

**Let's Talk about Sex Education:
A Corpus Linguistic Analysis of Advice Column Discourses**

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Statement of Originality

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

A handwritten signature in cursive script, appearing to read "G Carr".

Georgia Carr

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Chapter 1

Introduction

This thesis conducts a corpus linguistic analysis of sex education discourses in the advice columns of a magazine aimed at teenage girls. The advice column is a powerful vehicle for dominant ideologies of gender, sexuality and relationships. In magazines for a teenage audience, the advice column is where readers' sexualities are "most explicitly defined, negotiated and endorsed" (Burns 2011: 152). This is especially true for magazines aimed at young women (Kehily 1999a, b). At present, "sex education is poor, global gender inequalities remain, [and] the wider culture is becoming increasingly commercialised and sexualised" (Boynton 2006: 544). Yet sex and relationship advice in the media, which has the potential to address these issues, remains insufficient. Researchers in psychology, sociology, media studies, gender and cultural studies, and linguistics have sought to quantify and understand the messages produced in adolescent magazines. But even where this work has come from linguists, it has done little to highlight exactly how linguistic resources work to create and reinforce these messages. This thesis conducts a corpus linguistic analysis of advice column discourses in order to understand how language helps to uphold and/or challenge ideologies in sex education. More precisely, the data for this study are the advice columns of *Dolly*, an Australian fashion, beauty, lifestyle and celebrity magazine aimed at teenage girls. The data consist of question-and-answer pairs and are taken from two time periods, the mid-1990s and the mid-2010s, which will be analysed for their similarities and differences.

1.1 Motivations and significance

It is important to systematically analyse sex education discourses since sex education has the potential to challenge the status quo when it comes to homophobia, gender inequality and general sexual ignorance (Boynton 2006: 544). Conversely, poor sex education can adversely affect students' wellbeing, health and safety, and educational outcomes (Collier-Harris & Goldman 2017: 57). This study is timely as Australia moves towards a mandated national curriculum on relationships and sexuality education (Australian Curriculum 2017). It is critically important to understand how

the language of sex education affects people's experiences of gender inequality and homophobia as we begin to standardise sex education in classrooms.

It is worth noting here that sex education is concerned not only with sexual activity, but also with relationships, puberty, body image and mental health. It is typically taught in the classroom, but it also exists in many other forms, including picture books, pamphlets, films, and marriage manuals. These and other examples can all be thought of as practices in which someone learns something about human sexuality (Nelson & Martin 2004: 2). In other words, they can all be considered forms of sex education. It is useful, perhaps, to speak not of sex education, but of sex educations (ibid). In this thesis, I adopt the broad definition of sex education outlined here.

All forms of sex education have seen changes in the way they discuss sexuality. Discourses around sexuality moved away from the domain of religious and legal authorities at the end of the nineteenth century and have since been the concern of medical and scientific authorities (Cameron & Kulick 2003: 19). Despite this, there is evidence that this 'scientific' discourse is far from objective. Research on the historical influence of sex education (e.g. Moran 2000, Nelson & Martin 2004) has described it as reflecting evolving ideas about sexuality, but also about gender, race, and social class, and as both advancing and inhibiting such causes as feminism, the tolerance of sexual minorities, and gender stereotypes (Nelson & Martin 2004: 2). In classrooms, the content of sex education has historically been dictated by the "opposing politics of moral conservatism and liberalism" (Jackson & Weatherall 2010: 167). Conservative governments have implemented curricula which emphasise abstinence before marriage and silence discussion of non-heterosexual attraction. This may be undone by a subsequent liberal government, only to be re-instated in future years (see Jackson & Weatherall 2010 for a summary of this situation in America, New Zealand and Great Britain). Sex education has always been closely tied to ideology. This is true whether sex education is designed as science, as in the case of most classroom sex education, or as entertainment, as in the case of the media (Nelson & Martin 2004: 10). This connection between sex education and ideology has been investigated but, as we will see in chapter 2, this has rarely touched on the influence of language.

While research on language and sex education is still emerging, research on language and *sexuality* has been an interest of many linguists. Research on language and sexuality began with a particular focus on the language of gay men and how this differed from heterosexual language (Baker 2008: 50). As it has grown, the field has continued to use sexuality as a variable to look at linguistic trends between or within groups defined by sexual orientation or identity. This includes heterosexual as well as queer or non-mainstream communities (as summarised in Cameron 2005) and has included work on sexuality cross-culturally (e.g. Sauntson & Kyrtziz 2007). While this work is primarily concerned with the concept of *sexuality as identity*, where sexuality is synonymous with sexual orientation (e.g. ‘gay’, ‘straight’, ‘lesbian’), other work has focused on *sexuality as desire*, or one’s erotic desires and practices, which may or may not align with one’s sexual orientation (Cameron & Kulick 2003: 4). Sexuality as identity and sexuality as desire may be investigated separately, though more recently have been treated together (see Morrish & Leap 2007 and the special issue of *Journal of Language and Sexuality* 2015, vol. 4 issue 2). The concepts of sexuality, identity and desire are, of course, all relevant to sex education. However, the work on language and sexuality has not yet encompassed sex education, and, as I will show in chapter 2, the work on language in sex education is still minimal at present.

1.2 Aims and objectives

This thesis will answer the following research questions:

1. What are the discourses in sex education in *Dolly*? How have these changed or remained the same over time?
2. How are these discourses constructed i.e. with what linguistic resources?
3. How are these discourses negotiated dialogically? That is, how is the discourse which is offered in the question of the advice column then reproduced or challenged in the corresponding answer?

1.3 Research approach

This thesis will answer the research questions above using a combined methodological approach of corpus linguistics and discourse analysis, focussing specifically on Appraisal. Corpus linguistics is an approach which uses computer technologies to analyse language in electronic collections of text, or corpora (Bednarek & Caple 2017: 8). Discourse analysis is the study of “meaning beyond the clause” (Martin & Rose 2003: 1), or the organisation of language throughout a text. Recently, these methodologies have been combined, making it possible to analyse much larger quantities of data without sacrificing the “micro-level nuances” of discourse analysis (Hunt 2015: 267).

It is important to distinguish discourse in this sense from the term *discourses* that I refer to throughout this thesis. *Discourses* are “practices that systematically form the objects of which they speak” (Foucault 1972: 49), or ways of talking about and constructing objects and events in the world (Partington, Duguid & Taylor 2013: xviii). Gee (1999) refers to this as ‘big D’ discourse, as opposed to ‘little d’ discourse. Harvey (2013) offers the labels ‘macro’ discourse and ‘micro’ discourse. These two senses of discourse are bound together: through an analysis of meaning beyond the clause (‘micro’ discourse) we can uncover the social and cultural meanings which are (re)produced through texts (‘macro’ discourses) (Harvey 2013: 48). Discourses are constructed using the observable formal properties of language. For example a word, phrase or grammatical structure can realise a discourse or part of a discourse (Baker 2006: 17). Importantly, linguistic features are not discourses themselves: they are ‘traces’ of discourses (Talbot 1998, cited in Baker 2010: 123). By studying linguistic features in a text, we can thus uncover these discourses.

If discourses are distinctive ways of talking about objects and events in the world, we need to understand how people position themselves and the objects of which they speak. Appraisal, developed by Martin & White (2005), is a relevant concept here. Appraisal (introduced in chapter 3) is concerned with how writers/speakers adopt stances towards the things they talk about and the people they communicate with. When we appraise things, we construct our world in a particular way, offering shared values, tastes and normative assessments (ibid: 1). Appraisal is thus a useful way into understanding discourses, or how social and cultural meanings are produced in texts.

1.4 Thesis overview

Chapter 2 reviews the literature which forms the foundation for this study, summarising the work on sex education discourses thus far and identifying the need for linguistic research in this area. Chapter 3 outlines the data and approach used in this research. It describes the corpus and introduces relevant concepts in corpus linguistics and Appraisal for the analysis used in the subsequent chapters.

Chapters 4 and 5 analyse the sex education discourses in the corpus. Chapter 4 compares data from the two decades to highlight their differences, showing that they contain different discourses which are constructed using different linguistic resources. In chapter 5, I examine the similarities between the two decades and illustrate what has remained the same in the past twenty years of sex education discourses in *Dolly*. In doing so, I identify a discourse which has not been documented in any of the literature, and also show how it is constructed linguistically. In both of these chapters I consider the dialogic structure of the advice column and highlight how the discourse(s) in the question are then reproduced or challenged in the answer, offering insights into how discourses are negotiated in interaction. The research questions outlined above will be addressed in both chapters 4 and 5.

Chapter 6 summarises the arguments made in previous chapters and highlights implications for research in sex education discourses as well as insights for both corpus linguistics and Appraisal. I also discuss the limitations of the present study and propose areas for future research.

Chapter 2

Literature Review

This chapter summarises the literature which forms the foundation for this study. I summarise work on sex education and sex education discourses, highlighting the lack of linguistic research in this area and thus identifying the original research contribution that this thesis aims to make. Section 2.1 describes research on sex education, while section 2.2 specifically examines sex education in the popular media. Section 2.3 synthesises work on sex education discourses in magazines, and section 2.4 considers research on the language used to construct these discourses in more detail. Section 2.5 summarises the research in this field and identifies the gap that motivates the current study.

2.1 Sex education

Research on sex education is diverse, stemming not only from education but also from sociology, psychology, gender and cultural studies, healthcare, and linguistics. This research has been conducted worldwide, with investigations of individual countries (e.g. Hashimoto et al. 2017, Chau et al. 2016, Štulhofer 2016) as well as comparisons between countries (e.g. Parker, Wellings & Lazarus 2009, Weaver 2005). This research has primarily focused on sex education in schools with two key areas of interest: student satisfaction, and the efficacy of different sex education programs.

The research from the first of these two areas - student satisfaction - tends to agree on the failure of much school sex education (for detailed summaries see Mitchell et al 2014, Hillier et al. 2010 and Measor, Tiffin & Miller 2000). In Australia, most students receive some sex education, but only a minority find it useful. This is especially true of same-sex attracted and gender questioning young people, who are the most likely group to find sex education inadequate or irrelevant (Mitchell et al. 2014: 73). Common complaints are that it is too scientific or medical and that it focuses on the dangers and difficulties rather than the pleasure of sex. Particularly lacking is an emphasis on consent and information on how to build healthy relationships. There is also an absence of relevant material for queer students.

This would include information on how to address homophobia, forms of sex other than male-female penetrative intercourse, and relevant protection against sexually transmitted infections (STIs) in same-sex intercourse (Hillier et al. 2010). By virtue of their absence, these topics are deemed problematic in the sex education curriculum (McRobbie 1991). Even those topics which typically *are* covered in sex education - human reproduction, protection against STIs and pregnancy, and bodily changes during puberty - are not always covered in sufficient detail. In summary, the norm in Australian schools is conservative sex education with an emphasis on heterosexuality and the dangers of sex (Hillier et al. 2010: 83). This is relevant to this thesis which will explore whether these same attitudes can also be found in non-school-based sex education.

The second major focus of sex education research has been the efficacy of certain school-based programs. This work is often clinical, focusing on the effect of the sex education curriculum on condom use, pregnancy rates, age of first intercourse, and incidence of STIs. Typically, this work compares abstinence-only programs with comprehensive programs, and there is general agreement on the failure of abstinence-only curricula. A detailed summary of this work is beyond the scope of this thesis, but see Mitchell et al. (2014) and Hillier et al. (2010) for work in Australia, Kendall (2013) for a summary of work in the US, Bragg (2006), Ingham (2005) and MacDowall et al. (2015) for work in the UK, and the journal *Sex Education: Sexuality, Society and Learning* for work worldwide. This research has highlighted the link between sex education and real world outcomes like unplanned pregnancy and STIs. However, little research looks at the role that language plays in the effectiveness of sex education. This thesis examines the language of sex education with the aim of understanding ideologies around sexuality and relationships, which can equally impact adolescents' experiences in the real world.

2.2 Sex education in popular media

Given the failings of traditional school sex education, it is unsurprising that young people turn to other sources for their information on sex and relationships.

Accordingly, while research on sex education has mainly focused on classrooms, it has increasingly looked at other mediums (e.g. Nelson & Martin 2004). Of particular relevance for this study is work on women's magazines, which are a key resource for

sex education outside the classroom. Since the early twentieth century, magazines have played an important role in the transmission of sexual knowledge (Ehrenreich & English 1978, Kent 1979 provide summaries). They were much more accessible than other media, especially for working-class people, and quickly became a vehicle for mass sex education (Bashford & Strange 2004: 74). Magazines are particularly significant for teenage girls; they are a preferred source of information and guidance about sex, and some girls consider them to be as important a source as parents (Arthurs & Zacharias 2006; Medley-Rath 2007, cited in Clarke 2009). This is particularly pertinent for the present study on *Dolly*, a magazine aimed at young Australian women. These magazines are less embarrassing to access and can be more informative than classroom sex education (Bragg 2006). Several researchers have described how young women actively seek out sex education in magazines to supplement the formal education they receive in school (e.g. Kehily 1999a, Bragg 2006, Hillier et al. 2010). Often this is used to cover topics which are absent or underdeveloped in the formal sex education curriculum, such as masturbation, homosexuality, and sexual abuse (Kehily 1999b). This is especially true of advice columns. Advice columns, or problem pages, create a direct interaction between the reader and the magazine. They encourage the disclosure of intimate, confidential information and evoke a kind of female solidarity, since both readers and authors of advice columns tend to be women (cf. Neville 2012). This makes advice columns a ready medium for the production and consumption of sex education (Bashford & Strange 2004: 84). However, while young women who are dissatisfied with their formal sex education often turn to popular media, magazines suffer many of the same weaknesses as the classroom, as we will see in section 2.3.

Work on sex education has highlighted that it is just as much evaluative as it is informative, and this is especially true for sex education in popular media (see Fine 1998, Kehily 1999a, b). This is important to note in the context of this study, which aims to understand how language helps perpetuate certain ideologies. Much work has shown how media create and reinforce discourses around sexuality which tend to be conservative, judgmental and shaming (Attwood et al. 2015: 529). Research on magazines shows that they reinforce oppressive notions of femininity and influence what is considered normative sexual practice (Farvid & Braun 2014, McRobbie 1996, Reviere & Byerly 2013, Bachechi & Hall 2015). These traditional, patriarchal

discourses are present in all sections of the magazine. This has been demonstrated in articles, in quizzes and, most notably, in advice columns, which “sum up the ideological content” of the magazine (McRobbie 1978: 29, cited in Kehily 1999a: 73; Currie 2001; Jackson 2005a). This aspect is relevant to this thesis which considers the discourses produced in advice columns. All media, including magazines, television, radio and film, are recognised as a “powerful ideological force”, working to both reflect and create social realities (McRobbie 1991: 83, Clarke 2009). And while magazines appeal to young people because they are not the traditional authority, their attitudes regarding sexuality and relationships can be just as compelling and hard to challenge as that of the classroom (Bragg 2006: 549). The dominant¹ discourses of sex education in magazines are outlined in more detail below.

2.3 Dominant sex education discourses in magazines

This section synthesises work on sex education discourses from Australia, New Zealand, the United Kingdom and the United States; countries whose sex education is historically and culturally comparable (see Nelson and Martin 2004: 4). The focus here is on discourses in magazines for girls. These are in considerable overlap with magazines for women (see Clarke 2009), and some of these aspects will be highlighted where relevant. Research on sex education discourses in magazines has been conducted for at least the last half-century. It is abundant enough that there are also studies synthesising and comparing these discourses over time (e.g. Carpenter 1998, Attwood et al. 2015). Since there has been minimal change to these discourses over time, a point I return to below, the following section is structured according to topic, rather than chronologically. This research has usually come from sociology, psychology, media studies, and gender and cultural studies, rather than from linguistics. It has looked at *what* these discourses are, but rarely *how* they are constructed linguistically.

¹ ‘Dominant’ here means those discourses which are authoritative and commonly established (Harvey 2013: 50). This contrasts with subordinate discourses, which are non-mainstream beliefs (Baker 2010: 125).

2.3.1 Compulsory heterosexuality

The first dominant discourse in magazines for young women is that of ‘compulsory heterosexuality’ (Rich 1980: 632), where heterosexuality is not only assumed but is explicitly privileged over other forms of sexuality (Fine 1998). Other sexualities are minimised or completely absent from sex education, except in the case of resources specifically targeted at queer audiences. References to lesbian, gay or bisexual people and relationships are occasional, and where they are present they tend to be either tokenistic or staged for the titillation of a heterosexual audience. In addition, they may be problematised or treated as ‘deviant’ (Attwood et al. 2015, Clarke 2009, Kehily 1999a, Jackson 2005a). Conversely, heterosexuality is considered the norm, especially in terms of what constitutes ‘real’ or ‘proper’ sex. There is an overwhelming focus on pregnancy, and this presumes that sex is equivalent to penile-vaginal intercourse. There is minimal or no mention of anal or oral sex, and people who are not interested in sex, such as those who are happily asexual or celibate, are also excluded (Attwood et al. 2015: 530). In short, non-heterosexual sex and relationships are either marginalised or omitted completely.

2.3.2 Discourses of male and female sexuality

In line with the discourse of compulsory heterosexuality are discourses which position male and female sexuality as radically different. For women, there is a discourse of ‘presumed displeasure’ (Bachechi & Hall 2015: 553), or an expectation that women do not enjoy sex. Sex is not described as pleasurable, and young girls are presented as innocent and ignorant of sexuality. It is assumed that if a woman is sexually active, it is only because she feels pressure to do so (Clarke 2009, Bachechi & Hall 2015). Some research (e.g. Arthurs & Zacharias 2006, Bragg 2006) claims that sex education is more likely to address sexuality as a source of pleasure and fulfilment in magazines than in classrooms. However, much other research has found this not to be the case (e.g. McRobbie 1991, Bachechi & Hall 2015). For example, in magazines and classrooms alike, sex is ‘marketed’ to young women in relation to romance, rather than physical pleasure. A girl’s sexuality is understood and experienced in terms of romantic attachment, rather than physical desire (McRobbie 1991: 102). Mentions of

self-pleasure are also largely absent, with masturbation described as ‘deviant’ or left out altogether (Jackson 2005a, Carpenter 1998, Clarke 2009). Where desire is mentioned, it is either minimal or problematised. Any mention of pleasure is outweighed by reminders of the emotional, physical, moral and/or financial consequences of sex (Jackson 2005a, Fine 1998). This is most evident in sex education’s preoccupation with risk and safety. Sex education, including sex education in magazines, tends to focus on contraception, STIs and the dangers of pornography and sexting, and is dependent on a dysfunction and disorder-based understanding of sex (Barker 2011, cited in Attwood et al. 2015: 529). While this information is, of course, necessary, it is often treated as the *only* relevant aspect of sex education (Jackson & Weatherall 2010: 181). And while this information on risk and safety is presented to young men as well, it is especially used to discourage sex and desire in young women.

While desire is repressed among teenage girls, sex is presented as a natural right and a strong, even irresistible, drive for young men. As well as it being the work and worry of women to avoid sex because of disease, pregnancy and the betrayal of boyfriends, they are also responsible for satisfying the sexual needs of men and protecting themselves from male desire (Clarke 2009: 420). This is particularly evident in messages around virginity. For young men, virginity is treated as something to overcome as soon as possible, while for young women it is a prize to be offered in a committed relationship or, ideally, upon marriage (ibid: 416). Messages about piety for young women encourage abstinence and sexual restraint, placing the onus on women to control their sexuality without similarly problematising the male sex drive (Bachechi & Hall 2015: 556). This also manifests in treatments of *sex as technique*, where women are responsible for satisfying their partners and facilitating their sexual expression (Jackson 2005b: 287). This is an especially dominant message in magazines targeted at women (rather than girls) where women are expected to hone their sexual skills in order to maintain their marriages, though it is also found in magazines with a younger target audience (Clarke 2009). As well as satisfying male desire, young women are represented as needing to protect themselves from it. Young women are responsible for saying no to unwanted sex but the same is not expected of heterosexual men (Cameron & Kulick 2003: 39). This has been referred to as *sexuality as victimisation*, where women and girls are vulnerable to male predators

and ‘being used’, and must protect themselves against being damaged as well as being infected (Carpenter 1998: 162, Fine 1998, Jackson 2005b). A more extreme, though less common, version of this message is *sex as violence*, with a focus on abuse, incest and potentially fatal STIs like HIV/AIDS (Kehily 1999b: 147, Fine 1998).

