUSSION

In summary, mainstream teen magazine health advice columns frequently cite doctors and medical experts as authorities on young women's bodies. These columns use medical language¹⁶ to define the girls' "problem" as primarily an individual, medical one. Medicalization is further promoted because young women are referred to see a doctor in nearly half of the published answers. While the columns often propose solutions the girl can do herself without or in addition to medical interventions; they almost always are combined with suggestions to seek a doctor's opinion as well. In these ways, medical authority is privileged in these columns, and the power and control the medical profession can exert over girls' bodies remains unquestioned. Health advice columns would seem to play a role in the "disciplining" of girls' bodies, perhaps turning them into "docile bodies" (Foucault, 1979, p. 138), bodies of "a certain size and general configuration" with "a specific repertoire of gestures, postures, and movements" and displayed "as an ornamented surface" (Bartky, 1998, p. 27). In these ways, the health advice

columns in teen magazines may serve to discipline girls' bodies, behaviors, and attitudes through socializing women to respect medicine's authority over their bodies and through their implicit and explicit discussions of "normal" appearance, behavior, and attitudes for adolescent girls.¹⁷

On the other hand, the alternative magazines' advice columns less frequently include doctor citations, doctor referrals, and medical language in answering girls' questions. Through the format where girls answer other girls' questions, girls are cultural producers as well as consumers of health knowledge. Instead of, or perhaps in addition to, medicalizing girls' concerns, the alternative magazines present different, and multiple, perspectives on who is the authority on girls' health and bodies. Encouraging girls to talk to others about their bodies and their concerns is also consistent with advice on increasing health and well-being according to sources on women's health (e.g., Boston Women's Health Collective, 1998) and on the benefits of peer advice (e.g., Turner, 1999). The sheer number of doctor referrals in mainstream magazines stands in stark contrast to the heterogeneity in explanations and bodily experts in alternative magazines. Similarly, the primarily fashion and beauty advertisements prevalent in *Seventeen* and *YM* stand in contrast to the lack of advertisements in *New Moon* and the focus on educational and political organizations in *Teen Voices's* advertisements.

Some people argue that the medicalization of people's life experiences is negative; for example, discussions over the recent medicalization of women's sexuality through the creation of "female sexual dysfunction" have criticized the medical model for its "mind-body split, biological reductionism, focus on diseases rather than people, and reliance on norms" (Moynihan, 2003, p. 46). In contrast, others view the expansion of medicine as not primarily negative because it is accompanied by increased discussions, increased funding for research, new treatments or interventions, and a recognition of the condition as a medical (therefore, legitimized) concern. For example, naming something a medical concern (e.g., bulimia or depression) rather than an individual deficiency, can be helpful for individuals receiving treatment and is one positive effect of medicalization. Moreover, they argue that medicine offers more liberal solutions to people's problems than had previous authorities on the body – such as religious or lay solutions. Regardless of which perspective on medicalization is privileged, the results of this study illustrate that medicalization is present in media targeting youth, although this may not be the intention of the magazines' editors and writers.

Mainstream magazines also use slang to address girls' questions and concerns; for example, a question about pubic hair uses some medical vocabulary and incorporates the use of slang terms: "You know, those

mini-butterfly clips are a lovely accessory. Kidding! Pubes grow during your teen years when your bod pumps up the hormones. While some believe that pubic hair serves to keep genitals warm and help protect them from harmful bacteria, others say the curlies have zippo practical function ... " (*YM*, October 1999, p. 44). The use of slang in the answer makes the advice sound more like it is coming from a friend and less like it is coming from a doctor or a medical textbook. When some slang terms are included in the answer, the advice becomes more accessible to teenage girls, which is one of the goals of these columns (Chandra Czape, 2000, *YM's* Features Editor, personal communication). This combination, as illustrated above, can inform girls about the more technical aspects of their "bods" without the advice being entirely medicalized.

