

Transmitting Ideals: Constructing Self and Moral Discourse on *Loveline*

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Loveline is a late-night radio advice show currently airing on progressive rock stations in the United States. Callers present their most intimate troubles to the show's DJ-doctor advice-giving team, revealing themselves to an audience of faceless millions. I analyze three distinct interactional phases through which Loveline callers and hosts symbolically transform troubled selves: with each problem revealed, each embarrassing joke made, each specific recommendation given, a moral discourse is constructed. Loveline incrementally builds a distinctive way of conceptualizing right and wrong, closely tied to standards of a whole, happy, healthy selfhood. And while the notions of a moral discourse and an ideal self are fundamentally modern, Loveline's distinctive combination of mass-mediated anonymity, intimate subject matter, satiric tone, and fragmented interaction patterns conveys these modern concepts over the radio waves and into a postmodern world.

[Loveline] is kind of a Trojan horse. You have to wrap what you want to say in something else.

—Dr. Drew Pinsky, Loveline host

I'm the lollipop and Drew's the dentist.

—Adam Carolla, Loveline host

We seek advice from a variety of sources and for a variety of reasons. We consult friends, spouses, parents, bartenders, hairdressers, and therapists about our daily dilemmas and life-changing decisions. Sometimes we seek guidance from official third parties—the police or the courts, for example (Emerson and Messinger 1977). But we may also opt for advice from impersonal, and public, sources such as newspaper or magazine columns, radio call-in shows, and television talk shows. These advice-giving forums are especially interesting sociologically because they operate on two tracks at once: they are “simultaneously spectacle and conversation[.] . . . the circus and the symposium” (Gamson 1998:17). Individuals seek advice and solace at the

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Symbolic Interaction, Volume 27, Number 2, pages 247–266, ISSN 0195-6086; online ISSN 1533-8665.
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Journals Division, 2000 Center St., Ste. 303, Berkeley, CA 94704-1223.

same time that their audience seeks entertainment and even titillation. This combination of direction and diversion may help to explain why the format is so popular.

“Problem pages” have existed since the early seventeenth century and have always been used as forums where to publicly tackle the dilemmas of the day (Kent 1979). The late Ann Landers, one of the world’s most popular syndicated advice columnists, received approximately two thousand letters each day, and her readership was estimated to approach ninety million daily.¹ Newspaper and magazine editors recognize the popularity of the “agony aunt” and her male counterpart, and most feature some version of the advice column. The advice-giving format has developed over the years to include radio and television versions of the standard print column, on every conceivable topic from “Car Talk” to “Savage Love.”² *Loveline*, the raunchy, late-night rock ‘n’ roll radio show that is the focus of this analysis, will soon celebrate its twentieth anniversary on the air.

Although the manifest goals of *Loveline* may be to advise individuals and entertain the masses, a close examination of on-air interactions reveals an additional accomplishment that producers and participants may not be aware of. Every time listeners tune in, they gain access to *Loveline*’s distinctive brand of moral discourse, along with its simultaneously emergent model of the ideal self. In this article I analyze the specific interactions through which *Loveline* callers and hosts construct these latent ideals: bit by bit, each intimate problem revealed, each humiliating joke made, each helpful recommendation given creates a moral discourse. *Loveline* progressively builds a distinctive way of conceptualizing right and wrong, much of which is tied to standards of whole, happy, healthy selfhood. Although the notions of a moral discourse and an ideal, improvable self are fundamentally modern in nature, I argue that *Loveline*’s distinctive combination of mass-mediated anonymity, intimate subject matter, satiric tone, and fragmented interaction patterns all work to sneak these modern concepts into the postmodern world inside a virtual Trojan horse.

“YOU’RE ON THE LOVELINE”

Loveline began in 1984 at the Los Angeles radio station KROQ. It is now syndicated in more than seventy national radio markets, and a televised version was broadcast on MTV from 1996 to 2000. Its audience comprises mainly teenage and young-adult listeners to the station’s daytime progressive rock format, a highly desirable demographic. The show combines two potentially contradictory objectives and tones: it provides serious advice to those suffering from grim personal difficulties and boisterous entertainment to a demanding young audience. The tone is officially described by producers as “fun yet sincere,” two qualities often at war with each other on air. The show features guest artists—musicians, movie stars, popular writers—who join the regular hosts to address callers’ questions and plug their latest work. In the past, callers have received advice on sex, relationships, and addiction from such unlikely sources as Robert Downey Jr., Iggy Pop, and the Red Hot Chili Peppers. In both the radio and television versions of *Loveline*, callers’ questions and

the answers they receive are interspersed with music, comedy, and banter from studio regulars and guests.

Despite changes in personnel, the *Loveline* formula has remained constant over the past twenty years: a disk jockey performs wacky on-air antics with callers and guests, and a doctor provides an authoritative advisory voice. A number of men have served in the host roles. At present, Dr. Drew Pinsky and DJ Adam Carolla occupy the respective seats.

Listeners call in with their questions about a range of topics: sex and relationships, drugs and alcohol, abuse and violence, and general health questions. The content of the questions is often graphic. *Loveline* typically begins with a listener-discretion advisory to the audience about its adult content. While the graphic content is presented as funny or entertaining, it is also sometimes poignant and disturbing, as when callers seek help with problems of incest, addiction, severe injury and illness, sexual exploitation, racism, and homophobia.³ In its range of content, *Loveline* is perhaps not unlike many other radio advice shows currently on the air, but it preserves its distinctive identity by maintaining a “rock ’n’ roll” attitude in its presentation of the material.