Cumulatively, these discourses work to present male and female sexuality as radically different. Men are presented as overflowing with desire but without self-control. Conversely, women are expected to have no interest in the unpleasant experience of sex, and should equally protect themselves from male desire through abstinence. The discourses outlined above can all be labelled as part of the broader discourse of ‘heteronormativity’. This is defined as the system which prescribes a particular kind of heterosexuality: one which is monogamous, reproductive and based on traditional gender roles (Cameron 2005: 489). The reinforcement of gender stereotypes and gender essentialism is evident not just in the research presented here, but has been documented historically in women’s magazines as far back as the late seventeenth century (Currie 1999). Despite this, it is worth noting that these discourses have changed slightly over time. These changes are outlined in the following section.

2.3.3 Dominant sex education discourses over time

As early as the 1990s, Carpenter (1998) found that sex education discourses were starting to shift and become more progressive. In a review of young women’s magazines that had been published from 1974-1994, she found that editors had moved towards recognising young women’s sexual desire, had acknowledged oral sex as a form of sex, and that there was a more positive stance towards both masturbation and same-sex attraction. However, these changes, even when considered cumulatively, did not constitute a dramatic shift in content. Where a new discourse was presented it was still regularly problematised and treated as less satisfactory than the established ones. More recently, Clarke (2009) identified a similar shift in sex education discourses in magazines with positive references to same-sex attraction. However, this was still part of an underlying, anti-sex message (ibid: 425). While Carpenter’s review of magazine discourse was published almost two decades ago, the other, more recent research cited here makes it clear that the dominant discourses around gender and sexuality still

endure. This is evident in both qualitative research (e.g. Jackson 2005a, b) and in quantitative work that has compared these discourses over time (e.g. Attwood et al. 2015, Bachechi & Hall 2015, Clarke 2009). Taken together, it is clear that dominant discourses in young women's magazines promote traditional attitudes about sexuality, namely that there are essential differences between genders and that the default sexual orientation is heterosexual.

The discourses outlined above are in considerable overlap with those issues identified with classroom sex education: that there is too much of an emphasis on risk and not enough on pleasure, and that there is a lack of information on non-heterosexual sex and relationships. Young people report that they use popular media, including magazines, to supplement classroom sex education and to cover those topics which are excluded from the school curriculum. Yet the research shows that magazines fail to sufficiently fill this curriculum gap. In addition, they continue to perpetuate the same messages, thus reinforcing rather than challenging the status quo (Arthurs & Zacharias 2006). Our social anxieties about female sexual desire and challenges to heteronormativity are so pervasive and influential as to have impacted commercial and educational contexts alike.

As has become apparent, there is abundant research on the conservative discourses (re)produced in magazines for young women on the issue of sex education. However, this work has primarily come from outside the field of linguistics, and despite knowing *what* the dominant messages are, there is very little research on *how* these are constructed linguistically. Notable exceptions are outlined in Section 2.4.

2.4 The linguistic construction of sex education discourses

There is a small amount of research examining sex education discourses from a linguistic perspective. Jackson (2005a, b) focuses on messages around desire in a close analysis of questions and answers in the problem pages of *Girlfriend*, an Australasian young women's magazine. She concludes that the "fragments of desire" in the questions are "constructed within a framework of male initiation and female receptivity" (2005a: 300). Despite her use of the phrase "constructed within", there is little discussion of which words or linguistic features actually achieve this construction. Jackson correctly identifies the discourses in the data, but primarily supports these claims by referring to large stretches of text or the content as a whole.

For example, Jackson shows that the advice column answerer “appropriates a romantic discourse”, evident in phrases like *sex is an incredibly special and powerful thing to do* (2005a: 295) and *sex will leave you feeling empty if you have it with someone you don't love* (2005b: 305). While this observation is accurate and valid, it fails to identify specific words or linguistic resources that are used to construct this discourse, and therefore is restricted to these specific examples. There are some exceptions, for instance, Jackson points out the ‘playful’, ‘catchy’ tone used to discuss masturbation. The use of language which is reminiscent of young people’s talk, like *norm* and *bod*, challenges the treatment of masturbation as deviant and problematic (Jackson 2005a: 307). However, the identification of specific linguistic features is limited in these two pieces of research, making their arguments minimally applicable to wider contexts or different data. Despite this limitation, this research does well to look at the negotiation of different discourses between the question and answer of problem pages. For example, when the questioner expresses desire the answerer responds with a discourse about risk, proffering information on contraception/pregnancy and STIs when this was not asked for. By repeatedly framing the expression of desire in terms of its negative consequences, this simultaneously privileges the consideration of risk and safety (the dominant discourse) and silences an expression of female desire (a non-dominant discourse).

Burns (2011) also considers the language of magazines in her research on sexual language in Australian media. She examines the language of magazines, including the language of advice columns. However, this research is not situated within sex education or sex education discourses. Some of Burns’ findings are relevant, for example, she illustrates that in *Dolly* there is more euphemism when discussing female genitalia than male genitalia (2011: 172-3) and this could be connected to the different discourses around male and female sexuality. Despite offering some relevant findings, this research is not connected to sex education discourses or their linguistic construction.

Chirrey (2007) considers sex education discourses in her work on three advice pamphlets aimed at young lesbian women. She identifies linguistic features more effectively, highlighting content, discourse structure, lexical choice, collocation, and the appropriation and subversion of text types as linguistic resources that help (re)produce certain discourses. By subverting and appropriating heterosexual texts,

specifically traditional British children's comics, the pamphlets replace the default, heterosexual relationship with a lesbian one, thus challenging the discourse of compulsory heterosexuality. The pamphlets also challenge dominant discourses more overtly, specifically through wh-questions, which Chirrey identifies as co-occurring with the word *lesbian*. *Lesbian* first co-occurs with a dominant discourse - some negative or stereotypical attitude towards lesbianism - and then it co-occurs with a wh-question which directly challenges this position. For example, *I had heard of lesbians but they were PE teachers or women with beards and men's suits* is followed by *What does it mean to call ourselves lesbians?* (2007: 238-40, emphasis modified from original). This work is useful in that it moves beyond features like lexical choice and considers the language used across clauses. However, the linguistic resources Chirrey identifies are only applied to a small collection of texts, and to a very specific text type. Her conclusions are thus limited in their wider applicability and do not necessarily reflect more common, mainstream discourses or linguistic features found in mass media products such as *Dolly*. Indeed, research may need to look at larger portions of data in order to identify recurring words or linguistic features, and qualitative research may be necessarily limited in its ability to do this. The present study aims to take up this task by combining quantitative and qualitative methodologies, an advantage of corpus-based discourse analysis.

One discipline which has examined the language of sex education in more detail is the field of healthcare communication. This research is primarily quantitative, with recent but extensive research using corpus linguistic methods to look at online advice columns for teenagers (see Harvey et al. 2007 for work on sexual health, Harvey 2012, Brookes & Harvey 2016 for work on mental illness, Mullany et al. 2015, Hunt & Harvey 2015 for work on eating disorders and Gray et al. 2008, Harvey et al. 2008, Harvey 2013 for general research). However, this research has different goals to the present study. It aims to facilitate better communication between doctor and patient, and, ultimately, achieve better clinical outcomes (Harvey et al 2007, Locher 2010, Atkins & Harvey 2010). As such, it is interested in language which indicates young people's concerns and prior knowledge, or language which might assist better doctor-patient information exchanges. For example, knowing that words like *sex* and *pregnant* occur in high frequency indicates that young people want to know about sex and contraception (Harvey et al. 2007). Alternatively, understanding

the differing use of *being depressed* and *having depression* gives doctors insight into how young people conceptualise their psychological distress and how they might respond to a diagnosis of mental illness (Harvey 2012). This quantitative approach has facilitated research into more sex education data, but the focus of this work has not been on the discourses of sex education. Some of this research does implicitly acknowledge sex education discourses. For instance, the use of vague and euphemistic language when discussing sexual health implies the stigma associated with sex (Harvey 2013: 44). However, any statements about discourses are an adjacent commentary rather than a focal point of this research. In conclusion, the research on the *language* of sex education has either looked at discourses but been qualitative and therefore limited in scope, or it has looked at linguistic items more specifically but with the goal of investigating healthcare communication rather than the discourses of sex education.

2.5 Summary

This chapter has summarised the work on sex education, especially sex education in classrooms and in magazines. There is extensive research on the discourses of sex education, but it has focused on identifying these discourses while paying little attention to how these discourses are constructed linguistically. Where this research has examined language, it is either qualitative and therefore limited in its applicability to wider contexts, or quantitative but with different research goals. This thesis aims to fill this gap by investigating the construction of sex education discourses more systematically, combining quantitative and qualitative methods. Using corpus linguistics and focussing on the analysis of Appraisal, introduced in the following chapter, this thesis aims to be applicable to larger data sets and wider contexts without overlooking the subtleties and nuances of evaluation. In addition, this thesis will draw on data from two time periods, set twenty years apart, in order to see if the same discourses are still present, and to highlight if and how their construction has changed over time. Finally, by looking at discourses produced in dialogic texts, specifically advice columns, this thesis will investigate how these discourses are negotiated, i.e. how the discourses produced in the question are reproduced or challenged in the answer.

Chapter 3

Data and methodology

This chapter outlines the methodology used in this research. It begins with a description of the corpus building process, including how the data were sourced (section 3.2) and prepared (section 3.3). Section 3.4 outlines the composition and representativeness of the corpus. The second half of this chapter summarises the analytical frameworks used in this thesis. Section 3.5 introduces the Appraisal system as described in Martin and White (2005) and section 3.6 introduces relevant concepts in corpus linguistics. Section 3.7 briefly describes the steps used in this study.

3.1 Corpus building

The corpus created for this study is a small, specialised corpus designed to provide insight into the discourses in one medium of sex education - the advice pages of a teenage magazine. Since these data come from popular media, they represent the discourses presented to and accessed by a large audience. The corpus is diachronic, with data collected from two years in the 1990s and two years in the 2010s, and is called the Diachronic Dolly Doctor (DDD) corpus. Sections 3.2 and 3.3 outline the corpus building in further detail.

3.2 Data source

The data for this study come from the advice pages of *Dolly*, an Australian fashion, beauty, lifestyle and celebrity magazine aimed at girls aged 14-17 (Dolly 2017). These pages contain questions submitted by readers which are answered by a medical professional, celebrity or journalist. *Dolly* was chosen as it is widely read by young people, mostly girls, in Australia; in 2016 it had a circulation of 90 000 and a readership of 318 000, 91% of which is female (Wilson et al. 2016). The advice pages were chosen as they contain real questions from readers; the questions are edited for spelling and grammar, but are not made up by the magazine and are otherwise genuine (M. Kang, personal communication 24 May, 2017). Advice columns are also the preferred section of magazines for teenage girls and often the first part of a

magazine they turn to (Currie 2001). These data therefore represent language used by young people, especially girls, when seeking information and advice about sexuality and relationships outside of the mandated sex education curriculum. The answers are representative of the kind of advice given to young people, and the discourses they present are directed not only to the person asking the question, but also to the magazine's wider readership.

The magazine issues in this corpus are from 1994, 1995, 2014 and 2015. *Dolly* switched from being a monthly to a bi-monthly publication in 2016, and as a result the issues from 2014/5 represent the most recent version of the magazine which can be suitably compared with earlier years. The two data points were chosen for several reasons. First, the span of one generation (twenty years) fits with standard sociolinguistic inquiry (e.g. Labov 1966) and enables a comparison of two distinct generations. Second, this twenty-year period saw the emergence of the Internet; now a key source of health information for young people and the most common source of sexual health information for young people in Australia (Cotten & Gupta 2004, Gray et al. 2005, Mitchell et al. 2014: 67). Third, all issues used in this corpus were published after 1992, when the first National Survey of Australian Secondary Students and Sexual Health was conducted. This survey offered the first accurate findings on the sexual attitudes, knowledge and experiences of young people in Australia (Mitchell et al. 2014: 1). This period thus represents a time where the attitudes of young people toward sex education are better understood than previously, but also a time where adolescents have become exposed to many more sources of information and discourses around sex education. As such, these two decades serve as an important point of comparison. Finally, the past twenty years have seen rapid changes in social attitudes towards diverse sexualities and sexual identities. For example, same-sex sexual activity was only fully decriminalised in Australia in 1997. Since then, there have been changes to civil partnership legislation, adoption and surrogacy laws, as well as various other reforms to remove discrimination and strengthen protections for same-sex couples and their families (Carroll 2016: 183). This time period has seen advances in legal recognition of equal rights for the LGBTIQI community as well as changes in societal attitudes; for example, public support for marriage equality now sits at over 70% (Kaleidoscope Trust 2015: 51). This period thus represents a time where attitudes towards sexuality have changed for

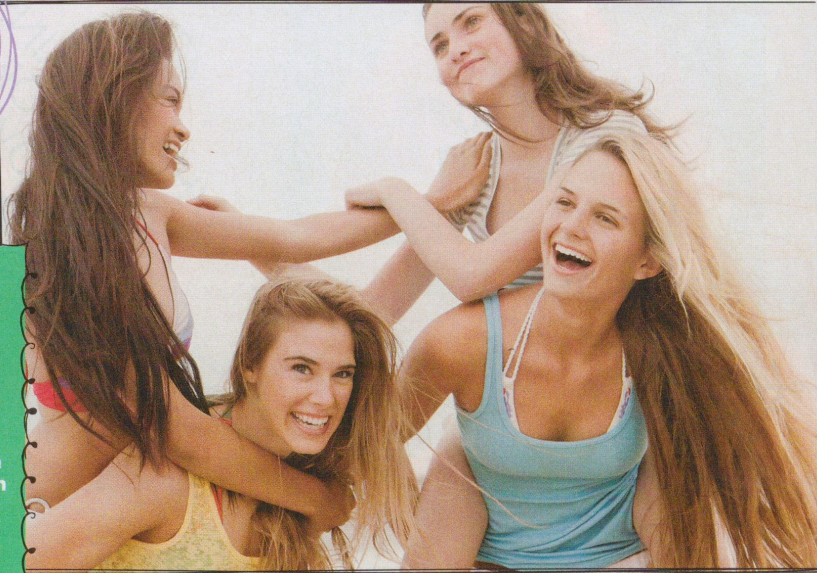
all Australians, including young Australians. As a result, data from the two endpoints of this twenty-year period serve as a useful point of comparison for a study interested in examining the changing discourses in sex education.

The advice pages are divided into several sections. For 1994 and 1995, these include 'Dolly Doctor', 'Sex and your body', 'What should I do?' and 'Dear Blake'/'Ask Daniel'. Questions from the first two sections primarily discuss sexuality and the physical changes of puberty and are answered by a general practitioner specialising in adolescent health. Questions from the other sections seek advice on relationships and dating; 'What should I do?' is usually answered by a celebrity, while 'Dear Blake' and 'Ask Daniel' are answered by a male journalist and offer a 'guy's perspective'. For 2014 and 2015, the advice pages are all under the banner of 'Dolly Doctor', separated into 'Life', 'Love', 'Body', 'For Her', 'For Him', and 'Q&A'. 'Life' discusses relationships and mental health, 'Love' discusses dating, and 'Body' discusses the physical changes of puberty. The remaining sections address all of these topics, but 'For Her' and 'For Him' are categorised according to the gender of the questioner. Answers are written by a member of a panel, made up of a general practitioner, counsellor, psychologist, dermatologist and/or a professional from a youth health service such as Kids Helpline or The Butterfly Foundation. For earlier editions, the questioner chooses which section they write to, while for later editions this is done by the magazine staff (M. Kang, personal communication 24 May, 2017). An excerpt from the *Dolly* advice pages is shown in Figure 3.1. It must be noted that the advice columns are multimodal, containing image alongside text. This study will focus exclusively on language, but a multimodal analysis would be a fruitful area for future research.

DOLLY DOCTOR

Real questions from real readers.

LOVE &
BODY



Q I am 17 and have become close friends with two girls recently. One of the girls has a brother who is a year older than me. When I go over to her house, he'll spend some time on his own and then will come over and talk with us. I feel like he's flirting with me, especially when we are talking and we lock eyes. He can be sarcastic and joke around or he touches my waist playfully. I think I like him, but I don't want to give my feelings away or put my feelings right out there and then become embarrassed because he might not like me. What do I do? Alice

KYLIE SAYS: This can be a tricky situation for girlfriends. If you are interested in exploring a relationship with the brother, you may be placing your mateship with your friend in jeopardy. If you think you can trust your friends, maybe start by saying, "I think I might be developing some interest/feelings for 'x'". If you say nothing and end up going out with him, his sister may think you have used your relationship with her to get to him. If it doesn't work out with him you may lose a lot in the process. The other advantage in putting your feelings out there is that maybe you will get some feedback. If he is only flirting then it is likely that it won't become more than it is now. If it's more than flirting, then one of you will need to take a risk, put yourself out there and arrange to meet outside of this setting. It's usually scary to show your feelings for someone when you don't know if they'll be reciprocated. Take small steps to get more of his attention.

Q My friendship group is falling apart. We used to be so close, but now everyone has split off into mini groups. Can I save our group? Madison

KYLIE SAYS: I don't think anyone can 'save' a group; I don't even think it's a good idea to take on that challenge. While it is really understandable that you may want to save what was once very special, people do change. When we try to hang on to relationships and want them to stay the same way, we are trying to control something that is ultimately

uncontrollable. This usually gives rise to feelings of anxiety. It's as though our logical brain understands that we are trying to achieve the impossible. Maybe the challenge is to start to think about what a different future could look like. As you think about this and navigate the tricky space that you are in, maybe think about what kind of friend you want to be in the new relationships. Is it important to you not to take sides, not to criticise your friends, to respect people? While it might be a real challenge to hang on to these values going through this, it will be worth it in the long run.

Q I went over to my best friend's house and caught her giving my boyfriend a blow job! I was shocked and upset. I don't know what to do when I see them now. Kate

KYLIE SAYS: I think the important thing to be clear about is that you haven't done anything wrong or anything to be embarrassed about. You still have your dignity and can maintain your self-respect. This is a significant betrayal – both from your friend and your boyfriend. You are likely to feel extremely angry and hurt. Two significant relationships have been damaged. It is good to allow some of the emotion to settle before engaging in communication – this may be a tall order. It might help to have a loyal friend or support person with you when you confront both your boyfriend and/or friend. A good start is to say, "When I saw ____, I felt ____. I would like ____." If you launch into calling them names, it's unlikely to give you lasting satisfaction. It may take some time before you even know what you feel or want to say. Give yourself plenty of time and surround yourself with people who love and support you, or maybe talk about your feelings to a counsellor or trusted adult.

Figure 3.1 Excerpt from the *Dolly* advice column, December 2014

In terms of genre, the questions and answers follow a canonical structure which is typical of advice columns. These are outlined below, with compulsory elements in bold:

Question	Greeting Identity of writer (e.g. age, sexuality, gender) Narration of events leading to problem Presentation of problem Plea for help Sign off
Answer	Assurance or acknowledgment of the problem Solution to the problem as either explanation or action Sign off

(Adapted from Jackson 2005a, Kehily 1995b:135, Wierdarti 2005)

An example from the DDD corpus is presented below:²

Question	
Identity of writer	I'm 14
Narration of events	and there's this guy I know from school. He's 16 turning 17 soon. I'm turning 15 two weeks after his birthday. I really, REALLY like him.
Presentation of problem	So is it illegal to go out with him? Or is it illegal to have sex with him? In other words, do I have to wait until I'm 16 for us to be together?
Plea for help	Can you please say something to de-confuse me about this?
Sign off	Holly ³

² A close reading of texts during the corpus compilation confirmed that a majority of texts in the DDD corpus fit the staging outlined in the literature.

³ Name has been changed.

Answer	
Assurance	It's great you're asking these questions and important for you to explore what's right for you.
Solution	One of the most important aspects of romantic relationships is that you feel comfortable and that you have the right to choose what you want and DON'T want to do. It's important that you don't feel pressured because that's not OK. There are no laws about what age you can go out with someone and no laws that would stop you and your partner kissing and touching. There ARE laws about having sex, though. There's this thing called the age of consent, a law that says what age young people are allowed to have sex. Basically, because you're 14 going on 15 soon - the law says you're too young to consent (agree) to have sex. When you're under the age of consent, if you have sex with your partner, they can be arrested. Sex can be defined in lots of ways and you can get more info about the age of consent at lawstuff.org.au . (2014_6_Q/A2)

While a full genre analysis is beyond the scope of this thesis, I will refer to elements of the staging (e.g. 'sign off', 'problem') where relevant.