The use of some slang terminology might provide intimacy with readers, but the overuse of slang can discourage girls from being able to communicate their problems with adults and medical experts who may not be familiar with these terms. The overuse of slang may also trivialize girls' concerns. For example, magazines use terms such as "down there," which cloud girls' reproductive parts in mystery, particularly when used by the columnist and not the girl writing the question (for example, see *YM*, February 1999, p. 36) and slang terms with a negative connotation such as "icky leakage" to refer to what the girl describes as a "white discharge" (*YM*, March 1999, p. 24). In contrast, *Teen Voices* never used slang and *New Moon* only used one slang term ("the happy pill") and it was used along with medical language ("antidepressant medication" and "Prozac"). Perhaps because adolescent (and sometimes preadolescent) girls write the answers to these questions (and select which answers appear in each issue), the answers do not need to include slang terms to create intimacy and trust with girls who are the readers of the magazine. In sum, while slang can help foster a connection to teenagers and empower them, it also can trivialize girls' concerns, obscure the physiology of girls' reproductive organs, and make them appear negative (e.g., "icky").

As discussed earlier, the nature of the advice is different, to some extent, between the two types of magazines: the mainstream magazines focus on sexuality and body issues while the alternative magazines discuss more general issues, particularly relationships. However, even examining only the most medically oriented questions (those on sex, appearance, and other mental and physical health issues),¹⁸ the considerable differences between the two groups of magazines are consistent with the findings presented earlier. As previously mentioned, over three-quarters of the answers on these more medical topics in mainstream magazines use medical terms, compared

to less than one-half of those in alternative magazines. Of these answers in mainstream magazines, approximately 40 percent include doctor referrals and nearly 90 percent doctor citations. Half of these answers in *Teen Voices* include doctor referrals and citations, while none of the answers in *New Moon* include doctor citations and just over ten percent include doctor referrals. Additionally, in response to these more medically oriented questions, self-efficacy solutions were proposed in approximately 90 percent of the answers in alternative magazines compared to less than 70 percent of those in mainstream magazines.

As noted by Oinas (1998) in her study to Finnish magazines, this analysis of advice columns in *Seventeen*, *YM*, *New Moon*, and *Teen Voices* reveals that most of the readers' questions are not necessarily medical in nature. They could be answered by, or at least asked of, almost any woman or teenage girl. For example, consider the use of a medical doctor to describe how to use a tampon, as previously discussed (*YM*, September 1999, p. 44). The alternative magazines, however, provide a twist to the typical way that "expert" knowledge has been theorized, particularly through the lens of medicalization. Through a format where girls answer other girls' questions, girls are cultural producers in addition to being consumers of health knowledge. Moreover, in addition to occasionally including medical language or referring other girls to see a doctor, the advice that girls give each other often provides solutions girls can do themselves, offers multiple (including structural) explanations for girls' concerns, and recognizes multiple bodily experts – including non-medical experts.

The issue of power regarding medicalization in mainstream magazines is even more complex than just a negotiation between the medical profession and adolescent girls. Although the girls have the freedom to ask about any questions or concerns, the magazine editors have the power to select what gets published and what advice and information to dispense. In these ways, the editors (whether they be adults or teenage girls) possess power for social control; they decide what girls ought to worry about. Therefore, it is possible that the frequency of topics included in these advice columns, particularly in mainstream magazines, is not representative of teenage girls' actual questions and concerns.¹⁹ However, the questions and answers published signal to girls what concerns are common (or "normal") among teenage girls (Currie, 1999). The magazine editors choose the language and terminology used in these columns and provide the girls with advice – "how they are meant to feel, how they are meant to act" (McRobbie, 1991, p. 164). What stake do magazines and magazine editors have in giving medicalized advice? While it is possible that teen magazines would be in alliance with

doctors or the medical profession to keep a monopoly on advice giving, it seems more likely that they are building or maintaining trust with girls who already accept medical authority and are protecting themselves from giving inadequate or incorrect advice, with the medical experts' names in the column legally protecting them as well as providing legitimacy to their advice. Regardless of the reason, through the use of doctor referrals, doctor citations, and medical language, these columns suggest to girls to respect medical authority over their bodies.