METHODS AND DATA

I have been a *Loveline* listener since the program went on the air in 1984. The voices of its hosts, guests, and callers accompanied me on late-night drives from my parents’ home in San Diego to my college dorm in Claremont, and I often found myself wondering why people were willing to subject themselves to the abuse of then-host Jim “The Poorman” Trenton just to get the advice of the future Dr. Drew (who was still a physician-in-training at the time). As the years passed, *Loveline* became a syndicated sensation and I became a sociologist. I was finally in a position to try to answer the question that plagued me on my college commutes.

I began taping randomly selected episodes of *Loveline* in 1995 and continued until 2000. I collected data in segments dictated by the capacity of standard, ninety-minute audiotapes. I taped at irregular intervals, on approximately a biweekly basis in 1995 and 1996 and less frequently thereafter, for a total of forty tapes. Each ninety-minute tape contains between fifteen and twenty calls and their responses, in addition to music, station promotions, advertisements, and other material. I transcribed only the advice giving and getting interactions and omitted advertisement text, song lyrics, and other materials.⁴ I used modified transcription conventions that indicate emphases, interruptions, overlaps, and pauses, but these are neither as technical nor as detailed as the standard conversation analysis (CA) transcription system.

The *Loveline* data are incredibly rich and lend themselves to a variety of substantive and analytic approaches. In *Loveline* interactions, sequence and structure are important—especially turn taking and storytelling rules, which Hutchby (1999) argues take a modified form in on-air interactions. Content is critical as well, and as

the following analysis shows, interpretation of these interactions can turn on points of both structure and content. In this article, I look at a combination of conversational sequencing and literal content, grounding my analysis in what the callers and hosts say, as well as how they say it. Looking at the *how* as well as the *what* provides the opportunity to examine different interpretive contingencies (Gubrium and Holstein 1997:129). Works of discourse analysis that focus on advice giving in both mundane and mass-mediated contexts emphasize the moral features of conversational rules and structures, noting that how we talk on talk radio can be as important as what we say (Ellis, Hawes, and Avery 1981; Hutchby 1992, 1999; Jefferson and Lee 1981). The “artful” practice of both social actors and sociologists involves assimilating structure, content, and context to constitute, interpret, and analyze social reality.

In my initial coding of the *Loveline* tapes and transcripts, I used grounded theory methods to interrogate the data and identify a preliminary set of potentially interesting categories and patterns (Emerson, Fretz, and Shaw 1995; Glaser and Strauss 1967). I then used more focused coding to further specify and develop my initial set of themes, and as the analysis progressed, I began to focus on specific categories of interaction in which callers and hosts addressed, if sometimes obliquely, issues of self and morality. These include defining what is good and bad, right and wrong, and identifying strengths and shortcomings of self. These themes framed my understanding of the individual and collective construction of self and morality in this interactional setting.

The anonymous and disembodied character of radio interactions limits access to demographic information about *Loveline* callers. The audience for the radio stations on which *Loveline* is broadcast is the highly desirable eighteen- to thirty-four-year-old age group, and the callers’ characteristics tend to reflect that demographic. While callers are usually identified by first name, age, and geographic location (“Mike, 24, from Encino”) and their names, voices, and topics of conversation can reveal their genders, there is little information available on callers’ other social statuses such as race, ethnicity, education, occupation, religion, or class. Callers sometimes reveal these statuses during the course of their on-air conversations, but they offer such information only if the statuses are relevant to the problems for which they seek advice. For example, one caller was disturbed about being black while most of her friends were white and sought advice on whether this situation required a remedy. The callers’ modal age range is midteens to early twenties, and callers may hail from all areas in which *Loveline* is syndicated (although they seem to be concentrated in southern California, where the show originates, perhaps because of differences in time zones and broadcast schedules). Both current hosts are white men in their late thirties or early forties.

It is worth noting that no caller ever dials straight through to an on-air conversation; rather there is a backstage screening process where callers present their questions to show producers before being selected to go on the air. If there are explicit selection criteria, they are applied here, and these criteria may influence the types

of problems and questions callers present on the air, as well as the proportions of male and female callers, teenagers and “twenty-somethings,” and other variables. Unfortunately, these criteria, if they exist, cannot be known without entering the broadcast booth.

“CAN WE TALK?” MAKING PRIVATE TROUBLES PUBLIC

We enjoy watching, reading about, and listening to the misfortunes of others in mass media programming, and talk and advice shows take advantage of this unsavory impulse, exploiting callers’ troubles for the sake of entertainment. Guests and audience members may be motivated by any number of reasons, but television producers in particular perceive the “money shot”—the moment of raw, wrenching emotional revelation—as the most valuable aspect of the talk show format (Grindstaff 2002). The money shot ratifies the authenticity of guests’ experiences, illustrates the crux of the topic or problem, entertains the studio audience, and captures the interest of home viewers as well. Guests’ emotional distress is key to the genre’s appeal.

As exploitive as this format may seem, it is also democratic. Carbaugh (1988) proposes that mass media talk shows are the contemporary equivalent of the Athenian Assembly or the colonial town meeting—places where citizens exercise their rights to speak publicly and construct and enact models for personhood in those interactions. On talk TV and radio, both ordinary people and deviants of various sorts (substance abusers, sexual fetishists, those who have broken society’s rules) can air their concerns and have access to the spotlight in ways they cannot in other forums (Gamson 1998). All manner of “freaks”—or of otherwise ordinary individuals who fear they have freakish features or problems—can have their say on *Jerry Springer*, *Jenny Jones*, or *Loveline*. One ninety-minute segment of *Loveline* that was recorded for this project included questions from an alcoholic struggling in recovery, a sufferer of Gulf War syndrome, a victim of an on-the-job chemical accident, a man whose pregnant friend was addicted to methamphetamine, a woman with a spanking fetish, and a girl who claimed to have spent several years unaware that her boyfriend was really a woman.