3.3 Data collection, sanitisation, and coding

Data were sourced from the author's personal archives of *Dolly* magazine and from the State Library of New South Wales. Advice columns in 12 issues from 1994, 11 issues from 1995, 11 issues from 2014 and 11 issues from 2015⁴ were scanned and/or

⁴ The January edition from 2014 was excluded as it is a 'Most Asked Questions' special. The question and answer format was the same as the other editions; however, the questions were created by aggregating many letters, rather than being a genuine question from a reader. Part of the July 2015 edition was excluded for the same reason. The August-December 2015 issues contained a new segment called 'Teen Dolly Doctor'. This has the same question and answer format but is answered by a reader rather than a health professional. While this data could serve as an interesting point of comparison, it has been excluded from this study as it had no equivalent in the 1990s issues and could skew the diachronic comparison. The October 2015 edition was excluded because it only contained Teen Dolly Doctor. 1995 only contains 11 issues as the February edition could not be sourced.

typed, then separated into individual text files for each question and answer. Each text file was given a file ID for reference with the year, issue number, whether it is a question or answer, and the question/answer number (from the sequence they appear in the magazine). Throughout this thesis, file IDs are included when giving examples. For example, 2014_6_Q/A2, used above, is the second question and answer, from the sixth (June) issue of 2014.⁵ Initially, each file was also labelled for gender of the questioner: Female (F), Male (M) or Unspecified (U), to allow for comparison across and within these categories. However, a pilot investigation revealed that there were insufficient data for such comparisons, and the same was true for sexuality (details of this pilot investigation are outlined in Appendix 1). As a result, neither gender nor sexuality will be used as a variable in this study. However, this does not preclude the investigation of *representations* of gender and sexuality in this corpus.

Author name or sign off (e.g. ‘Worried, NSW’, ‘Dr Luke says’) was removed but recorded in a spreadsheet. For questions, this served to stop authors being re-identified. For answers, this made the advice-giver anonymous, and I could effectively blind myself to the doctor with whom I have a personal connection in this magazine. For both questions and answers, such author identification was not a focus of this thesis. Finally, a small number of obvious typographical errors were corrected, for example, “I’ve tried **thinks** like hair removal cream” (2014_10_Q6) and some minor formatting changes (e.g. removing italics) were made to allow simpler processing in the corpus linguistic program WordSmith (Scott 2017a). All changes were recorded in a spreadsheet, and the original text from the magazine was retained in a separate word document. The full DDD corpus can be found in Appendix 2.

3.4 Corpus composition and representativeness

The corpus contains a total of 538 questions and answers (1076 texts) and 88 476 words. Table 3.1 provides a summary of the number of texts and the word count for each year.

⁵ File IDs beginning with 1994_Sp refer to the 1994 ‘Special edition’ titled ‘Make it Happen’. This edition has a focus on ‘landing the perfect job’ and ‘snaring your dream guy’, but overall has the same format as all other editions.

	Sub-corpus 1		Sub-corpus 2		
Year	1994	1995	2014	2015	All
Number of texts	316	336	232	192	1076
Word count: questions	7 089	6645	6281	6105	26 120
Word count: answers	16 160	15 276	16 918	14 102	62 356
Total	23 149	21 921	23 199	20 207	88 476

Table 3.1 Word count for the DDD corpus by year

While the DDD corpus is small, it contains over 500 question-and-answer pairs, for a total of 1076 texts. This can be compared with the Brown family of corpora (e.g. Francis & Kučera 1979). The Brown family corpora contain 1 million words, comprising approximately 2000-word samples of 500 texts. These corpora have been used in a significant number of studies, especially those on language change (Baker 2011: 67). Each sub-corpus (i.e. each decade) of the DDD corpus contains around 500 texts (treating question and answer as separate texts), while the small size of the full corpus derives from the short length of the texts (average text length = 48 words for questions, 115.7 words for answers). Importantly, it is best to use full texts when stating that certain linguistic features characterise a genre or text type, rather than samples of arbitrary length (Flowerdew 2004, cited in Koester 2010: 70). It is not necessary to build a multi-million-word corpus to examine a particular genre if the genre is highly restricted and/or the texts are very short (Baker 2006: 38), both of which are true for the DDD corpus. The number of texts required to represent a language variety is directly related to a corpus' internal variation (Biber 1993: 253) and, as we will see in chapter 4, the texts in this corpus are highly formulaic and conventionalised i.e. internally consistent.

This corpus is not intended to represent all forms of sex education or all advice on sex and relationships; it is intended to be a diachronic representation of one form of sex education. While *Dolly*'s readership tends to fit within a particular demographic - white, middle-class and heterosexual (see Carpenter 1998) - this corpus includes questions and answers published by over 500 readers across two generations. It covers diverse topics, including sexuality, contraception, and mental health, and comprises the questions and answers in full. To this end, it can be considered representative in Biber's sense of representing "the full range of variability

in a population” (1993: 243).

It must be emphasised that a smaller corpus is not necessarily a ‘worse’ corpus. A smaller, specialised corpus makes it easier to consider a lexical item in close connection with its full co-text, and to balance quantitative with qualitative analyses (Koester 2010: 67), as will be the case in this thesis. Many theories of evaluative language recognise the importance of the surrounding text (see Hunston 2011 for a discussion). This ability to connect a lexical item with its co-text is especially important for Appraisal analyses that focus on how evaluation radiates across an entire text or phase of discourse (Martin & White 2005: 43). Indeed, it is often not possible to identify how a lexical item is used for Appraisal until it is seen in use in the text (Eggins & Slade 1997: 126). Appraisal is outlined in more detail in the following section.

3.5 Appraisal

Appraisal is a system for understanding evaluative language which was developed in the 1990s out of work on narrative genres, popular science, legal discourse and academic discourse (Martin & White 2005: xi-xii). Appraisal is part of a broader theory of language known as Systemic Functional Linguistics (SFL, Halliday & Matthiessen 2014). Within SFL, Appraisal is a discourse semantic system for construing interpersonal meaning. Alongside Involvement and Negotiation, it realises tenor relations at the level of Register (Martin & White 2005: 35). The Negotiation system complements Appraisal by considering the interactive aspects of discourse - speech function and exchange structure (ibid: 33). While the interactive nature of evaluation will be examined in this study, the data in this corpus are limited to one kind of exchange structure (question and answer), and thus the Negotiation system will not be considered further in this thesis.

Appraisal considers evaluation according to three interacting domains: Attitude, Engagement and Graduation. Attitude is concerned with mapping feelings, and is divided into three further categories: affect, judgment and appreciation, which can be either positive or negative (examples of each are given in brackets). Affect deals with resources for construing emotional reactions (e.g. *cheerful*, *upset*), judgment involves resources for assessing people and behaviour (e.g. *honest*, *selfish*), and appreciation is concerned with evaluations of things, including semiotic and

natural phenomena (e.g. *captivating, tedious*) (Martin & White 2005: 51-56). Throughout this thesis, I classify instances of attitude as affect, judgment or appreciation depending on the source and/or target of the evaluation. Where the source of an attitude is a conscious participant who registers an emotional response, it is classified as affect (e.g. *I am worried*). Where the target of the evaluation is a person or behaviour it is classified as judgment (e.g. *I am an athletic girl*), and where the target is a thing it is classified as appreciation (e.g. *normal breast tissue*) (Martin & White 2005: 59). Ambiguous cases are classified using Martin & White's grammatical frames (2005: 58-60). For example: in *I get shy and don't talk much* (2014_3_Q1), *shy* could be interpreted as an evaluation of a person (the writer), and therefore as a judgment. However, this does not fit the grammatical frame for judgment: [It was **judgment** of person to do that] as in **it was shy of person to do that*. This is better suited to the affect frame: [person feels **affect** (about something)], as in *I feel shy*. This example would thus be coded as affect (i.e. 'I get shy' is interpreted as 'I start feeling shy'). Note that throughout this thesis I do not consider speech function in my Appraisal analysis. For example, I analyse the attitudes expressed when giving and demanding information in the same way, as in *it is normal* and *is it normal?*. I also treat irrealis and realis evaluations equally, e.g. *it is normal* and *could you tell me if it's normal?*. I will comment on such linguistic features (e.g. conditional) where relevant, but this does not affect how the evaluation is coded.

Attitude is the main focus of this thesis, but Graduation and Engagement are partially drawn upon where relevant. Briefly, Graduation is concerned with how attitudes are graded, or how strong or weak an evaluation is. Most relevant for this thesis, Graduation often involves the amplification of attitude through a domain known as force (e.g. *very happy*), or the grading of otherwise non-gradable items, known as focus (e.g. *real musician*) (Martin & White 2005: 40). Engagement is concerned with resources which allow a speaker/writer to position themselves in relation to alternative voices at play in the communicative context. Evaluations may be bare assertions (monoglossic, e.g. *it is good*) or they may explicitly acknowledge viewpoints of external voices (heteroglossic e.g. *It could be good*). Note that I capitalise Attitude, Graduation and Engagement throughout this thesis when referring

to the systems (e.g. inscribed attitudes but Engagement resources).⁶ The above is summarised in a system network in Figure 3.2:

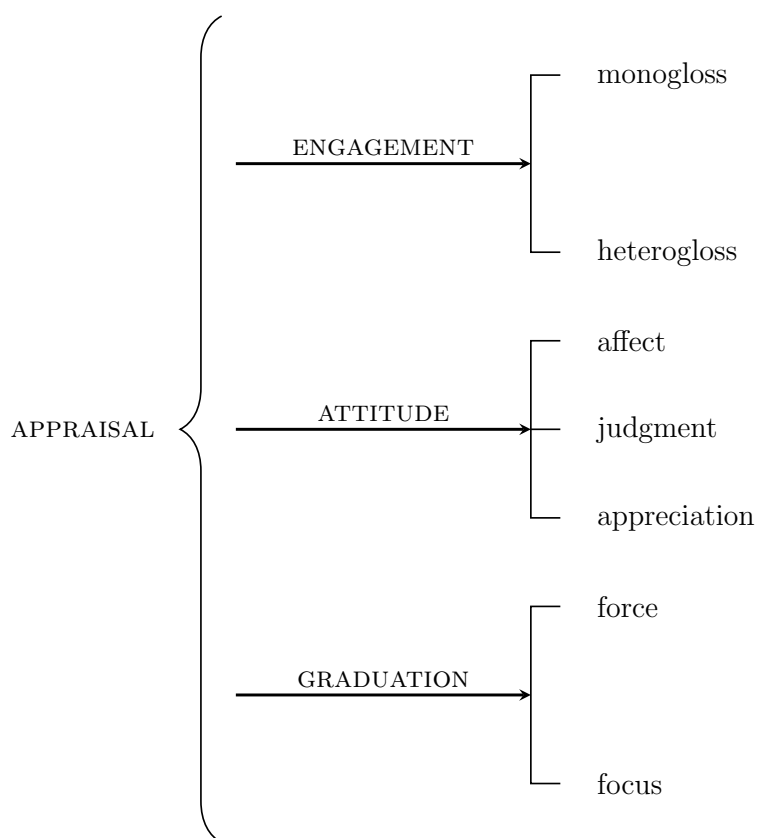


Figure 3.2 System Network of Appraisal (adapted from Martin & White 2005: 38)

Arrows with square brackets indicate a choice between alternative options, while enclosing brackets indicate that options are selected simultaneously. For example, choices about Engagement, Attitude and Graduation are all selected at the same time, but a proposition cannot be simultaneously monoglossic and heteroglossic.

The system network of Appraisal presented in Figure 3.2 does not show the finer (more delicate) levels of sub-categorisation that are possible. For Graduation and Engagement, I do consider some of these finer sub-categorisations, introducing relevant terms in chapters 4 and 5 where they become relevant. However, for Attitude I keep to the level of delicacy explained above. That is, the analyses distinguish between affect, judgment and appreciation, but not between different sub-types of affect (e.g. in/security, dis/satisfaction, Martin & White 2005: 50-1). Such analysis would be arduous for the many instances of attitude analysed in this thesis and is

⁶ While this is against convention, it is easiest for readability.

beyond the scope of this study. In addition, the affect/judgment/appreciation distinction alone yields substantial insights, as I will show in chapters 4 and 5.

An Appraisal analysis typically takes a text and begins by identifying all instances of explicit (*inscribed*) or implicit (*invoked*) attitude, as well as any resources for Graduation and Engagement. However, analysing a much larger volume of data, as I do in this thesis, necessarily requires a different approach. I use corpus linguistic methods (keywords and concordances) to pinpoint words worthy of qualitative examination with their full co-text, and then look for patterns of evaluation in these question-and-answer pairs. This includes frequently occurring evaluative terms (e.g. *normal*) as well as evaluations that occur with non-evaluative keywords (e.g. *pregnant*). This type of analysis will necessarily exclude all the nuances of evaluation that emerge when undertaking a full Appraisal analysis in smaller datasets. For example, I use and introduce relevant aspects of Graduation and Engagement as they become necessary, but I do not conduct a full analysis of these resources in every text. This approach also primarily focuses on lexis which is explicitly attitudinal (i.e. inscribed attitudes), even though Appraisal and most theories of evaluative language recognise that evaluation can be indicated by a range of lexical and other items (Hunston 2011: 13). I discuss invoked attitudes in chapter 4, and introduce the inscribed/invoked distinction there as necessary. To allow for the most nuanced reading of the largest volume of data, I use quantitative analyses to pinpoint words worthy of further investigation and always return to the full context (question-and-answer pair) for my qualitative analysis.

Since its conception, Appraisal has been analysed in diverse fields, including academic writing, pedagogy, law, and media discourse (White 2015). However, Appraisal has only been minimally analysed in written dialogic texts. The work on dialogic texts has primarily focused on spoken face-to-face interaction: Eggins & Slade (1997) studied patterns of Appraisal in a conversation of five workmates. However, they focus on patterns based on the speaker (Appraiser) and the object of the appraisal (the Appraised), rather than looking at how different evaluations occur across turns. In this way they consider evaluation in interaction to be the sum of a series of individual evaluations occurring in the same interaction, but not as something *achieved* interactionally. Re-analysing the same data as Eggins & Slade, Martin (2000) looks at the role of Appraisal in casual conversation. He argues for the

need to ignore or ‘factor out’ exchange structure and look instead at longer stretches of conversation. This reveals that Appraisal is used to keep the conversation going. For example, speakers will rally around phases of appreciation, then phases of judgment to sustain conversation. Knight (2010) analyses evaluation in a dialogic setting in her work on conversational humour. Specifically, she shows that laughter is an important interpersonal resource for aligning or dis-aligning with an evaluation made by an interlocutor, and highlights the ‘coupling’ of evaluation and ideation for bonding (ibid: 146). Martin, Zappavigna & Dwyer (2010) consider Appraisal across turns in their work on youth justice conferencing.⁷ They show that explicit evaluation is almost exclusively initiated by the convenor, with the young person agreeing. The young person does not initiate their own evaluation; rather it is co-created and guided by others. The authors consider how this affects the genuineness of the offender’s remorse and, by extension, the efficacy of the program. Thus, there is some research on Appraisal in dialogic texts. However, this is limited to casual or institutional face-to-face conversation, rather than dialogic written, mass-media texts, like the *Dolly* advice columns. Further, these studies are all limited to a small dataset. The present study aims to add to this body of work, analysing Appraisal in a larger corpus and a different text type. Having introduced Appraisal, I now present the important concepts in corpus linguistics.

3.6 Corpus linguistic methods and key terms

Two kinds of corpus linguistic analysis underpin this study: keyword analysis and concordance analysis. These are elaborated below, along with an explanation of important corpus linguistic terminology.

3.6.1 Keyword analysis

When studying a corpus, one of the simplest methods of investigation is to look at the frequency of words, known as a wordlist (Baker 2006: 51). While useful, this analysis

⁷ Youth justice conferencing is a diversionary programme in the New South Wales juvenile justice system where a young person who has committed an offence meets with police, family, community workers and a ‘convenor’ (Martin, Zappavigna & Dwyer 2010: 44).

does not explain whether words are frequent because they are specific to a certain corpus or whether they are simply common in broader language use (e.g. *the, of*). To study this, we can compare two wordlists to make a *keyword* list: a list of words that are unusually frequent in one corpus (the study corpus) compared to a second corpus (the reference corpus, see below). A keyword list can be used to characterise the study corpus and provide insight into a text or genre (Scott 2017b). This analysis calculates whether the frequency of a word is unusual. That is, whether the frequency is substantially different between the study and reference corpora, taking into account the different sizes of the corpora. This is expressed in terms of statistical significance by providing a log-likelihood value that corresponds to a p-value (both defined below) (Bednarek & Caple 2017: 13). The higher the log-likelihood, the more ‘key’ a word is. Throughout this thesis, keyword lists are sorted in order of log-likelihood, i.e. in order of keyness (default sort).

3.6.1.1 Reference corpora

A reference corpus is a corpus used for comparative purposes. It is usually a large corpus which is representative of a more general language variety, for example Australian English. In this thesis, I primarily use the Australian Corpus of English (ACE, Peters 1986) as a reference corpus. The ACE contains 757 024 words from 500 samples of published (written) fiction and non-fiction texts (Australian Corpus of English 2017). In chapter 5, I use the ACE to characterise the DDD corpus as a whole, and to examine similarities between the decades by comparing each sub-corpus (1990s or 2010s) to the ACE. In chapter 4, I study differences between the two decades of the DDD corpus by using one decade as a study corpus and the other as a reference corpus.

3.6.2 Concordance analysis

A concordance analysis is used to search a corpus for a selected word (or phrase) and presents every instance of that word with the context that it occurs in, usually several words to the left and right. Note that throughout this thesis I use ‘context’ in this sense - a word or phrase’s co-text - and not in the sense of ‘context of situation’ used in SFL

(Halliday & Matthiessen 2014). Instances of the search word or ‘node word’ are presented in the centre of the screen stacked on top of each other (Baker 2006: 71, Hunston 2002: 39). An example concordance of the word *sex* in the DDD corpus is given in Figure 3.3:

friend. He thinks we should have **sex** too, but I don't think I'm ready
can be transmitted through oral **sex** as well as genital sex. While
My boyfriend and I haven't had **sex** yet. The other day things got
I've been thinking about having **sex** for sometime now, but I'm
to work? I'm thinking about having **sex** with this guy I like, but I've
six months, we've decided to have **sex**. We know our decision is right
become pregnant from oral or anal **sex**, although you are at risk of
When I have **sex** the muscles inside my vagina
asked personal questions about my **sex** life. I'm too scared to tell the
in your mouth is due to oral **sex** - it may be totally unrelated.
Knowing when it is right to have **sex** is a decision that differs from
you may already have your answer. **Sex** is a really significant decision,
with him in the first place. Having **sex** can be a huge decision for a
girlfriend's health. Women who have **sex** with women can transmit STIs.
to your gut instinct and not having **sex** before you were ready. It can

Figure 3.3 15 randomly selected concordance lines of *sex* in the DDD corpus
(unsorted)

Words to the left and right can be sorted to reveal different linguistic patterns. For example, in Figure 3.3, sorting alphabetically by the word one place to the left (L1) of *sex* would show that it frequently occurs with the verb ‘have’ (*had, having* etc.).

Where there are too many instances of a word for all concordance lines to be displayed, I use the ‘Reduce to N’ function in WordSmith which randomly selects N concordance lines. Throughout this thesis, ‘randomly selected concordance lines’ refers to using this function.

3.6.3 Other important corpus linguistic terms

Other important corpus linguistic terminology used in this thesis is defined in Table 3.2:

Term	Definition
Token and type	'Tokens' refers to the number of words in a text. 'Types' are the number of <i>different</i> words in a text (Scott 2017b).
Raw frequency	The tally of the number of instances of a linguistic feature (word, phrase etc.) that occur in a corpus (McEnery & Hardie 2012: 49).
Normalised frequency	Occurrences of a linguistic feature per x words of running text. Normalised frequency is a way of reflecting the relative frequency of a word in two different sized corpora. It is calculated as raw frequency divided by corpus size multiplied by a common base (McEnery & Hardie 2012: 49). Throughout this thesis, normalised frequency is given per 100 000 words.
Log-likelihood (LL)	The log-likelihood formula is calculated using the frequency of a word in a corpus compared to the frequency of all other words in that corpus. It compares this value to the equivalent value in a second (reference) corpus. Taking into account the size of the study and reference corpora, it calculates the observed frequency with the <u>expected</u> frequency of a particular word (Rayson & Garside 2000: 3). The word with the largest log-likelihood value has the most significant relative frequency between two corpora (ibid: 2).
P-value	A p-value is a number between 0 and 1 which indicates the amount of confidence that we have that a result is not due to chance. In the case of keyword analysis, a p-value of 0.05 indicates that we can be 95% confident that a word is key because of a writer's choice to use that word, rather than because of chance (Baker 2006: 125, Bednarek & Caple 2017: 13). A p-value of 0.05 corresponds to a log-likelihood of 3.84 (Log-likelihood and effect size calculator 2017).

