

Losing Manhood Like a Man: A Collaborative Autoethnographic Examination of Masculinities and the Experience of a Vasectomy

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Abstract

In this article, we examine the first author's experiences before, during, and after a vasectomy to uncover gaps in existing masculinities scholarship. Utilizing collaborative autoethnographic methods, we document some ways the first author's experience reveals (1) missing pieces in existing research into masculinities and vasectomies, (2) unanswered questions about manhood and reproductive justice, and (3) limitations in contemporary conceptualizations of hegemonic and compensatory manhood acts. In conclusion, we suggest some ways to extend masculinities scholarship by critically examining situational variations in what it means to be a man as well as some ways vasectomy experiences may influence these ideals.

Keywords

bodies, reproduction, hegemonic masculinity, fatherhood, health, ethnography, biology

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In the past few decades, masculinities scholarship has developed in many interesting and nuanced ways to reveal the social construction and performance of “what it means to be a man” in relation to a wide variety of social contexts, circumstances, and relationships (see, e.g., Connell and Messerschmidt 2005; Kimmel 1996; Schrock and Schwalbe 2009). In so doing, researchers have found that manhood or conceptions of masculinities maybe influential within any given experience or interaction (West and Zimmerman 1987). Further, such studies reveal that contemporary and historical notions of manhood often lie at the foundation of societal patterns of racial, classed, gendered, sexual, and other forms of inequality (Connell 1987). While such endeavors have revealed an incredible amount of knowledge concerning masculinities, many gaps remain in the field. In this article, we explore some of these gaps through a collaborative autoethnographic analysis of the first author’s experience before, during, and after a vasectomy.

To this end, we begin with an elaboration of the ways the first author’s vasectomy experience facilitated a reevaluation of his masculine self. As Adams (2010) suggests, we start by outlining our own standpoints as people and researchers, and the ways these factors facilitated the current project. With this background in mind, we then draw upon and synthesize existing masculinities and autoethnographic insights to provide a critical analysis of the first author’s vasectomy experience and provide avenues for extending existing masculinities scholarship concerning manhood, vasectomies, and the reproduction of gender inequality. As a result, we utilize first-person narrative throughout most of this article to capture both the first author’s personal experience and the influence of social patterns upon concrete social interactions (see Adams 2010).

Vasectomy Experience and Shifting Conceptions of Manhood

As of March 2015, I (the first author) am a heterosexual male that has undergone a vasectomy.¹ While my collection of social privileges (e.g., white, middle-class, heterosexual male with a professional occupation, a stable, legally recognized marriage and a healthy child) is something I discuss in both my research and the classes I teach, I have rarely had reason to critically evaluate these identities in relation to my own conceptualization of a gendered self. In fact, as a feminist identified scholar and romantic partner, I have sought to subvert the systems that convey such privileges in my life and work and never really considered the ways I may rely on these identities in my own self-definition. Reflecting upon my vasectomy, however, I have experienced unexpected questions.

In my own head as well as in the journal I have kept to make sense of my vasectomy experience, a troubling question arose that I did not fully anticipate when I decided to have a vasectomy. Specifically, I found myself asking, “Am I less of a ‘man’ now that I’m sterile?” While this question occurred to me before the procedure, it somehow seemed more real after and raised some difficult gender issues for

me. After all, I'm not simply a man because I'm attracted primarily to women. There are plenty of women and trans-people attracted to women, men attracted to men, and all sorts of variations between these extremes. Similarly, I'm not a man because of my (assumed) chromosomal makeup because there are countless variations in chromosomal makeup, and many people who live as men do not share my assumed chromosomes. Finally, I cannot convince myself of manhood because I own a penis because my five-year-old child also has a penis, and yet, no one is likely to consider him a man, and there are people who live as women that also possess a penis. Further, many people present and are interpreted as men without possessing a penis.

As a result of my vasectomy, I have thus come to the conclusion that the ability to produce children (an ability I have lost) somehow became an important element of my conceptualization of the identity man. Seeking to make sense of this realization, I turned to a colleague and friend (the second author) who identifies as genderqueer and specializes in gender and sexualities scholarship. I was considering telling my story in some form of public format and interested in masculinities scholarship that could help me process the experience. As a result, I shared my impressions and the writings I had composed to process the experience with my colleague, and ze analyzed the experience, discussed it with me, and pointed out ways that my own unconscious attempts to "do gender" (West and Zimmerman 1987) influenced my vasectomy experience. While these conversations were intriguing, we both noted that existing masculinities scholarship did not offer many answers, and as a result we decided to use my experience as a lever for furthering such scholarship.

