



Open Research Online

The Open University's repository of research publications and other research outputs

“We have friends, for example, and he will *not* get a vasectomy”: Imagining the self in relation to others when talking about sterilisation

Journal Item

How to cite:

Terry, Gareth and Braun, Virginia (2013). “We have friends, for example, and he will not get a vasectomy”: Imagining the self in relation to others when talking about sterilisation. *Health Psychology*, 32(1) pp. 100–109.

For guidance on citations see [FAQs](#).

© 2013 American Psychological Association

Version: Accepted Manuscript

Link(s) to article on publisher's website:
<http://dx.doi.org/doi:10.1037/a0029081>

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

“We have friends, for example, and he will not get a vasectomy”: Imagining the self in relation to others when talking about sterilisation

Gareth Terry and Virginia Braun

Department of Psychology, The University of Auckland

Abstract

Objective: The relatively recent interest in critical men’s health research has largely focused upon men’s experiences of managing or preventing *ill* health. There has been limited discussion on the decision making that men engage in with health practices that are not constructed as immediately imperative for their own well-being – such as vasectomy. Much of the research on vasectomy has tended to focus on the individualised decision making men, which can often decontextualize the process. This article seeks to address some of these absences.

Design: This article reports on data from semi-structured interviews with twenty eight men who had had vasectomies (16 with children, 12 without). Data were analysed using Wetherell and Edley’s synthetic approach to discourse analysis.

Results: Talking about vasectomy provided an opportunity for men to make sense of the self and the decision making processes within a complex and relational understanding of masculinities. Rather than an individualised decision making process, many of the men’s accounts were reliant on stories of other men who the participants could be compared against.

Conclusions: Men made sense of an ‘optional’ health decision in relation to other men (both real and imagined), in order to help justify delays, or other ‘trouble’ in the decision making processes. Men’s health initiatives and research may need to take this relational component of health decision-making into account.

Key words: vasectomy, masculinity, sense-making, relational decision making, critical discursive psychology

Vasectomy occupies an unusual place within heterosexual men's health experiences and practice. Aside from being one of the only forms of reproductive control available for men within contemporary 'contraceptive economies' (Bumpass, Thomson, & Godecker, 2000; Oudshoorn, 2003; Terry & Braun, 2011b), there are also no existing imperatives that the procedure be carried out for a man's physical health. In fact, vasectomy's immediate health advantages largely benefit the *partners* of those men who undergo the procedure, through a shift of the 'contraceptive burden' (Dudgeon & Inhorn, 2003; Oudshoorn, 2003; Terry & Braun, 2011b). Furthermore, research on men 'in health' continues to be rare (Sloan, Gough, & Conner, 2010), with more emphasis placed on the manner in which men engage with the experiences of *ill* health (Gough & Robertson, 2010), and the ways identification with certain types of masculinities are constructed as creating poor health outcomes (Courtenay, 2000; Gough & Robertson, 2010; White, 2006). However, research on men accounting for an operation such as vasectomy provides potential insight into the way men might 'make sense' of health decisions more generally.

Vasectomy is often marketed as a simple, straightforward answer to the contraceptive requirements of a heterosexual couple who have had all their children (Schwingl & Guess, 2000; Sparrow & Bond, 1999). However, research evidence seems to suggest that for many men/couples the decision making process regarding a vasectomy can take some time: basically between a year and three years after the birth of their last child to complete (Sandlow, Westefeld, Maples, & Scheel, 2001). This statistic has not changed much in the last two to three decades (cf. Mumford, 1983). Even in a country such as New Zealand, which arguably has the highest rates of vasectomy worldwide (Pile & Barone, 2009; Sneyd, Cox, Paul, & Skegg, 2001; Terry & Braun, 2011a, 2011b), there is often a significant period of delay. This delay has been accounted for in various ways, but one explanation is that vasectomy exists within a

'contraceptive economy' where women are considered primarily responsible for the contraceptive burden (Oudshoorn, 2003, 2004; Terry & Braun, 2011b). This has meant that often men's involvement is considered 'optional' and thus, for men, alleviates the immediacy that is expected of women in managing their reproductive capacities (Terry & Braun, 2011b).

In much of the research on vasectomy, focus has tended to be on the individualised decision making processes of men to explain such slow or limited uptake (e.g., Miller, Shain, & Pasta, 1991a, 1991b; Mumford, 1983; Uhlman & Weiss, 1988). Often men have been constructed as 'neoliberal social actors': self-contained, rational individuals making such decisions independently. Knowledge about the operation is thus considered essential to making a 'good decision' at the 'right time' (Balde, Legare, & Labrecque, 2006; Mumford, 1983). However, this rhetoric blurs over some of the inequalities of 'contraceptive economies' (Terry & Braun, 2011b) within the current gender order. While it is far simpler, has fewer risks and is less invasive than tubal ligation (female sterilisation) (Adams & Walde, 2009; Balde, et al., 2006; Schwingl & Guess, 2000; Wright Aradhya, Best, & Sokal, 2005), or even long term use of hormonal contraception (Glasier, Scorer, & Bigrigg, 2008; Henry, 1996), vasectomy is often constructed as one choice among many that couples will engage with in order to make sense of their long term contraceptive needs (Amor et al., 2008; Bumpass, et al., 2000; Miller, Shain, & Pasta, 1990; Miller, et al., 1991b; Terry & Braun, 2011b). Despite these factors, only a small handful of countries have higher rates of vasectomy than tubal ligation (Pile & Barone, 2009; Shih, Turok, & Parker, 2011; Sneyd, et al., 2001; UN, 2003, 2007), which seems to indicate that some important socio-cultural factors have particular bearing on decision making processes. In particular this paper seeks to highlight some of the ways investments in certain masculinities allow men to make sense of the operation, the decision making process, and the delays in having the operation performed.

Vasectomy uptake and masculine sense-making

Current research seems to indicate that the majority of men who take up vasectomy are white, privileged (of high socioeconomic status and education), and married (Barone, Johnson, Luik, Teutonico, & Magnani, 2004; Pile & Barone, 2009; Shih, et al., 2011). Within such groups, there has been an ongoing trend of 'sub-replacement' fertility¹ in many Western countries for decades, a pattern beginning to be reproduced only recently in developing contexts (Coleman & Rowthorn, 2011; Goldstein, Lutz, & Testa, 2003). This means that increases in vasectomy have occurred within a context where family sizes are reducing, and in fact there are reasonable numbers of people choosing not to have children at all (Gillespie, 2003; Mawson, 2006; Rowlands & Lee, 2006; Terry & Braun, 2011c).

