

# 'Dear Girlfriend...': Constructions of Sexual Health Problems and Sexual Identities in Letters to a Teenage Magazine

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Abstract Advice columns in teenage magazines provide space for young women to both write and read about representations of issues that teenage girls may grapple with in their everyday lives. Issues related to sexuality appear frequently in these pages. This article examines letters about sexual health issues written to the advice columns of Girlfriend, an Australasian teen magazine. Using a Foucauldian poststructuralist analysis, the article asks how sexual health problems are being constructed by writers and the magazine doctor, and how young women's sexual subjectivities are being drawn through their positioning in the various discourses mobilized in the texts. Analyses suggest glimmerings of plurality in sexual subjectivities, dominance of the 'coital imperative' in constructions of sexuality, and emphasis on discourses of risk and danger versus pleasure.

Keywords problem pages, sexual health, sexuality, teen magazines, young women

Sue Jackson

Victoria University of Wellington, New Zealand

# 'Dear Girlfriend . . .': Constructions of Sexual Health Problems and Sexual Identities in Letters to a Teenage Magazine

Young women's sexuality has been the focus of attention in a good number of qualitative, feminist studies since the late 1980s (e.g. Frith and Kitzinger, 1997; Jackson and Cram, 2003; Lees, 1993; Tolman, 1994). A common thread in these studies has been the challenges for young women in negotiating the sexual double standard (i.e. promotion of male and denigration of female sexual 'freedom') that functions to repress their sexual agency and desire. Some of the research on young women's sexuality has been undertaken within the context of sexual health issues, such as HIV/AIDS prevention, that serve as an overarching framework (Holland et al., 1998; Moore and Rosenthal, 1996; Roberts et al., 1995).

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Out of these sexual health studies has emerged a great deal of knowledge and understanding about how gender and power cut through heterosexual relationships in ways that impact significantly on young people's safer sex practices. More specifically, the social construction of femininity and masculinity is seen to impact on the negotiation of heterosex through its positioning of women as passive recipients and men as active instigators (Holland et al., 1998).

One example of how this binary in heterosexual relationships layers onto safer sex practices can be seen in the negotiation of condom use. The agency assigned to men may set up the expectation that it is their prerogative to initiate condom use whereas the passivity assigned to women may generate notions of not feeling entitled to request the use of condoms. Furthermore, the sexual double standard may deter condom use through voung women's fears for their sexual reputation, since a condom can be construed as them being 'easy' and prepared for sex (Lees, 1994; Moore and Rosenthal, 1998). Additionally, several scholars have noted the way in which romantic discourse operates through its gendered lens to render insistence on the use of condoms difficult and problematic for young women (Flood, 2003; Gavey and McPhillips, 1999; Kirkman et al., 1998; Moore and Rosenthal, 1998; Willig, 1998). Although condom use is singled out here for mention, clearly all aspects of young women's negotiation of heterosexual relationships are influenced by the gendered construction of heterosexuality, for example pregnancy/contraception (e.g. Luker, 1996), and first sex (Holland et al., 2000).

Unlike their adult counterparts, issues such as young people's use of condoms, contraception, abortion and pregnancy are likely to receive headline attention in the media. To some extent, this represents a trend toward the problematization of young people's sexuality, not only evident in the public arena but also in the academic world (see Griffin, 2000). The academic literature is dominated by studies that on the one hand highlight the failures of young women to be sexually safe or to prevent pregnancy and on the other emphasize their proneness to being 'swept away' by 'unanticipated, unintentional passion' (Thompson, 1990: 341). The construction of teenage sexuality as problematic in these studies is largely generated by an 'outsider' perspective, based on what researchers construe to be the issues (encapsulated in their research questions) rather than what young people themselves present as problems (an 'insider perspective', see Phoenix, 1991). When researchers ask young people to provide their own stories or narratives about sexuality issues, quite a different perspective is generally obtained. In teenage pregnancy research, for example, young women have been found to challenge prevailing negative constructions of teen mothers, telling stories of personal growth and new directions in life (e.g. Kirkman et al., 1998).

In a different context to the research interview, young women may use the vehicle of an advice column in a teenage magazine to frame sexuality problems or issues in their own way. These letters provide an opportunity to see what young women themselves may define as a sexual health 'problem'. Only a handful of feminist researchers have directed their research gaze toward teenage magazines (e.g. Carpenter, 1998, 2001; Currie, 1999, 2001; Kehily, 1999; McCracken, 1993; McRobbie, 1991; Oinas, 1998; Pierce, 1990), some of whom have investigated advice columns in particular. Yet these magazines have a substantial readership and they are a highly salient and significant cultural resource for many young western women not only in their negotiation of sexual identities (Currie, 1999; McRobbie, 1991, 1996) but also in their learning about sexuality and sexual health issues (Kehily, 1999). Young women in Currie's (2001) study, for example, claimed that their magazines provided 'things they need to know about themselves and their social world' (2001: 261). It is on the advice pages of a magazine that the quest for guidance, learning and knowing is most obvious. These pages appear to be the favourite of many young women, although they are often more interested in the question than the answer (Currie, 2001; Kehily, 1999).