The controversial nature of this media content has led pundits to argue that discussions of such topics over the airwaves damage the public good. Others, though, argue that the public advice process both defines and defends a moral order. Peelo and Soothill (1993:15) note that “agony aunts in particular act as moral arbiters[,] . . . defining, through supportive advice, what are moral boundaries to acceptable behavior.” Addressing dilemmas, deviance, and depravity in mass-mediated forums, with the goal of rehabilitating the individuals who suffer from them, requires engaging in moral discourse and defining cultural values and principles in distinctive ways.

Focusing on the moral discourses of television talk shows, Lowney (1999) argues that *Oprah*, *Montel*, and *Sally Jesse Raphael* provide individuals with opportunities

to convert to an approved way of living and provide audiences with illustrations of how to do so. The public conversions of guests to the “religion of recovery” turn talk shows into morality plays, like religious revivals under an “electronic tent.” In contrast to pervasive cultural critiques that condemn such shows as purposeless vehicles of depravity and deviance, Lowney argues that they have a clear moral discourse, an argument about the possibility of self-improvement. Holstein and Gubrium (2000) observe that in a postmodern world, the materials available for constructing self are many and varied, and both Carbaugh (1988) and Lowney (1999) support the notion that on-air discourses can provide examples for the audience and “models for being a person” (Carbaugh 1988:177).

Still, Lowney finds reason to criticize these shows on other grounds. Specifically, she suggests that by focusing on the individual, these shows implicitly avoid more difficult questions about the need for social change. Individuals are urged to turn inward, take talking cures, and heal themselves. Little attention is paid to larger social forces, mutual responsibility, or a sense of community. Edgley and Brissett (1999) echo these concerns in their polemic on the evils of a “meddlesome” culture. They complain that in contemporary American culture “soul-baring has become a national obsession” (p. 5), and meddling in the affairs of others has come to pass for personal concern and community involvement. Their definition of meddling includes public, mass-mediated and professionalized advice giving and getting, which, they suggest, attest to a decline in our reliance on civic institutions such as churches and other affiliation groups to support our individual and communal needs and goals (see Putnam 2000).

Meddlers (such as therapists and talk show hosts) promise to simplify and relieve the confusions and anxieties of modern life. In addition, those who agree to be so scrutinized can enjoy rewards such as the attention they receive on presenting themselves as victims in need of help. This is especially true in mass-mediated venues; victims and petitioners on TV and radio talk shows are rewarded with aid, attention, and even celebrity (Gamson 1998; Lowney 1999). Finally, meddling entertains us—when we are the meddlers, certainly, but also when we are audience to the meddling of others; hence the popularity of talk and advice shows.

As “meddlesome” as these shows may be, they enable people to connect with one another by creating bonds unique to a mass-mediated, postmodern culture. In the case of radio advice shows, callers remain anonymous but reveal their most intimate secrets to millions of strangers. At the same time, regular listeners come to “know” the principal hosts and advice givers and in some ways are seeking out familiar advisers (albeit anonymously). Talk radio advice shows are unique in that they combine intimacy and distance, anonymity and closeness, in a distinctive mass-mediated form. Simmel ([1908] 1950) presciently identified our abilities to sustain relations of both distance and intimacy, noting that all our bonds with others feature shifting combinations of both. A century later, mass media facilitate such bonds by connecting us to strangers who are both involved in and indifferent to our everyday lives. On *Loveline*, it is these intimate strangers to whom callers reveal

their most private, troubled selves and who construct, in interaction, discourses of morality and self that transcend face-to-face conversations.

CONSTRUCTING INSTRUMENTAL IDEALS

Each individual *Loveline* interaction builds on a corpus of advice, providing guidance for petitioners and audience members on particular, personal problems as well as global projects of self-construction and evaluation. *Loveline*'s distinctive interactions between callers, DJ, and doctor feature phases of humorous humiliation, therapeutic direction, and symbolic transformation. In these interactions, hosts identify various attributes of callers as desirable or undesirable, and in doing so construct a model of self that, while not necessarily a central focus of their efforts, is among its fruits. This model, a sort of latent ideal self, is framed by an emergent moral discourse that develops simultaneously. As hosts deem different actions and attributes acceptable or unacceptable, they develop ways of thinking and talking about right and wrong that are particular to the show. While *Loveline*'s primary aims may be to entertain an audience and advise individual callers, its distinctive interactional patterns articulate and reproduce an emergent moral discourse closely attuned to its incrementally constructed model of self. As I describe below, the first step in the process involves humorous humiliation ("You can't be serious!"); the second step is the delivery of a therapeutic directive ("Listen up!"); and the third step, the interactional demonstration of symbolic transformation ("Follow the Yellow Brick Road").

"You Can't Be Serious!" Humor and Humiliation on the Air

A central feature of the advice giving and getting process on *Loveline* is the DJ's "right" to tease, embarrass, or poke fun at callers before the doctor addresses their (often serious) dilemmas. Callers must run a humorous gauntlet, enduring a measure of ridicule as the first step in the process of getting the advice they seek. This is a familiar sociological phenomenon; degradation facilitates various types of identity transformation (see Garfinkel 1956; Goffman 1961), and Lowney (1999) argues that the TV talk show "sinner" must be publicly identified as such before "conversion" can be achieved. In the case of *Loveline*, the humiliation and degradation of callers occurs in front of an audience seeking to be entertained and takes humorous form.

In the following example, the caller chooses an idiosyncratic phrase to describe a delicate matter, and the DJ singles out her word choice for ridicule. His joke serves a dual purpose—entertainment for the audience and identification of the caller's lack of pertinent knowledge. (In these transcripts, "DJ" indicates the disc jockey, "DR" indicates Dr. Drew, and "CLR" indicates the caller):

DJ: Maureen, all right, feel honored. Drew wanted Cathy but I wanted you.
Don't disappoint me.