To this end, my colleague—a feminist and queer identified bisexual, genderqueer white-appearing male from a lower-class background without the "credentials" (Goffman 1963) of legal marriage or parenthood at present²—systematically examined all of my written recollections of the events before, during, and after my vasectomy in order to ascertain what masculinity lessons could be gleaned from the data. Utilizing zir experience and training with ethnographic methods as well as feminist and queer theories, ze outlined what my experiences before, during, and after my vasectomy could tell us about masculinities. After reviewing all of my notes and written thoughts, ze derived three questions which orient this article. How did my decision to have a vasectomy problematize my manhood? Why would it bother me—a feminist-identified male in an egalitarian relationship—to feel like "less of a man"? How might my experience reveal existing gaps in masculinities scholarship?

We seek to answer these questions by first elaborating previous insights concerning manhood and the experience of a vasectomy. We then use "collaborative autoethnography" (Chang, Ngunjiri, and Hernandez 2013) to analyze the ways my experience³ of a vasectomy reveals some missing pieces in existing masculinities scholarship. We conclude by suggesting some ways masculinities scholarship maybe advanced through analyses of situational variations in what it means to be a man, and the ways vasectomy experiences may influence these ideals. Through the use of collaborative autoethnography, we thus take a "down-to-earth empirical

approach” (Plummer 2003, 522) to foreground the complexities of gendered experiences (Lucal 1999).

The Social Construction of Manhood

Over the last few decades, feminist scholars have identified many ways males construct, maintain, and signify masculine selves in relation to the cultural notions of what it means to be a man and their positions within interlocking systems of oppression and privilege (see, e.g., Kimmel 1996; Martin 2001; West and Zimmerman 1987). Rather than an essential element found within male bodies, these scholars conceptualize manhood as a result of ongoing performances wherein social beings mobilize the symbolic resources at their disposal to signify the ability to control, and avoid being controlled by, others (Connell and Messerschmidt 2005; Schrock and Schwalbe 2009). While the resources mobilized to signify a masculine self are historically, culturally, and contextually dependent, all such “manhood acts” (Schrock and Schwalbe 2009) or “masculine practices” (Connell and Messerschmidt 2005) ultimately serve to allow males to claim membership in and affirm the existence of the dominant gender group.

Understanding the social construction of manhood, however, requires making sense of “hegemonic masculinity” (Connell 1987, 1995), or the most honored way to be a man. Despite the fact that relatively few males will be able to enact the most honored version of manhood in a given culture, time, or situation, this hegemonic ideal typically pervades entire populations and social structures and provides the foundation upon which all males fashion believable masculine selves (see also Goffman 1963). In an exhaustive synthesis of existing masculinities scholarship, for example, Schrock and Schwalbe (2009) noted that the contemporary American ideal referred to males capable of demonstrating whiteness, monetary status, heterosexuality, and self-control.

As a result, the core of “what it means to be a man” maybe found in the practices and relational power dynamics of people interpreted as “male” by others (Connell and Messerschmidt 2005). Rather than a role or an essential element of individual experience, manhood—hegemonic or otherwise—is thus established via unequal relational patterns that privileged men over women and some men over others (Schrock and Schwalbe 2009). Manhood is thus something people do in relation to other people rather than something people have or are (West and Zimmerman 1987). We may thus explore the concrete experiences of people who identity as males or men to uncover the ways manhood—and by extension gender inequality—is constructed and affirmed (regardless of intentions) in daily life.

Building on these insights, researchers have demonstrated some ways males unable or unwilling to enact or practice ideal manhood compensate for their subordination. In an examination of gay Christian men, for example, Sumerau (2012) found that such men compensated for their sexual marginalization by emphasizing their ability to lead others (especially women), maintain emotional control, and

mirror heterosexual relationship standards. Similarly, Ezzell (2012) found that poor and racial minority males in rehabilitation centers compensated for their lack of autonomy by emphasizing aggression and denigrating women. While these (and others, see Schrock and Schwalbe 2009) studies have revealed some ways males occupying marginalized racial, classed, and sexual locations compensate for their subordination and claim masculine selves, we know far less about the ways males capable of enacting the hegemonic ideal experience and interpret their manhood in the midst of biological transitions (but see Sumerau, Schrock, and Reese 2013 for some ways trans-people experience biological transitions in gendered ways).