It is in addressing the question of young women's engagement with these texts in advice columns that feminist scholars have revealed important understandings about the functions of the pages. Although these columns may variously be read for a laugh, to criticize, mock or deride (Kehily, 1999; McRobbie, 1991; Ussher, 1997) they may also be read as 'truth' and privileged over personal self-knowing and experience (Currie, 2001). Currie points out that the question and answer format of the problem pages 'encourages girls to claim that advice texts are "realistic" in that they address actual problems that girls might encounter' (2001: 265). As they read about other 'typical' young women's problems and 'solutions', they engage in a process of comparing their own understandings with those in the text, a process that involves placing themselves inside the 'text'. Such a process has implications for young women's subjectivities, and, more specifically in the context of letters about sexual matters, their sexual subjectivities. Here the meaning of subjectivity is taken in the poststructuralist sense of a discursively situated subject positioned within discourses (see Weedon, 1987). Thus, in the texts of the problem pages young women may variously take up or resist the subject positions made available to them within the sociocultural discourses appropriated by the agony aunt's advice. A number of scholars have noted the important function of texts in popular culture in the constitution of a feminine, sexual subjectivity (e.g. Davies, 1989; Jackson, 1993; Walkerdine, 1990). Teen magazine advice columns provide a particular site in popular culture for the production, definition and enhancement of meanings of being a

young, sexual woman. That such meanings may be changing has been suggested in McRobbie's (1996) investigation of more recent magazines such as *More*, in which she observes the emergence of altogether more plural, contradictory yet complementary sexual subjectivities.

My purposes in this article are twofold. First of all I wish to examine a sample of letters to advice columns in Girlfriend magazine (a teen magazine published for the New Zealand/Australian market) for the ways in which sexuality/sexual health matters are constructed. These columns provide a unique opportunity to identify what constitutes sexual health problems from the perspective of the young women who write into the magazine. This context allows us to investigate material that has not been generated by the questions of a researcher and so has the potential to contribute different and perhaps new understandings. Of particular interest here is whether young women's constructions of sexual health problems concur with those in the public and academic worlds. My second aim is to investigate the construction of sexual subjectivities in letters to the magazine problem pages, based on the notion that advice pages are significant and privileged sites for the construction of feminine subjectivities. In this respect I particularly want to interrogate McRobbie's (1996) contention that 'new' sexual subjectivities are emerging in teen magazines. This work seeks to contribute to the small body of literature addressing teen magazines as an important source of young women's learning about themselves and about sexuality but has the pragmatic purpose of examining implications for sexual health education.

### Analytical approach

The analysis of the advice column material is set within a post-structuralist discursive framework. My approach does not treat the letters as representing the 'truth' about young women's sexual health problems. Rather, they are viewed as produced within the specific context of the commercial world of a magazine driven by the need for sales. I should point out that there are highly salient issues for the treatment of the material around what letters are published and what parts of letters are edited. Clearly, the letters cannot be taken as necessarily being representative of all letters written to the magazine. Nor can they be read as representing what all young women are concerned about regarding sexual health. Additionally, assumptions cannot be made that letters are 'genuine' or even written by young women. On the other hand, such issues are, in a sense, irrelevant for analysis since letters will be read and made sense of by readers independently of their source or status.

In my discursive analysis I focus on the ways in which sexual health is being constructed in the letters, in particular the meanings that are made of

problems. I draw on Foucauldian notions of discourse, thus my analyses seek to identify the sociocultural discourses or broader sociocultural patterns of meaning and practice (see Burman and Parker, 1994) being mobilized in the young women's letters and in the advice columnist's responses. Of central interest in the analyses is how young women's sexual subjectivities are being constructed within these discourses and to what extent their positioning within them creates or represses agency (see Davies and Harré, 1990). While my analyses are more focused on identifying cultural texts that are used as a resource in the letters, I also attend to practices in the text. Layering these two approaches onto analyses allows us to examine the different and complementary aspects of what is being brought to the text and what is being achieved by the text (see Wetherell, 1998). A layered approach acknowledges that people are both produced by and producers of discourses (Burman, 1996; Edley and Wetherell, 1998). Underlining these analyses is the wish to produce alternative knowledge to mainstream 'truths' about sexual health issues for young women and to point toward possibilities for how advice columns might be used within a broad sexuality education project to enhance young women's sexual agency.

# Method for the study

#### Data description

The study described here is the first completed phase of a three-stage project involving textual analyses of problem pages, interviews with magazine staff and focus groups with readers of the magazine. The letters for this study were gathered from the monthly issues of Girlfriend magazine over a fiveyear period, from 1997 to 2002. The magazines were primarily located in regional libraries and all but two issues were ultimately available (total of 58 issues). The original data set included all autobiographical material, comprising letters to problem pages and first person account stories, but the latter will be the subject of future investigation. Letters were extracted from the three types of problem pages that young women may write to, which are all termed question and answer pages (referred to as Q and A). In 'Q and A Love' the letters generally relate to problems in relationships with boys, with the occasional letter about a lesbian relationship or attraction. 'The Q and A Life' pages deal with problems pertaining to family, friends and sexual relationships. The Agony Aunt manages both the 'Love' and 'Life' advice columns. The third advice page is 'Q and A Body' where concerns about breasts and vaginas dominate but also skin problems, looks and parts of their bodies which young women are unhappy with. The 'Q and A Body' advice page is managed by a doctor. All letters from each of the three problem pages across the five-year collection of magazines were scanned to provide the transcripts for analysis, a total of 720 letters.

#### Analytic process

For the current study all letters that referred to any sexual health matters were selected from the main corpus (67 letters). Some of these letters appeared in 'Q and A Life' and some in 'Q and A Body'. Topics that appeared in the sexual health selection included pregnancy, safer sex, menstruation, STIs, condoms, infections and physical aspects of sexual behaviour. Topics could occur in the letter, in the agony aunt's (or doctor in the main) response or in both. Only letters that referred to physical aspects of sexual activity are the subject of this article. The analysis of these letters resembled that suggested by Parker (1992). The letters were firstly read, then reread and all references to the ways in which 'sex' was being constructed were highlighted. From these highlighted pieces of text key themes were identified that were organized around the various constructions of 'sex'. Texts were then examined for sociocultural discourses informing these constructions and the positions available within these discourses were elaborated.