Table 3.2 Some important corpus linguistic terminology

3.7 Method of analysis

My first step is an analysis for keyness, i.e. a keyword list. To examine differences between the decades (chapter 4), I create keyword lists by using one decade as a study corpus and the other as a reference corpus. To analyse similarities (chapter 5), I create keywords lists by comparing each decade sub-corpus to the same reference corpus - the Australian Corpus of English - and manually compare these lists to identify matching keywords in each decade. From these keyword lists I identify words which are worth examining in context. I first verify how these words are used with concordance lines (for example, distinguishing between *like* as inscribed affect and *like* as a comparative) and then return to the full question-and-answer pairs to conduct an Appraisal analysis. For chapter 4 this involves looking at evaluative meanings associated with non-evaluative terms (e.g. *pregnant*), and for chapter 5 this involves examining the use of one inscribed attitude, the adjective *normal*, in detail. When considering the distribution of a term across the corpus I manually analyse the list of file IDs that contain the term (as generated in a wordlist or concordance list). This shows whether a word is used more in questions or answers (file IDs containing Q or A) and whether a word is present in the same question and answer (e.g. 2014_1_Q3 and 2014_1_A3).

This chapter has presented the data for this study and summarised the corpus compilation process. I have introduced the methodology used in this research, Appraisal and corpus linguistics, and defined relevant terminology. The following two chapters use the concepts outlined in this chapter to analyse differences and similarities in the DDD corpus. In doing so, I highlight what the sex education discourses are, how they have changed and how they are constructed linguistically.

Chapter 4

Differences over time: sexual health and mental health discourses

In this chapter I first give an overview of the DDD corpus. I then compare the sub-corpora for each decade to examine how sex education discourses have changed over time. Using corpus linguistic analyses, I show that the 1990s sub-corpus has more of a preoccupation with sexual health, while the 2010s sub-corpus has more of a preoccupation with mental health. I then combine corpus linguistics and discourse analysis to show how discourses around sexual health and mental health are constructed, and how they operate in dialogic texts. In doing so, I contribute to our understanding of changing attitudes and how they are reflected in language, as well as offering innovations for both corpus linguistics and Appraisal.

Section 4.1 gives an overview of the content and common linguistic features of the DDD corpus. Section 4.2 shows the differences between the two decades, pinpointing the discourses which warrant further investigation: sexual health discourses in the 1990s (section 4.3), and mental health discourses in the 2010s (section 4.4). Section 4.5 concludes the chapter with a discussion of the implications of this research.

4.1 Overview of the DDD corpus

I begin with an overview of the DDD corpus to introduce the data set and its general features. A keyword list is useful for giving an initial characterisation of a particular domain or text type (Adolphs 2006: 46). Table 4.1 lists the frequency, normalised frequency, number of texts, percentage of texts and log-likelihood of the 20 most key words in the DDD corpus compared to the Australian Corpus of English (for the full keyword list, see Appendix 3):⁸

⁸ Throughout I use the following settings in WordSmith: minimum frequency 3, minimum 2.5% of texts. Here I used the p-value $p < 0.0001$. This combination of settings was used as it resulted in a manageable quantity of data (Taylor 2013: 99) and yielded enough keywords to offer insights into the common linguistic features and thematic focus of the DDD corpus.

Rank	Keyword	Freq.	N. Freq.	Texts	% Texts	LL
1	your	1546	1747.3	484	45.0	4560.1
2	you	2283	2580.3	560	52.0	4385.7
3	I'm	506	571.9	351	32.6	1422.4
4	I	1689	1909.0	575	53.4	1258.9
5	my	845	955.1	439	40.8	1125.8
6	it's	537	606.9	360	33.5	1115.4
7	can	795	898.5	486	45.2	1062.6
8	you're	339	383.2	227	21.1	1043.0
9	if	784	886.1	450	41.8	987.9
10	feel	347	392.2	264	24.5	916.6
11	sex	270	305.2	165	15.3	853.0
12	don't	410	463.4	323	30.0	827.0
13	boyfriend	189	213.6	162	15.1	782.8
14	really	327	369.6	266	24.7	720.7
15	guy	169	191.0	133	12.4	648.3
16	talk	226	255.4	173	16.1	645.3
17	skin	184	208.0	90	8.4	585.5
18	help	270	305.2	220	20.4	573.0
19	friend	213	240.7	153	14.2	547.2
20	friends	210	237.3	160	14.9	513.9

Table 4.1 Top 20 keywords in the DDD corpus compared to the ACE, sorted by log-likelihood

Table 4.1 shows that the DDD corpus contains many first and second person pronouns: *your*, *you*, *I'm*, *I*, *my* and *you're* all appear in the ten most key words. This reflects the self-oriented, interpersonal nature of the advice column genre (Harvey 2013: 23, 97). Concordancing shows that first person pronouns occur primarily, though not exclusively, in the questions and second person pronouns occur in the answers. This also reflects the genre; the questioner describes a personal problem, and the answerer responds to this concern. Third person pronouns are present but less key (not in the top 20) and tend to be male, with *him* and *he's* being more key than *she's* (see Appendix 3). This indicates that the questions are most likely to be about the author (*I*, *my*), and then about a male friend or partner (*him*, *he's*). This is also reflected in the presence of *boyfriend* and *guy* among the keywords in Table 4.1. Since these questions tend to be about romantic and sexual relationships, this finding

is in accordance with heterosexuality being the default sexual orientation: most questioners are females inquiring about relationships with males. While the DDD corpus is made up of written texts, it contains some features of spoken language, such as first and second person pronouns and contractions such as *I'm* and *it's* (Burns 2011). Other keywords in Table 4.1 may point to Appraisal (e.g. *feel, really, help*). These will be further explored in chapter 5. Keywords such as *sex* and *skin* in Table 4.1 indicate a concern with sex and bodies. A more comprehensive analysis of these topics is demonstrated in Table 4.2. Table 4.2 lists the lexical words among the 100 most 'key' words to illustrate the thematic focus of the corpus. These keywords can be divided into sexual health; people and relationships; bodies; puberty and development; emotions; and healthcare:⁹

Category	Keywords (raw frequency)
Sexual health	sex (270), vagina (108), sexual (110), pill (49), vaginal (38), infection (49), condom (38), pregnant (50), sexually (43), penis (31), pregnancy (48), intercourse (37)
People and relationships	boyfriend (189), guy (169), friend (213), friends (210), mum (140), relationship (124), guys (87), girls (123), parents (95)
Bodies	skin (184), vagina (108), breasts (89), hair (145), body (166), breast (55), weight (85), penis (31)
Puberty and development	breasts (89), puberty (77), periods (93), breast (55) period (125)
Emotions	feel (347), feelings (113), feeling (100), worried (62), scared (44), uncomfortable (33)
Healthcare	doctor (177), counsellor (67), pain (68), infection (49), symptoms (47), GP (38), clinic (40)

Table 4.2 Categorisation of 100 most key lexical words in the DDD corpus, in order of log-likelihood¹⁰

⁹ The categories in Table 4.2 are adapted from Harvey (2012: 358), who examines a corpus of adolescent health emails with content comparable to the DDD corpus. Some of the categories are collapsed; for example 'relationships' and 'family' are collapsed into 'people and relationships', and other categories are absent e.g. 'drugs/alcohol' and 'school'. This can be attributed to Harvey's corpus being much larger: one million words, generating 3258 keywords. Table 4.2 excludes keywords which are general, such as *do, talk* and *things*.

¹⁰ Words are classified under multiple categories based on evidence from concordances. For example *vagina* may occur in a question concerning sex, as in *When I have sex the muscles inside my vagina*

Table 4.2 shows that the corpus consists of content relating to sexuality and relationships as well as puberty and healthcare. Thus, sex education in *Dolly* consists of more than information about sexual practices and sexual identities; it extends to non-romantic relationships (e.g. *friends*, *mum*), as well as to issues of body image and development. This is consistent with the broad definition of ‘sex education’ provided in chapter 1. One final observation from the DDD keywords is that there are a number of inscribed attitudes: 23 out of 192 keywords are instances of inscribed attitude (see Appendix 3). These will be discussed in more detail in chapter 5.

4.2 Keyword comparison of the two decades

A keyword analysis highlights the differences between two corpora. It can thus be used to compare the two sub-corpora of the DDD corpus, using one decade as the study corpus and the other as the reference corpus, to illustrate the differences between the decades. In section 4.1, I used a p-value of 0.0001 to compare the full DDD corpus to the Australian Corpus of English. Typically, a p-value of 0.0001 results in a considerable number of keywords (Bednarek 2011: 192), and this was the case when comparing the DDD corpus to the ACE (192 keywords). However, when comparing the DDD *sub*-corpora to each other, this p-value yielded very *few* keywords (13 keywords). This indicates that there is linguistic stability and high conventionalisation across the two decades. The p-value was thus set to 0.05 for comparisons between the decades. This is the highest p-value at which the risk of error is considered acceptable in the social sciences (Scott 2017b). This yielded more keywords, thus maximising the data that could be used to make diachronic comparisons. The 20 most key words for each decade are shown in Table 4.3 with their raw frequency, normalised frequency, number of texts, percentage of texts and log-likelihood (see Appendix 4 for the full keyword lists):

tense up... (1995_3_Q15), or it may occur in a question where someone is unhappy with their body, as in *My vaginal hairs have been really agitating me lately. When I last checked, my hairs were actually inside my vagina...* (2014_2_Q4).

1990s sub-corpus

Rank	Keyword	Freq.	N. Freq.	Texts	% Texts	LL
1	clinic	37	82.1	35	5.4	32.9
2	planning	33	73.2	32	4.9	32.0
3	stds ¹¹	21	46.6	19	2.9	28.3
4	guys	68	150.9	54	8.3	27.5
5	std ¹¹	18	39.9	16	2.5	24.3
6	pregnant	42	93.2	33	5.1	24.1
7	problem	65	144.2	60	9.2	23.4
8	pill	41	91.0	26	4.0	23.1
9	condom	33	73.2	23	3.5	22.1
10	local	33	73.2	32	4.9	22.1
11	mother	20	44.4	16	2.5	20.4
12	boyfriend's	19	42.2	18	2.8	19.1
13	although	37	82.1	35	5.4	15.5
14	form	20	44.4	18	2.8	13.4
15	caused	26	57.7	22	3.4	12.7
16	sexually	33	73.2	27	4.1	12.1
17	penis	25	55.5	20	3.1	11.8
18	face	32	71.0	28	4.3	11.3
19	occur	17	37.7	17	2.6	10.3
20	cream	21	46.6	17	2.6	8.3

2010s sub-corpus

Rank	Keyword	Freq.	N. Freq.	Texts	% Texts	LL
1	gp	36	82.9	31	7.3	38.3
2	au	18	41.5	14	3.3	25.6
3	anxiety	28	64.5	17	4.0	24.2
4	online	15	34.6	12	2.8	21.4
5	stis ¹¹	15	34.6	10	2.4	21.4
6	kids	14	32.3	14	3.3	19.9
7	down	58	133.6	51	12.0	19.4
8	org	13	29.9	11	2.6	18.5
9	thoughts	20	46.1	18	4.2	17.8
10	com	12	27.6	10	2.4	17.1
11	check	36	82.9	30	7.1	16.6
12	sti ¹¹	11	25.3	10	2.4	15.7
13	issues	11	25.3	10	2.4	15.7
14	helpline	10	23.0	10	2.4	14.2
15	self	37	85.2	34	8.0	12.9
16	dating	16	36.9	16	3.8	12.9
17	here	13	29.9	12	2.8	12.7
18	helpful	13	29.9	12	2.8	12.7
19	listen	18	41.5	18	4.2	12.5
20	wondering	15	34.6	14	3.3	11.8

Table 4.3 Top 20 keywords in the 1990s sub-corpus and the 2010s sub-corpus (using the opposite sub-corpus as a reference corpus), sorted by log-likelihood

¹¹ STD (sexually transmitted disease) is a keyword in the 1990s while STI (sexually transmitted infection) is a keyword in the 2010s. This reflects a change in naming convention within medicine that began in the 1980s because ‘disease’ implies obvious symptoms, but many sexually transmitted viruses and bacteria cause no symptoms, only ‘infection’ (STDs/STIs 2017). Today they can be considered “synonymous and interchangeable” (Hunter Handsfield 2015: 169). They thus need to be treated as synonymous when comparing the two decades of the DDD corpus. To assess whether these terms are still key when treated as synonymous, I calculated their log-likelihood using the Log-likelihood and effect size calculator (2017). I considered the cumulative frequency of the acronyms *STD* and *STDs* as well as the words *sexually transmitted diseases* (and vice versa for *STI*). The log-likelihood formula calculates that *STD/STDs/sexually transmitted disease* is key in the 1990s, but *STI/STIs/sexually transmitted infections* is not key in the 2010s. Consequently, *STD(s)* are included in the 1990s keywords, but *STI(s)* are excluded in 2010s keywords (and hence greyed out).

After using concordances to verify how these words are used, the keywords could be classified into several categories for each decade. The 1990s keywords often relate to sexual health: *clinic*, *planning* (e.g. *Family Planning Clinic*), *STDs*, *STD*, *pregnant*, *pill* (*contraceptive pill*, *morning-after pill*), *condom*, *sexually* and *penis*. Conversely, the 2010s keywords often relate to emotions and mental health: *anxiety*, *down* (*feeling down*, *getting you down*), *thoughts* (*unhealthy thoughts*, *thoughts of suicide*), *angry*, *depression*, *upset*, *conscious* (*self-conscious*) and *happy*. This suggests a preoccupation with sexual health in the 1990s which has shifted over time to a preoccupation with mental health. The remainder of this chapter will therefore explore the discourses around sexual health in the 1990s and mental health in the 2010s in more detail.

4.3 The 1990s sub-corpus: discourses of sexual health

In order to understand the discourses around sexual health in the 1990s, I began by looking at the sexual health keywords in context using concordances. However, few patterns were evident in initial concordance analyses, with a span of 5-10 words to the left and right of the node word. As such, I looked at the wider context by manually analysing the full texts. After examining every instance of *clinic*, *planning*, *STDs*, *STD*, *pregnant*, *pill*, *condom*, *sexually* and *penis* in a total of 111 texts, two discourses emerged. These are outlined below in sections 4.3.1 and 4.3.2.

4.3.1 Discourse of risk and safety

The first of these discourses, and by far the most frequent in the 1990s sub-corpus, is a discourse of risk and safety. This is best exemplified through the keywords *condom*, *pregnant*, *STDs* and *STD*, which occur in 61 of the texts concerning sexual health (55%). I focus here only on those word forms which are key in the 1990s sub-corpus, and I therefore exclude related word forms such as *condoms* and *pregnancy*. However, these forms overwhelmingly occur in the same texts as the keywords (e.g. *condom* and *condoms* are likely to appear in the same texts), and thus very few texts are overlooked in this analysis.

To identify this discourse of risk and safety, I began by examining the evaluative language, or inscribed attitude terms, that co-occur with sexual health keywords. *STD* and *STDs* are arguably already inscribed attitudes since they contain the word *disease*, but further evidence for how they are evaluated, and how they contribute to the discourse of risk and safety, can be seen through an Appraisal analysis of the sexual health texts:

- (1) I'm **worried** [-affect] I may be pregnant. (1994_2_Q6)
- (2) I **want** [+affect] to get the pill to eliminate any **risk** [-appreciation] of getting pregnant.
- (3) You are **at risk** [-judgment] of catching an STD. (1994_Sp_A12)
- (4) I've heard that if you use spermicidal cream with a condom it helps make sex **safer** [+appreciation]. (1994_6_Q9)

In Examples 1-4, *condom* occurs with positive evaluation (4) while *STD* and *pregnant* occur with negative evaluations (1-3). Using a *condom* (with spermicidal cream) helps make sex *safer* [+appreciation], while being *pregnant* and *catching an STD* are evaluated negatively as a *risk* [-appreciation] and something to be *worried* [-affect] about.¹² While only a small number of examples are given here, many more instances of this evaluative construction can be found in the 1990s sub-corpus.

It is useful here to introduce the distinction between *inscribed* and *invoked* attitudes. Attitudinal meanings are prosodic, meaning they tend to spread out and colour a phase of discourse (Martin & White 2005: 43). Inscribed attitudes are realised with explicitly evaluative lexis, such as *worried* or *safer* above. This attitude can then radiate over a longer phase, giving implicit evaluative meaning to non-evaluative words. In Example 5 below, the term *important* is an inscribed attitude:

¹² In Example 2, *risk* is treated as a thing and therefore [-appreciation], while in Example 3, *at risk* is [-judgment] since the Appraised is a person in *you are at risk*. In Example 4, *safer* is classified as [+appreciation]; even though *using spermicidal cream with a condom* is a behaviour, suggesting [+judgment], *safer* is treated as [+appreciation] since it directly appraises *sex* (a thing, though this could be 'double coded' as inscribed appreciation/invoked judgment - see section 5.2).

(5) It's certainly **important** [+appreciation] when you decide to have sex that you take measures to prevent yourself from becoming pregnant and catching an STD. Using a spermicidal cream combined with a condom will help protect you from both of these things. (1994_6_A9)

In addition to this explicit evaluation, the terms *prevent* and *protect* take on implicit, or invoked, attitudinal meaning. The semantics of *protect* and *prevent* are also relevant: if something *prevents* or *protects* you from something else, the subject of the verb is often evaluated positively and the object is evaluated negatively. When the terms *condom*, *pregnant* and *STD/s* occur together, as happens frequently in the DDD corpus, condoms *protect* against and help *prevent* pregnancy and disease. Thus the evaluative terms simultaneously reinforce the positive evaluation of condoms and the negative evaluation of STDs. Broadly, this Appraisal analysis demonstrates that condoms are evaluated positively while pregnancy and STDs are evaluated negatively in the 1990s sub-corpus. This is unsurprising in the context of a magazine aimed at young women. However, this analysis also reveals a larger discourse around risk and safety: condoms are not just good but something *safe* which offers *protection*, and pregnancy and STDs are not just bad but a *risk* and something to *prevent*.

The concepts of semantic prosody and semantic preference are also relevant here. In corpus linguistics, semantic preference is defined as the co-occurrence of a word with a set of semantically related words. For example, in the British National Corpus, the word *rising* co-occurs with words like *prices*, *wages*, *unemployment*, *incomes* etc., so we can say that *rising* has a semantic preference for words relating to work and money (Baker 2006: 86). Semantic prosody is defined as the co-occurrence of a lexical item with a set of attitudinal words or phrases. Consequently, the lexical item can take on evaluative meaning even though it is non-evaluative. For example, *set in* co-occurs with negative terms, such as *bad weather*, *gloom*, *decline* and *rot*. Thus *set in*, while itself not an evaluative term, has a negative semantic prosody (Sinclair 1991). An analysis of all texts containing *condom*, *pregnant* and *STD/s* reveals repeated co-occurrence with the semantic category of risk and safety: examples include *risk*, *prevent*, *prevention*, *avoid*, *protect against*, *protect (yourself) from*, *protective*, *protection*, *safe* and *safer*. Many of these words are themselves evaluative, as already identified in the Appraisal analysis above. Broadly, then, we

can identify a positive semantic prosody for *condom* and a negative semantic prosody for *pregnant*, *STD* and *STDs*. However, these words all have the same semantic preference for words relating to risk and safety. The semantic preference of the words *condom*, *pregnant*, *STDs* and *STD* is thus an important resource for the construction of the discourse of risk and safety.

Another important resource for the construction of this discourse is Engagement, specifically concur formulations. Concurring is defined as a formulation which overtly announces that the speaker/writer and their audience are in agreement (Martin & White 2005: 122). This is used when referring to condoms, for example:

- (6) If you make the decision to have sex, there are several things you should do to make it enjoyable and not painful. First, **of course**, use a condom.
(1995_8_A6)
- (7) Use a water-based lubricant, like KY Lubricating Jelly (as well as a condom, **of course**). (1994_11_A10)

In Examples 6 and 7, the concur formulation *of course* construes the audience as someone who shares the writer's view that condoms are an assumed and essential part of having sex. Importantly, the advice columns that make up the DDD corpus really have two audiences: the questioner's audience is the person who responds, and the answerer's audience is the person who wrote the question. However, both the questioner and answerer also have the magazine's readership as their wider audience (see chapter 3). Therefore, the use of concurring resources in *of course*, *use a condom* assume agreement not only between the questioner and answerer, but between these writers and the much larger audience who will read their correspondence. In this way, the discourse of risk and safety is constructed as a shared position not only for the immediate interlocutor but also for the wider readership of the magazine. Here I have presented just two typical examples, but this construction occurs frequently in the 1990s sub-corpus. Notably, Examples 6 and 7 also both contain imperatives: *use a condom* and *use a water-based lubricant*. Imperatives are monoglossic in that they do not reference, or allow for the possibility of, alternative actions (Martin & White 2005: 111). The monoglossic imperative, in combination with concur formulations, position the evaluation in these texts as the obvious, shared opinion.