While countless health events could provide opportunities to explore manhood and biological transition (see Courtenay 2000), vasectomy may represent an especially illustrative case due to associations between biological reproduction and manhood embedded within the hegemonic ideal (Amor et al. 2008; Terry and Braun 2011a, 2011b). Exploring the experiences of New Zealand men, for example, Terry and Braun (2011b) found that such men interpreted their vasectomies in ways that bolstered their claims to masculine selves. Likewise, Terry and Braun's (2012) exploration of males who got "preemptive" vasectomies because they had no interest in creating children explained their experiences in ways that positioned themselves as "in control" and "responsible" men. While these studies reveal men's agency in vasectomy experiences and the possibility of such experiences contributing to ongoing manhood acts, we know less about the ways males might interpret similar experiences as a loss of manhood status.

As we detail below, the first author's experience before, during, and after having a vasectomy provides an opportunity to explore such an occurrence. At all three of the aforementioned times, for example, he experienced life as a heterosexual, white, upper-middle-class male that maintained an athletic social life and professional career. Similarly, he had long established a heterosexual romantic partner, a male child to raise in his own image, and home ownership, which can be used—especially by middle-aged males—to demonstrate heterosexual prowess, middle-class respectability, and responsible self-possession. As a result, we offer an illustrative case of a male capable of signifying the hegemonic ideal that temporarily experiences vasectomy as a loss of manhood status in order to, as Terry and Braun (2012) suggest, continue the process of mapping the variation in ways males engage with reproductive bodies and socially constructed notions of manhood.

Methods and Analysis

In order to examine the influence of a vasectomy upon self-conceptualizations of manhood, we utilize a collaborative autoethnography (Chang, Ngunjiri, and Hernandez 2013). As a method, autoethnography combines autobiography and ethnography. Autobiographical methods, for example, rely upon the ability of a person to retrospectively and selectively write about zir experience through a reliance on memory, interviews, and existing texts like photographs and journals (Didion

2005). On the other hand, ethnography involves the participation and/or observation of cultural phenomena to facilitate understanding of a group's interactional practice, common values, and shared experience (Geertz 1973). Autoethnography thus involves the integration of these techniques wherein researchers retrospectively and selectively capture experiences while situating these experiences within existing cultural contexts (Adams 2010).

While autoethnography relies upon an integration of personal reflection and cultural analysis, this does not mean one can simply tell zir story. Rather, autoethnographers must distance themselves from personal experience in order to reflect upon the ways said experience relates to larger cultural patterns (Crawley 2012). An autoethnographer thus uses personal experience to make unique and unfamiliar aspects of social life familiar to both insiders (i.e., those with similar experiences) and outsiders (i.e., those without a shared point of reference). One way to accomplish this distance is through collaboration (Chang, Ngunjiri, and Hernandez 2013).

Following Chang and associates (2013), collaborative autoethnography is the process of doing autoethnography with others at varying levels of participation. In some cases, for example, researchers experiencing the same phenomena will collaboratively create reflections, discuss emerging themes, and compose analyses throughout the entirety of the project (see Geist-Martin et al. 2010). On the other hand, one or more researchers may document deeply personal experiences and then solicit other researchers for the purposes of analysis and interpretation (see, e.g., Lietz, Langer, and Furman 2006). For the purposes of this article, we adopt the latter model wherein the first author experienced and documented a vasectomy and later solicited the second author to analyze these experiences in relation to the existing masculinities scholarship.

We find collaborative autoethnography especially useful for the current project for two reasons. First, collaborative autoethnography allows us to utilize both the first author's "firsthand familiarity" (Blumer 1969, 38) with the experience, and the second author's detached observation of the experience. This allows us to examine both "what goes on in social life under one's nose" (Blumer 1969, 50) and the ways these experiences align with or contradict existing observations in the social scientific literature. Second, collaborative autoethnography allows us to critically examine the experience of a white, heterosexual, middle-class male (i.e., a male capable of enacting the hegemonic ideal) through the lens of a bisexual, genderqueer male raised in the lower class (i.e., a male that has spent zir social life in multiple marginalized positions that often encourage compensatory acts). Our combined standpoints thus offer an intriguing opportunity to examine hegemonic manhood acts from multiple perspectives.