Initial analysis identified four dominant ways in which sexual health issues were being constructed: sex as painful, sex as dangerous, sex as safe and sex as technique. Sex as painful was the predominant construction and it incorporated all letters referring to pain, soreness, or physical discomfort. The next most common construction was sex as dangerous that included letters specifically alluding to 'dangers' but also those that held warnings of STIs, abuse or pregnancy. Relatively few letter authors took up constructions of sex as safe but where they did their letters addressed matters such as whether tests might be needed and issues related to protection. The less commonly occurring construction of sex as technique included letters instructing or inquiring about condom use, sexual positions, lubrication and self-exploration. The following analyses present examples of letters within each of these four ways in which sex was constructed. The first four examples have been selected as typical of letters appearing in the problem pages, but since the problem pages do not exclusively present these kinds of letters, the last example provides a less typical letter, particularly in terms of the columnist's response.

## **Analyses**

It is important to emphasize that in the following analyses the letters are analysed from the perspective of them being written by young women readers since this is how they are represented by the magazine. However, this is not taken to mean that all letters are necessarily 'real' or 'genuine' and indeed readers themselves may not treat them as such (Kehily, 2002). Rather, the analyses focus on what sexual subjectivities and constructions of sexuality the magazine is making available to its readers through its 'real

life' structure of the problem pages. The extent to which letters are edited, the assigning of pseudonyms and the selection of letters for publication are all aspects of the yet to be completed second phase of the study.

#### Sex as painful

As noted earlier, the construction of sex as painful dominated letters related to sexual health problems. In Carpenter's (2001) comparative study of *Bravo* and *Seventeen* teen magazines, the topic of painful sex similarly featured strongly in young women's letters or items. Such dominance is perhaps not surprising given the wide cultural availability of painful sex stories to young western women, particularly in relation to first sex. As Thompson puts it, 'pain has become so much a part of the Grand Guignol lore of teenage sexuality that girls' own stories increase their fear of sex' (1990: 343). All the letters that constructed sex as painful referred to heterosex but not necessarily penetrative sex. In some of the letters concerns about painful sex emerged from experience, for others the concerns connected with future possible experiences, such as wondering whether first sex would be painful. An example of the latter follows.

#### Example 1

#### My first time

I'm 15 and considering having sex with my boyfriend. Is it painful the first time? If so, is there any way to reduce the pain? Worried. ACT

Take a while deciding what you want to do. At 15, you haven't reached the age of consent. Don't be pressured by your boy or your friends. Talk to your doctor about contraception. Depending on the method, it might take time before you're safe to have sex and it's important your boyfriend wears a condom if he has had sex before. Condoms offer the most protection against STDs. Make sure you are comfortable with your own body. If you are fully aroused before sex it will be much easier for you. Remember to take it slowly for the first time.

The title the magazine has given the letter, 'My first time', prepares readers for a letter from someone who has not previously experienced a sexual relationship. Worried tells the advice doctor (and the reader) that she is thinking about having sex but she raises two related questions, the first about the painfulness of first sex and the consequential question of what could be done to make it less painful if that should be the case. Although brief, the letter constructs several identities for the writer. In common with many of the letters to the advice pages, her letter opens with a statement of age that constructs her as a younger adolescent. While an opening that

declares age may reflect the genre of the problem page (Coward, 1984), age has saliency here in the context of coital sex because of the legal age of consent. Indeed this is highlighted in the advice doctor's response to the letter. Yet the legal age does not appear to be an issue for Worried since she is 'considering' having sex with her boyfriend. In both her 'considering' and her questioning, Worried is constructed as thoughtful and deliberating over sex as opposed to rushing into her first sexual experience. This construction contrasts with representations in the body of *Girlfriend* magazine where being sexually active is paraded as normative but conforms with cultural norms that assign responsibility to young women for managing boyfriends' sexual impulses and desires (Holland et al., 1998).

Although Worried's hesitancy positions her outside of normative magazine constructions of teenage sexuality, the deliberation over sex in the context of the letter relates to concerns about pain. The pseudonym situates her as a 'worried' young woman and represents the kind of 'reason' readers would expect someone to write into the problem pages (Kehily, 1999). Worried's questioning about first sex constructs her as a virgin within the current dominant social meanings of the word as being a woman who has not had penetrative, vaginal sex. Further, her questions position her as someone who is naive about heterosexual experience and has not received information about first sex through other means, such as friends or even articles found in the body of the magazine to which she writes. On the other hand, young women have access to readily available stories in circulation about the experience of first sex as painful and adopting a position of naive inquirer in a letter to the advice column provides a way to check out the 'truthfulness' of such claims.

The advice doctor's response almost entirely circumvents Worried's concern about pain and whether it can be reduced. The doctor takes up an instructional, authoritative position in her reply with a series of imperatives for Worried to follow (taking time to decide, not to be pressured, talking to her doctor, to be comfortable with her body, to take it slowly). Although the response overall is particularized and individualized to Worried, the doctor's response does give some recognition of the social context of young women's sexual problems in her instruction for Worried not to be pressured by her boyfriend. While she refrains from directly telling Worried she is too young for sex her juxtaposition of advising Worried to take her time and the legal age of consent contain a veiled message to that effect.