CLR: Thanks

- DR: What's goin' on?
 CLR: Um, I just had a question for, I guess, anybody who wants to answer it. I've been dating a guy for about a year now, and we have sex frequently, and I've never achieved, like, an internal orgasm.
 DJ: Right
 DR: What's an "internal orgasm?"
 DJ: —You mean you're always doin' it in the park?
 DR: What is an "internal orgasm?"
 CLR: What?! Nooo, no, let me, let me just finish here!

The DJ establishes high stakes for this caller at the beginning of the interaction by warning her that she was chosen over another potential on-air petitioner and that she is expected to perform in a way that does not "disappoint" him. Though this could mean any number of things, she has at least provided him with useful material he can turn into an embarrassing joke. In his extemporaneous one-liner, Maureen's elusive "internal orgasm" is apparently something that only happens indoors. The DJ is quick to interrupt the doctor's restrained diagnostic questioning in order to mock Maureen's use of terminology. As the doctor restates his question, Maureen's exasperated response indicates that she is distressed by the ridicule with which her question has been met.

In the remainder of the interaction (which is addressed in the next section), the doctor goes on to discuss female orgasm in more detail, reassuring Maureen about her own experiences as well as helping her to acquire clinical knowledge and accurate terminology. However, this initial portion of the interaction reveals two related standards of evaluation: use of correct terminology and general sexual savvy. The DJ's cheeky comment establishes both qualities for listeners as he mocks Maureen for not exhibiting them—and the comment opens a back door in this interaction through which the ideal can enter. Embedded in this brief, formulaic *Loveline* interaction is a particular moral imperative that applies to Maureen's identity specifically and to all listeners generally: if you're going to do it, you should know how to talk about it!

In this excerpt, the caller wants to know about the health consequences of getting a tattoo on his penis. Doctor and DJ respond with some disbelief.

- DJ: What do you want to get on there?
 CLR: A fly
 DR: A fly?
 DJ: Good, yeah, cause—
 CLR: —So I can tell a chick to blow it off!
 DR: uhnn
[sound effect: crowd groans with disappointment]
 DJ: Oh you are, you are all class, Jacob.
 CLR: Heh heh
 DJ: Jacob, are you serious?

- CLR: Yeah, I'm serious. I've already got one tattoo and I'm thinkin' about another one.
- DJ: So—
- DR: You have one on your penis already?
- CLR: No, no, no, one on my arm!
- DJ: But Jacob, what are you gonna do, just walk around the bar with your dork swingin' around yellin' "Blow it off?"
- CLR: Heh heh heh, noooo
- DJ: I mean, here's the catch-22 to the tattoo, to the clever tattoo on the penis: by the time you coax some girl to see it, you're probably getting a blow job anyway.

The DJ and doctor express disdain for Jacob's plan at a number of points in this interaction—including the use of the prerecorded groans of a make-believe audience as an emphatic sound effect. The DJ sarcastically admires Jacob and expresses doubts about the seriousness of his intent. Finally, he chides Jacob for the entire ill-conceived plan by underscoring the logical problems of trying to entice women with a tattooed "dork." Eventually, the doctor hangs up on Jacob, saying, "I think he's gonna do whatever he's gonna do," an indication that the caller's request for advice is not serious, and questions such as his are not worth addressing in this forum.

The hosts' scorn for Jacob's plan again opens the door for identifying the ideal: standards of self-conduct and principles of right and wrong enter this interaction via the hosts' mockery of the caller and his plan. Interestingly, it is not Jacob's desire for a blow job per se that the doctor and the DJ dismiss—the ideal self can be sexually motivated, at least in *Loveline's* moral universe. Nor is a tattoo a problem in and of itself (though the proposed location of this tattoo gives the doctor some pause). It is his convoluted plan to use the penile tattoo to get the blow job that they cast as frivolous and unrefined, two qualities listeners are cautioned to avoid. The self Jacob reveals in this interaction is devious and uncouth as it fails to pursue sexual goals via straightforward and seemly means. That the doctor eventually gives up on advising Jacob seems to indicate that no amount of remediation will transform Jacob in ways that meet with the hosts' approval. The ideal may be beyond Jacob's grasp, but it is conspicuously communicated to the audience.

In the following call, the DJ launches into an evaluation of the question's potential content before the caller has even asked it. But while the caller must fend off the DJ's cracks, he is not their ultimate target.

- DJ: Rick, twenty-seven—OK, thanks for your call, Rick. Bye! It's not a real problem unless your parents are alcoholics!
- CLR: Hello?
- DJ: Hey Rick
- CLR: How you doing? I—
- DJ: —Hey Rick, any abuse in your family?
- CLR: Oh no
- DJ: Well go look for some and then call us back, because Drew doesn't want to talk to you, Rick.
- CLR: Why not?

- DJ: Cause there's no abuse.
 CLR: Well wait a minute—
 DJ: —How long you been snortin' meth?
 CLR: Shit, you know what, I don't snort that stuff!
 DJ: You'd better start, then call back and Drew'll talk to you.
 CLR: Wait a minute, wait a minute!
 DR: What's up man?
 CLR: I want to talk to Dr. Drew!
 DR: Yeah, go ahead.

This caller has barely been introduced when the DJ begins quizzing him on the characteristics of his yet unspoken problem, listing a series of unpleasant qualities that appear to be necessary before callers earn attention from *Loveline's* advice givers. The DJ interrupts Rick twice as he tries to deliver his request for advice, taking control of the interaction and directing it to his own purposes. The caller defends himself from accusations of family abuse and meth snorting as he becomes the unfortunate foil for the DJ's jokes about the real target: the doctor and his construction of "a real problem." The DJ interrupts the caller several times to direct the conversation back toward his ridicule of the doctor. Finally, the caller demands, and the doctor provides, an opportunity to speak directly with Drew, ending the barrage of questions from the DJ.