Above, I have shown how the discourse of risk and safety is constructed using the keywords *condom*, *pregnant*, *STDs* and *STD*. Specifically, we have seen how inscribed and invoked attitudes, semantic preference, semantic prosody and Engagement resources construct this discourse and present it as the assumed position for the writers in the advice columns and for the magazine's wider readership. Below I consider the terms *condom*, *pregnant*, *STDs* and *STD* together with the other sexual health keywords in the 1990s sub-corpus. In doing so, I identify a second discourse, a discourse of pleasure, and show how this competes and interacts with the discourse of risk and safety.

4.3.2 Discourse of pleasure

The discourse of risk and safety is by far the most prominent sexual health discourse in the 1990s sub-corpus, demonstrated by its occurrence in 55% of sexual health texts. However, there are a small number of texts which demonstrate a discourse of pleasure, primarily in relation to masturbation. While *masturbate* and *masturbation* were not identified as keywords in the 1990s sub-corpus, texts relating to masturbation do appear when examining words like *sexually* (e.g. *sexually aroused*), which is a keyword. In these texts, masturbation is evaluated very positively:

- (8) Masturbation is the **natural** [invoked +appreciation] way to find this [how your body works and how you **like** [+affect] to be touched] out, while providing a **safe** [+appreciation] outlet for your sexual urges. (1994_4_A7)
- (9) Some people say that it [masturbation] can have a **positive** [+appreciation] influence on your life by reducing any built up sexual **tensions** [-affect]. (1994_4_A10)

In Examples 8 and 9, masturbation is described as *natural* [invoked +appreciation], as providing a *safe outlet* [+appreciation] and having *a positive influence on your life* [+appreciation]. In addition to providing positive evaluations of masturbation, the texts also refute negative evaluations of masturbation. This can be seen in the interaction between questions and answers, where the question provides a negative evaluation and this is refuted in the answer. This is done using Engagement resources,

specifically disclaim formulations. Disclaim formulations are heteroglossic, meaning they acknowledge viewpoints of external voices. However, when disclaiming, a writer cites an alternative position only so it can be directly rejected or replaced (Martin & White 2005: 118). The answerer opens up the dialogic space, but only to acknowledge and reject the view expressed in the question. For example (attitudes in bold, disclaim underlined):

(10)

*I am a **healthy** [+judgment] and **athletic** [+judgment] 12-year-old girl. For the past eight months I've been masturbating regularly... Will masturbating affect my health or slow me down when I'm running, jumping and sprinting?*

Masturbation is...a **harmless** [+appreciation] activity with no medical or health **consequences** [invoked +appreciation]. Masturbating will certainly not **decrease your performance** in sport [invoked +appreciation]... (1994_4_Q&A10)

In Example 10, the questioner asks whether masturbating will *affect my health* or *slow me down* in sport. While not explicitly attitudinal, these are implicit negative evaluations: the *healthy* [+judgment] and *athletic* [+judgment] girl is concerned that masturbating will *affect my health* or *slow me down when running*. The answerer responds that masturbation has *no medical or health consequences* [invoked +appreciation] and *will certainly not decrease your performance in sport* [invoked +appreciation].¹³ The answerer uses disclaiming formulations in *no medical or health consequences* and *will certainly not decrease your performance*. Note that the latter also uses a concur formulation, *certainly*, to indicate that this evaluation is shared by writer and audience. As a resource for heteroglossia, disclaiming does open up the dialogic space. However, disclaim formulations are the most contractive of the heteroglossic resources. That is, they allow an alternative position to be acknowledged - that masturbation *does* have health consequences and could affect

¹³ Attitudes are coded as positive or negative based on the overall construction: *health consequences* is [invoked -appreciation], but *no health consequences* is [invoked +appreciation].

sports performance - but only so that this position can be rejected. This is also the case in Example 11:

(11)

*I'm a 15-year-old girl who has never been kissed or experienced any other kind of physical contact with a male. One day when I was alone at home I fingered myself and touched inside my vagina. I feel **so dirty** [-affect] and **ashamed** [-affect] about it. Could you please tell me if touching myself will **harm** [-judgment] me, and if it's **normal** [+judgment] for girls my age?*

...Although people are still sometimes **embarrassed** [-affect] to talk about it [masturbation], or refuse to talk about it because of their religious beliefs, most people regularly masturbate, and there's no reason at all for you to feel **ashamed** [-affect] or **dirty** [-affect] because you do too. (1994_4_Q&A7)

In Example 11, the questioner feels *dirty* [-affect] and *ashamed* [-affect] after masturbating for the first time. As with Example 10, the answer uses disclaim formulations in *there is **no reason** at all for you to feel ashamed or dirty* (further graduated via *at all*). In doing so, they acknowledge that this opinion is held by the questioner, but only so that they can refute it. There are a small number of texts relating to masturbation other than those presented here. All of these reflect the same patterns of evaluation outlined above: masturbation is evaluated positively, and any negative evaluations are rejected.

4.3.3 Sexual health discourses in interaction

Above, I have identified two sexual health discourses in the 1990s sub-corpus of the DDD corpus: a discourse of risk and safety and a discourse of pleasure. So far, the examples given for the discourse of pleasure have centred around masturbation, where the discourse of risk and safety does not feature because the risks of pregnancy and STDs do not apply. However, when the discourse of pleasure is used in relation to

other sexual activities which *do* come with these risks, we can see how these two discourses interact. For example:

(12)

*I've heard how **painful** [-appreciation] sex is for the first time. I don't think I'm big enough. I have had guys finger me but they only use one finger. Trying to find out for myself, I found two fingers won't fit. Is there a way to fix this?*

If you make the decision to have sex, there are several things you should do to make it **enjoyable** [+appreciation] and **not painful** [+appreciation]. First, of course, use a condom. This not only helps prevent pregnancy but also protects you from sexually transmitted **diseases** [-appreciation]. Secondly, **pain** [-appreciation] during intercourse is generally caused because the girl is not sufficiently aroused. So make sure you spend time being sexually stimulated before you have intercourse; take it slowly, don't hurry. Finally, using a water-based lubricant like K-Y Lubricating Jelly can also help.

Don't use an oil-based lubricant like Vaseline as it might **damage** [-appreciation] the condom. If you follow these guidelines you'll find that your vagina will be large enough to receive your boyfriend's penis and you will **enjoy** [+affect] your first-time sex together. (1995_8_Q&A6)

In Example 12, the answerer begins by stating that sex should be *enjoyable* [+appreciation] *and not painful* [+appreciation]. The discourse of pleasure is thus introduced from the first inscribed attitude in the answer. However, this is immediately followed by the advice *first, of course, use a condom*. This cites the discourse of risk and safety through mention of condoms, which have a semantic preference for risk and safety. This is further reinforced with *of course*, a concurring formulation which assumes that the writer and their audience are in agreement on this position (see section 4.3.1 above). While the answerer goes on to give advice about how to make sex pleasurable; *make sure you spend time being sexually stimulated before you have intercourse*, the discourse of risk and safety continues to be used. The answerer advises to *use a water-based lubricant* to make sex more enjoyable, but this

is immediately followed by a further invocation of the discourse of risk and safety with the mention of condoms in *don't use an oil-based lubricant like Vaseline as it might damage [-appreciation] the condom*.

Example 12 illustrates that the discourse of pleasure and the discourse of risk and safety can co-occur. Indeed, it makes it explicit that safety is part of what makes sex enjoyable: *there a **several things** you can do to make sex enjoyable... **first**... use a condom*. In this way, the discourse of risk and safety is dominant not only because it is much more frequent and pervasive in the corpus, but also because it is considered a necessary part of the discourse of pleasure when the sexual activity comes with risk (i.e. oral, anal and vaginal sex rather than masturbation).

This section has identified two sexual health discourses in the 1990s sub-corpus and the linguistic resources used to construct them. The discourse of risk and safety and the discourse of pleasure are constructed using Appraisal resources, especially Engagement, and the concepts of semantic preference and semantic prosody from corpus linguistics. Below I consider the discourses around mental health in the 2010s sub-corpus.

4.4 The 2010s sub-corpus: discourses of mental health

As identified in section 4.2, the keywords for the 2010s sub-corpus frequently relate to mental health and emotions. As with the sexual health keywords, initial concordance analyses revealed few patterns, so I manually analysed the full texts that contain any of these words. This revealed two discourses: a medicalising discourse and a normalising discourse of mental health. Below I examine these keywords in more detail to highlight what these discourses are, how they are constructed linguistically, and how they operate dialogically between the questions and answers.

4.4.1 Medicalising and normalising discourses of mental health

A medicalising discourse of mental health is one which privileges descriptions of psychological distress in clinical terms (Harvey 2012: 371). It involves constructing emotional turmoil as an illness, something which can be 'diagnosed' and which is manifested by 'symptoms' (Bennett et al. 2003, cited in Harvey 2013: 156). This

contrasts with a normalising discourse, which treats emotional turmoil as an ‘everyday and unavoidable’ part of human experience (Moynihan et al. 2002, cited in Harvey 2012: 371).

As with the discourse of risk and safety identified in section 4.3.1, the medicalising discourse of mental health can be identified through semantic preference. A manual analysis of all texts containing the mental health keywords revealed that they frequently co-occur with terms such as *symptoms*, *disorder*, *diagnose*, *(school) counsellor* and *assessment*, as well as referrals to mental health services such as *Headspace* and *Beyondblue*. For example (keywords are underlined and medicalising terms are in bold):

- (13) I am a relatively happy person, but every now and then I experience **symptoms** of depression. (2014_10_Q1)
- (14) It’s important that you seek help for your **symptoms** of depression, especially to discuss your thoughts of self-harm and suicide. (2014_9_A5)
- (15) Three of my closest friends keep suggesting I may have a mild anxiety **disorder**. (2014_2_Q12)

The mental health keywords thus have a semantic preference for terms relating to medicine. This is a principle resource for constructing a medicalising discourse of mental health.

Importantly, a medicalising discourse does not necessarily entail that a mental illness has been diagnosed. Rather it is the tendency to describe emotional turmoil in diagnostic or clinical terms rather than as an ordinary or inevitable experience. There are texts in the 2010s sub-corpus where someone has, in fact, been diagnosed with a mental illness, as in *I’ve been diagnosed with social anxiety* (2015_5_Q11). In these cases, the formulation of psychological distress in medical terms is based on an actual clinical interaction rather than reflecting a choice on behalf of the writer. In this chapter, I exclude these examples when considering a medicalising discourse of mental health. Importantly, most texts on mental health do not include a formal diagnosis, including texts which refer to *anxiety* and *depression*.¹⁴ Rather, they reflect

¹⁴ Harvey (2012) notes that when adolescents use the construction *have depression* rather than *be depressed* they tend to describe their mental health concerns using clinical explanations. That is, these constructions will more likely accompany a medicalising discourse of mental health. *Depression* and

a self-diagnosis on the part of the questioner or a suggested diagnosis on the part of the answerer. That is, most descriptions of mental illness refer to medical terms such as *diagnosis* and *symptoms* because of a choice to use a medicalising discourse of mental health, rather than because of a clinical interaction in real life which warrants this language.

While the medicalising discourse of mental health is common in the 2010s sub-corpus, it is not the only option for describing psychological distress. Such descriptions may occur without a medicalising discourse and, in the case of the answers, this leaves room for another, competing discourse. In questions regarding mental health and emotions, the questioner may describe their feelings using a series of inscribed affects, usually negative, without employing a medicalising discourse. For example:

- (16) I had a BF [boyfriend] and I was **so happy** [+affect], then we broke up and I can't stop thinking about him and feeling **down** [-affect]. When I do have an OK day, my fam[ily]'s arguing makes me feel **like crap** [-affect] again.
What can I do to stop feeling **so down** [-affect]? (2014_4_Q2)

In Example 16 the questioner describes their emotional turmoil following a break up as (*so*) *down* and *like crap*. However, the medicalising discourse is absent from the description in this question. There is no other discourse in this text; however there is an implied negative evaluation of undesirable emotions, indicated by *what can I do to stop feeling so down?*

For the answers, if the medicalising discourse is absent we can identify another, competing discourse: a normalising discourse. This discourse normalises experiences of emotional turmoil, treating them as everyday and unavoidable human experiences. While there are only a few examples of this, there are still patterns which reveal how this is constructed through the use of the terms *common*, *all* and inclusive first-person plural pronouns as the Emoters (Bednarek 2008: 154) of negative affects. For example:

anxiety were identified as keywords in the 2010s sub-corpus, however *depressed* and *anxious* were not. To ensure that the selection of texts was not skewed towards those which would contain a medicalising discourse, I also examined texts which include the terms *anxious* and *depressed*, even though these were not identified as keywords. This revealed no significant differences. In addition, many of these texts were already analysed because they also contain the words *depression* and/or *anxiety*.

- (17) **We all** feel nervous [-affect] and insecure [-affect] occasionally... Anxiety is **very common** and something **we all** experience. (2014_3_A1)
- (18) **We can all** feel anxious [-affect] for different reasons. (2015_5_A2)
- (19) It's **common** for it to take a while to adjust to a new situation like this [feeling like you don't fit in [-affect] at a new school]. (2014_9_A2)

In Examples 17-19, emotions such as feeling *nervous*, *insecure*, *anxious* and *like you don't fit in* are described as **common** and *something we all experience*. By describing these feelings as everyday and ordinary experiences rather than as something requiring a medical explanation, the answer normalises, rather than medicalises, the emotions expressed.

4.4.2 Mental health discourses in interaction

Having established the two mental health discourses in the 2010s sub-corpus, this section examines how the medicalising and normalising discourses of mental health are distributed between the questions and answers. In doing so, I show how these discourses are negotiated interactionally, with the discourse in the question mirrored in the answer. Since the answers of *Dolly* are largely written by medical professionals (see chapter 3), we might expect the medicalising discourse of mental health to primarily occur in the answers rather than the questions. However, while this discourse is present in the answers, this is almost always in response to it being present in the corresponding question. The overwhelming pattern for texts using a medicalising discourse of mental health is for the question to introduce this discourse and the answer to *reproduce* it. For example:

(20)

*Three of my closest friends keep suggesting I may have a mild **anxiety disorder**. During exams, I have breakdowns and I don't sleep well during the school term. I constantly worry about my math marks even though I have the top marks in my year, and just sitting a normal math test can leave me gasping for breath. I don't want to talk to my mum as she doesn't care about this type of thing and thinks I'm a drama queen, and I can't tell my dad as I don't live with him and only see him once a month. Are my friends right, do I have an **anxiety disorder**? If so, what should I do?*

From the **symptoms** you're describing, it seems you're prone to **anxiety**. When a person experiences **anxiety**, typically there's a physical component. Worrying and catastrophic thoughts (e.g. "I'm going to fail") trigger a release of chemicals and hormones in the body, producing a "fight or flight" response. This reaction is often characterised by fast, shallow breathing, increased heart rate, dizziness, nausea, butterflies and tensing of muscles. To counteract these **symptoms**, take calm, deep breaths. Inhale slowly through your nose, then slowly exhale through your mouth. As you breath out, say the word "relax" and consciously release any tension in your muscles. Repeat this often through the day and, if you're restless, at night. Identify any **anxiety**-provoking self-talk (e.g. "I'll never get through this") and counteract it with helpful coping statements (e.g. "Just take it one step at a time"). A healthy lifestyle including exercise, a balanced diet and less caffeine can help reduce overall stress. Relaxation techniques such as yoga and meditation are also beneficial. For more **anxiety** advice, check out reachout.com or see your **counsellor** or **GP**. (2014_2_Q&A12)

In Example 20, the question opens with a medicalising discourse of mental health: *three of my closest friends keep suggesting I may have a mild **anxiety disorder***. As the hyperTheme (a higher level Theme which functions as a 'topic sentence' for a phase of discourse, Martin & Rose 2003: 177), this frames the description that follows as potential realisations, or symptoms, of that *disorder*: *I have breakdowns, I don't sleep*

well and *I constantly worry about my math marks*. The answer similarly contains a medicalising discourse of mental health, as evidenced through the use of the term *symptoms*, which is then elaborated as a list: *fast, shallow breathing, increased heart rate... and tensing of muscles*. Thus, in Example 20, we see that the medicalising discourse is first produced in the question and then reproduced, or *mirrored*, in the answer.

In contrast, if the question does not use a medicalising discourse of mental health, then the answer is unlikely to either. This can be seen in Example 21, where the question describes some emotional turmoil (negative affects in bold), and the answer responds instead with a normalising discourse (underlined):

(21)

*I'm always **nervous** [-affect] when I go to out-of-school activities. I get **shy** [-affect] and don't talk much. I feel **insecure** [-affect] and fat! I **don't like** [-affect] being social and try to get out of things. I don't know what's wrong. Help!*

We all feel nervous and insecure occasionally, so don't be too hard on yourself. But if you want to feel more confident, talk back to yourself about the negative thoughts you're having. If your friends put themselves down, what would you say to them? Say that to yourself.

However, if you feel panicky often and can't bring these feelings under control easily, you might be experiencing anxiety. Anxiety is very common and something we all experience. If these feelings cause you to avoid situations and stop you from participating in activities, there are things you can do to help stop it. Talk to a trusted adult or contact Beyondblue on 1300 224 636. (2014_3_Q&A1)

In Example 21, the questioner expresses their emotional turmoil with a series of inscribed negative affects: *I'm always **nervous**, I get **shy**, I feel **insecure** and I **don't like being social***. Rather than employing a medicalising discourse they use ordinary, everyday terms to express their emotions. In response, the answerer uses a normalising discourse, framing the questioner's feelings as common: ***we all feel***

nervous and insecure occasionally and *anxiety is very common and something we all experience*. At the end of their response, the answerer hints at a medicalising discourse by suggesting that they *contact Beyondblue* (a mental health organisation). However, this is introduced with the conditional; *if these feelings cause you to avoid situations... contact Beyondblue*, framing psychological support as optional, and indicating that a medical basis for their distress is just one possibility. The answerer makes no reference to diagnosis, symptoms, or any of the other features of a medicalising discourse. In Example 20, a medicalising discourse in the question leads to the same discourse being produced in the answer. In Example 21, its absence in the question leads to its absence in the answer as well, leaving room for a normalising discourse.

The dialogic mirroring of mental health discourses has important implications for status. There is an inherent status difference between questioner and answerer in the advice column genre. In seeking advice, the questioner necessarily positions themselves as less powerful than the answerer. Correspondingly, the answerer is the trusted advisor, and in some cases also has a qualification and formal knowledge that the questioner does not have (medical education in the case of the DDD corpus). The basic principle of status is reciprocity, or whether the same linguistic resources are available to different people (Poynton 1985, cited in Martin & White 2005: 30). Speakers/writers can construe equality of status by taking up the same kinds of linguistic choices (Martin & White 2005: 30). By employing the same discourses, the answerer thus positions themselves in more equal status with the questioner and minimises the status difference inherent to the advice column genre. This is in keeping with Burns' (2011) work on *Dolly*, which argues that *Dolly* positions itself as a "friend" of the reader rather than a source of authority (2011: 167). The mirroring of discourses could be a resource for making the advice in the answer more palatable and therefore more likely to be taken up by the questioner. This remains a hypothesis at this stage, but would be a topic worthy of future research.

This mirroring of discourses between the question and answer accounts for most of the mental health texts analysed. However, there are some instances where the discourse of the question and answer differs. Specifically, there are some examples where the medicalising discourse is absent in the question and is instead introduced in the answer. This is always done using Engagement resources which are

dialogically expansive, specifically entertain formulations. Entertaining is defined as a formulation where the writer/speaker indicates that their position is just one of a number of possible options (Martin & White 2005: 104). For example:

(22) I **can't say** whether you might also have depression or anxiety...or whether there might be something else going on... You **might** also want to talk with a professional...you **could** see your GP, look for a Headspace service, or talk to a teacher or school counsellor. (2015_12_A2)

(23) The school counsellor **may** be a good person to talk to. (2014_9_A2)

In Examples 22 and 23, the modal auxiliaries *may*, *might* and *could* open up the dialogic space, indicating that there are a range of viewpoints available. Specifically, the answerer suggests that the emotional turmoil could have a medical basis, but at the same time they indicate that their position is just one of several alternatives. Rather than stating that the questioner's emotions have a clinical explanation, the answerer only entertains this possibility in *you might also want to talk with a professional*, *you could see your GP* and *the school counsellor may be a good person to talk to*. Similarly, in Example 22 the answerer recognises that their view is one among a series of alternative positions when they write that *I can't say whether you might also have depression or anxiety*. This grounds their proposition in their own individual subjectivity and makes space for other viewpoints. In summary, where the discourse of mental health differs between the question and answer, the answerer is careful to introduce a new discourse with Engagement resources which open up the dialogic space, thereby recognising that there are alternative positions, or discourses, available.