On the other hand, the doctor provides information about contraception and STD's that carries an assumption that Worried is likely to have sex. Effectively then, the doctor conveys a double message to Worried that may add to the ambivalence already suggested by her 'considering'. Turning to the information itself, the doctor gives this in a factual, 'value neutral' manner, an approach similarly identified in Currie's (2001)

analysis of teen magazines. In the provision of contraception information, the doctor's response positions Worried as unknowledgeable about such matters, which may or may not be a correct assumption. Worried's letter had not sought such information and this pattern of the doctor's reply addressing contraception and condom use in the absence of a request for information was a common one. Indeed, there were very few letters to the magazine asking specifically about safer sex and contraception issues. The provision of non-requested information on these issues suggests that the magazine might consider it has a moral obligation to equip its readers for safer sex, particularly as much of its content sets up assumptions and expectations that girls are sexually active. Whatever the magazine's rationale, the practice of repeatedly framing questions about sex in terms of its threats and negative consequences serves to locate young women's sexuality in discourses of sex as safe and sex as 'dangerous'.

Having dispensed with the provision of safer sex information, the doctor's response then takes a more personal turn to address making Worried's first sexual experience more comfortable. The tone, however, is once again instructional and authoritative. Somewhat ironically, in the light of the earlier positioning of Worried as naive and unknowing, the reply assumes that Worried knows how to be comfortable in her body, how to become sexually aroused and what it means to take it slowly. Notably, Worried's boyfriend is absent in the response, assigning responsibility for the satisfaction of her first (coital) sexual experience to Worried herself. A number of feminist scholars have noted the responsibility assigned to women for not only ensuring their own sexual satisfaction, but also that of their partners (e.g. Holland et al., 2000; Tolman and Szalacha, 1999).

Letters that constructed sex as painful were not always in relation to coital sex. Some letters, such as 'Sore point' in the next example, referred to painfulness associated with digital penetration.

#### Example 2

#### Sore point

I am 16 years old and a virgin. Recently I was fingered by my boyfriend. Afterwards, my vagina was very sore and I think I had a heavier discharge than normal. When I inserted a tampon it hurt. Scared, Old

If your vagina was sore afterwards it was probably because your boyfriend was a little rough – vaginas are delicate things and remember it's OK to ask him to take it more gently. If your vagina was a little dry, maybe a lubricant would make it hurt less and make things more enjoyable. It's unlikely that you 'caught' anything from your boyfriend's finger; it is more likely that the heavier discharge was because you had progressed in your cycle.

Unlike Worried's concern about how painful sex might be in the future, the author of this letter, printed under the name Scared, writes about her experience of pain after her boyfriend had digitally penetrated her. She is worried about the pain and the meaning of the discharge. Yet before Scared mentions the pain and discharge she discloses two facets of an identity as a young woman: being 16 and being a virgin. The juxtaposition is an interesting one and calls into question the possible relationship between the two. Sixteen is the age of legal consent for coital sex and so, at least in a legal sense, Scared could be sexually active and no longer a virgin. Indeed, if a recent survey in New Zealand is representative of sexual behaviour, then around one-third of girls may be sexually active before the age of 16 (Fenwicke and Purdie, 2000). The status of virgin sets Scared apart from her sexually (coital) active peers and at the same time challenges the normative representation of being sexually active in the very magazine to which she writes. There are, however, some interesting permutations and nuances around representations of her virginity. Scared's letter mobilizes a heterosexual discourse of the 'coital imperative' (see McPhillips et al., 2001), within which a virgin is generally constructed, so that being fingered (and possibly having your hymen broken) does not count either as sex or virginity loss.

In addition to the identity of a 16-year-old virgin, Scared's relationship with a boyfriend positions her as heterosexual. The overwhelming majority of letters to Girlfriend are about heterosexual relationships, a pattern that is readily understood in the context of a society in which heterosexuality is both normative and compulsory (Rich, 1980; Wilkinson and Kitzinger, 1993). Although Scared's positioning as a virgin perhaps obscures an identity as a sexually active young woman, her letter suggests she and her boyfriend are engaged in sexual behaviours that might be regarded as 'petting'. Within that sexual relationship Scared's description locates her as the recipient of her boyfriend's sexual foray in a passive position – she was fingered by him, not that 'we were "mucking about", I wanted his fingers inside me' a more agentic description given in a different letter. A good number of feminist scholars have addressed the ways in which the social construction of heterosexuality positions men as active, initiating sexual subjects and women as passive, receiving objects (e.g. Holland et al., 2000; Hollway, 1984; Jackson, 1993). So the construction of Scared's sexual relationship shows continuity with prevailing social texts of heterosexuality.

The doctor's response focuses on Scared's vagina and her construction of vaginas is an interesting one. Although the doctor begins by acknowledging that the boyfriend's roughness may be the problem this is overshadowed somewhat by locating the vagina as the cause of the problem. Her description of vaginas as 'delicate things' constructs them within a

discourse of conventional femininity that, for example, defines femininity in terms of softness, fineness and tenderness. Constructing the vagina as delicate also perhaps signals its vulnerability. Braun and Kitzinger's (2003) interviews with women about the vagina found this construction of the vagina as vulnerable evident in the women's talk, both its psychological vulnerability (e.g. personal intrusiveness) and its physical vulnerability (e.g. penetration, childbirth). The authors suggest that these and other meanings of the vagina are sociocultural products. The advice doctor continues her focus on the vagina with her comments about it perhaps being a 'little dry', reinforcing the vagina as the source of the problem rather than the boyfriend's technique or roughness. The boyfriend is, however, very much positioned as the instigator and the doctor does suggest that Scared asks him to 'take it more gently', an expression that further builds on the notion of the vagina as a delicate thing. At the same time her advice positions Scared as the 'teacher', instructing her boyfriend on what to do. This locates responsibility with Scared for her sexual pleasure, as does her suggestion that Scared use lubrication. In her closing sentences the doctor assures Scared that she probably hasn't 'caught' anything. So although Scared has not said she is afraid that she might have caught an STI through digital penetration, the doctor in a sense reads between the lines, assuming that this is relevant to Scared's anxieties.