Here the ideal is sketched so indirectly that it references no aspects whatsoever of the caller's actual identity; the DJ's joking rant lists aspects of self that are common to many *Loveline* callers, if not to Rick himself. An unmistakable moral discourse is evoked as well, if in a backhanded way. The DJ advises the caller to acquire the problematic traits first so that the doctor can then restore him to moral health. Drug use and family dysfunction are problems that individuals must avoid, address, or overcome in order to improve and transform themselves.

As Edgley and Brissett (1999) and Lowney (1999) suggest, individuals will invite meddling and endure denunciation to get advised, get healthy, or get saved. *Loveline* callers submit to ridicule that reveals undesirable aspects of self that the hosts may then address. For the audience, these interactions frame different aspects of an incrementally constructed ideal that establishes both substantive characteristics (sexual knowledge, functional family life, sobriety, self-help) and elements of conversational competence. Humorous humiliation identifies aspects of an ideal self through comic criticism rather than open proscription, and each of these interactions contributes to a pieced-together version of a larger moral discourse as well.⁵

"Listen Up!" Entertaining Therapy

After enduring humiliation at the hands of the DJ, callers usually receive advice from the doctor on the concrete dilemmas for which they seek help. These problem-solving interactions are more clearly directive than the humorous mortifications discussed in the previous section, and usually involve doling out specific pieces of advice in response to callers' explicit requests for it. Because these interactions are

broadcast to a mass media audience, large numbers of listeners are receiving the same messages about how to address and resolve various personal troubles. As these messages accumulate, they begin to form a coherent body of knowledge specifying how to conduct one's personal life, what one should and should not do in order to stay happy, healthy, and fulfilled. *Loveline's* distinctive moral discourse and ideals of self become more evident as the doctor (and DJ) provide directive responses to callers' dilemmas.

Maureen, whose earlier use of the term "internal orgasm" prompted the DJ's joke about outdoor sex, receives advice on several fronts once her call enters the direction phase. The doctor provides her not only with the appropriate terminology to discuss her problem but also with new information about female sexuality and reassurance that her own experience is normal. In this excerpt, the doctor and the caller have just established that she is able to reach orgasm through oral sex but not through intercourse.

- DR: And that would make you—that would put you in the category with most women. Most women do not, most do not have orgasm during intercourse.
- DJ: Right
- DR: That's just a fact.
- DJ: Right, but what—
- CLR: —Do guys, like, think that they do or something, because—
- DR: —Guys expect women to, but women just don't, and women expect to, and it's kind of an unfortunate thing cause they often do not.
- CLR: Yeah! Because you think you're weird if you're faking it or what not.
- DR: You're not weird. You don't fake it. You just do what you're comfortable with, what makes you feel good, and just focus on that and ask that of your partner.
- DJ: All right, Maureen?
- CLR: All right, thank you.
- DJ: The Doc knows.

In this exchange, both Maureen and the audience are instructed on some facts of female sexuality. The doctor declares that intercourse is not the most effective route to female orgasm, despite both men's and women's expectations to the contrary. This assertion draws an enthusiastic response from the caller, who expressly states that before she acquired this piece of knowledge she thought she was "weird" and that "faking it" was the solution to her problem. The doctor has communicated a set of standards for normal female sexuality by encouraging Maureen not to "fake it," to know what makes her comfortable and what gives her pleasure, and to communicate that knowledge to her partner.

As the DJ observes, "the Doc knows," and transmitting this knowledge allows both Maureen and the audience to learn the difference between normal and "weird" and to understand both ideals of self and discourses of right and wrong. More precisely, the ideal self seeks knowledge that will maximize the enjoyment of sex. In addition, the doctor has expressed his approval of this goal. While in many

other settings, the desire for sexual pleasure would be framed as an improper motivation, in the moral discourse of *Loveline* it is supported rather than suppressed.

In the next example, the doctor and the DJ are speaking with a young woman whose boyfriend takes her for granted. The caller weeps as she describes the problem but also giggles through her sobs (perhaps because she is nervous about being on the air). The DJ teases her about crying “the tears of a clown,” then the doctor takes up his directive role and fields her questions about the roots of her conflict with the boyfriend.

CLR: Is it because he’s nine months younger, he’s only seventeen?

DR: No.

CLR: Is it because I’m trying to grow up and he’s not?

DR: It has nothing to do with the age. It has to do everything with the kind of abuse that you’re willing to put up with, in fact seem to insist upon creating in your relationship. . . . Stop putting up with this crap! I’m sorry but this guy is not worthy of a relationship with you right now . . . whatever it is, you need more, deserve more, and this guy can’t deliver.

CLR: I feel like if I keep giving—

DJ: —NO! [*simultaneously with DR*]

DR: —NO! [*simultaneously with DJ*] That absolutely could not be further from the truth

CLR: Should I just not care anymore?

DR: You should just find somebody who does care about you the same way you care about him. That’s what a relationship is.

DJ: Right, right, this guy may never change or he may be years of therapy away from change.

CLR: I tell him, “Do you just want me to leave you? Do you just want me to leave you?”—

DR: —You’re not even listening to us. It’s a nonissue. Just leave.