Although the questions and answers in the alternative magazines focus more on relationships with friends, peers, and family and less on sex and appearance than those in *Seventeen* and *YM*, there is no reason to believe that an "Ask a Girl" format would not work in mainstream teen magazines, either separately or in conjunction with current more medically oriented columns. In an article discussing her difficulties in interesting minority girls in Canada in "alternative" teen magazines such as *Sassy* and *New Moon*, Gonick (1997) concludes that revolutionizing the content and discourse of teen magazines causes girls to reject these magazines and their messages outright. Gonick's solutions to providing girls with alternative images of femininity in teen magazines while still keeping their interest suggests taking small steps in changing the messages in teen magazines rather than drastically changing their entire layout, look, content, and discourse. Including the "Ask a Girl" or "Dear D" format in mainstream teen magazines is consistent with Gonick's solution. These columns could also rely on women or older peers (either instead of or in addition to other girls) as alternatives or supplements to columnists and medical experts. Research on peer educators and peer support has established the value of peer advice on topics such as health and sexuality, particularly the short-term value for teens on both sides of the peer-advice relationship (Hendrin, 1987; Kohler & Strain, 1990; Rickert, Jay, & Gottlieb, 1991; Turner, 1999).²⁰ The strength of such answers lies in their heterogeneous explanations and recognition of multiple experts.

Much research on this topic is left undone. Future research should continue examining the multiple and heterogeneous messages both within and between teen magazines. Similar health advice columns in women's fashion and beauty magazines could be analyzed. Do these magazines convey the same messages? Future research could also examine why men's and boys' magazines do not contain corollary columns, and to what extent magazine health advice columns vary (and are similar) internationally. Focus groups with teen girls who read these columns would be a fruitful method for future research, as meanings (about the messages in these magazines) are typically made in peer groups (Milkie, 1995). Currie's (1999, 2001) research suggests

that few girls reject the advice in teen magazine columns. Nevertheless, future research should examine what messages within health advice columns girls are most likely to accept and/or resist, as well as how the context of the reading and the girls' class, race, and sexuality may influence their readings. How do girls accept and/or resist doctor referrals or doctor citations, since they are writing to the magazine about their concerns rather than discussing them with a doctor in the first place? How do they accept/resist the columnists' other advice – such as solutions that the girl can do herself and those that suggest that the girl talk to peers or women about her concerns – or the information itself? Finally, how do alternative forms, such as those in *Teen Voices* and *New Moon*, influence how girls interpret these messages? *Teen Voices* has changed the format of their advice column several times; for example, in recent issues they include a follow-up letter from the girl who asked for advice discussing how/if the advice worked for her (e.g., see *Teen Voices*, Fall 2003, p. 21). They often include poems and essays from girls in the columns. How do these unconventional components of advice columns influence girls' interpretations?

Future research should explore the meanings girls make from the messages presented in these columns as well as what purposes these columns serve for teenage girls. Particularly because this analysis of health advice columns revealed little class- or race-based content, research should continue to explore how girls in different social locations (e.g., race, class, age, sexual preference) interpret magazine advice (Bordo, 1993; Currie, 1999; Duke & Kreshel, 1998; Gonick, 1997; McRobbie, 1991; Milkie, 1994, 1995, 1999) and explore how these identities influence their reading of these columns. It is unclear how, or even if, reading these columns affects girls' self-esteem, either negatively – through privileging the medical profession and medical experts' understandings of girls' lives or bodies – or positively – through offering multiple experts on girls' bodies and empowering the girls to further their own health and well-being. Future research also should focus on editors' choices and intentions as they have the power to decide what questions and advice get published and on doctors and other medical "experts" as they are consulted in the answers to adolescent girls' questions in mainstream magazines. Additionally, more research is needed on media where girls are cultural producers, such as in "alternative" teen magazines and zines like *Teen Voices* and *New Moon*. Finally, while more than 70 percent of 15- to 17-year-olds report using the Internet to find health information (Rideout, Richardson, & Resnick, 2002), we know little about the content of such sites and the messages they present to teens about their bodies and health.