#### Sex as dangerous

Letters that typified the construction of sex as dangerous generally related to concerns about particular sexual acts or about fears of being damaged or infected. The notion of sex as dangerous has been a feature in a number of studies conducted on young women's sexuality (e.g. Fine, 1988; Tolman, 1994). Fine (1988) identified the emphasis in sexuality education on disease and pregnancy to the exclusion of young women's agency and sexual desire. Young women in Tolman's (1994) study related their pull toward sexual pleasure but also their fears around dangers of abuse and pregnancy. Vance (1992) has similarly drawn attention to the mingling of pleasure and danger in women's sexual lives and the need to reduce danger while increasing possibilities for pleasure. Some letters to the problem pages did address the dangers of risk (pregnancy, STIs) and abuse, but others, as in the following example, were couched in more general concerns about the dangers associated with the act of coital sex.

#### Example 3

#### Period sex

I just want to know if it's OK to have sex when I've got my period? Are there any dangers for either partner and could it hurt me any more during this time? Curious, Old

There are no problems from your point of view if you have sex when you have your period, but it's usually a bit messier. Really, it's more a matter of your personal preference. In some parts of the world they actually use sex during the period as a method of birth control. Unfortunately it's not reliable, as sperm live inside the uterus and tubes for some days after sex. Sex on the tail-end of a period can cause a pregnancy. Having sex during your period shouldn't hurt any more than having sex at any other time, and in fact some people say an orgasm can help to relieve period pain. From a partner's point of view – a man would be at a higher risk of catching any blood-carried infections a woman might have, such as Hepatitis or HIV, if they have sex with her when she's bleeding.

In contrast to the two previous examples there are no claims related to sexual or age identity in this letter. The pseudonym of Curious positions the writer as knowledge seeking and wanting to be informed rather than worried or concerned. The question about having sex during a period suggests Curious may be sexually active, although there is no clear evidence of this in the letter. Nor is it clear whether the relationship is heterosexual since the term partner, not boyfriend, is used. The term partner is much less typically used in the letters but one of its common meanings is to signal an egalitarian relationship. The egalitarian theme continues with Curious asking not only about dangers to herself but also to her partner if they have sex during her period.

The meaning of 'sex' in the letter is unclear and it may be coital, anal or digital, any of which could produce pain ('hurt'). When Woollett et al. (1998) talked with groups of young women about sexual activities they found that 'sex' was typically constructed as heterosexual sexual intercourse. The authors suggest that the dominance of sexual information in schools relates to STIs, contraception and unwanted pregnancies reinforcing such a popular construction amongst young women. In the letter, Curious asks whether it will hurt any 'more' during her period suggesting that perhaps sex is painful at other times as well. Menstruation is widely constructed in negative terms in western societies, by young women (e.g. Beausang and Razor, 2000), in public discourses (Oinas, 1998) and in materials crafted to teach about menstruation (Diorio and Munro, 2000). Thus, it is perhaps not surprising for sex during menstruation to be pondered as dangerous and

painful. Curious does not specify the dangerous possibilities, although the advice doctor reads into her use of the word that Curious is worried about HIV.

The doctor dismantles the notion that sex during a period is dangerous for Curious in the opening to her reply. At this point in the letter the doctor's tone is personal and she directly addresses the questions that Curious has raised. However, she subsequently detours from the issues raised by Curious to talk about birth control. Here, then, is another example of the way in which the doctor uses letters as an opportunity to promote safer sex messages around pregnancy and STIs both to the writer and to the magazine readership. The tone of the letter changes from a personal one to an instructional, knowledgeable one and reads as a mini information 'factoid'. The doctor is positioned as an expert not only on conception and birth control but also on what happens in other parts of the world. Her 'factoid' functions to deter both Curious personally, and young women generally, from using sex during their periods as a birth control method.

Following this educational diversion, the doctor resumes addressing Curious's questions about pain and danger. In contrast to her positioning as medical expert earlier in her reply, the doctor now draws on lay theory to inform Curious that 'some people say an orgasm can relieve period pain'. Implicit in her comment is the notion that orgasm is normative and likely to be experienced during sex. The doctor assumes Curious knows what an orgasm is, a shift from Curious being positioned as the learner and the doctor as the teacher. In the conclusion of her reply the doctor addresses the final issue raised by Curious, those of the danger for her partner. The doctor depersonalizes her response once again to talk generically of men and not of Curious's partner specifically. This reconstructs the issue as a universal one rather than an individual one.

#### Sex as safe

As noted earlier, few of the sexual health letters appearing across the five year period of analysis asked the advice doctor directly about safer sex practices to prevent pregnancy and STIs. Amongst the letters that did seek such advice, the questions asked related to STI screening, transmission of STIs, pregnancy prevention and condom use. In the selected example of these letters a young woman expresses her concern about whether or not her boyfriend will agree to using protection.