The language used in this exchange highlights a moral struggle between caller and hosts. In a powerful, persuasive tone, the doctor frames her relationship troubles as wrong, calling them “abuse” and blaming her not only for “putting up with” but also “creating” this abuse. He also insists that she is worthy of better and bluntly and repeatedly orders her to break up with the unworthy boyfriend. The hosts are united and unyielding about their position that a breakup is the only option. The caller, in a number of turns, persists in her attempt to frame her actions as positive: “growing up,” “giving,” and “caring.” The doctor and the DJ continue to persuade her that she is wrong. They present arguments about self-worth, “the truth,” and the definition of a real relationship and finally reprimand her as a disobedient caller who is not listening to the advice she seeks.

The doctor insists that a transformation of self must take place and delineates basic qualities of an ideal self as he responds to the caller’s specific dilemma. Caller and audience alike learn that an ideal self does not tolerate abuse but does take advice, thinks well enough of herself to seek appropriate partners, and thinks ill of those who treat her poorly. Finally, the ideal self takes the advice of those who know better by virtue of their experience and expertise.

In the next call, the petitioner is the male friend of a woman who is seven months' pregnant and addicted to speed; the caller's concern is with the effects of the drug on the unborn child. After enduring the DJ's insinuations about the child's paternity, the caller discusses the possible outcomes with the doctor, who is adamant about the catastrophic consequences of drug use during pregnancy (which in this case include death, serious deformity, or developmental delays). The caller seeks advice on what he should do to help his friend, as she can't seem to help herself.

- CLR: I don't think she knows what she wants to do, she's kind of wacked-out right now.
 DR: She's tweaked! She's a drug addict. Get her some help.
 DJ: You're her friend, right, Mike?
 CLR: Yeah
 DJ: If you're really her friend—
 DR: —Get her somewhere. Take her to treatment.
 Get her in a structured environment where she's not inclined to do this sort of stuff. You're not just saving her life potentially, but you're saving the life of someone else also.
 CLR: All right, thanks a lot.
 DR: All right, Mike, good luck.

Once again, the doctor minces no words in his statement of the problem, the risks, and the solution. He offers Mike only one morally acceptable option—get the woman into rehab. Both the doctor and the DJ make it clear that the stakes are high; the lives of the woman and her child are at risk, as well as Mike's identity as a "real" friend. The ideals articulated here include being sober and drug-free (which Mike's friend is not) and showing proper parental responsibility by protecting one's unborn child (which a pregnant speed freak certainly fails to do). An ideal self also evinces real friendship, even when doing so requires difficult actions such as forcing a friend into treatment, possibly against her will. Whether or not the caller actually attempts to save his friend and her unborn child, listeners have been clearly instructed that this is the right action to take—and that being a real friend and a good person requires this intervention.

Interestingly, despite the stark imperatives presented in this exchange, the call ends without Mike receiving any specific, strategic advice about *how* to get a pregnant "tweaker" into rehab—only the exhortation that he must do it. Two lives are at stake, but the details of how to save them are omitted. Despite the gloss on these practical details, which would help Mike in the heroic rescue he has been ordered to undertake, there are clear moral requirements communicated to listeners in this exchange.

When *Loveline* interactions enter their directive phase, the hosts (especially the doctor) deliver specific advice in response to callers' specific dilemmas. Though the directives may be tailored to a particular caller's question, they always have more general aspects as well. Listeners gain a sense of the behaviors and characteristics that are part of an ideal identity and are exposed to *Loveline's*

distinctive moral discourse that clarifies the rules of right and wrong step by step, one call at a time.

“Follow the Yellow Brick Road”: Expressing Symbolic Transformation

The immediacy and anonymity of radio as a medium creates a situation in which the circumstances of callers, both before and after they are heard on air, are difficult to assess. Even if *Loveline* callers express gratitude or relief at the end of their problem-solving interactions, we as listeners and analysts cannot know whether they will implement the necessary transformations. Nor should we assume that transformation is what callers sought when they dialed in. *Loveline*'s doctor and DJ, however, discuss and refer to the transformation of self in their interactions with callers, and callers usually assent to the advice they get and express interest in implementing the recommended changes. As in Lowney's (1999) TV-based model, expressed willingness to change is the redeeming quality in on-air interactions, since actual change cannot be reliably ascertained. The ideal is always attainable, even if it is not manifestly attained.

In some cases, like Mike's, the practical details needed to effect change are not provided in the on-air interaction. While the on-air advice gives clearly state *what* Mike should do and *why* he should do it, *how* he should do it remains unstated, leaving open the question of whether he can accomplish the actions advocated by doctor and DJ—and hence whether he can meet the requirements of the ideal self. In this case, transformation seems possible in a general sense, even if Mike does not have the particular tools he may need to save his friend and her unborn child.

In other cases, callers experience different dilemmas as they approach the recommended changes in action or attitude. As the excerpt below illustrates, Liz wants to change but worries she will not be successful, and she needs the doctor's and the DJ's encouragement to be convinced that a successful transformation is possible.

- DR: Go ahead, what's up?
 CLR: OK, well, um, I'm twenty-six,
 DR: Mm hmm
 CLR: I'm an alcoholic,
 DR: Mm hmm
 CLR: Um, I've been to one AA meeting,
 DR: Mm hmm
 CLR: Where they bought me the Big Book.
 DR: Mm hmm
 CLR: And, kinda goin' through it. Um, I'm kinda lookin' for something . . . let's see, um, I'm not at rock bottom, from the way this book describes it—
 DR: You don't have to be at bottom to access and embrace treatment. I mean, that's one of the things I-I-I really try to focus on is trying to find ways to sort of hook people into the recovery process before they do destroy their lives.
 DJ: It's kind of a novel idea, actually getting into treatment before you take out a couple of school kids by driving your Chevy through an auditorium at noon.