Often when explicating their reasons for vasectomy, men in professional occupations have been found to rely on neoliberal discourse (see for instance Terry & Braun, 2011b; Terry & Braun, 2011c), which seem to be more easily drawn upon by those within privileged circumstances (Hodgetts, Masters, & Robertson, 2004). However, we have argued elsewhere that such men, while espousing a rhetoric of responsibility and care for their partners, will sometimes rely on an heroic discourse when discussing the implications of having had a vasectomy (Terry & Braun, 2011b). This typically framed the operation as being done for their partners, and constructed 'taking over' the contraceptive burden as a 'big deal'. Further to this, heroism was manifest in accounts by emphasising personal characteristics such as self-control, self-determination and independence of thought (Terry & Braun, 2011b).

Amor et al.'s (2008) 'working class' sample provided a more 'earthy' perspective, describing vasectomy as a 'trial', which needed to be overcome. Amor et al. (2008) suggested that for the men in their sample, having a vasectomy was a more relational process, and became *expected*

by family, friends and colleagues. They argued that this expectation has become a cultural norm that men in some contexts might feel pressure to respond to as a “task of manhood” (p. 38). Further, they argue that the particular masculine identity it facilitated was that of the ‘family man.’ However they made sense of the operation, both samples seemed to indicate that the operation was something of a new ‘norm’ within the heterosexual male life course in Western contexts.

The ‘inevitability’ of men having vasectomies does seem to run in contrast to Oudshoorn’s (2004) assertion that orthodox masculinities within her research context have little place for contraceptive responsibility. It appears that although we have yet to see (and may never see) a male pill (Oudshoorn, 2003, 2004), there have been some shifts in the identities men are investing in that may reflect more inclusive, involved forms of masculinity, despite class differences. Men subscribing to these (potentially) less traditional, but increasingly hegemonic forms of masculine expression may show interest in contraceptive and reproductive involvement. However, this is not the full story. It is more likely that, as with any shifts in the shape of contemporary masculinities we are dealing with “shades of grey within masculine identity formation” (Terry & Braun, 2009, p. 176), rather than wholesale changes. The growing ‘inevitability’ of vasectomy and an interest in involvement for many men is also likely combined with hegemonic masculine sense making, which continues to idealise certain characteristics (such as self-control, independence and competition, heroism) (Wetherell & Edley, 1999, 2008, 2009).

While certain discourses and subject positions have been identified in relation to vasectomy (e.g., responsible partners, family men), there has been limited research on the masculine sense making of the procedure. Such analysis would provide a valuable resource, not only for

understanding the way men who have had the operation might talk about it, but also how they might discuss other health related practices. The primary analytic focus of this article then, is upon the *strategies* used by men to make sense of somewhat 'troubled' talk (Edwards, 1997).

Narrative descriptions of past events have been described as a "privileged communication mode for making sense of the self" (De Fina & Georgakopoulou, 2008, p. 276) particularly during an interview encounter. Such interactional contexts provide opportunity for people to 'try on' different descriptions of the self (Wetherell & Maybin, 1996), as they provide a novel opportunity to speak at length about 'who one is'. As a consequence of this freedom, however, such interactional contexts can often be 'fraught with risk' especially for men (see Schwalbe & Wolkomir, 2003). Many of the men, in the course of being interviewed for this project, made reference to themselves and others to justify and manage how they talked about their experience of the vasectomy decision-making process. This paper will discuss the way the men 'imagined' themselves in the interview, in relation to *other* men.

Method

This paper analyses qualitative data from single one-to-one interviews with two groups of men who had had a vasectomy, and was part of a broader project on vasectomy. These groups were based upon 1) those who had children prior to the operation (labelled 'typical') and 2) those who had not (labelled 'preemptive'). The participants were limited to 16 in the 'typical' group and 12 in the 'preemptive' group, as these were determined large enough sample sizes for themes to reach saturation across the data set (Guest, Bunce, & Johnson, 2006).

The 'typical' participants ranged in age from 35 to 64 (mean age 46). The 'preemptive' participants ranged in age from 29 to 62 (mean age 45). Almost exclusively men were in 'professional' forms of employment. All of the men identified as heterosexual (except one who

had recently entered his first same sex relationship) and all but three identified themselves as Pākehā or of other European ethnicity (the exceptions identifying as of mixed Maori/NZ European descent, NZ Chinese and European/Japanese).

The participants were recruited using a variety of methods, however, almost all of the participants (in both groups) were respondents to a press release that led to news pieces in several key national newspapers (and their online counterparts), several interviews on national radio stations and a TV news piece. In the first three days after the initial release and media response approximately three hundred emails were received and were then filtered and initially sorted according to location. Secondary sorting was made through an assessment of a man's demonstration of enthusiasm about the topic, or the willingness to introduce their story as having something worthy of the researchers' interest. These issues were determined through email exchange with potential participants. Once selection was decided upon, none of the participants withdrew from the study. Interviews occurred either at the University, the participant's home, or via phone if the participant was outside of two main centres the sample was drawn from.

Interviews were semi structured and lasted between forty five minutes and an hour and a half, with approximately half of these conducted face to face and the rest by telephone. In line with empirical comparisons which suggest no substantive difference between the two types of interviewing (Shuy, 2003), there were no noticeable differences in the length of, or detail in description provided in the two types of interview; the only minor difference was a slightly increased number of encouraging 'guggles' (yeah, mmn, mmnhmn) by the interviewer in the telephone interviews, which presumably managed a lack of visual cues. All interviews were performed by GT, a male interviewer, which likely had some bearing on the interviews as "men

assess and gauge the interviewer's orientations and opinions, and they develop their responses within a gendered context (Olliffe & Mróz, 2005, p. 258). The interviews consisted of a range of topics, from reasons for having a vasectomy to descriptions of experiences of sex and relationships before and after the operation. Interviews also focused on specific, detailed descriptions about the experiences of having had a vasectomy, including the participant's motivations for choosing this option, difficulties they may have experienced and benefits they felt they may have gained. Reasons for stopping having children (or not to have them at all) and the construction of the 'complete family' were also discussed.

The interviews were audio-taped and transcribed verbatim using a 'Jefferson-lite' form of transcription (see Poland, 2003). This transcription included untimed pauses, hesitations, speech repetitions, emphasis and overlapping talk, but not all the finer-grained features of speech and interactional style. The fine level of detail of full Jeffersonian transcription (see Jefferson, 2004), normally associated with conversation analysis (CA), was not considered necessary for the transcripts produced in this project. Although there has been some call for use of a 'gold standard' in transcription convention (e.g., Potter & Hepburn, 2005), other researchers argue for reflexive transcription practices that value analytic and paradigm choice over an arbitrary standard (Smith, Hollway, & Mishler, 2005). The analytic focus was in this paper was upon the patterns associated with the participants' orientations and the broader context of their talk and thus, the level of transcription was considered appropriate for the form of analysis engaged in. In extracts analysed here, text was occasionally re-structured slightly (i.e. through deletion of text) in order to create ease of reading without altering the meaning or suggestions of extracts. The annotation [...] indicates that part of the transcript not relevant to the analysis has been removed/omitted (other transcription notations are indicated at the end of the paper).