#### Example 4

#### Safe sex

I've been going out with this really nice guy for around a year and a half. Recently, he asked me to have sex with him and I said yes. I've done it before, but it was before I'd started getting my periods. I'm worried that he might not want to use protection. What should I do? Scared, Vic

The first thing you need to ask yourself is if you really want to have sex with this person. Are you really OK about it or would you prefer to wait? Sex is an incredibly special and powerful thing to do. You really need to feel that you can trust your guy and be able to talk about anything that might be worrying you – especially contraception. Ask him how he would feel if you got pregnant. If he loves and respects you he will be happy to use protection. If he doesn't want to use a condom, he's being selfish and stupid. If you are ever feeling pressured to do something you'd really prefer not to do, then you know something is wrong. Trust your feelings. If something doesn't feel right, just don't do it.

Scared is positioned in this letter as heterosexual, sexually experienced and knowing her own mind about wanting sex ('I said ves'). In Scared's letter the gendered construction of heterosexuality, within which men have sexual needs and women respond, is evident since her boyfriend is the one to ask about having sex and she is the one to acquiesce. Scared is also positioned in her letter as responsible within the safer sex discourse since she is concerned about using protection. Young women's dilemmas about using protection coupled with young men's reluctance to use it are well documented in the literature (e.g. Holland et al., 1998; Moore and Rosenthal, 1998). The skewed power dynamic that underscores heterosexual relationships may make it difficult for young women to insist on the use of a condom, as pointed out by several feminist scholars (e.g. Gavey and McPhillips, 1999; Holland et al., 1998; Kippax et al., 1990). So too can romantic discourse ('if you loved me you wouldn't ask'; 'don't you trust me?', Moore and Rosenthal, 1998), sexual reputation ("slags" sleep around and need to use condoms', Lees, 1994) and fear of losing a boyfriend (Tolman, 1994) complicate young women's insistence on condom use.

The doctor's reply unsettles Scared's decision to have sex. Despite Scared's positioning of her boyfriend as a nice guy, not just nice but 'really nice', and identifying the relationship as long term the doctor seems to adopt a stance of doubting Scared's decision. In doing so she appropriates a romantic discourse, constructing sex as not just special but 'incredibly' special and powerful and continuing with her use of notions of love, trust and respect. Amongst young women romantic discourse serves as a

significant cultural resource in the negotiation of their relationships, impacting on decisions to stay in abusive relationships, condom use and reasons for having sex (Gavey and McPhillips, 1999; Jackson, 2001; Moore and Rosenthal, 1998). More specifically, young women have been found to differentiate between the construction of sex as special within a love relationship and sex for fun within a casual relationship (Jackson and Cram, 2003). So it is somewhat interesting to see the doctor drawing here on a construction of sex that young women themselves may use.

Subsequent to building an argument fashioned from romantic discourse that functions to trouble Scared's decision to have sex, the doctor then focuses on Scared's boyfriend. In contrast to Scared's positioning of her boyfriend as 'nice', the doctor's response creates the possibility of contradictory positions as a selfish, stupid and coercive guy (pressuring a girl into sex). Because she mentions the possibility of sexual pressuring it would seem that the doctor is reading into Scared's letter that this might be why Scared is worried about her boyfriend not wanting to use protection. On the other hand, the doctor's mention of sexual pressuring may once again be a device for addressing issues deemed relevant to the wider readership. By addressing sexual pressuring from boyfriends the doctor highlights an important social context in which young women's sexual problems may occur. In the conclusion of her reply she moves from the social back to the personal, invoking Scared to trust her feelings and to only do what feels right to her. In Garner, Sterk and Adams's (1998) analysis of teen magazines, advice to girls considering sex adopted a stance of encouraging young women to look to themselves and their own needs as the doctor appears to be doing here. For girls who had 'crossed the threshold' into a sexual relationship, however, the advice positioned young women as responsible for the sexual relationship and any problems occurring within it. Scared indicates in her letter that she has 'crossed the threshold' (i.e. she has 'done it before') but her sexual experience is completely erased in the advice doctor's response, stripping Scared's account of its complexity.

#### Sex as technique

Garner and her colleagues (1998) use the term 'sex therapists' to describe the positioning of young women writing into advice columns as teachers, responsible not only for facilitating their partner's sexual expression but also for meeting their own needs within the sexual relationship. This notion of sex as something to be taught and learned, that is to say a skill, is further suggested in McRobbie's (1996) analysis of teen magazines. A number of the letters to the advice doctor addressed issues around this idea of sex as a skill to be learned or taught. These letters have been categorized as 'sex as technique', reflecting the notion of young women as needing to teach their partners some aspect of sexual performance or

wanting to know 'how to' manage some aspect of sexual activity. In the example provided here, a young New Zealand woman wants to know how she can prevent her boyfriend's fingers getting 'mucky' when they are petting.

#### Example 5

#### Sticky situation

My boyfriend wants to finger me and I want him to, but I'm embarrassed. When we muck around I get mucky stuff coming out of me. I know what it is and that it's normal but I doubt he knows that. When he fingers me he'll get it all over his fingers. Is there any way I can stop it from getting on his fingers? Embarrassed. NZ

You're right, this is normal! When you get aroused, the blood vessels around the vaginal walls swell up and this causes the vaginal walls to sweat the fluid you've noticed. Sex would be dry and uncomfortable without it. The same thing leads to an erection for a guy! I doubt a bit of moisture is going to worry him all that much. Maybe you could ease into it by telling him how wet and excited he's making you – then he won't be in for a total shock. Incidentally, women in France last century used to dab a little of their vaginal discharge behind the ears like perfume as it contains powerful sexual scents . . . it's certainly cheaper than Chanel No 5!