- DR: N-n-right.
 CLR: And that's what I'd really like to do.
 DJ: Good!
 DR: Well, good! Go to more meetings, get a sponsor, do the work.
 CLR: Well—
 DR: —Going to one meeting it, it, it, you will hate it at first, you will not want to go, I've never met an alcoholic who thought it was the right thing to do, you will look for every other possible alternative you can get your hands on, anything easy or different, anything that satisfies any other kind of interests that you have, but the fact is in 1996 there's only one reproducibly effective way to deal with this disease and that is the recovery process. You can embrace it or not. If you don't, there will be progression.
 DJ: Jesus, you're good Drew.

Here, Liz reveals a flawed self (“I’m an alcoholic”) and insists she wants to change—a desire both the DJ and the doctor applaud. However, her hesitations seem to indicate reservations about the recovery process, or at least about her ability to succeed. The doctor normalizes those fears by telling her that one does not need to hit bottom in order to recover. He reinforces the steps she must take (meetings, sponsors, work) and acknowledges her resistance by explaining that all alcoholics share her doubts about the recovery process. Finally, he reminds her of the price of not working on her program of self-improvement. Together with the caller, the doctor and the DJ have convincingly promoted the benefits of working toward recovery.

This interaction emphasizes that transformation is possible, for Liz and all alcoholics. She is already following the recommended path by making an effort to approximate the ideal. *Loveline*'s hosts praise her for this, and also apprise her of possible obstacles in her path to righteousness and health. Liz is a model caller, for she is pursuing self-improvement and moral respectability via approved means even before she seeks the hosts' advice.

Though the question of actual self-transformation is left open at the end of any call, the benefits of working toward change are systematically established. In the excerpt below, a caller has been reluctant to take the doctor's advice (to dump an uncooperative boyfriend) but finally agrees to do so. The doctor and the DJ then work at convincing the caller, Stephanie, that she has already been transformed merely by having received their advice and creatively use *Wizard of Oz* imagery to illustrate their point.

- CLR: But see, I'm, I, I'm so naive, I'm feeling—
 DR: Yes.
 DJ: Alright, but now you're not naive anymore. We're bestowing knowledge on you. Like the Tin Man. Was it the Tin Man? Or did he want a heart? No, the Lion wanted a heart.
 DR: The Scarecrow
 DJ: The Scarecrow, you're now the Scarecrow, Stephanie.
 DR: He got a “Th.D.,” a Doctor of Thinkology.

DJ: Never mind the man—"Pay no attention to the man behind the curtain!"
 You now have guts, and nuts, and go out on your own, and find yourself a
 guy who's going to treat you right.

DR: All right?

CLR: OK.

Here, doctor and DJ reference a pop culture icon of symbolic self-transformation—the scene in the 1939 film in which the Wizard, having been unmasked, bestows gifts of character and skill on the Cowardly Lion, Tin Man, and Scarecrow, whose identities are then transformed. The Wizard is humbled by the revelation that he is merely human, but as it turns out, this is where his greatest powers reside. The Lion, Tin Man, and Scarecrow (along with Dorothy) have just completed the harrowing quest assigned to them by the Wizard, who has thereby revealed the strengths and weaknesses of their personalities. The Wizard's gifts—brains, heart, "guts," and "nuts"—transform them symbolically, even though the audience recognizes that these qualities have been present all along. Dr. Drew and DJ Adam perform a similar wizardry here in their attempt to convince Stephanie that in the course of her call she has acquired the knowledge and the courage to do the right thing. This process thus also confirms for others the possibility of self-improvement, self-transformation, and moral goodness. In addition, the details of each call—including Stephanie's—provide materials for the construction of an ideal self for *Loveline's* radio audience.

CONCLUSION

Loveline interactions simultaneously provide advice and entertainment, establish an emergent moral discourse, and construct a model of an ideal self. Every on-air interaction presents another bit of information that fleshes out the contours of an incrementally constructed ideal self that can be changed, improved, and honed. Each piece of advice, each reassurance of normalcy, each joke made at a caller's expense, specifies an aspect of a healthy, happy, honorable self that callers and audience members are urged to strive for.

As constructed on *Loveline*, the ideal self seeks pleasure in a wide variety of ways. But in doing so, it is sober and drug-free, sexually moderate, consensual and properly protected (although not necessarily straight, since gay, lesbian, and bisexual identities are supported, as are some unusual fetishes, as long as moderation, consent, and safety are practiced). Self-knowledge, self-worth, and autonomy are part of the ideal as well: callers are advised to understand the patterns in their own behaviors and appreciate the influence of past experiences; they should value themselves and act independently of the influence of others. The ideal self seeks help when in trouble, is willing to work toward difficult transformations, and is willing to help others with their personal struggles when appropriate. Finally, the ideal self is conversationally competent and performs adequately when on *Loveline*!

In a mass-mediated context, each of these qualities is more than just an isolated

“do” or “don’t” embedded in an individual piece of advice. The particulars begin to accrue into a coherent moral discourse for audience members to take away from any isolated bout of *Loveline* listening, to possess and perhaps to use beyond any specific problem that might have been addressed on the air. Each conversation between caller and hosts contributes to *Loveline*’s distinctive take on right and wrong, good and bad, healthy and harmful. Hosts and callers construct and police dynamic, emergent models of self and morality in a unique and unlikely forum—a brash and bawdy rock ‘n’ roll radio show.

The fleeting, anonymous, mass-mediated interactions of the radio advice show seem to contradict our sense that we should confront personal problems in private settings. But our identities are social, and presenting, changing, and repairing them are social processes. The presence of an audience, known or unknown, small or large, intimate or anonymous, is in fact a familiar—and, interactionists argue, necessary—feature of our construction of self. *Loveline* and other radio call-in advice shows communicate about problem solving and self-transformation in distinctive ways. Because the members of *Loveline*’s target age cohort are in an especially critical phase of identity formation, the show’s themes and strategies successfully resonate with and amuse this group in particular. And because contemporary teenagers and twenty-somethings are both more media-savvy and media-saturated than any preceding cohort, they are more likely to find mass-mediated forums acceptable and comfortable places to seek personal advice.