We apply a form of critical discursive psychology of masculinities (Edley, 2001; Edley & Wetherell, 1997, 1999, 2009; Wetherell & Edley, 1999, 2008, 2009) to the data. Within this approach, both the cultural resources men draw upon, and the broad ways in which these are rhetorically mobilised and deployed within the interview context to achieve certain ends are examined (Wetherell & Edley, 1998). The orientation of language toward action, and achieving certain ends (in this paper's case, the management of 'trouble') is of particular interest.

The data were initially analysed thematically, following Braun and Clarke's (2006) six stage process of thematic analysis, focusing upon the latent aspects of the data, or going "beyond the semantic content of the data" and starting "to identify the underlying ideas, assumptions and conceptualisations – and ideologies – that are theorised as shaping or informing the semantic content of the data" (Braun & Clarke, 2006, p. 84). Data were subject to multiple readings by GT and codings to identify broad themes associated with descriptions about men's reasons for having a vasectomy; the thematic analysis was then developed in collaboration with VB, identifying key repetitive patterns in meaning within the dataset. Following thematic analysis, we shifted to a more critical discursive analytic orientation, focusing on identifying and making sense of the work of the collective patterns of self-positioning (Terry & Braun, 2009; Wetherell & Edley, 1999) that men engaged in to describe their decision to have a vasectomy. The articulations of the 'self' (motivations, emotions, ideals) that men expressed were often repeated and patterned, suggesting the men were drawing on shared cultural resources to 'make sense' of their vasectomy in light of 'who they are.' Our interest in these patterns reflects our understanding that "subjectivities and their more objectified components, identities, are formed in practice through the often collective work of evoking, improvising, appropriating and refusing participation in practices that position self and other" (Holland & Leve, 2001, p. 29-30).

However, as we were not simply interested in cultural resources, our analysis drew on Wetherell and Edley's (1999) formulation of imaginary positions to consider the work of these self-positionings. Imaginary positions function as a discursive resource used in conversation to describe the self, a resource that, among men, is "one way in which identification with the masculine is achieved" (Wetherell & Edley, 1999, p. 343). Wetherell and Edley (1999) identified the masculine imaginary position of 'ordinary guy' (e.g., "I'm just an ordinary guy, trying to do my best") as the most invested in among their participants. These imaginary positions can be seen as rhetorical avatars deployed into conversation, and invested with an imagined sense of the self, applicable for that *particular* conversational context. That is, they are deployed in particular contexts and achieve particular ends. For example, in other vasectomy research, the 'family man' position identified by Amor et al. (2008) was deployed in order to help make sense of their vasectomy without putting their 'masculinity' at risk.

This project was approved by our university human participants ethics committee. In order to protect the privacy of the interview participants (particularly due to the sensitivity of the topic) names and other significant identifying features were replaced in the transcript. All of the pseudonyms were chosen by the authors.

"I'm not a real man and I've got a certificate to prove it ": Imagining the self in relation to others

The interface between vasectomy and masculine identities was a feature of the men's talk when talking about the decision making process. Amor et al (2008) have suggested that "there is an intensity of gender role evaluation around this time" (p. 243) and this seemed to be apparent in the interviews in this project. When reference was made to manliness, masculinity or 'being a man' it was typically raised by the men themselves, as if there was an assumed 'need' to attend to it when discussing their sterilisation. This was despite there being no mention of masculinity,

masculinities or manhood within the Participant Information Sheet, the press release, nor in the preamble beginning the interview. This would perhaps suggest that there was some salient, culturally shared understanding of vasectomy as a potential 'threat' to manhood (see Amor, et al., 2008; Hofmeyr & Greeff, 2002; Williams, Swicegood, Clark, & Bean, 1980; Ziegler, Rodgers, & Kriegsman, 1966 for discussion concerning this).

The 'masculinity factor' was referred to in different ways, with many of the men denying any connection between their manhood and the procedure (for example Andy commented: "for me that was all complete crap"). Whether they made such an explicit denial or not, almost all of the men drew from the 'idea' of masculinity, using it to make sense of their identity and their decisions. This was done in two primary ways: first, the men referring to themselves and their masculinity as 'ordinary', locating themselves as 'one of the group' defining their masculine identity as the same as or similar to other men and their decision making processes as therefore typical. Second, and more commonly, men made reference to other men, and forms of masculine expression that could be contrasted, implicitly or explicitly, with descriptions of the self, usually done in a way which emphasised their *difference* from other men (either a significant difference or one of degrees).

Doing 'ordinary'

Some men used a strategy of 'being ordinary,' presenting themselves as 'typical' males. We understand 'being ordinary' as work (following the work of Sacks [1984] and others since), something interactionally claimed and achieved for particular ends, rather than as a state of being. We demonstrate here that men claimed an 'ordinary' masculinity to distance the self from potential questions of irresponsibility. One of the key themes that occurred during the interviews was of men describing their vasectomies as 'taking responsibility' for contraception

(see refs removed for anonymous review); where that positioning came under 'threat,' various imaginary positions were deployed to diffuse any risk to their identities. For instance, Antony who had initially described his vasectomy variously as 'responsible' and a 'sacrifice' presented his postponement in booking himself in for a vasectomy as a consequence of 'masculine' or 'male' priorities. Within this rubric, men have a different set of concerns to women, and therefore should be excused for not getting on the surgeon's table as soon as possible:

Int: OK, so can you think of any sort of reasons why you were procrastinating?

Antony: I think for me um like probably like a lot of guys unless it's really, really, really important it doesn't get done or goes to the bottom of the list and I think it just kept going to the bottom of the list because it wasn't that important to me, um you know ah go and get your vasectomy or go out and relax and play snooker well the snooker will win every time.

Antony later suggested that what had made the vasectomy "really, really, really important" for him was the withdrawal of sex by his partner and 'constant' texts and phone calls. Within his analysis of this situation, Antony suggested that 'as a man' ("like a lot of guys") it was unreasonable to expect he would prioritise getting a vasectomy when it conflicted with more desirable (leisure) activities. He suggested that he was simply doing what came naturally to him 'as a guy.' This sort of account positions "a lot" of men as irresponsible and impulsive, doing whatever is most enjoyable at the time, almost in a childlike fashion.