In fact, our approach in this article maybe especially important when seeking to understand men's experiences with vasectomy because collaborative autoethnography allows an outsider to critically interrogate the recorded experiences of another. Considering that male respondents often answer survey and interview questions in ways that bolster their claims to masculine selfhood (Schwalbe and Wolkomir 2001), they maybe hesitant to reveal elements of vasectomy experience that call

their manhood into question or reveal insecurities they may experience in relation to their gender identity claims. In fact, such respondents may, as previous interview subjects discussing vasectomies appear to have done intentionally or otherwise (Terry and Braun 2012), transform discussion of their vasectomies into opportunities to perform manhood by emphasizing the masculine credentials embedded in their vasectomy experience.

For the purposes of our analysis, the first author provided the second author with a diary he kept of his experiences before, during, and after the vasectomy; notes and a couple of potential essays he had already attempted to write about the experiences; and the opportunity to ask any question (no matter how uncomfortable) about the experience throughout the analysis. As such, the second author went through all available materials as well as notes taken on conversations about the experience when ze first received the materials coding for patterns of activity shown to reproduce manhood and/or gender inequalities in existing literature (see Adams 2010 for examples of such techniques). In so doing, the second author outlined themes throughout the experience that revealed attempts to compensate for a temporary loss of manhood status or practice. The second author then rewrote the story of the events in narrative form while both emphasizing relevant themes to manhood studies and incorporating critical discussion of these themes. The authors then went over the narrative analysis in a back and forth fashion to refine the story and its contributions to masculinities scholarship. What follows is the narrative analysis of manhood and vasectomy experience that emerged from this collaborative process.

Losing Manhood Like a Man

Building on the aforementioned background, we offer an analysis of the first author's experience before, during, and after a vasectomy, and some ways it illuminates gaps in masculinities scholarship. First, we discuss the decision to have a vasectomy, and some ways, these experiences complicate the existing notions of masculinities and vasectomies. Then, we outline events prior to the procedure to reveal some unanswered questions about manhood and reproductive justice. Next, we outline the process through which the first author was sterilized, and some ways this process extends masculinities scholarship. Finally, we examine the events following the procedure, and some ways these moments complicate existing knowledge about hegemonic manhood. While the following analysis was created collaboratively, we utilize first-person narrative throughout to both maintain clarity and continuity between the analysis and to demonstrate the personal aspects of the first author's vasectomy experience.

Considering a Vasectomy

Over the years, my partner and I had tried several forms of birth control. While she tried Depo-Provera for several years until studies showed it was related to bone loss

and a patch for a bit of time after that, we eventually switched to condoms for two reasons. First, while hormonal birth control moderated my partner's painful menstruation, it also substantially reduced her sex drive. Second, hormonal birth control can result in delayed fertility. We planned to have a child and we hoped to schedule the birth of a child in such a way that it would not cause substantial disruption to our dual careers. In fact, we did have our child according to the schedule we outlined, but after the birth of our child, we were left with two questions—whether we wanted to have another child, and what form of birth control we wanted to use.

Concerning the possibility of another child, I was certain that I did not want another one, but my partner was not so sure. She had long desired two children—a boy and a girl. The fact that she had a particularly unpleasant pregnancy—constant indigestion, feeling bloated for five of nine months, and a traumatic emergency caesarean section—however, left her initially convinced that one child was sufficient. Despite this initial impression, time tried its best to erase or soften the difficulties of pregnancy and childbirth, but I reminded her of the issues and further pointed out that we were both pursuing careers. Through an ongoing dialog, we arrived at a conclusion—we would have only the one child. Although I was not conscious of it at the time, it is noteworthy that I sought to “get my way” or control the ultimate outcome of our reproductive dialog by emphasizing “rational” (Connell and Messerschmidt 2005) concerns.