Like all self-help projects, *Loveline* operates according to a modernist model; the assumption that the self exists and that it can be changed or improved is fundamentally modern. However, *Loveline* participants accomplish this project through remote, decontextualized, anonymous, mass-mediated means—a postmodern twist on the modern project of self-improvement. While defining *Loveline*’s enterprise as both modern and postmodern might seem counterintuitive, Gergen (1991) supports the idea that these elements can coexist in the same project. As Holstein and Gubrium (2000) also argue, the self—both as practical project of daily life and as sociological concept—is at a transition point between the modern and the postmodern. *Loveline* is uniquely positioned to highlight the tensions and connections between these interpretations of self, with its “Generation Y” audience especially attuned and responsive to these themes.

In a postmodern world, both social actors and social analysts are challenged to define, enact, and explain the self in new ways (Holstein and Gubrium 2000). For social actors, disconnection from traditional sources of social support and the rise of potentially alienating technologies confuse and complicate the everyday enterprise of self-construction. For social analysts, the self as a sociological concept is threatened by the postmodern contention that nothing is irreducibly real. In light of these challenges to the social and sociological self, Holstein and Gubrium (2000:68) wonder whether there is “a way in which an empirical self can be grounded in everyday life, yet retain the postmodern characteristics of decenteredness and diversity of meaning.”

Gergen's (1991) concerns parallel those of Holstein and Gubrium. Social saturation (the glut of information and relationships facilitated by contemporary technology) calls traditional beliefs—such as those about morality, reality, and the self—into question by exposing us to multiple points of view. In a postmodern world, “one cannot depend on a solid confirmation of identity” (Gergen 1991:147) from traditional sources, and this leads to the construction of a “pastiche personality,” in which the individual “borrow[s] bits and pieces of identity from whatever sources are available” (Gergen 1991:150). In addition, as contemporary technologies bring us into contact with others in ways that have not been possible before, a fundamentally relational postmodern self is produced—a self we construct in relationship with multiple others, via multiple conduits, facilitated by multiple technologies. Social saturation connects as well as splinters.

In a postmodern cultural context, then, it makes sense that mass media representations of selfhood constitute the materials social actors piece together as they develop a sense of self, individual and collective, ideal and real. Gottschalk (1993) argues that electronic media shape contemporary consciousness, providing interpretive frameworks and resources for constructing postmodern selves, and Gergen's technologies of saturation allow strangers to take on roles previously assigned to intimates. Advising troubled selves is one of those roles, and provides a distinctive way of building relational ties in a culture characterized by fragmentation (Gergen 1991:215).

The DJ and the doctor, the anonymous troubled callers, the audience of faceless millions are technically strangers to one another, but their mediated copresence is vital to the social process of self-construction on *Loveline*. Radios and telephones are not exactly cutting edge technologies, yet they facilitate the fragmented, anonymous relations that constitute *Loveline's* moral universe. Once the electronic connection is established, these relations between strangers become the arena for extraordinarily intense interaction: intimate, embarrassing, humiliating, hilarious, bawdy, and raw. Like Simmel's strangers, the participants relate along shifting axes of nearness and distance, similarity and difference, involvement and detachment. They can only interact in these ways because they are physically distant and unknown to one another, and yet the topics of their interactions involve the most private aspects of self, identity, and morality.

Indeed, *Loveline* inverts many of the dichotomies that characterize modern ideas about the self. The intimate becomes anonymous and the anonymous intimate; the serious satiric and the satiric serious; the public private and the private public. The self is no longer a private possession one mobilizes and presents for public consumption but vice versa: a publicly constructed commodity with private implications.⁶ Selves both specific and general are publicly fashioned (and refashioned) in *Loveline's* on-air dialogues, as specific pieces of advice, incrementally communicated ideals, and larger moral discourses are made publicly available to both callers and listeners in their private lives. In taking on a modern project via postmodern means, *Loveline* sits at a cultural crossroads.

NOTES

1. Ann Landers (actual name Esther Friedman Lederer) cornered the market on newspaper advice columns in the late twentieth century. She took over the Chicago-based advice column in 1955 and turned it into one of the most widely syndicated columns in the world; it appeared in more than twelve hundred newspapers at the time of her death in 2002. Her real-life sister and competitor, "Dear Abby" (Pauline Friedman Philips), enjoyed similar success; though that column is currently written by Philips's daughter, Jeanne, its daily readership is over 110 million.
2. On National Public Radio's "Car Talk," the mechanically inclined Magliozzi brothers dish up automobile tips, relationship advice, and belly laughs. In the alternative-newsmagazine column "Savage Love," sex adviser Dan Savage takes on questions about how best to approach encounters with transgendered prostitutes and how to determine whether one is a "top" or a "bottom."
3. Callers' concerns can also be quite banal; scores of teenagers wonder how to tell if someone "likes them back" or how much masturbation is too much.
4. Which is not to say that these portions are unimportant or even unrelated to advice giving; only that they were not the focus of this inquiry.
5. There is a certain irony in attacking *Loveline* callers in this way. If callers in fact adhered to the standards implied by the DJ's cutting comic remarks, much of the show's entertainment value would be lost. In *Loveline*'s moral discourse, that which is painful, bad, or wrong is also played for laughs. Real, flawed selves are central to the format of the show, while the ideal self appears only in the abstract.
6. I thank Dennis Waskul for this idea.

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