Women were constructed as controlling the decision making process and interfering with men's 'fun' by doing so. They are further constructed as responsible in relation to reproduction and contraception, not motivated by pleasure in the same way men apparently are. This normalised an expectation of women's uncomplaining involvement in the contraceptive burden and

structured women's 'pressuring' of men to be involved as undermining men's agency (see Balde, et al., 2006).

Being a 'guy' in this account was essentialised as indifferent to reproductive and contraceptive concerns and, to a degree, indifferent to having a reproductive body. What was key to this argument is the imaginary position (see Terry & Braun, 2009; Wetherell & Edley, 1999) of the 'normal' or 'ordinary' guy, who should be easily related with and understood. In this particular context, Antony was using the imaginary position of 'ordinary guy' to tell a particular story about himself, in this moment and addressing the concerns of this conversational context, notably the 'threat' that has occurred on being questioned about his "procrastination". Set in contrast to having a vasectomy, snooker was presented as a desirable activity that 'guys' like Antony would be invested in. Having sex was also formulated as desirable, acting as a motivating force when removed.

By 'doing ordinary,' Antony was able to make sense of the delay that had occurred. It also worked as a way to shape Antony's description of his own resistance to getting a vasectomy as normative and to be sympathised with (likely made possible through the exchange of such ideas with a male interviewer). This invocation of men as a group worked to normalise the lack of investment in the operation that Antony described. By locating himself as one of many, the implication is that change (if at all possible) must occur in the whole group, and that resisting the status quo (by showing interest in reproductive concerns) is possibly too much to expect for one 'ordinary' guy.

Doing 'extraordinary'

An investment in being 'ordinary' or 'typical' men was certainly the dominant form of sense making found in the data. However, the actual decision to have a vasectomy was often

constructed as 'extending' men's 'ordinariness' – making them appear heroic. In contrast to Antony's shifting between two clear patterns of positioning, the vast majority of the men interviewed identified much more strongly with the 'heroic' when speaking of their choice to have a vasectomy. However, this appeared to be a somewhat difficult practice, as appearing *too* heroic might have provoked scepticism on the part of the interviewer. To manage this, they used descriptions of their own vasectomy decision making process and contrasted it with other men's, as a way to speak of themselves as 'more enlightened' or 'better', than 'average', 'ordinary' or 'normal' men. Some did this by referring to 'other men': vague, caricatured imaginary figures against whom they could contrast themselves. Evan, for instance, was one of the small number of men who said he had taken a very short time to make the decision to have a vasectomy and book himself in. He explained this in the following way:

Evan: so I had no fears and, you know, I mean I certainly didn't think that it was going to affect my manhood, or my, um, um, sexual, um, interactions (.) post vasectomy.

The raising of these factors, and the way Evan did so, worked to give the impression that having a vasectomy could have potential for creating anxiety about "manhood" or "sexual interactions" for some men. In this way he presented himself as somewhat 'different' to, or having overcome the weaknesses, of an imagined norm. Evan's emphasis on the word "my" suggested that while Evan claimed to have overcome this particular 'concern' it was likely that many others did not. This sort of accounting distanced Evan from an imagined (and vague) masculinity that associates 'tampering' with a man's testicles as emasculating, and locates masculinity within the male body.

Sam's approach to describing the masculinity he was invested in also made implicit reference to an imaginary group of 'other men', in this case, invested in their fertility as a sign of manhood.

At the time of the interview, research reported in the media suggested that only slightly over

50% of men have the necessary semen tests to confirm the viability of a vasectomy (Christensen & Maples, 2005). When talking about this media report, and its relation to his experience, Sam constructed his six month semen check as a source of humour to talk about his own masculinity and how it compared to that of other men:

Int: Did you go through the normal process, well, according to the media at least normal process [Sam: yes] of getting checked and all that sort of stuff afterwards?

Sam: I had the little, the little A5 piece of paper signed by the doctor on my notice board at work for a little while (laughs) yeah, yeah, I'm sure that means something, um, I have a joke about, I had a joke, I don't have the certificate any longer, I decided I didn't need it but I had a joke about "I'm not a real man and I've got a certificate to prove it", which is (laughs) which is probably not that, not that common [...] I've never considered (.) the capacity to have a kids an integral part of my masculinity.

This sort of account invoked a valued (for Sam) form of masculinity, which distanced itself from more 'traditional' masculine values. At other points in the interview Sam identified as a 'feminist' or having 'feminist values', and so this distancing was a consistent part of his account. The work done to construct the account as humorous ("I have a joke...") is premised upon a shared understanding of connections between fertility, virility and 'typical' masculinity. Sam appeared to be investing his own masculine identity in what Wetherell and Edley (1999, 2008) have described as 'rebellious' masculinity. In contrast, he presented the 'real man' as a position to be avoided, one he did not want to align with.

While this sort of joking about the semen test *was* relatively common (some of the other men told almost identical stories), Sam's account presented him as somewhat unique, different from some imagined 'real man' who still was invested in fertility/virility. He seemed to suggest he was almost revelling in the lack of fertility brought about by his vasectomy, rather than feeling some

sense of loss or complaining about being 'pressured' into the operation. The 'uniqueness' of his position is an important worked up feature of the account, as is the implicit reference to invisible 'others' who are the 'real men,' those who might consider "the capacity to have kids as an integral part of [their] masculinity."

This account portrayed Sam as proud to be different from the majority of men and therefore invested in being unconventional. Even as he 'played the rebel' by joking about his infertility, however, there was a strong reliance on and reproduction of orthodox masculine values such as independence and autonomy, and having become more enlightened than 'real men.' It is also just as possible that Sam was deploying the rebellious position in order to manage any sense of being conflicted about the operation's impact on his masculine identity. This conflict may have been most evident in his stressing "I decided I didn't need it," as it may have appeared to the interviewer that he was perhaps overcompensating in some way.

The willingness to tell this particular story in the interview and the rehearsed nature of it would also suggest that the work being done here was the management of a question that almost 'needed' to be answered or accounted for in a complex field of competing discourses about being masculine, and potentially the emotional responses these discourses invoked in men undergoing the operation. Sam, like many of the other men, made reference to various (imagined) forms of masculinity in order to describe his own. As with the accounts above, this one gives some credence to the suggestion that Sam had 'worked through' associations between his masculine self and having had a vasectomy. What this suggested, however, was that masculinity per se, was a pervasive concern for men who underwent vasectomy, needing to be attended to at some point in the process. Both Sam's and Evan's accounts relied on a

discursive strategy of *implicit* reference to others in order to demonstrate they had accomplished this task, where others likely had not.