CONCLUSION

In conclusion, this analysis shows the importance of revealing the complex processes through which medicalization operates in teen magazine health advice columns. These results illustrate that medicalization is present in media targeting youth, although this may not be the intention of the magazine's editors or columnists. This analysis shows that advice in teen magazine health advice columns, particularly those in mainstream magazines, is medicalized; they use medical language, doctor citations, and doctor referrals in their framing of girls' concerns as individual medical problems. Answers in mainstream teen magazines rarely analyze, or even acknowledge, the societal conditions that cause girls' concerns. Medicalization is pervasive in our culture; this analysis suggests that even laypeople (such as the columnists and teen girls themselves) respect the authority of medicine. However, these columns offer support for girls as well as discussions of, information about, and advice on topics of importance to teenage girls. One of the goals of the women's health movement is to make women full and active participants in their health, yet as women's health centers became mainstreamed they were co-opted by the capitalist system, thus revealing a conflict between feminist goals and capitalism (Thomas & Zimmerman, 2003). Similarly, health advice for teens is no longer absent from public discussion, yet it is influenced by this same tension between empowering women and surviving in a market-based system. However, pockets of resistance do exist, particularly where girls are cultural producers as well as consumers. This analysis shows two such sites, both alternative magazines, where girls offer less medicalized advice in which structural explanations and a range of "expert" knowledge – like that of peers, counselors, parents, and other adults in addition to doctors and other medical experts – are recognized.

NOTES

1. Neither similar columns nor similar magazines are targeted to teen boys in the U.S.
2. Due to irregular publishing of their advice column during 1998 and 1999, 3 years (1997–1999) of *Teen Voices* magazine were selected for analysis. This decision will be discussed in more depth later in the paper.
3. My preliminary analyses of approximately 20 years (1978–1999) of *Seventeen's* advice column – first called "Staying Well," then "Sex & Your Body," and during the years of this analysis (1998–1999) "sex + body" – showed similar patterns to those Brumberg (1997) found. The first time "Staying Well" was a regular feature in *Seventeen*, the topic was "What to believe about biorhythms: Scientists reveal how

your biological clocks may help you predict your future" (May 1978, p. 90). The next issue discussed "Bon voyage – but be careful! Helpful hints that can make your trip healthier and happier" (June 1978, pp. 92, 96). In comparison, the subtitles for the questions in the December 1999 issue include, "Can I get rid of spider veins? ... I love being naked ... My vagina swells ... There's hair on my bottom." This preliminary analysis suggests that over the past two decades, the advice column appears to have come to focus less on strictly medical matters and health issues and more on appearance, normality, and sexuality; changes in the title of the column ("Staying Well" to "sex + body") reflects these changes in content. The presence and current character of the columns seem to suggest an openness about (previously taboo) body and sexuality issues.

4. According to Currie, girls grant the text truth value because the "rejection of textual constructions in favour of experiential knowledge requires girls to place themselves outside the normalcy constructed by the text" so they were more likely to reject their own self-construction than the advice given in the text (Currie, 2001, p. 277). However, as stated earlier, Currie's study did not focus on health advice columns and she notes, "[r]egrettably, very little discussion appears in interview transcripts on this aspect of adolescent magazines [the body]" because her "research assistants were advised to avoid sensitive topics, such as sexual activity" (p. 273). Currie's conclusions, along with the findings presented here, point to the need for reception studies of health advice in teen magazines.

5. *Young & Modern* first appeared in 1954 as *Young Miss* and is currently known as *Your Magazine*.

6. *YM*'s advice column also includes one question per issue titled "guy trauma," which is a question from an adolescent male. This question was excluded from my analysis because it is outside an examination of health advice for young women.

7. *New Moon* has a "Girls' Editorial Board" consisting of 15 girls, 8- to 14-years old, who work with the Managing Editor and the Assistant Managing Editor to produce the magazine and to decide what is included in each issue. They were highlighted in a *Ms.* Magazine article on "Women Who Made a Difference in 2001" (Velasquez, 2002, p. 69) and in an article about girls' publications in *Women's Studies Quarterly* (Bayrl, 2000).

8. Over half of the questions answered in 1998 and 1999 were answered by more than one girl (55 percent were printed with more than one answer, 18 percent with three answers) and one answer was composed and submitted by a group, "The YMCA Teens" from Carlisle, Pennsylvania (*New Moon*, July/August 1999, p. 10).

9. Nineteen questions and 41 answers (and corresponding questions) were printed in *New Moon* in 1998–1999.

10. For example, the last few lines of the October 1999 column state, "Medical experts consulted for this month's column: Ann Davis, M.D., assistant professor of obstetrics and gynecology at Harvard Medical School; Leslie Kantor, vice president for education at Planned Parenthood, New York City." Additionally, *Seventeen* cites or quotes an "expert" or doctor in the text of two answers from 1998 to 1999.