Not surprisingly, this decision influenced our choice of birth control. Since my partner was, in her words, “Only 99 percent sure she didn’t want another child,” she suggested we avoid surgical options and instead, try an intrauterine device (IUD). Since an IUD could be effective for five to ten years and would likely not affect her sex drive or pleasure, we agreed on this option. The IUD was inserted by her Ob-gyn and worked well for the better part of a year before sudden and serious cramping forced my partner to go back to the Ob-gyn. The IUD had punctured her uterus. While this was extremely painful, there were no indications of permanent damage. Unwilling to risk something like that happening again, we thus returned to using condoms.

The use of condoms, however, presented a kind of paradox. On the one hand, I felt that condoms reduced my sexual pleasure. Despite this impression, I was happy to have a slight reduction in sexual pleasure in order to ensure my partner’s regular hormonal cycle was not interrupted by birth control. In fact, she experienced a considerable increase in sexual interest while ovulating, and I was delighted to provide more services during such times. I thus found myself in a paradox. I did not want to interfere with her cycle, but I also did not like condoms.

As a result, when I made an appointment with a urologist to investigate some discomfort I experienced when my testicles, sometimes one and occasionally both, retracted into their specific inguinal canals during sexual intercourse, I decided that I would also raise the issue of a vasectomy. When I mentioned this to my partner, however, she reiterated that she was not 100 percent sure that she didn’t want more kids. In response, I explained that my position had not changed and that I did not

want any more children. Further, I pointed out that we both really enjoyed our work, had found a good work/family balance, and that I didn't want to use condoms anymore. As evidenced here and below, I thus turned to rationality—a hallmark of masculine practice—to overrule her feelings (i.e., emotional desires) on the subject (see also Vaccaro 2011).

I also pointed out that she had recently finished her PhD and was embarking on her own career. This was an especially salient fact because, while having another child would reduce my productivity, it would have a more substantial impact on her. She had the uterus, the child would grow inside of her, and she would have to deal with any physical consequences of pregnancy. Along the same lines, I pointed out that while I do a substantial amount of the child care (perhaps as much as 45 percent) as well as almost all the cooking and shopping, she would be doing the majority of care work when the child was first born since we both believe in the benefits of breast-feeding (our son breast-fed until he was three). Reframing the debate in rational rather than emotional terms, I asked her how she could manage the shared—though I would say disproportionately hers—responsibilities of caring for a newborn and young child while building her career? She admitted that this was not feasible, and as a result, I—echoing long-standing rational masculine practice (Kimmel 1996)—got my way.

Following these events, I attended my urology appointment and learned that my testicular issues were nothing to be concerned about. I also informed my urologist that I wanted to get a vasectomy. Without any question as to my motives, my doctor asked if I had any questions. Since I was confident I understood the procedure, I asked him where it would be done and learned that while I could have it in a hospital if I wanted general anesthesia, it would generally take only ten to fifteen minutes in the office using local anesthesia. Since such procedures interest me (or maybe because I didn't want to risk "being out of control" Ezzell 2012) due to hospital protocols, I decided upon the office. The doctor then brought me paperwork containing an explanation of the procedure (a bilateral vasectomy), pages of pre- and postvasectomy instructions, and a consent form. After leaving the office, my partner and I discussed the materials, and several days later I called to schedule my vasectomy.

Attempting to make sense of this first part of the sterilization experience, it became apparent that existing masculinities scholarship offered little guidance (see also Terry and Braun 2012 for a similar observation). When researchers have examined vasectomies, they have focused on decision-making processes, health effects, or experiences of the procedure itself. Following Terry and Braun (2012), the few studies that have focused on gendered aspects of vasectomy experience have typically utilized interviews—or accounts—after the fact, which conceptualize the experience in relation to the ways it bolsters masculine identity claims and privilege (see also Terry and Braun 2011b). While such studies support observations of the ways men use their bodies to signify manhood (Vaccarro 2011), they leave unexplored "crisis" (Connell 1987) experiences males may experience in relation to

vasectomies as well as the ways gender may influence vasectomy experiences in the moment.

However, my experience reveals some potential answers to these questions. On the one hand, my experience echoed other men's accounts of voluntarily seeking vasectomies. On the other hand, I handled the decision-making process in ways that do not fit the responsible and "family-centered" depictions offered by other men after the fact. Rather, I (unconsciously at the time) sought control of my reproductive body and insisted on revisiting the previous agreement with my spouse concerning surgical options. In so doing, my initial attempt to procure a vasectomy actually represented a manhood act wherein I tried to use rational arguments to override my partner's emotion-based hesitation to limit our offspring to only one child. Echoing insights from Terry and Braun's (2011a, 2011b, 2012) interview studies, my own experience suggests there maybe much to learn about the ways that even vasectomy experiences can be utilized to claim manhood.