'Better' than 'real' men

A more specific use of 'I'm this type of man, not that type' rhetoric occurred consistently throughout the interviews, almost always when explanatory work seemed to be required. One of the men, for instance, who chose to have a pre-emptive vasectomy (but was well into his fifties when this happened) had just outlined why he had taken so long to make his decision not to have children 'final.' He noted that despite having had a large number of sexual partners of his lifetime, the vasectomy had never been a priority for him, but now that he had settled down with a younger girlfriend, he did not want to be a father to an 18 year old in his seventies. Upon completion of this explanation he immediately started a new story about how a friend who came with him to 'research' the operation fainted, which led to the interviewer's query and his response:

GT: So what was about, um, the operation that made your friend faint?

Brian: I don't actually know, I think it was, personally, I think that it was sort of the psych-, the psychology of it, was what got to him. I don't think that it was the fact that it was a medical procedure, I just think his manhood was kind of (.) tied up in there somehow (GT: laughs) and I realise that some guys, their, their feeling of, of who they are as a man is tied up with the sexual prowess, in terms of being able to make a woman pregnant and that, and that has never been the case with me, I haven't felt less of a man since I had the vasectomy.

This account worked in relation to the invoked masculinities of an imaginary group of men and located his friend within this group. It caricatured this group as having their masculine identities "tied up" with their fertility, which is apparently correlated with their "sexual prowess." There

was a hint that there was something stereotypically masculine about such men or that these men might identify with a more traditional idea of manhood that might be 'worthy' of some disdain (even, it seems, his friend). Brian's telling of this story worked to ratify that the time it took for him to have a vasectomy would not be marked with concerns about his fertility or sexual prowess, but rather about his lifestyle making it less necessary to that point. This rhetoric located Brian within a less biologically motivated form of masculinity (i.e. sex and fertility) than such "guys". In so doing it presented his vasectomy as an act unrelated to his masculine identity, and therefore as a legitimately minor procedure.

Even as he launched into this story about vasectomy and other men's masculinities, Brian's own masculinity remained a concern to be attended to. Simply telling the story and reference to his friend and "some guys'" investment in masculinities did not seem enough, even when showing some disapproval. He commented at the end of the extract that "I haven't felt less of a man," and that investment in this 'fertility-based' masculinity has "never" been the case for him. Such emphasis worked not only to locate him within a much more 'enlightened' understanding of masculinity, but also to finally set aside any associations between the time it took for him to have the procedure and any negative correlation with his masculine identity. When he did get around to having a vasectomy it was for his 'own' reasons of settling down permanently, not influenced in any way by petty masculine concerns.

In other cases, rather than invoking an *imaginary* group, the participant's referral to specific figures allowed them to make sense of their own position within the masculine 'spectrum.' Chad, for instance, whose partner became pregnant during the long period of delay leading to his vasectomy, noted:

Chad: we have friends, for example, and he will not get a vasectomy, he absolutely refuses and she reacts badly to the pill, so she's, she's on IUD (clicks tongue), I mean he is pretty, well I wouldn't say he's typical, but he's, he is you know, rural bloke. Not bloody getting a vasectomy, you know, blah, blah, blah, so, yeah I dunno, I don't know. Maybe it's [having a vasectomy] a bit of an awareness thing, maybe it's just a new age guy thing, I don't know.

Chad spent a large proportion of his interview presenting himself as 'aware', 'caring', 'responsible' and here as a 'new age guy' shifting between these depending on the particular moment in the interview. Unlike Brian, Chad did not present the vasectomy as unrelated to his own expression of masculinity, rather his comparison was with different kinds of masculinities, such as the type his friend embodied. In his account, Chad described a "rural bloke", a homogenising description of a group of 'Other' men who were nothing like Chad.

Within Chad's account, the "rural bloke" was represented as the complete opposite of the (masculine) self he identified with. The rural bloke was constructed as letting his partner take an unreasonable burden of contraceptive responsibility, and as completely opposed to being involved in (permanent) contraceptive actions ("not bloody getting a vasectomy"). While not explicitly attributing the labels of 'aware' and 'new age guy' to himself, and using several "I don't know" hedges, the implication of Chad's account was that his own expression of masculinity was positioned as 'better' than his friend's. Simply having a vasectomy (regardless of when) became an indicator of being an 'aware' or "new age" guy, an identity he appeared invested in presenting. This comparison was potentially needed to minimise the 'fraughtness' associated with Chad's admission that his delays had played a significant part in his wife's undesired pregnancy. While he acknowledged this was problematic, he seemed to be arguing that in contrast to his friend, at least he finally went through with the operation.

In order to explain why he had had a vasectomy and this other man had not, Chad drew upon the notion that there are different types of men that view the world in different ways. This particular framework was not necessary to make his point; however, it seemed for many of the men, establishing their choice to have a vasectomy as the product of a 'better kind' of masculine identity than other men was a more useful strategy than explicitly speaking of their *own* values or decision making processes.

In a similar fashion to Chad, Brent compared himself to two (actual) friends, but in contrast to Chad's account, highlighted the friends' *general* similarity to him (i.e., educated, intelligent, otherwise 'enlightened'). The one area that these men *specifically* differed from him was that their masculinity had 'gotten in the way' of their decision to have a vasectomy:

Brent: me mates who are intelligent (.) people in every other respect who just have this bizarre (inbreath) view that somehow it's going to damage their manhood I don't know whether might have been saying you know (.) ah (.) is my sort of defensive way of saying no I'm still a bloke despite that but it's more around saying that I just think I just think that (.) I disagree obviously that that um you know there's some relationship between masculinity and ability to have sperm in your ejaculate... I can't understand the ingredients you know component of that conversation you know I just think it's silly.

In making sense of his decision to have a vasectomy Brent highlighted this very *specific* difference between him and his friends. He described his process as fairly rapid (a matter of months from decision to the operation), thus locating himself as 'responsible' and having no need to account for any delay. However, his account included the story of these men, who were much like him in many other ways but "bizarre" in this particular way, which suggested that even with no question of his responsibility to attend to, it was still important to refer to other men's different masculine expression.

Brent worked to portray this conversation as 'inconsistent' with the rest of a 'psychology' he attributed to his friends. While describing them in respectful terms like "intelligent" and at another point in the interview as "very clever", he commented that despite this, he could not even comprehend the "ingredients... of that conversation." This inability to comprehend was constructed as a problem with the friends' turn in the conversation, not with Brent's interpretation of it ("I think it's just silly"). Because of their otherwise 'intelligent' point of view and similarity to him, Brent's account portrayed him as struggling with understanding their resistance to having a vasectomy.