11. *YM* uses doctor citations to "back us up" when the answer includes information that the magazine thinks girls may question (personal correspondence, Chandra Czape, *YM*'s Features Editor). This suggests that the columnists do not

question girls' acceptance of medical authority. An examination of the columnist's intentions is beyond the scope of this content analysis, but the discourse in these responses is important to examine and analyze due to its potential impact on the reader. In the example above, it is interesting that the columnist does not choose another young woman to explain the "plug pointers" rather than citing a doctor, even if the columnist herself does not use tampons.

12. The rate of doctor referrals is particularly puzzling, and seemingly ironic, as these girls are writing to the magazine presumably because they do not want to see a doctor.

13. In this paper, self-efficacy and self-help are used interchangeably although I recognize analytical differences between the two terms.

14. The other answers in mainstream magazines deal with appearance ($N = 2$), tattoos and piercings ($N = 4$) and miscellaneous topics ($N = 5$), such as illegal and over-the-counter drug use or abuse.

15. An answer about virginity in *Seventeen* offers a similar (but simpler) answer, "a virgin is a person who has never had sexual intercourse. Period." (November 1998, p. 80). One issue of *YM* (September 1999, p. 44) does mention that the definition of virginity is contested, but does not point out that it is heterosexist or question the notion that all girls (or all readers of teen magazines) are heterosexual.

16. Or medical language in combination with slang.

17. At times the magazine articulates this focus. For example, the "sex + body" column in the August 1998 issue of *Seventeen* is devoted to the question, "Am I Normal?" The description below the title reads: "This is a question many of you ask yourselves as your bodies grow and develop. Sometimes these physical changes are too embarrassing to discuss with your mom or even with your best friend. But you're not afraid to ask us these urgent questions. So read on for our reassuring advice about your most common problems."

18. The most medical questions/answers in these magazines are in three main topic categories – Appearance; sex, pregnancy, contraception, and virginity; and other topics, such as depression, mood swings, constipation, and nutrition. Numbers presented here are based on this restricted sample (mainstream magazines $N = 115$, alternative magazines $N = 18$).

19. This is difficult to assess. Very rarely have survey researchers asked teen girls to identify their concerns. In one recent exception, an American Psychological Association task force asked a racially diverse group of 733 adolescent girls to write down six questions they would like to ask an "expert." The task force was surprised to find that girls were more concerned about their future career and finances than with marriage and children (Murray, 1998). Other frequent concerns expressed by girls parallel those in teen magazine advice columns, particularly those about normal bodily changes and feelings, sex, and eating disorders. The most frequently asked questions were answered by experts in a book for teens and parents titled *The Inside Story on Teen Girls* (Rubenstein & Zager, 2002).

20. Although the teens answering questions in *New Moon* and *Teen Voices* have not received formal training in peer support or peer education (as have most peer support programs studied), these are established youth programs and the editorial boards (including adult advisors) are responsible for choosing which letters to print in each issue.

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APPENDIX

Examples of medical terms:

| | | |
|------------------|---------------------|------------------------------------|
| Anus | Hymen | Psychologist |
| Cellular | Infection | Pubertal |
| Chlamydia | Infertility | Sclerotherapy |
| Chronic pain | Inflammation | Screening |
| Culture | Intestinal | Scrotum |
| Dermatologist | Irritation | Self-mutilation |
| Diagnosis | Labia majora | Semen |
| Digestive system | Labia minora | Sexual intercourse |
| Discharge | Menstrual cycle | Sexually transmitted disease (STD) |
| Ejaculation | Menstruate | Sperm |
| Erogenous zones | Microorganisms | Sweat glands |
| Estrogen | Nocturnal emissions | Symptoms |
| Fallopian tubes | Ovaries | Syphilis |
| Flatulence | Ovulate | Testosterone |
| Gynecologist | Ovulation | Trichomoniasis |
| Gynecological | Penetration | Urinary tract infection (UTI) |

| | | |
|-----------------------------|-----------------|-----------|
| Hemorrhoids | Penis | Urination |
| Hereditary | Pre-ejaculation | Uterine |
| Hormonal | Progesterone | Vagina |
| Hormones | Psychogenic | Vaginitis |
| Human papilloma virus (HPV) | | Vulva |