In sum, in sections 4.3 and 4.4 I have shown that there are two discourses of mental health evident in the 2010s sub-corpus of the DDD corpus. The medicalising discourse privileges formulations of emotional turmoil in medical terms, while the normalising discourse describes them as everyday experiences. The medicalising discourse has a high degree of dialogic mirroring, where it is likely to be present in both the question and answer, or absent in both. Where it is absent in both, this makes room for the normalising discourse of mental health to be introduced in the answer. Where the discourse is not mirrored, that is, where it is introduced in the answer rather than the question, this is done with Engagement resources which expand the

dialogic space, indicating that the medical explanation for psychological distress is just one of several alternative positions.

4.5 Conclusion and contributions

In addition to innovations in corpus-based discourse analysis and Appraisal analysis (which are discussed in chapter 6), this chapter has made several contributions to our understanding of sex education discourses and to the field of healthcare communication. I identified two sexual health discourses and two mental health discourses in the 1990s and 2010s respectively. As well as identifying the dominant, or most frequent and widespread discourses, I was able to pinpoint less prominent, subordinate discourses. Specifically, I identified a dominant sexual health discourse of risk and safety before highlighting the subordinate discourse of pleasure, and I identified the dominant medicalising discourse of mental health as well as the less prominent but still present normalising discourse. This was achieved by combining both corpus linguistics and discourse analysis. The corpus linguistic analyses revealed keywords, signalling dominant discourses as well as pinpointing which words warranted further qualitative investigation. ‘Manual’ discourse analysis showed how these dominant discourses were constructed but also revealed the subordinate discourses; the sexual health discourse of pleasure and the normalising discourse of mental health. By combining these methods, it is possible to offer a more rounded and comprehensive picture of sexual and mental health discourses. Additionally, I illustrated that dominant discourses and subordinate discourses do not sit equally side-by-side, but instead interact and even compete with one another.

By identifying the discourses of these two decades, this thesis has also contributed to our understanding of how attitudes have changed over time, and how we see this reflected in language. I highlighted a key difference between the decades: that the 1990s shows more of a preoccupation with sexual health while the 2010s shows more of a preoccupation with mental health. This reflects a change in attitudes in the real world: the HIV/AIDS epidemic of the 1980s created an urgent concern in both research and public policy over HIV transmission. Towards the end of the twentieth century, as rates of unintended pregnancy and sexually transmitted diseases started to rise, this shifted towards a concern with the risk of STDs more broadly, as well as contraception (Harvey 2013). The data from the mid-1990s reflects the

concern with sexual health, particularly risk and safety, that characterised this period. In contrast, the 2010s data reflect a change in attitudes towards a concern with mental health. Until the 1990s, mental illness was thought to be “rare, even impossible” in children and teenagers (Mondimore 2002: 1), and issues of mental health in adolescents have historically been under-recognised and dismissed as “growing pains” (Weller & Weller 2000: S10). Now, however, the stigma around issues of mental health is decreasing, and both medical professionals and broader society recognise the legitimacy of mental health concerns in young people (Sartorius 2007, Harvey 2013: 36). Correspondingly, the 2010s sub-corpus reflects this change in attitudes in the real world, with mental health becoming more of a concern, as well as becoming more medicalised, whether or not this formulation is warranted.

Finally, this chapter makes a contribution to the field of healthcare communication, specifically the finding regarding the dialogic mirroring of the medicalising discourse of mental health. Harvey (2012) notes that it is important to understand how people experience and conceptualise mental illness, including how they describe it linguistically. This chapter has added to the body of research in this area and confirms the finding that both medical professionals and patients, including young people, show an increasing trend towards clinical explanations of emotional turmoil. However, this chapter has made a unique contribution to this field by showing how the formulation of psychological distress offered by a patient is then reproduced in the discourse of the medical professional. Such a finding could have meaningful implications for healthcare communication as well as wider applications in the provision of healthcare services.

Chapter 5

Similarities over time: the discourse of normality

In the previous chapter I used differences between the two decades to examine how discourses have changed over time. In this chapter, I consider the similarities between the decades, and provide evidence for a previously undocumented sex education discourse: a discourse of normality (this is different from, but related to, the normalising discourse of mental health, see section 5.3). Drawing on evidence from both corpus linguistics and discourse analysis, I consider *normal* as an individual lexical item and investigate how this word functions in discourse.

Section 5.1 considers similarities in the two decades of the DDD corpus, pinpointing the adjective *normal* as a term worthy of further investigation. Section 5.2 examines how normality is currently treated within Appraisal. Section 5.3 defines the discourse of normality, and section 5.4 gives evidence for how this discourse is constructed. Section 5.5 investigates how this discourse is negotiated dialogically by considering how the evaluation *normal* is distributed between questions and answers, and Section 5.6 examines if this distribution has changed over time. Section 5.7 concludes the chapter with a discussion of these findings.

5.1 Identifying similarities in the DDD corpus

As described in chapter 3, keyword analysis identifies words which are unusually frequent in a corpus relative to some reference corpus. This type of analysis is thus designed to highlight the *differences* between two corpora or sub-corpora. In order to identify the *similarities* between the two decades of the DDD corpus we cannot compare them to each other, but we can compare them to the same reference corpus. This method has proven a useful tool for examining similarity (Taylor 2013). Many corpus studies focus on difference, effectively creating a ‘blind spot’ where an analyst can only ever hope to achieve a 180-degree view of their data (ibid: 83). This thesis aims to capture a 360-degree view of the DDD corpus by considering both similarity and difference.

In chapter 4 I mentioned that the keywords in the DDD corpus (when compared to the Australian Corpus of English) contain many inscribed attitude items:

23 out of 192 keywords (see Appendix 3).¹⁵ As evaluative terms that recur across the decades, these are useful points of departure for understanding how attitudes have remained stable over time. The inscribed attitude items which are key for both decades are: *want*, *normal*, *like*, *infection*, *best*, *scared*, *pain*, *STD/STI*,¹⁶ *trusted*, *uncomfortable*, *important*, *worried*, *comfortable*, *healthy*, *painful*, *love*, *hurt*, *bad*, *trust*, *difficult* and *wrong*. Rather than examining all of these terms in detail, I will consider just the three most key: *want*, *normal* and *like*. The frequency, number of texts, percentage of texts and log-likelihood of these words for each decade are listed in Table 1:

	Freq.		Texts		% Texts		LL	
	1990	2010	1990	2010	1990	2010	1990	2010
<i>want</i>	144	126	115	98	17.6	23.1	315.1	260.1
<i>normal</i>	63	68	58	58	8.9	13.7	189.9	216.1
<i>like</i>	202	243	160	169	24.5	39.9	171.2	275.0

Table 5.1 Details of key inscribed attitude terms *want*, *normal* and *like* for the 1990s and 2010s in the DDD corpus, using the ACE as a reference corpus (see Appendix 5 for full keyword lists for each decade)

Want, *normal* and *like* appear in the top three inscribed attitude terms for both decades. While *want* and *like* are also key terms, there are reasons for choosing *normal* as the inscribed attitude worthy of further investigation. Firstly, *like* does not always occur as an attitude but is often used as a comparative, as in *your symptoms sound like vaginal thrush*. These account for over half of all occurrences (275 out of 445 tokens). Thus while *like* is used as an inscribed attitude in the DDD corpus, this use is not as characteristic of the corpus as Table 5.1 suggests. Secondly, *want* is the most key inscribed attitude, but this is likely not a feature unique to the DDD corpus. Keyword analysis identifies words which are unusually frequent compared to some reference corpus (Scott 2017b). Here, the study corpus (DDD) and reference corpus (ACE) are both made up of written texts, however the DDD corpus also contains features of spoken language (see chapter 4). Comparing these two corpora will thus

¹⁵ This chapter primarily considers inscribed attitude items, as a full analysis of invoked attitude in over a thousand texts is beyond the scope of this thesis.

¹⁶ STD (sexually transmitted disease) and STI (sexually transmitted infection) can be considered synonymous. See footnote 11 in chapter 4.

identify differences in spoken and written language as well as differences between the DDD corpus and general Australian English. *Want* is one example of this, since it is a common word in spoken English (Leech, Rayson & Wilson 2001: 144). Thus an analysis of *want* would likely reveal patterns of spoken Australian English rather than patterns unique to the DDD corpus or to sex education resources. *Normal* is thus preferable to *like* and *want* as a point of further inquiry as it is the most key inscribed attitude in the DDD corpus, and because it is an evaluation unique to this corpus. Additionally, as an adjective, *normal* has the potential to express affect, judgment or appreciation depending on context (Taboada & Grieve 2005: 3) and thus is an interesting item for further Appraisal analysis. Details of the frequency, normalised frequency, number of texts, percentage of texts and log-likelihood of *normal* for both decades are repeated in Table 5.2:

	Freq.	N. Freq.	Texts	% Texts	LL
1990s	63	139.8	58	8.9	189.9
2010s	68	156.7	58	13.7	216.1

Table 5.2 Details of *normal* in both decades

Table 5.2 shows that *normal* appears at a similar normalised frequency in both decades. This explains the fact that *normal* is not identified as a keyword when comparing the 1990s and the 2010s sub-corpora of the DDD corpus (see Appendix 4), since keyword analysis identifies words which are unusually frequent in one corpus compared to another. Having established that *normal* is key in both decades, this chapter will discuss its usage across the entire corpus, rather than diachronically. I will, however, explore its use across both the questions and answers.

5.2 Normality and Appraisal

In Martin & White (2005), *normal* is listed as an example of a realisation of judgments relating to social esteem. Social esteem is concerned with evaluations of how unusual, capable or resolute someone is ('normality', 'capacity' and 'tenacity', Martin & White 2005: 52). *Normal* is classified as an evaluation of 'how special' someone is, alongside terms such as *fortunate*, *fashionable* and *unlucky* (ibid: 53).

However, we must be careful of equating lexical items with particular attitudinal categories (Martin 2017). Indeed, while this classification is offered as a general guide, the data from the DDD corpus show that *normal* can function well beyond this categorisation.

In the DDD corpus, *normal* is used to express emotions, to evaluate people and to evaluate things. That is, *normal* can realise all three different sub-types of Attitude: affect, judgment and appreciation. This is achievable because adjectives are versatile Attitude terms, with the potential to express affect, judgment or appreciation depending on context. In the DDD corpus, *normal* primarily occurs as positive judgment or appreciation, though there are instances of affect:

Affect	I'm 13 and I don't feel normal
Judgment	It [not knowing your sexuality] means that you're completely normal
Appreciation	You may be feeling normal breast tissue

Here I have categorised *normal* as affect, judgment or appreciation based on the source and target of the evaluation. Where the source of the attitude is a conscious participant who registers an emotional response it is classified as affect; *I'm 13 and I don't feel normal*. Where the target of the evaluation is a person or behaviour it is classified as judgment; *it means that you're completely normal*, and where the target is a thing it is classified as appreciation; *you may be feeling normal breast tissue*. This is in accordance with the method outlined in chapter 3.

In addition, this categorisation can be confirmed with Martin and White's (2005: 58-9) grammatical frames for each sub-type of Attitude:

Affect	{Person feels affect (about something)} <i>I don't feel normal</i>
Judgment	{It was judgment for person to do that} <i>It is normal for you to have no idea of your sexuality</i>
Appreciation	{Person consider something appreciation} <i>I consider your breast tissue normal</i>

This demonstrates that *normal* functions well beyond the categorisation offered as typical in Martin & White (2005). While realisations of *normal* as affect are rare, realisations as judgment and appreciation occur in roughly equal proportion in the DDD corpus. If the basis for classifying *normal* as judgment is (or should be) based on statistical occurrence, the data here certainly suggest that there is as much evidence to classify *normal* as appreciation as there is to classify it as judgment. A related question, then, is whether ‘normality’ should be a sub-category of appreciation.

Martin & White do suggest a ‘double coding’ for borderline categories (2005: 67). For example, in *it was a fascinating innings*, *fascinating* evaluates a thing, so is coded as inscribed appreciation. However, there is an implicit evaluation of the person who accomplished the thing (i.e. the player), so we could double code this as invoked judgment (ibid: 67-8). It is possible, then, that the categorisation of *normal* as judgment could refer to inscribed judgments or to inscribed affect/appreciation with invoked judgment. That is, *normal* always evaluates a person or behaviour, but this can be realised implicitly, as in *fascinating innings*.

I argue that this is not the case for *normal*. Consider the appreciation example from above, this time presented with more co-text:

(24) *I'm 13 years old and have a lump the size of a pea in my left breast. I'm scared it might be cancer.*

...You may be feeling **normal** breast tissue... it's possible you might have a benign (non-cancerous) growth or a cyst (a lump filled with fluid), but these would be unusual at your age. (1995_3_Q&A5)

In Example 24, *normal* refers to *breast tissue* which has *a lump the size of a pea*. This can be classified as appreciation since *breast tissue* refers to a thing rather than a person or behaviour. Additionally, we have no grounds for double coding this as invoked judgment since there is no implicit evaluation of human behaviour. *Normal* refers to normality or adherence with norms, but not necessarily in adherence with norms of behaviour. In short, there is no basis for always classifying *normal* as judgment, whether inscribed or invoked. This reinforces the position of Martin & White (2005) and Martin (2017) that Attitude is not a system of lexis per se, but rather

a discourse semantic system that tends to be realised in the lexicogrammar by lexical items. Throughout this chapter, I continue to classify *normal* as affect, judgment or appreciation based on the source and target of the evaluation, using the method for Appraisal analysis outlined in chapter 3.

5.3 Defining the discourse of normality

In this chapter I argue that the use of *normal* constructs a discourse of normality. It is important here to clarify the definition of this discourse. ‘Normal’ may be used to describe what is medically typical or atypical, as in *Montgomery Tubercles [are] a normal part of your breast tissue*, or what is statistically average, as in *most people masturbate at least once in their lives - it is a normal form of sexual behaviour*. But beyond this, ‘normal’ also functions to designate that someone fits within a normative structure, as in *it is a normal part of development to have generalised feelings of attraction - for males AND females*. Here the concern is not about what is healthy or requires medical attention, but about fitting in with one’s peers. And while *normal* may also make reference to what is statistically ordinary, for example *normal skin like everyone else*, this is part of a broader goal of seeking and offering reassurance and “giv[ing] meaning to the experience of being adolescent” (Currie 1999: 208).

A discourse of normality, then, constructs something or someone’s feelings and behaviours as being ordinary and/or statistically average, but also as fitting into the normative structure. This is perhaps best understood in contrast to alternative discourses, such as a discourse of healthiness. A discourse of healthiness treats something as medically non-threatening and even helpful, such as *masturbation is a healthy form of sexual expression*. In contrast, a discourse of normality treats something as the opposite of deviant; it is ordinary, common and usual, as in *masturbating, fantasising and experimenting are normal* (2015_8_A5). The normalising discourse of mental health identified in chapter 4 could thus be considered a more specific version of the discourse of normality. As I demonstrate below, the discourse of normality is broader than the medicalising discourse of mental health and encompasses a range of phenomena and behaviours beyond just mental health and emotions.

5.4 Normal in the DDD corpus: the discourse of normality

First, it is important to establish that *normal* is used evaluatively in the DDD corpus, specifically as a positive evaluation. This can be seen through the use of *normal* in the questions. The most common use of *normal* in the questions is as a ‘tag’ at the end of the text, for example, ‘is this normal?’ Out of 34 concordance lines, 15 show *normal* being used as a tag evaluation, where the questioner describes the situation and follows with *is this normal?* or *is it normal?* Ten of these appear at the end of the question, and five are followed by an additional request for help e.g. *is this normal? Is there anything I can do?* This is shown in Figure 5.1:

, because we didn't use a condom. Is it normal?
fill it out. What does this mean? Is it normal?
I'm really confused. Please help - is it normal for friends to kiss?
in my undies. What is it? Is it normal?
, especially around my nipples. Is this normal? Please help me because I just
a while. Is something wrong, or is this normal?
embarrassing being so small. Is this normal?
between my vagina and anus. Is this normal?
right breast's bigger than my left. Is this normal?
the chair is wet, like sweaty. Is this normal? It's embarrassing!
I've got an inny nipple, is this normal?
people will think I'm a 'baby'. Is this normal for other girls my age and is
about every couple of days. Is this normal? Do I need to wear a panty
flat chested. I'm so confused - is this normal? Is there anything I can do to
I've had no breast development. Is this normal? I feel really self-conscious and

Figure 5.1 Concordance lines of *normal* in the DDD corpus questions, sorted by the word one place to the left (L1)

In these examples, the questioner first presents their problem. This may contain inscribed attitude which explicitly indicates the questioner’s negative evaluation of the situation, as in:

- (25) I’m 15 years old and I have very small breasts. I have had my periods and I find it really embarrassing [-affect] being so small. **Is this normal?**
(1995_8_Q2)

Alternatively, it may contain no inscribed attitude, but will still be framed as a problem, in line with the generic structure of the advice column (see chapter 3):

(26) I have some short, wispy hairs between my vagina and anus. **Is this normal?**

(1995_9_Q9)

In this way, normality is formulated in contrast to some problem, regardless of whether the issue is explicitly negatively evaluated or not. This indicates that the concept of normality is not a neutral expression, but is loaded with positive evaluation. Additionally, *normal* is almost never negated in the DDD corpus: there are three instances of *not normal* and 6 instances of *abnormal*. However, these are themselves negated, as in *there's **nothing abnormal** about this* (1994_4_A9) and *this **doesn't mean you're not normal*** (1995_8_A2). *Normal* is thus overwhelmingly used as a positive evaluation.

This positive evaluation is often amplified using Graduation resources. Overwhelmingly, these resources amplify the evaluation by raising the force (force concerns how attitudes are upgraded or downgraded). This can be done through punctuation - specifically exclamation and capitalisation:

(27) Don't panic - this is **normal** for developing breasts! (2014_6_A6)

(28) Reality check - your vagina **IS normal!** (2014_5_A9)

The primary resource for amplifying this evaluation is intensifiers, which are especially frequent in the answers. Concordance analysis reveals that 28 out of 97 concordance lines for *normal* in the answers are pre-modified by an adverb:

It means that you're *completely* normal. Sexuality is as natural as
 Yes it's *completely* normal. You're noticing the
 Your discharge is probably *perfectly* normal and isn't a sign of poor
 18. However, it's also *perfectly* normal for women's breasts to
 of hair on your body is *probably* normal but see a doctor if you're
 the dark patches are quite *probably* normal. Some medical conditions
 It is *quite* normal to have hairs growing
 your periods are probably *quite* normal, it would be a good idea
 . I'm sure your nipples are *quite* normal for a 13-year-old, but if
 about using tampons are *quite* normal. Tampons and pads serve
 part and don't forget that it's *quite* normal for girls' hips and thighs to
 for your boyfriend, this is *quite* normal. Your choices are to end
 what you're experiencing is *totally* normal. Boobs come in all kinds
 pregnancy. I'm sure you are *very* normal. Try to remember that you
 thoughts and feelings is a *very* normal part of going through

Figure 5.2 15 randomly selected concordance lines of pre-modified *normal* in the DDD corpus answers, sorted by L1

Figure 5.2 shows that *normal* is frequently pre-modified by an adverb, and that this raises or amplifies the attitude, as in *quite normal*, *completely normal*, *perfectly normal* and *very normal*. Thus the attitude *normal* is intended positively, and this evaluation is often amplified.

Having established that *normal* is used as a positive evaluation, below I explore how it is used throughout the DDD corpus to construct the discourse of normality. *Normal* is used in ways which maximise the phenomena or behaviour that the evaluation can refer to. This is evident in the targets of the evaluation *normal*, the syntactic constructions it appears in, and its use in hyperThemes. In section 5.2, I demonstrated that *normal* can be used to realise affect, judgment and appreciation. In addition to realising all three sub-types of Attitude, *normal* is used with a wide range of content. That is, the target of the evaluation, or the Appraised, is diverse. Some examples are given below, with the target, or the Appraised, underlined:

- (29) All I want is to have normal skin like everyone else. (1994_1_Q3)
- (30) What you are describing are Montgomery Tubercles - a normal part of your breast tissue. (2014_6_A10)
- (31) How can I get back to a normal cycle [menstrual cycle]? (1994_3_Q6)

- (32) Most people masturbate at least once in their lives - it is a normal form of sexual behaviour. (1994_4_A11)
- (33) During the teen years it is a normal part of development to have generalised feelings of attraction - for males AND females. (2014_10_A2)
- (34) It's completely OK to lose feelings for your boyfriend, this is quite normal.
- (35) Feeling emotional and having mood swings is also normal. (1995_3_A3)

Here we see *normal* being used to appraise a range of behaviour and phenomena: *skin*, parts of the *breast tissue*, the menstrual *cycle*, masturbation, bisexuality, changing *feelings* in a relationship, and *mood swings*. This demonstrates that the discourse of normality is developed over the full range of topics in the DDD corpus: bodies, puberty and development, sexuality and sexual behaviour, people and relationships, and mental health. If *normal* exclusively appraised targets relating to, say, sexual orientation, there would be an argument for classifying it as part of another discourse, such as the discourse of compulsory heterosexuality. Instead, the evaluation *normal* is not confined to one topic, but is used to appraise a variety of behaviours and phenomena. Consequently, I argue that *normal* is not part of an existing discourse, but instead forms its own discourse: a discourse of normality.