What enabled his difference from these men was left unsaid; however, there was no question that it was a difference that made him marginally *better* than these other men. Having had a vasectomy was depicted as a reflection of some positive character trait that they needed to aspire to in order to be less "bizarre" and therefore intelligent in *every* way. In many ways this sort of pattern lies at the crux of much masculine sense-making, referring to other men (see for instance, Wetherell & Edley, 2009) or even previous 'versions' of the self (Terry & Braun, 2009) to mark as a contrast to the (current) self.

Discussion

Many of the men commented that talking about the vasectomy was a novel experience for them (compounded by the interview itself being a relatively unusual experience), and as such, the process was fraught with risk (Schwalbe & Wolkomir, 2003). In order to manage this, the discursive strategy of comparing the self with others in order to appear either ordinary or extraordinary was deployed, depending on the occasioned demands of the interview. This strategy appeared in different ways across all of the interviews and appeared to be a form of

masculine sense-making (Edley & Wetherell, 1997, 2009; Wetherell & Edley, 1999, 2008, 2009) used to describe a novel health experience.

Oudshoorn (2004) has suggested that the reason that women are seen to be primarily responsible for the contraceptive task is that “people construct collective identities based on a shared experience with specific technologies – in this case contraceptive technologies” (p. 353). Talking about vasectomy provided an opportunity for some men to discuss a subject that is normally considered within the ‘feminine domain’ (i.e., contraceptive responsibility). This weak relationship between masculinity and contraceptive tasks in Western cultures means that the identities men might construct must be built around comparisons with *other men*, rather than their own partners (Dixon & Wetherell, 2004; Terry & Braun, 2011b). While vasectomy is far from being a new technology, its high uptake in New Zealand is a relatively recent phenomenon (Sneyd, et al., 2001). For the men involved in the study, especially among those following a ‘typical trajectory’, the vasectomy acted as a technology around which various (but shared) forms of meaning-making developed. The men relied on various culturally available resources which enabled them to speak relatively fluently about having a vasectomy and its meaning to them.

Redman (2001) has commented that ‘heterosexual masculinities—like all social identities—can be viewed as deeply relational and struggled over, involving intricate assertions of likeness to and difference from key social others, assertions that are sometimes affirmed and sometimes contested’ (2001, p. 189). This appeared to be the case with the accounts in this article. As men spoke about themselves and their decision, they did so by making reference to the differences between their own masculine identities and those of ‘imagined’ other men.

The meaning-making related to the decision making process and the operation's aftermath, also seemed to draw from multiple expressions of masculinity rather than an easily categorised 'type.' This supports the suggestion that individual men's construction of masculinity does not rely on a single 'style' of masculinity (such as 'dominant', 'subordinate' 'complicit' or 'resistant,' to use Connell's (2005) typology), and in many cases will draw from, and blend opposing styles (Allen, 2007; Wetherell & Edley, 2009). Wetherell and Edley (1999) have claimed that "we need to consider the multiple and inconsistent discursive resources available for constructing hegemonic gender identities, and... we need to allow for the possibility that complicity and resistance can be mixed together" (p. 352). The men in this study, when making sense of the decision making regarding their vasectomies, often shifted between various forms, and would sometimes blend them within a single turn. They would make reference to themselves, expectations of the self and the selves of other men. Even as the men were explaining the ease of actually having a vasectomy, and how this decision impacted upon them, they were also managing the 'hurdles' of different and sometimes competing masculine values that meant they had to hybridise, refer to and build from different imaginary positions such as 'responsible partner,' 'hero,' 'new-age guy.'

This was a careful balancing act, as appearing *too* heroic might produce incredulity, and not being heroic enough might mean it appeared as if the decision had been 'made for them.' What was apparent was, in a similar fashion to Wetherell and Edley's (1999) findings, the imaginary position of 'being an ordinary guy' was constructed by most men as the default in which they seemed to be invested and would always return to. While the decision making process was often portrayed in heroic terms, the management of the operation itself, and some of its consequences were marked by self-deprecation, humour and a greater positioning as 'ordinary.'

Through such shifting between various (shared) strategies the men were able to 'make sense' of their vasectomy in the novel context of the interview and keep returning to this 'default.'

Comparisons with other (sometimes imagined) men who had not had vasectomies meant that any delays that had occurred in the decision making process (in some cases associated with an unplanned pregnancy) were to a degree diffused, as their levels of responsibility were compared with other men rather than their partners. This shifting into 'heroic by comparison' mode meant that their otherwise ordinary imaginary positioning was not too heavily marred by being 'too ordinary.' In this way the participants were able to maintain complicity with masculine norms.

As a product of this shifting between, and blending of, various positions, 'newer' resources used in the formation of masculine identities seemed to be coming to the fore in the men's talk, as they spoke around sites historically demarcated as 'feminine,' such as reproductive concern (Oudshoorn, 2003, 2004; Terry & Braun, 2011b). In this way, the language used showed a lot in common with notions of the 'New Father', or the involved, active male parent who at least at face value is invested in the emotional wellbeing of his children (Ranson, 2001). While such masculinities are not necessarily transferring into wholesale material changes for women (see for instance Johansson & Klinth, 2008; Ranson, 2001; Renshaw, 2005; Wall & Arnold, 2007), what is evidenced in these accounts is the potential for some shifting in the way men are talking about these kinds of social sites, let alone the fact that they are speaking about them at all! This is not to say that the older positions 'give way' completely to the newer ones, rather through these positions co-existing and co-mingling, they allow for greater variation of masculine expression. These sorts of accounts further add to the available cultural resources men draw upon in the formation of masculine identity, not only in terms of the content they reproduce as their own, but also shared strategies for doing so.

This sort of accounting is in marked contrast to individualised models of decision making that tend to dominate vasectomy research (e.g., Mumford, 1983). Instead men seemed to recognise the need to relate their own masculine identities to those of other men; it was a situated and occasioned decision making process. This suggests that the provision of information to men at the stage of life associated with vasectomy is only a small part of the story. The accounts of men in this study demonstrate that comparison with other men is an important feature of 'making sense' of the operation.

Conclusions

This article has referred to men's recurring descriptions of the self in terms of different expressions of masculinity. While these conversations were superficially about vasectomy, the men seemed to be attending to an association between their operation and who they were as men, drawing upon an 'idea of masculinity' to do so. In the majority of the extracts, men compared and contrasted their own decision making processes with those of other men ('imagined' or 'real'), and in doing so seemed to be drawing from a shared understanding of masculinities as multiple and social. However, when it came to their own identities, the masculinities they were invested in were almost always presented as superior to those of the men they were comparing themselves. This could be done so from the 'safety' of having had a vasectomy, which therefore situated them as above reproach, even despite delays, agonising deliberation, and outright avoidance of the operation. In this way, the gendered inequality of reproductive responsibility was perpetuated, as comparisons between partners were set aside in these discussions in favour of comparisons with other men.