In contrast to previous examples of letters, the writer identified as Embarrassed presents a more agentic construction of her (hetero)sexuality. In common with a number of letters, she writes not about coital sex but about 'fingering'. The letter constructs Embarrassed as desiring this sexual play and, accordingly, as having sexual agency. While it would seem that she is mobilizing a discourse of desire here, it seems to be more of a whisper of this discourse (see Fine, 1988) since it is her boyfriend's desire to finger her that she responds to with her own. For example, she does not say 'I want my boyfriend to finger me and he wants to', which would position her as outside of discourses of heterosexuality that assign initiation to men and submission to women (Hollway, 1984).

However, in her metaphor of 'muck around' to denote their sexual activity Embarrassed avoids sexual terminology that underscores the gendered bipolarity of heterosexuality, evident in terms such as 'bonk' 'screw' or 'pull' (see Weatherall and Walton, 1999). Her metaphor is also an interesting play on words since Embarrassed is concerned about the mucky stuff that occurs during their 'mucking around'. The construction of her discharge as mucky evokes an image of something that is not particularly pleasant. The sociocultural representation of the vagina as an object of disgust (e.g. as smelly or dirty, see Braun and Kitzinger, 2003)

provides a readily available resource for Embarrassed's construction of her vaginal discharge as 'mucky'.

Although using the descriptor 'mucky', Embarrassed is not represented in her letter as being disgusted by her discharge. Rather she draws on a natural discourse to identify it as normal. Indeed, she is positioned as knowledgeable about her own body discharge in contrast to her boyfriend who is positioned as naive about such matters. While she is knowing about her vaginal secretions on the one hand, they seem also to be a source of potential embarrassment to her (the source of the pseudonym perhaps) since she worries about her boyfriend getting it all over his fingers.

The doctor in her response emphasizes the construction of vaginal secretions during sex play as normal and then uses Embarrassed's letter as a springboard for an educational, biological explanation of what produces the secretion. So on the one hand she reinforces Embarrassed's positioning as knowledgeable about her body while on the other she positions herself as a knowledgeable medical expert teaching Embarrassed about the workings of her vagina. As has been seen repeatedly in previous examples, the information does not link to any of the writer's questions, thereby suggesting functions of educating the readership and perhaps demonstrating the doctor's expertise. The irrelevance for the questions asked by Embarrassed is highlighted in the doctor's 'factoid' that states 'this also happens to guys!' The emphasis given to this fact is curious, giving it the appearance of something to be acclaimed or celebrated.

Subsequent to the biology lesson, and in stark contrast to its tone and content, the doctor moves on to address the secretion 'problem'. What Embarrassed coins mucky stuff, the doctor re-labels as 'a bit of moisture' which functions to minimize the problem quite literally ('a bit'). Embarrassed's 'whisper of desire' is more graphically expressed in the doctor's suggestion that she tell her boyfriend 'how wet and excited he's making you'. The absence of such specific articulation of desire as experience in the body is significant in feminist research on young women's sexuality so here the doctor's articulation may also be considered as informative for young women readers. Indeed, the doctor actively resists the silencing of many aspects of women's desire with her story about the women of France who used their discharge as an erotic, sexually powerful perfume. Her story deconstructs the representation of women's vaginal discharge as something private, shameful or disgusting and constructs it as something erotic and public. The doctor's story also positions women as having sexual agency, with men unable to resist the power of the vaginal potion.

#### Discussion

One of the aims of this article was to examine the ways in which sexual health issues were constructed in a sample of young women's letters to the problem pages of a teenage magazine. Of particular interest was how the representation of problems on these pages compared with representations of young people's sexuality and sexual health in public and academic domains. Perhaps the most remarkable feature in this respect was the relative silence about contraception and safer sex in young women's letters. Yet their silence was not matched by the responses of the advice doctor who made opportunities in her replies to address contraception and safer sex practices such as using a condom. What are some possible meanings of this pattern that occurred so consistently across letters, not only in those sampled but also the entire corpus of letters? In the context of the magazine as a whole, sexual activity is normative so it may be that the advice pages serve to convey messages of sexual responsibility within that part of the magazine where there is a more intimate relationship with readers. It could also be that the advice columns are deemed by the magazine to have a moral and public health responsibility to provide safer sex education. McRobbie's (1996) contention that magazines have obtained legitimacy for their increasing sexual content through the employment of safer sex discourses seems to be informative here as well.

The meanings of silence on sexual safety and contraception in young women's letters can only be surmised. Possibly, they feel that they already know enough about such matters through sexuality education, talking with friends, reading magazines or surfing the Internet. In survey research, for example, young people tend to report high levels of knowledge about sexual safety issues (Allen, 2001). So rather than sexual safety issues, letters from young women addressed issues concerning aspects of sexual activity, not just coital but also, frequently, non-coital sexual behaviours. Ironically, the appearance of articles on the latter, at least in *Girlfriend* magazine is sparse yet experiences of masturbation and 'petting' may be a great deal 'safer' for young women. Young women who were interviewed by Thompson (1990) and who knew sexual pleasure through such experiences, for example, went into sexual relationships knowing they wanted sex and were prepared for 'safer' sex in terms of pregnancy and STI prevention.