As well as appraising a variety of targets, *normal* is used in syntactic constructions which maximise the phenomena it can evaluate. As an adjective, *normal* can appear in a range of syntactic constructions. It can pre-modify a noun, as in:

- (36) A **normal** 28-day cycle period (2015_5_Q8)
- (37) A **normal** form of sexual behaviour (1994_4_A11)

Concordance analysis shows that *normal* rarely pre-modifies a noun in the DDD corpus. It is much more likely to appear as a complement of *to be*, with a noun or pronoun (as head of a Noun Phrase) functioning as subject:

- (38) Are my breasts **normal**? (2015_11_Q7)
- (39) The amount of hair on your body is probably **normal** (1995_4_A10)

It especially occurs with the dummy subject pronoun *it* followed by *to* + clause. This type of construction allows *normal* to evaluate more than a single noun phrase. It can also be used to evaluate clauses describing behaviour, as in:

(40) Is it **normal** for me to want to be having sex? (2015_8_Q5)

(41) It's **normal to** be sad when a relationship ends (2014_4_A2)

And to refer back to longer stretches of text, as in:

(42) I have some short, wispy hairs between my vagina and anus. Is this **normal**?
(1995_9_Q9)

In these constructions, 'it' and 'this' are often a form of text reference (reference which refers back to what has been said previously, Martin & Rose 2003: 155). Text reference allows the writer to refer back to an entire prior chunk of text, such that normality can encapsulate longer, more descriptive phenomena, as in:

(43) My left breast is smaller than my right. They have been growing and recently my nipples are enlarged, but my left one is still smaller. It fills out three-quarters of my bra but my right one does fill it out. What does this mean? Is it **normal**? (2014_6_Q6)

Importantly, this is different to the constructions we see in general Australian English. Concordance lines for *normal* in the Australian Corpus of English show that it is most commonly used to pre-modify a noun, as shown in Figure 5.3:

week studying the course over a *normal college* year. A further two
 to have been considered to be a *normal feature* of the life of many
 allocation of research grants. It is *normal for* academics to be judged
 of 359,000 litres a year, without *normal garden* watering in summer.
 of my tasks is to try to establish *normal haematological* and biological
 , Macassarese would have been the *normal means* of communication.
 detained at Silverwater Prison. "It is *normal procedure* to offer prisoners
 problems these components cause in *normal processing*. Skirting on
 abolished and the amount paid as *normal salary*. One might think such
 the die. They termed this occurrence *normal segregation*. 2.2 As fines
 extremely well done. The film ran at *normal speed* right to the moment
 filming of situation comedies - so *normal they* become surreal. It is
 . Next we show that where n is the *normal to* is continuous in the
 the bedding planes strike roughly *normal to* the bench face .
 interest in a subject outside their *normal vocation*. The courses vary

Figure 5.3 15/68 randomly selected concordance lines of *normal* in the Australian Corpus of English, sorted by R1

In the Australian Corpus of English, *normal* is used to appraise a specific item within a Noun Phrase, as in *normal feature* or *normal salary*. The construction *normal* + noun does occur in the DDD corpus, as in Examples 36 and 37 above, but this is much less common. The preferred construction is one which refers to longer stretches of text referring to situations or behaviours, which allows the evaluation *normal* to apply to a wider range of phenomena.

This can also be achieved by using *normal* in the hyperTheme. A Theme is a 'peak of prominence' at the beginning of a clause (Martin & Rose 2003: 177). A hyperTheme is a higher level Theme which functions as a 'topic sentence' for a phase of discourse. HyperThemes often include appraisal, such that an evaluation is made and then justified by the text that follows (ibid: 181). An example of a hyperTheme is underlined in Example 44:

(44)

Starting to have sexual thoughts and feelings is a **very normal** part of going through puberty and becoming an adult. The same hormones telling your body to develop breasts and start having periods can also make you become curious about sex and to sometimes feel sexually aroused. Masturbating, fantasising and experimenting are **normal** and shouldn't cause you to feel any guilt... (2015_8_A5)

In Example 44, the inclusion of *normal* in the hyperTheme gives the attitude a larger prosody, allowing it to radiate beyond the sentence and over a longer phase of discourse. We understand from the higher level hyperTheme that the earlier evaluation *very normal* still applies to *becom[ing] curious about sex*. This is also true for the third sentence, but the evaluation is re-emphasised when the evaluation is repeated in *masturbating, fantasising and experimenting are **normal***. The inclusion of *normal* in the hyperTheme gives the inscribed attitude *normal* a longer evaluative prosody, expanding the target of this appraisal to cover longer stretches of text.

Thus far I have identified a discourse of normality - a previously undocumented sex education discourse. I have shown that it is constructed in ways which allow it to apply to a wide range of phenomena: *normal* realises the three sub-types of attitude, appraises a range of targets, occurs in certain syntactic constructions and in hyperThemes, all of which expand the scope of what can be evaluated as *normal*. The discourse of normality applies to a whole range of experiences. Normality is not defined in one particularly way, rather, “‘normal’ can means lots of different things” (2014_11_A3).

This discourse is significant because of how it differs from those that have already been identified. Discourses (re)produce social and cultural meanings through texts (Harvey 2013: 48). The discourse of normality is of particular interest because it does this *explicitly*. Other discourses similarly reproduce social meanings but likely do so *implicitly*. For example, the discourse of compulsory heterosexuality might minimise or dismiss non-heterosexual attraction by assuming that everyone is heterosexual (Baker 2006: 5). Heterosexuality is privileged through the omission of

other sexualities, rather than through explicit evaluation. In contrast, a discourse of normality explicitly invokes norms; it directly evaluates certain behaviours and phenomena as normal or acceptable. This is particularly interesting to consider in light of Currie's (2001) findings. When reading advice columns, girls "reject self-constructions in favour of those offered by the text" (2001: 277). That is, if a girl's experience is different to what is presented by a magazine, she will reject her own experience rather than the magazine's point of view. Consequently, if a magazine explicitly evaluates a certain experience of adolescence as *normal*, these will be accorded truth value over and above the reader's own experience. Since *Dolly* evaluates a range of experiences, rather than one in particular, as *normal*, the magazine validates, rather than contradicts, the readers' diverse experiences.

5.5 Negotiating the discourse of normality and other evaluations

So far we have seen how the discourse of normality is constructed. The following section looks at how this discourse is negotiated by analysing how it is used across the questions and answers. While the discourse of normality is constructed in both the questions and answers, the distribution of *normal* in each is not equal. *Normal* occurs almost three times as often in the answers (frequency = 34 for questions, 97 for answers). This is largely accounted for by the size of the answer sub-corpus compared to the question sub-corpus, which is approximately 3:1 (see chapter 3). However, as well as occurring more frequently, *normal* appears in many more answers than questions (i.e. number of texts). This is represented in Figure 5.4:

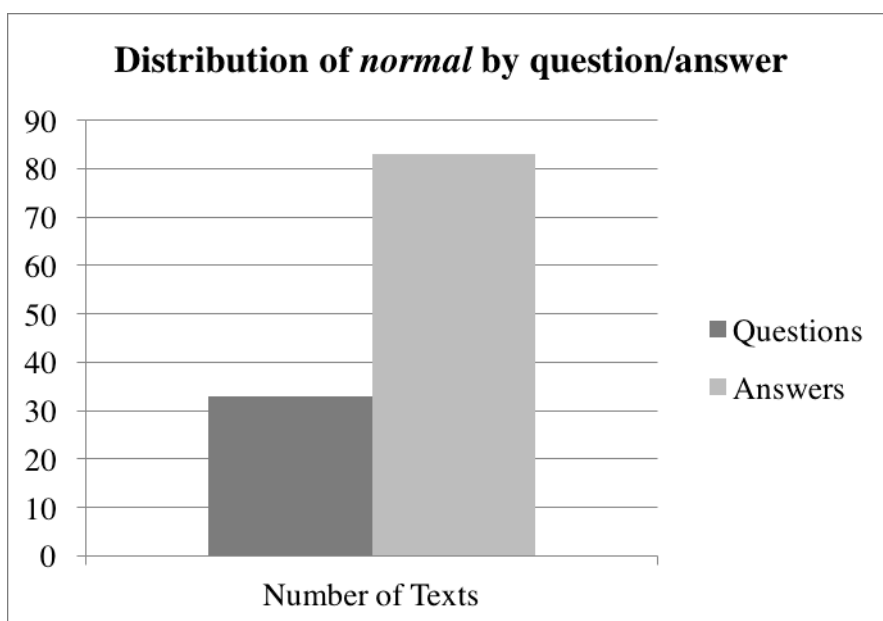


Figure 5.4 Distribution of *normal* in the DDD corpus by question/answer

Figure 5.4 shows that there is an asymmetry in the distribution of *normal* across the questions and answers of the DDD corpus. This indicates that there are a large number of answers containing *normal* when this evaluation was not introduced in the question. This is indeed the case: out of 98 question-and-answer pairs where at least one contains *normal*, 65 only contain *normal* in the answer. In this section I examine these texts in more detail¹⁷ and show how *normal* is used in relation to, and often in place of, other evaluations. In doing so, I demonstrate how evaluation is negotiated dialogically across the question and answer, with the discourse of normality prevailing.

After manually analysing 65 question-and-answers pairs where *normal* only occurred in the answer, three patterns emerged: evaluative shifting, affective validation and evaluative initiation. I explain these patterns below using illustrative examples; however these patterns do account for around 90% of the analysed texts. The examples consider the inscribed attitude items in a series of question-and-answer pairs. There are inscribed attitude items other than *normal* in the answers, but these are often evaluating other targets (i.e. the Appraised is different). Additionally, *normal* is usually the first inscribed attitude, and is always the first inscribed attitude

¹⁷ I also considered the other pairs, i.e. where *normal* appears in the question but not the answer, and where it appears in both the question and answer, but no clear patterns emerged. The analysis in this section is thus restricted to instances where *normal* occurs in the answer, but not its equivalent question.

for the same target as is evaluated in the question. *Normal* is therefore the dominant attitude in the answer because of its placement in the text, and it is of more interest in considering how evaluation is negotiated because it is a re-evaluation of the same target as the question. Other inscribed attitude items in the answer are not discussed, but are marked in bold. Attitude items of interest are in bold and underlined.

5.5.1 Evaluative shifting

(45)

*I'm 16 and I **hate** my legs. They're extremely thin - except for the tops of my thighs which are quite wide. This makes my legs look **stupid** and I'm **too embarrassed** to wear shorts or swimmers. I've tried to eat more and do lots of exercise, but nothing helps. Will I be stuck with legs like this forever?*

When puberty hits, so many changes happen to your body that it can take a while to get used to the body shape and size you end up with. There are hundreds of possible shapes and sizes for every body part and don't forget that it's **quite normal** for girls' hips and thighs to widen after puberty.

Eating more is unlikely to change the shape of your legs – it's **best** to stick to a balanced diet as it's more **important** for your general health. Aerobic exercise is **great** for your fitness but won't necessarily change the shape of your legs. If you concentrate on toning your legs it will help make them firmer, but it might also make your thighs bigger. At 16 your body is still changing shape and it may be a few years before you feel **really comfortable** with it. (1995_1_Q3)

In Example 45, the questioner makes a series of negative evaluations regarding their legs. They *hate* [-affect] their legs which look *stupid* [-appreciation], and they are *embarrassed* [-affect] to wear shorts or swimmers because of them. None of these evaluations are repeated in the answer; rather they are replaced by *normal* [+appreciation] as in *it's quite normal for girls' hips and thighs to widen after puberty*, where *hips and thighs* refers indirectly to the same target, *legs*, in the question. We can see the answer shifting the attitude in the question from a variety of

evaluative terms to just one: *normal*. This gives the situation the overall characterisation ‘normal’, and uses the discourse of normality to explicitly replace other kinds of evaluation.

Notably, this evaluative shifting occurs with all three sub-types of Attitude: affect, judgment and appreciation. In Example 45, *normal* replaces two affects, *hate* and *embarrassed*, and one appreciation, *stupid*. In Example 46, we see the same shifting for two judgments, *OK* and *wrong*, and one affect, *too afraid*:

(46)

*I'm 10 years old and I have recently started masturbating. I have done it a few times now and I was wondering if it was **OK** for me to be doing this at my age? Is it **wrong**? I'm **too afraid** to talk to any of my family members. Can I have some advice?*

Masturbation involves touching parts highly sensitive to sexual stimulation, such as the genitals and nipples. Masturbating can lead to an orgasm or it can be a way of exploring what feels **good**. It's **normal** for children, even at a young age, to **enjoy** touching themselves for **pleasure**, and once you get to adolescence it can become **very exciting** as your body experiences new sensations. Masturbation is common but there have been myths over the years about what can happen if you masturbate too much or too little.

Masturbating can be a **healthy** way for you to explore your sexuality, **enjoy** your body, relieve stress or relax. It's certainly not **wrong** or **bad** and, like you, many other people **prefer** to keep masturbation a private topic of conversation. There's no need to **worry**, unless you are becoming excessively **anxious** or find that it's interfering with day-to-day life and is getting **obsessive**. If that's the case, you can chat confidentially to a health professional, or try bringing up the topic generally with a parent or someone who you trust. (2015_9_Q3)

In Example 46, the questioner asks if masturbating at ten years old is *OK* [+judgment] or *wrong* [-judgment] and says they are *too afraid* [-affect] to talk to anyone in their family. The answerer responds that it is *normal* for children to *enjoy touching*

themselves for pleasure, even at a young age. In this answer the attitude terms *OK* and *afraid* have not been entirely replaced; later on the answerer writes that *it's certainly not wrong or bad* and says that there is *no need to worry*, refuting these evaluations with Engagement, specifically deny (i.e. negation) formulations (Martin & White 2005: 118). However, *normal* is still the first relevant evaluation offered in the answer.¹⁸ Again we see a shift from the attitude terms given in the question to the evaluation that this situation or behaviour is *normal*.

5.5.2 Affective validation

While this evaluative shifting can occur for different sub-types of Attitude (affect, judgment and appreciation), there is another pattern we can observe when *normal* is used in the answer to respond to instances of inscribed affect in the question, as in Example 47:

(47)

*I'm **too scared** to use a tampon. I have tried but I'm **frightened** to insert it all the way in case it **hurts** or something goes **wrong**. And I'm **really self-conscious** about wearing pads.*

The fears you have about using tampons are **quite normal**. Tampons and pads serve the same purpose - to absorb menstrual flow during your period. There's no **right** or **wrong** about which you choose to use, it's a matter of personal choice. If you **want** to use tampons, take the time to practice learning how to insert them properly. Look at some books or diagrams that show how your vagina slopes up and back. Try inserting two fingers into your vagina so that you can feel the direction that the tampon needs to go. It's **OK** to practice inserting them when you don't have a period and you may want to use some lubricant to help it slide in. Remember that you should always change a tampon or pad about every four hours and it's **best** not to leave tampons in overnight. (1995_11_Q&A6)

¹⁸ While *good* is marked as an attitude, this is not a direct evaluation but rather a complement of *exploring in a way of exploring what feels good*.

In Example 47, the questioner expresses concern about managing her periods. This is expressed with several instances of negative affect; she is *too scared* and *frightened* of tampons and she is *really self-conscious* about using pads. While none of these evaluations are then repeated in the answer, this follows a different pattern to the evaluative shifting in Examples 45 and 46. Rather than simply shifting from the attitude given in the question, here the answerer acknowledges the question's inscribed attitudes *scared*, *frightened* and *afraid* with the nominalisation *the fears you have*. By nominalising the inscribed affect, the answer is then able to introduce their own appraisal: *the fears you have... are quite normal*. Nominalisation is an important resource for evaluation. Indeed, noun phrases have the richest lexical resources for expressing Attitude cross linguistically (Martin 2017: 30). This nominalisation anaphorically encapsulates the affect expressed in the question as *fears* and then evaluates these as *normal*. Importantly, the thing being evaluated in the answer is not the 'problem' itself (the difficulty of using tampons), but rather the questioner's reaction to the problem. Thus while *normal* is again replacing or shifting from other kinds of evaluation, here it is simultaneously used to validate the emotions, or affect, expressed in the question.

5.5.3 Evaluative initiation

The third pattern that we can observe is in questions containing no inscribed attitude, as in Example 48:

(48)

When we make out my boyfriend lies on top of me, pushing his penis against me, but we keep our clothes on.

There are many ways people can express themselves sexually. What you and your boyfriend are doing is called simulated intercourse. It's a **perfectly normal** form of sexual expression. It **helps** both of you to express your sexual needs and to explore what you **like** and **don't like**.
(1995_1_Q12)

In Example 48, the question contains no inscribed attitude. We understand that the situation, *my boyfriend... pushing his penis against me*, still carries a negative evaluation because the advice column genre situates this as a problem (see chapter 3), but there is no explicit evaluation.¹⁹ Once again, the inscribed attitude *perfectly normal* appears in the answer when it has not appeared in the question. However, unlike Examples 45-47 where *normal* replaces other attitudes, in Example 48 the answerer is introducing an inscribed attitude for the first time in either the question or the answer. Rather than using the discourse of normality to replace other attitudes, here the discourse of normality is being offered even where there is no other evaluation in the question that needs to be challenged or validated.

In sum, I have identified three patterns: evaluative shifting, affective validation and evaluative initiation. Evaluative shifting occurs when the answerer replaces a variety of attitude terms in the question with *normal* in the answer. This can replace all three sub-types of Attitude: affect, judgment and appreciation. Affective validation occurs when the answerer responds to instances of inscribed affect in the question, validating the emotions expressed by evaluating them positively as *normal*. Evaluative initiation occurs when there is no inscribed attitude in the question, and the answerer introduces evaluation for the first time. Here the discourse of normality dominates not only when *normal* is absent from the question, but when there is no evaluation whatsoever. These three patterns show how the discourse of normality is not only present, but is used in place of other kinds of evaluation.

5.6 Re-examining the distribution of *normal*

Section 5.5 began by identifying an asymmetry in the distribution of *normal* across the questions and answers, namely that it occurs in a higher number of answers than questions. A closer examination of the distribution of *normal* by question/answer reveals a key difference between the decades which is disguised when the DDD sub-corpora as a whole are compared to a reference corpus (section 5.1). The distribution by question/answer and by decade is represented in Figure 5.5:

¹⁹ It bears repeating that the questions sent to the magazine can be edited for length, and it is possible that the question in Example 48 originally contained inscribed attitude, for example an explicit evaluation of the situation as problematic. However, what is ultimately published, and what readers see, is the text as it is presented here.