Note

Transcription Conventions:

(.): pause in talk (untimed)

=: where talk overlaps/latches with no break

Underlined: emphasised talk

Bold: louder talk

[talk]: information added by authors

[...]: talk omitted by authors

References

- Adams, C., & Walde, M. (2009). Risks and Complications of Vasectomy. *Urologic Clinics of North America*, 36(3), 331-336.
- Allen, L. (2007). "Sensitive and real macho all at the same time": Young heterosexual men and romance. *Men and Masculinities*, 10(2), 137-152.
- Amor, C., Rogstad, K. E., Tindall, C., Moore, K. T., Giles, D., & Harvey, P. (2008). Men's experiences of vasectomy: A grounded theory study. *Sexual and Relationship Therapy*, 23(3), 235-245.
- Balde, A., Legare, F., & Labrecque, M. (2006). Assessment of needs of men for decision support on male sterilization. [Original]. *Patient Education and Counseling*, 63(3), 301-307.
- Barone, M., Johnson, C., Luik, M., Teutonico, D., & Magnani, R. (2004). Characteristics of men receiving vasectomies in the United States, 1998-1999. *Perspectives on Sexual and Reproductive Health*, 36(1), 27-33.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77.
- Bumpass, L., Thomson, E., & Godecker, A. (2000). Women, men, and contraceptive sterilization. *Fertility and Sterility*, 73(5), 937-946.
- Christensen, R. E., & Maples, D. C. (2005). Postvasectomy Semen Analysis: Are Men Following Up? *The Journal of the American Board of Family Practice*, 18(1), 44-47. doi: 10.3122/jabfm.18.1.44
- Coleman, D., & Rowthorn, R. (2011). Who's afraid of population decline? A critical examination of its consequences. *Population and Development Review*, 37, 217-248. doi: 10.1111/j.1728-4457.2011.00385.x
- Connell, R. (2005). *Masculinities* (2nd ed.). Crows Nest: Allen and Unwin.
- Courtenay, W. (2000). Constructions of masculinity and their influence on men's health and well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385-1401.
- De Fina, A., & Georgakopoulou, A. (2008). Introduction: Narrative analysis in the shift from texts to practices. *Text and Talk*, 28(3), 275-281.
- Dixon, J., & Wetherell, M. (2004). On discourse and dirty nappies: Gender, the division of household labour and the social psychology of distributive justice *Theory and Psychology*, 14(2), 167-189.
- Dudgeon, M., & Inhorn, M. (2003). Gender, masculinity and reproduction: anthropological perspectives. *International Journal of men's health*, 2(2), 31-56.
- Edley, N. (2001). Analysing masculinity: Interpretative repertoires, ideological dilemmas and subject positions. In M. Wetherell, S. Taylor & S. Yates (Eds.), *Discourse as data: A guide for analysis* (pp. 189-229). London: Sage Publications.
- Edley, N., & Wetherell, M. (1997). Jockeying for position: the construction of masculine identities. *Discourse and Society*, 8(2), 203-217.
- Edley, N., & Wetherell, M. (1999). Imagined futures: young men talking about fatherhood and domestic life. *British Journal of Social Psychology*, 38(2), 181-194.
- Edley, N., & Wetherell, M. (2009). Jockeying for position: the construction of masculine identities. In N. Coupland & A. Jaworski (Eds.), *Sociolinguistics: Critical concepts in linguistics* (Vol. 3, pp. 327-343). London: Routledge.
- Edwards, D. (1997). *Discourse and cognition*. London: Sage Publications.

- Gillespie, R. (2003). Childfree and feminine: Understanding the gender identity of voluntarily childless women. *Gender & Society, 17*(1), 122-136. doi: <http://dx.doi.org/10.1177/0891243202238982>
- Glasier, A., Scorer, J., & Bigrigg, A. (2008). Attitudes of women in Scotland to contraception: a qualitative study to explore the acceptability of long-acting methods. *Journal of Family Planning and Reproductive Health Care, 34*(4), 213-217. doi: 10.1783/147118908786000497
- Goldstein, J., Lutz, W., & Testa, M. (2003). The emergence of subreplacement family size ideals in Europe. *Population Research and Policy Review, 22*(5-6), 479-496.
- Gough, B., & Robertson, S. (2010). *Men, masculinities and health: Critical perspectives*. Basingstoke: Palgrave MacMillan.
- Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? *Field Methods, 18*(1), 59-82. doi: 10.1177/1525822x05279903
- Henry, A. (1996). Saga of the newer generation pills and the concept of risk. *Reproductive Health Matters, 4*(7), 158-161.
- Hodgetts, D., Masters, B., & Robertson, N. (2004). Media Coverage of 'Decades of Disparity' in Ethnic Mortality in Aotearoa. *Journal of Community & Applied Social Psychology, 14*(6), 455-472.
- Hofmeyr, D. G., & Greeff, A. P. (2002). The influence of a vasectomy on the marital relationship and sexual satisfaction of the married man. *Journal of Sex & Marital Therapy, 28*(4), 339-352.
- Holland, D., & Leve, J. (Eds.). (2001). *History in Person: Enduring struggles, contentious practice, intimate identities*. Santa Fe, New Mexico: School of American Research Press.
- Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. Lerner (Ed.), *Conversation analysis: studies from the first generation*. Amsterdam; Philadelphia John Benjamins Publishing.
- Johansson, T., & Klinth, R. (2008). Caring fathers: The ideology of gender equality and masculine positions. *Men and Masculinities, 11*(1), 42-62.
- Mawson, D. L. (2006). *The meaning and experience of voluntary childlessness for married couples*. PhD, University British Columbia, Canada, Vancouver.
- Miller, W., Shain, R., & Pasta, D. (1990). The nature and dynamics of post-sterilization regret in married women. *Journal of Applied Social Psychology, 20*(6, Pt 1), 506-530.
- Miller, W., Shain, R., & Pasta, D. (1991a). The pre- and poststerilization predictors of poststerilization regret in husbands and wives. *Journal of Nervous and Mental Disease, 179*(10), 602-608.
- Miller, W., Shain, R., & Pasta, D. (1991b). Tubal sterilization or vasectomy: how do married couples make the choice. *Fertility and Sterility, 56*(2), 278-284.
- Mumford, S. D. (1983). The Vasectomy Decision-Making Process. *Studies in Family Planning, 14*(3), 83-88.
- Oliffe, J., & Mróz, L. (2005). Men interviewing men about health and illness: ten lessons learned. *The Journal of Men's Health & Gender, 2*(2), 257-260. doi: 10.1016/j.jmhg.2005.03.007
- Oudshoorn, N. (2003). *The male pill: a biography of a technology in the making*. Durham Duke University Press.
- Oudshoorn, N. (2004). "Astronauts in the Sperm World": The Renegotiation of Masculine Identities in Discourses on Male Contraceptives. *Men and Masculinities, 6*(4), 349-367.
- Pile, J., & Barone, M. (2009). Demographics of vasectomy - USA and International. *Urologic Clinics of North America, 36*(3), 295-306.