Whereas a rampant notion of sexuality tends to dominate in media representations of young people, what we see in the letters analysed here is considerably more constrained. In common with the body of letters as a whole, young women in the letters sampled represented themselves as considering or poised on the brink of having coital sex or as engaged only in non-coital sexual activities. Moreover, these young women were

positioned in their letters as responsible: not rushing in to have coital sex but seeking advice and information or, if having sex, being mindful of risks or dangers. On the other hand, their letters by and large are constructed within a discourse of sexual victimization – victims of pain, afraid of things they may have 'caught', worrying if having sex can be dangerous. Such constructions should not surprise us when, for example, sexual education curricula has been found to privilege sex as a risky enterprise over sex as pleasure (see Fine, 1988; Thompson, 1990; Tolman, 1994; Vance, 1992) and the dominant press about teenage sexuality concerns high teen pregnancy, abortion or STI rates. Furthermore, as McRobbie (1996) points out, the safe sex discourse is very much part of the 'new sexuality' (i.e. young women as sexually active, independent and knowledgeable) in women's magazines.

The second purpose of this article was to examine sexual subjectivities constructed either by the young women or the advice doctor since these have clear implications for safer sex practices. McRobbie (1996) suggests that the 'new' sexual subjectivities, as well as being organized around a safe sex discourse, are constructed as more complex and knowing. By virtue of writing to a problem page young women are positioned as not knowing about a particular aspect of sexuality or sexual health. However, in other ways the writers were positioned as knowing - knowing about different types of sexual activity, being aware and knowing about their bodies, knowing about possibilities of 'dangers' and knowing about the need to use protection. In contrast, the doctor's response frequently positioned the young women as not knowing and even when a young woman purported to know (e.g. when Scared, in Example 4, tells us she'd been asked to have sex and she said yes) her knowing was unsettled by the doctor. Such erasure of young women's knowledge in advice columns has similarly been noted in Dawn Currie's (1999) work.

Despite glimmerings of possibilities for a more 'knowing', aware sexual subjectivity, in the main sexual subjectivities as represented in letters seemed more pieced together from dominant versions of female sexuality. So, although there were fragments of desire in Embarrassed's letter it was constructed within a framework of male initiation and female receptivity, as was Scared's agreement to have sex with her boyfriend. Most of the letters clearly identified relationships as heterosexual, typical of the corpus as a whole, reflecting an absence of lesbian sexualities. Moreover, the 'sex' referred to in letters tended to be penetrative, either coital or digital, with masturbatory or oral sex falling into obscurity. In common with findings of other feminist researchers the letters sampled here, and in the majority of letters to the columns, positioned young women within a discourse of responsibility. Such responsibility wove through issues about protecting a boyfriend from 'mucky stuff', concerns about using protection, and

'dangers' for self and partner of sex during menstruation. Young women's positioning as responsible can be seen as residing not only in traditional discourses of female (hetero)sexuality but also in safe sex discourse and a discourse of sex as dangerous versus pleasurable. In sum, notions of 'free' sexual practices, sexual fantasies and other aspects of sexual diversity observed by McRobbie in British magazines of the 1990s (McRobbie, 1996) seem not to have been incorporated into the sexual subjectivities represented in the sample of letters to *Girlfriend* magazine.

Similarly, in the advice doctor's replies evidence of any 'new' sexualities is either slight or non-existent. Perhaps because she draws so heavily on a safer sex discourse in her responses, the dominant sexuality she constructs is heterosexual and coital. Within this safer sex construction young women are positioned as potential 'victims' (of disease) as well as bearers of sexual responsibility. Although opportunities were presented in the letters for the doctor to support the 'safer sex' practices of non-penetrative sex, she did not take them up. Nor did she suggest such alternatives to those who were 'considering' having sex. In this way, a sexual subjectivity based on the 'coital imperative', that naturalizes penile-vaginal sex, (see McPhillips et al., 2001) seemed to be privileged. There were occasions, however, when the doctor's advice pointed to a sexuality defined more by pleasure than risk or danger. For example, she mentioned orgasm as a way of relieving period pain in response to Curious and provided Embarrassed with a bodily language for talking about sexual desire. Thus, within these responses the doctor constructed possibilities for an active, desiring sexual subjectivity.

To conclude, turning our research gaze toward advice columns in young women's magazines provides an opportunity to examine sexuality and sexual health issues free of the constraints of a research interview where young women may self-regulate their talk. On the other hand, the magazine itself is regulatory so that the letters are subject to the whims of what editors consider to be both good press and accommodating of the magazine's agenda. The agenda that the analyses in this article reveals is predominantly a safer sex one and while that might not be surprising in the context of sexual health letters, it is significant in the relative absence of young women themselves writing to obtain such knowledge. Emphasizing risks and dangers of sex erases pleasure, which has clear implications for sexual subjectivity (see Fine, 1988). Several scholars have noted the importance of recognizing the complexity and plurality of sexuality in the realms of sexuality education (e.g. Thompson, 1990; Tolman, 2000). Opportunities for the advice columnist to provide alternative sexualities in response to letters were largely missed. As noted previously, advice columns have clearly been identified as the favourite page of young women, as well as a highly salient source of their sexuality information

(Currie, 1999; Kehily, 1999). Thus, any changes implemented by advice columnists toward highlighting plurality and complexity and challenging discourses that constrain young women's sexuality would have the potential for greatly assisting young women's negotiation of sexuality. Perhaps instead of targeting individual young women for sexuality education, it is more the educators, in the broadest sense of the term, who should be the focus of attention.

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#### Biographical Note

Sue Jackson is a senior lecturer in the School of Psychology, Victoria University of Wellington. Her major area of research and publication is young women's heterosexual relationships and identities within those relationships, with a particular focus on issues related to their sexuality. Sue is currently developing a new course on psychology, gender and sexualities and she is working toward publishing a book that draws together aspects of her work to date on young women's sexuality and heterosexual relationships. *Address*: School of Psychology, Victoria University of Wellington, PO Box 600, Wellington, New Zealand. [email: sue.jackson@vuw.ac.nz]