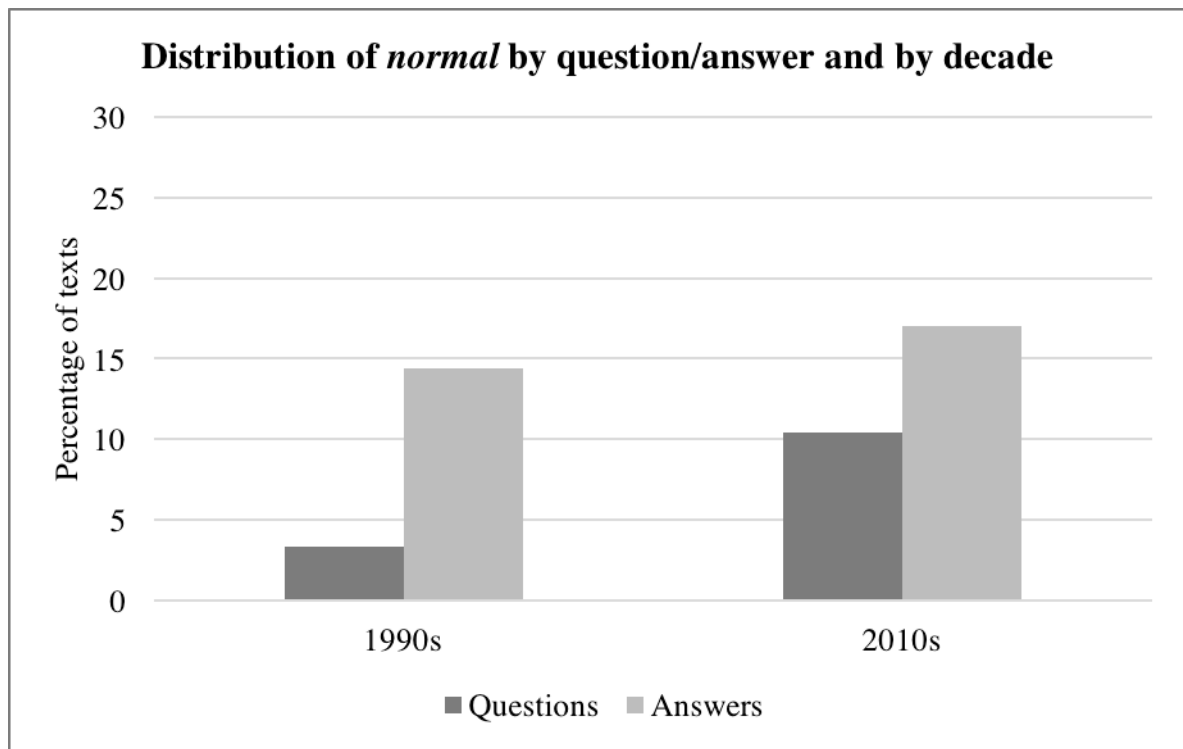


Figure 5.5 Distribution of *normal* by question/answer and by decade

Figure 5.5 shows two key findings. Firstly, that the percentage of texts containing *normal* has increased from the 1990s to the 2010s. This suggests that the discourse of normality is growing, though a midpoint in the data (i.e. the 2000s) would be necessary to confirm if this is the case. Secondly, and more significantly, we see a sharp increase in the percentage of questions containing *normal* in the 2010s compared to the 1990s. There are almost 4 times as many answers than questions containing *normal* in the 1990s, but only 1.6 times as many in the 2010s. This finding suggests that the answers were more responsible for constructing the discourse of normality in the 1990s, and over time this has been taken up by the questions. This may be regarded as evidence that the language of the magazine is adopted by the readers, and speaks to the impact that media can have on not just our reception of, but also our reproduction of, certain discourses. The uptake of evaluative material is consistently identified as a future research direction for work on discourses in sex education (e.g. Clarke 2009, Reviere & Byerly 2013, Farvid & Braun 2014). Of course, the readers of *Dolly* magazine in 1994 and 1995 are not the same as those in 2014 and 2015, and I cannot comment on the direct influence that the magazine has upon its readers in promoting the discourse of normality. Understanding these direct effects would require a study comparing a much smaller time period, such as five

consecutive years of the magazine. While the present study can only hypothesise about how this discourse has been taken up in the past two decades, the increase in the proportion of questioners producing the discourse of normality does suggest an uptake of the discourse by the readers over time. This is not to suggest that a new discourse was introduced in the 2000s, but rather that an existing discourse seems to have become more widespread and adopted by both questions and answers in the past twenty years. Importantly, the usage of *normal* across the two decades has not shifted dramatically; for example it is primarily used in the tag *is this normal?* in questions, is frequently graduated, and the same kinds of negotiation across the question and answer are present for both time periods. The discourse has not changed in terms of its frequency, its content or in terms of how it is constructed, but has changed in terms of its distribution.

5.7 Conclusion and contributions

In this chapter, I have presented evidence for a previously unidentified sex education discourse: a discourse of normality. This discourse proved to be dominant not only because of its unusually high frequency (i.e. its keyness), but also because *normal* is used in place of other kinds of evaluation. A keyword analysis first identified *normal* as a term of interest in the DDD corpus, and I used a combination of corpus linguistic and discourse analytic methods to examine this word as an individual lexical item, as well as how it functions in discourse. We see from its use as a tag at the end of questions that *normal* is used evaluatively, specifically as a positive evaluation. I showed that *normal* is used in ways which allow it to apply to a wide range of phenomena. This allows the evaluation *normal* to validate and give meaning to a wide range of adolescent experiences. Additionally, we saw how the discourse of normality is negotiated by looking at its distribution across the questions and answers of the DDD corpus. Finally, a re-examination of this distribution for each decade showed that this discourse is now being produced much more in the questions than previously, suggesting that it has been taken up by readers over time. These findings have important implications for both corpus linguistics and Appraisal; these will be discussed in chapter 6.

While this study has found evidence for a discourse which is largely undocumented in the literature, this is not to suggest that the discourse of normality

did not exist previously. Research by Harvey et al. (2007) has identified *normal* as a term of interest in an online teen advice column in the UK, and *Dolly* is likely not the only magazine to contain evidence of this discourse. It is possible that this study has identified a discourse of normality because *Dolly* contains particularly strong evidence for this discourse, and this could only be confirmed with equivalent research on other sex education resources. There are a number of reasons that this discourse may have existed without being identified in the literature: a discourse of normality is less controversial than a discourse which encourages gender stereotyping or compulsory heterosexuality, and it is possible that this discourse has gone overlooked in favour of other, more contentious ones. Additionally, this effect may have snowballed over time with confirmation bias, where researchers have continued to find evidence for discourses that have already been identified in the literature. Corpus linguistics is a useful approach here, since overall patterns and trends are identified by software rather than a researcher, and this can help to minimise conscious or subconscious biases (Baker 2006: 12). Conversely, the discourse of normality may have been present but less visible than other discourses, and it is only when the other discourses recede with time that we are able to identify others.

Chapter 6

Conclusion

This thesis investigated how discourses are (re)produced in order to better understand how language helps uphold and/or challenge attitudes in sex education. This research was based on the advice columns of *Dolly*, a widely circulated magazine aimed at Australian teenage girls. Data from two time periods, the mid-1990s and the mid-2010s, were compared to allow insight into how discourses in sex education have changed or remained the same over time. Chapter 4 considered differences between these two decades while Chapter 5 considered their similarities. Combined corpus linguistic and Appraisal analyses were conducted to identify sex education discourses, examine the linguistic resources used to construct them, and illustrate how they are negotiated dialogically across the question and answer.

6.1 Summary of findings

Keyword analysis revealed a shift from a preoccupation with sexual health in the 1990s to a preoccupation with mental health in the 2010s. This corresponds with different discourses in each decade: for the 1990s, I identified sexual health discourses of risk and safety, and of pleasure. For the 2010s, I distinguished between medicalising and normalising discourses of mental health. Examining linguistic similarities between the decades, I identified a discourse that had not been identified elsewhere in the literature: the discourse of normality. This discourse explicitly cites norms, and directly evaluates certain behaviours and phenomena as normal or ordinary. I illustrated that this discourse is constructed in a way which makes the evaluation *normal* applicable to a wide variety of phenomena, and this discourse thus validates and gives meaning to a range of experiences of adolescence.

Second, I demonstrated how these discourses are constructed using a variety of linguistic resources, fulfilling the second aim of this thesis. This includes Appraisal resources of Graduation and Engagement, other discourse analytic resources such as hyperThemes, and resources such as semantic preference and semantic prosody. This offered insight into how discourses around sexual health, mental health and normality

are (re)produced with language, and how we can use these linguistic features to reproduce or challenge these discourses in future.

Third, I analysed how discourses were negotiated across the questions and answers, in line with the third aim of this thesis. For mental health discourses, the medicalising discourse of the question was reproduced in the answer only if it was first introduced in the question. This also highlighted how dominant and subordinate discourses interact and compete with each other: the (subordinate) normalising discourse of mental health only emerged in the answer when the (dominant) medicalising discourse was absent in the question. For the discourse of normality, I demonstrated that this discourse was over-represented in the answers compared to the questions. I then examined how this discourse was introduced in the answers when it had not been produced in the question. In addition, I examined how the distribution of the discourse of normality has changed over time. I illustrated that the answers were more responsible for producing the discourse of normality in the 1990s, and over time this has shifted towards being produced in the questions.

This thesis has made a significant contribution to our understanding of changing ideologies in sex education. This contribution is two-fold. First, I have shown that language *reflects* ideology. The discourses of the 1990s reflect the concern with sexual health, particularly risk and safety, which characterised this period. Correspondingly, the discourses of the 2010s reflect a decreasing stigma around mental illness as well as an increasing medicalisation of mental health. Second, I have shown that language *shapes* ideology. The distribution of the discourse of normality has changed in that the answers were more responsible for producing this discourse in the 1990s, with an increasing proportion appearing in the questions in the 2010s. This is evidence that the language of the magazine is taken up and reproduced by the readers over time. This dual finding demonstrates how attitudes shape and are shaped by language. It offers a more comprehensive understanding of sex education discourses, but also of the relationship between language and ideology.

6.2 Potential implications for sex education

Despite abundant and ongoing research on sex education discourses, this thesis adds a substantial amount of new information to the field. First, I identified a discourse which had not been documented in the literature: the discourse of normality. I

highlighted how the adjective *normal* is used to appraise a variety of behaviours and phenomena, and thus how the discourse of normality validates a range of experiences of adolescence. This gives us greater insight into the variety of sex education discourses and provides a useful point of comparison for future research in different magazines, different time periods, or different mediums of sex education. In addition, this finding suggests that sex education discourses are changing and becoming more progressive. Existing sex education discourses, as outlined in chapter 2, often treat sex and sexuality as problematic. For example, the discourse of compulsory heterosexuality (section 2.3.1) treats non-mainstream sexualities as deviant. In contrast, the discourse of normality treats a range of experiences of adolescence, including diverse sexualities, as ordinary and usual, demonstrating a move towards more progressive discourses in sex education. I did find evidence of discourses that have been previously identified, including the discourse of risk and safety and the discourse of pleasure. Notably, these discourses were identified in the 1990s sub-corpus but not the 2010s sub-corpus, and it is possible that these otherwise enduring discourses have begun receding.

Second, I provided evidence that the readers (the questions) have adopted the language of the magazine (the answers) over time. This speaks to the impact that media can have not just on our reception, but also our reproduction, of certain discourses. This has been a point of interest of many researchers and has been consistently identified as a future direction for work in this area. Researchers have acknowledged that they cannot make claims about the pragmatic influence of a magazine (Clarke 2009, Nelson & Martin 2004), and have called for work which examines this “uptake” (Farvid & Braun 2014: 130). McRobbie writes, “Until we have a much clearer idea of how girls read [magazines] and encounter [their] ideological force, our analysis remains one-sided” (1991: 131-2). By examining the changing distribution of discourses over time, this study has taken a first step towards investigating both sides of sex education discourses: how they are produced and how they are received.

Third, this thesis is the first study to examine how sex education discourses are linguistically constructed in a corpus of this size. Other work in this area has a very restricted data set and thus the conclusions drawn from this research are necessarily limited (see chapter 2). In this study, I analysed a corpus of over 80 000

words. Using this larger corpus, I identified numerous sex education discourses as well as illustrating how these are constructed linguistically. Consequently, I have highlighted how linguistic resources can be used to (re)produce or challenge these and other discourses in the future. For example, the normalising discourse of mental health can be reproduced by using inscribed negative affect and first-person plural pronouns. Alternatively, the discourse of risk and safety can be challenged by avoiding terms such as *condom* and *pregnant*, or by using these words without the mention of terms such as *protection* and *prevent* which give the terms *condom* and *pregnant* a semantic preference for risk and safety. Knowing how these discourses are constructed linguistically is essential to understanding how we can change or maintain the messages promoted in sex education. It has the potential to expand the space for inclusion of different sexualities and sexual practices, and to challenge the status quo on homophobia and gender inequality.

6.3 Potential implications in linguistics

Beyond its applied linguistic contributions to the field of sex education discourses, this study also develops the theory and methodology that underpin this research. In this thesis I have developed an innovative approach to analysing dialogic texts in a larger corpus. This has offered implications for both Appraisal and corpus linguistics.

6.3.1 Theoretical implications: Appraisal

The extensive research on Appraisal has focussed primarily on monologic texts with limited analysis of dialogic, especially written dialogic, texts (see chapter 3). In this thesis, I illustrated how Appraisal is achieved in interaction, specifically how it is negotiated across turns. I identified four types of interactive patterns: dialogic mirroring, evaluative shifting, affective validation and evaluative initiation. Dialogic mirroring occurs with the medicalising discourse of mental health: this discourse is produced in the question and then reproduced in the answer, or it is not used in either. Evaluative shifting, affective validation and evaluative initiation all occur with the discourse of normality. Evaluative shifting occurs when the answerer replaces a variety of attitude terms in the question with *normal* in the answer. Affective

validation occurs when the answerer responds to instances of inscribed affect in the question, validating the emotions expressed by evaluating them positively as *normal*. Evaluative initiation occurs when there is no inscribed attitude in the question, and the answerer introduces evaluation for the first time. These interactive patterns form an important contribution to the application of Appraisal. These patterns could be present in other types of dialogic texts, and would serve as a useful starting point for studies of interactive evaluation. As this study demonstrates, it is important to examine evaluation dialogically: as well as offering a richer understanding of how evaluation is achieved, this yields insights that would have otherwise remained undiscovered. In addition, the evaluative patterns that were highlighted through an examination of *normal* suggests that normality deserves future research in Appraisal.

6.3.2 Methodological implications: corpus linguistics

This thesis has also offered methodological contributions to corpus linguistics. First, it has addressed the need to go beyond the study of difference, as identified by Taylor (2013), and also consider similarity. Second, this study demonstrated that by treating a corpus with dialogic texts (such as an advice column) as one whole and disregarding its dialogic parts, corpus linguistic analysis may miss important findings, such as the negotiation of evaluative meanings throughout an interaction. Further, I have extended corpus linguistics beyond its usual focus. Corpus linguistics, even in corpus-based discourse studies, is primarily concerned with looking at patterns across a number of texts rather than within them (Bednarek & Caple 2017: 10). However, researchers recognise a need to develop approaches which combine both intertextual (between-text) and intratextual (within-text) analysis (ibid: 11-2). This thesis has used both of these approaches. For instance, I considered inter-textual patterns by looking at key appraisal terms across all questions and answers of both decades of the DDD corpus. This provided insights into patterns that hold across a range of texts by highlighting findings on phraseology, or the tendency of words to occur more frequently in certain environments (Hunston 2011: 5). For example, I demonstrated that *normal* is frequently pre-modified by intensifiers (e.g. *completely*, *perfectly*) in the DDD corpus answers. In addition, I extended corpus linguistics to also analyse language *intratextually* by investigating how discourses are produced within

individual question-and-answer texts. This offered insight into the texts' logogenesis, or the unfolding of meaning in a text over time (Halliday & Matthiessen 1999: 18), including across turns or, in this case, question and answer. This approach yielded valuable insights, such as the mirroring of discourses across the question and answer. This dual intertextual and intratextual analysis is a clear innovation for corpus linguistics.

6.3.3 Combining corpus linguistics and Appraisal

While corpus linguistics has been used to study evaluation in the past, this has tended to focus on phraseology (e.g. Hunston 2011). By combining corpus linguistics and Appraisal, this thesis contributed a number of methodological innovations beyond this existing research. First, in chapter 4 I brought together Appraisal and the concepts of semantic preference and semantic prosody. The positive evaluation of condoms and negative evaluation of pregnancy and STDs were not initially evident in concordance lines, but were made visible by looking at these terms in their full context. A manual analysis of the full texts showed that these terms were often the targets of inscribed and invoked attitudes - positive for *condom* and negative for *pregnant* and *STD/s* - and revealed their semantic preference for terms relating to risk and safety. This finding was only discoverable by bringing the concepts of semantic prosody and semantic preference together with Appraisal. In addition, it offered a closer investigation of evaluative meaning: semantic prosody is limited to an analysis of positive or negative evaluation, but combining it with Appraisal offered a closer investigation of types of Attitude (affect, judgment, appreciation). The concepts of semantic preference and semantic prosody are rarely combined with Appraisal, and this joint methodology would be worthy of further research.

Second, by combining corpus techniques with manual discourse analysis I have shown how sex education discourses are produced dialogically. For example, I demonstrated that the medicalising discourse of mental health has a high degree of dialogic mirroring, with the discourse being first produced in the question and then reproduced in the answer. Such a finding would not have been revealed by either corpus linguistics or discourse analysis alone. While corpus linguistics does involve qualitative analysis, this is often general and remains at the level of the immediate co-

text. In this study, corpus linguistics helped identify keywords and gave direction and scope to the study, while manual discourse analysis revealed how the discourses are constructed as well as how they are achieved dialogically. Neither researchers in corpus linguistics nor Appraisal have undertaken much work on written dialogic texts, and the analysis here shows how the synergy between corpus linguistics and Systemic Functional Linguistics can reveal findings that would otherwise remain unexposed.

6.4 Limitations and future directions

While this study made several contributions to the field of sex education discourses, there are a number of possibilities for future research that were beyond the scope of this thesis. The analysis of the two sub-corpora revealed important findings about the differences between sex education discourses in the 1990s and 2010s. However, the discourses of these decades were analysed individually and not comparatively. That is, I analysed the sexual health discourses only in the 1990s and the mental health discourses only in the 2010s. A keyword analysis revealed terms around sexual health to be more prominent in the 1990s, but this is not to say that sexual health was never a concern in the 2010s, and vice versa for mental health in the 1990s. In studying how discourses in sex education have changed over time, ideally this investigation would have looked at *both* sexual and mental health discourses in *both* decades. I have shown that these discourses differ in their frequency, but have not been able to examine how they might differ *qualitatively* in the two decades. It is possible that the same discourses are produced across both decades differing only in their frequency, but this seems unlikely given the change in attitudes to sex and sexuality that have occurred in the last twenty years (see chapter 2). A comparison which looks at both discourses in both decades would reveal whether they have changed qualitatively as well as quantitatively, or whether they have remained the same but are constructed using different linguistic resources. Such a comparison was beyond the scope of this thesis and would be a fruitful area for future research.

This study identified a number of discourses, but these were generally limited to dominant or frequent discourses, or those uncovered by corpus linguistic techniques. Being very familiar with the corpus through the data compilation process, I know of examples of interesting or unexpected discourses that only exist in one or a handful of texts. For example, there are texts which downplay sexual harassment

(1995_3_A5, 1995_3_A18), which problematise bisexuality (1995_3_Q&A16), or which challenge the sexual double standards for men and women (1995_10_Q&A9). By focussing on unusually frequent words in a corpus or sub-corpus, these texts and the discourses within them have been overlooked. This is a limitation of the corpus linguistic approach which focuses on typical patterns, expressed by the same word in multiple texts, thereby creating 'blind spots'. Despite this, this study was still able to identify discourses which were less dominant or frequent: I identified a discourse of pleasure which was less dominant than the discourse of risk and safety in the 1990s, and I uncovered a normalising discourse of mental health in the 2010s even though this was only present in a small number of texts.

While this study focused exclusively on advice columns in *Dolly*, future research on different sections or different magazines could yield useful insights. Expanding the sections considered for analysis would give a richer understanding of the discourses of advice columns, since these are found in, and influenced by, other sections of the magazine and the broader magazine genre (Burns 2011: 153). This could be complemented with a multimodal analysis which considers images together with text. In addition, future research could study a variety of magazines, especially those with a target audience other than white, middle-class women and girls. Little attention has been paid to how these different groups are portrayed in magazines or their experiences with media (Reviere & Byerly 2013: 689, Clarke 2009: 417). Research in this area would offer a richer and more nuanced understanding of the diverse experiences of girlhood and womanhood, and would be an important step towards a culturally and socio-economically informed sex education. In addition, research could be extended to consider sex education discourses targeted at boys and men. This would likely require an analysis of other kinds of media, since male readers do not engage with magazines and advice columns at the same rate as women and girls (Neville 2012: 227-8). However, such research would no doubt offer a richer understanding of discourses in sex education.

This thesis has sought to understand the role of language in constructing sex education discourses. As a result of this study, we now have a greater understanding of how discourses are reproduced or challenged using linguistic resources, as well as how they are negotiated interactionally. This study has added to the body of work on sex education discourses and how they have changed or remained stable over time.

The conclusion is that some discourses may be becoming more progressive, but other, conservative discourses still endure. Investigating the connection between language and ideology is essential for understanding how attitudes are communicated and, consequently, how they are disseminated. As we begin to understand the role that language plays in (re)producing sex education discourses, we have the ability to learn how we can use language to challenge the status quo when it comes to young people's experiences of homophobia and gender inequality. As linguists, we must be concerned with the role that language plays in shaping our experiences in the real world.

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