- Poland, B. (2003). Transcription Quality In J. Holstein & J. Gubrium (Eds.), *Inside interviewing: New lenses, new concerns* (pp. 267-288). Thousand Oaks, London, New Delhi: Sage Publications.
- Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: problems and possibilities. *Qualitative Research in Psychology*, 2(4), 281-307.
- Ranson, G. (2001). Men at work: Change--or no change?--in the era of the "new father". *Men and Masculinities*, 4(1), 3-26.
- Redman, P. (2001). The discipline of love: Negotiation and regulation in boy's performance of a romance-based heterosexual masculinity. *Men & Masculinities*, 4(2), 186-200.
- Renshaw, D. C. (2005). Fathering Today. *Family Journal: Counseling and Therapy for Couples and Families Vol 13(1) Jan 2005*, 7-9.
- Rowlands, I., & Lee, C. (2006). Choosing to have children or choosing to be childfree: Australian students' attitudes towards the decisions of heterosexual and lesbian women. *Australian Psychologist*, 41(1), 55-59.
- Sandlow, J., Westefeld, J., Maples, M., & Scheel, K. (2001). Psychological correlates of vasectomy. *Fertility and Sterility*, 75(3), 544-548.
- Schwalbe, M., & Wolkomir, M. (2003). Interviewing men. In J. Holstein & J. Gubrium (Eds.), *Inside interviewing: New lenses, new concerns* (pp. 55-73). Thousand Oaks, London, New Delhi: Sage Publications.
- Schwingl, P., & Guess, H. (2000). Safety and effectiveness of vasectomy. *Fertility and Sterility*, 73(5), 923-936.
- Shih, G., Turok, D., & Parker, W. (2011). Vasectomy: the other (better) form of sterilization *Contraception*, 83(4), 310-315.
- Shuy, R. (2003). In person versus telephone interviewing. In J. Holstein & J. Gubrium (Eds.), *Inside interviewing: New lenses, new concerns* (pp. 175-194). Thousand Oaks, London, New Delhi: Sage Publications.
- Sloan, C., Gough, B., & Conner, M. (2010). Healthy masculinities? How ostensibly healthy men talk about lifestyle, health and gender. *Psychology and Health*, 25(7), 783-803.
- Smith, J., Hollway, W., & Mishler, E. (2005). Commentaries on Potter and Hepburn, 'Qualitative interviews in psychology: problems and possibilities'. *Qualitative Research in Psychology*, 2(4), 309-325. doi: 10.1191/1478088705qp046cm
- Sneyd, M. J., Cox, B., Paul, C., & Skegg, D. (2001). High Prevalence of Vasectomy in New Zealand. *Contraception*, 64, 155-159.
- Sparrow, M., & Bond, L. (1999). *Vasectomy: Practical information and advice*. Wellington: GP Publications.
- Terry, G., & Braun, V. (2009). "When I was a bastard": constructions of maturity in men's accounts of masculinity. *The Journal of Gender Studies*, 18(2), 165-178.
- Terry, G., & Braun, V. (2011a). "I'm committed to her and the family": Positive accounts of vasectomy among New Zealand men. *Journal of Reproductive and Infant Psychology, Online First*.
- Terry, G., & Braun, V. (2011b). "It's kind of me taking responsibility for these things": Men, vasectomy and contraceptive economies. *Feminism & Psychology, Online First*.
- Terry, G., & Braun, V. (2011c). "Sticking my finger up at evolution": Unconventionality, selfishness, resistance and choice in the talk of men who have had 'pre-emptive' vasectomies. *Men & Masculinities, Online First*.
- Uhlman, J., & Weiss, G. (1988). Performed and refused vasectomy: A decade of waning popularity and increasing awareness of safety. *Social Biology*, 35(1-2), 41-49.
- UN. (2003). World Contraceptive Use Retrieved August 9, 2006

- UN. (2007). World Contraceptive Use Retrieved November 3, 2010
- Wall, G., & Arnold, S. (2007). How involved is involved fathering?: An exploration of the contemporary culture of fatherhood. *Gender & Society, 21*(4), 508-527.
- Wetherell, M., & Edley, N. (1998). Gender practices: Steps in the analysis of men and masculinities. In K. Henwood & C. Griffin (Eds.), *Standpoints and differences: Essays in the practice of feminist psychology* (pp. 156-173). London, England: Sage Publications Ltd.
- Wetherell, M., & Edley, N. (1999). Negotiating hegemonic masculinity: Imaginary positions and psycho-discursive practices. *Feminism & Psychology, 9*(3), 335-356.
- Wetherell, M., & Edley, N. (2008). Discursive psychology and the study of gender: a contested space. In K. Harrington, L. Litosseliti, H. Sauntson & J. Sunderland (Eds.), *Gender and Language Research Methodologies* (pp. 161-173). Basingstoke: Palgrave Macmillan.
- Wetherell, M., & Edley, N. (2009). Masculinity manoeuvres: Critical discursive psychology and the analysis of identity strategies. In N. Coupland & A. Jaworski (Eds.), *The new sociolinguistics reader* (pp. 201-214). Basingstoke: Palgrave Macmillan.
- Wetherell, M., & Maybin, J. (1996). The distributed self: A social constructionist perspective. In R. Stevens (Ed.), *Understanding the Self* (pp. 219-279). London: Sage.
- White, A. (2006). Men's health in the 21st century. *International Journal of Men's Health, 5*(1), 1-17.
- Williams, D., Swicegood, G., Clark, M., & Bean, F. (1980). Masculinity-Femininity and the desire for sexual intercourse after vasectomy: A longitudinal study. *Social Psychology Quarterly, 43*(3), 347-352.
- Wright Aradhya, K., Best, K., & Sokal, D. (2005). Recent developments in vasectomy. *British Medical Journal, 330*, 296-299.
- Ziegler, F., Rodgers, D., & Kriegsman, S. (1966). Effect of vasectomy on psychological functioning *Psychosomatic Medicine, 28*(1), 438-449.

¹ Numbers of children being born not 'replacing' their parents.