Preparing for a Vasectomy

My vasectomy was scheduled for two months after my initial appointment. Although I did not think about it much during this time, there were occasions where I silently celebrated each time my partner put a condom on my penis as the potential final occasion. It also became salient when I decided I could ignore the prevasectomy instruction to bring someone who could drive me home because my partner overruled me. While I thought this was unnecessary, my partner insisted and thus adjusted her work schedule to attend the appointment with me. Although I didn't think about it at the time, this represented the first of many times I would attempt to maintain self-control (i.e., manhood) during this experience in much the same way I "relationally" (Connell and Messerschmidt 2005) established control before the procedure.

On the Monday before my vasectomy, the issue became salient again in the context of interactions with a group of colleagues and students from my university. I typically organize soccer games for the group three times a week and on the Monday before my procedure, one of the regular players noted that he would not be there on Wednesday. In response, I told him I would be there Wednesday, but I might not make it Friday. When he asked me why, I hesitated for a moment before telling him (and a couple other regulars who were close enough to overhear) that, "I'm getting a vasectomy on Wednesday." While I believe I hesitated because it is both a personal and sexual matter, I am also aware that males—in contrast to females—are typically socialized to view intimate issues (like a vasectomy) as personal (e.g., boys don't talk about feelings or boys don't mention sex except to demonstrate prowess) as part of their construction of manhood (see, e.g., McGuffey 2008; McGuffey and Rich 1999).

After my admission, one of the other players noted, "There is no way you're going to be here on Friday." However, I countered with information from the

postvasectomy instructions that suggested I would only be restricted for two days. Despite this claim, he insisted that I wasn't going to be playing soccer on Friday and asked if I was going to watch the procedure. After he mentioned that he had a friend who watched the procedure, another player remarked, "I wouldn't want to watch anyone cut into my tool bag." Laughing, I told them I wasn't sure, but that I would definitely be awake during the procedure even though I was concerned about winching during the incision. Although I believe I asserted my desire to play Friday because soccer is my primary form of exercise, and I handled the conversation without any attempt to demonstrate incredible pain tolerance, I cannot help but wonder what role my own conception of manhood might have played. Was I compensating for my pending loss by asserting other elements of masculine selfhood? I honestly do not know, but it is striking to me that my behavior mirrors other athletes who have handled health issues similarly (see Vaccarо 2011).

The day before the vasectomy, I turned to items one and two on the prevasectomy instructions, which required me to shave all the hair from my scrotum and thoroughly wash this area of my body. Like many males, I had never shaved this area, and as result, the process revealed just how little I recognized this area of my body. I will admit that I do not even like to shave my face, but I can generally handle the process in three to five minutes. Shaving my genital region, however, took around twenty-five minutes and required me to be *very* careful.

During this process, several thoughts occurred to me. First, I realized that for some reason I conceptualized (or labeled) my genital hair as "my transition to manhood." Second, I began to wonder why any woman or man would do something so time-consuming on a regular basis? Third, I began to realize that without its furry cloak, my bare penis was greatly diminished in stature. Reflecting on these thoughts, I realized all too well that multiple interpretations could be offered concerning each one. That said, existing masculinities scholarship provides some useful observations. By considering my pubic hair a marker of my transition to manhood, for example, I demonstrated just how well I was taught to differentiate between male and female bodies as a child (see Cahill 1989). Similarly, my recognition of both the hassle of bodily shaving and the transformation of my own penis size mirrors media-based differentiations between clean, tiny, and controlled females and massive, rugged, and hairy males (see also Vaccarо 2011).

Following the physical preparation of my genitals, I turned my attention to the consent form for the procedure. To my concern and utter dismay, I noted that the consent form had two signature lines: one for my spouse and another for me. As someone who is, for a multitude of reasons, strongly pro-choice and dedicated to the idea that women should have total control over their fertility (though in practice, as noted in the previous section, even I may fall short of this ideal at times likely as a result of my own internalized lessons about manhood), I did not believe I needed my partner's permission to become infertile, or that my partner needs my permission to do the same. Importantly, this situation reveals a nuance in masculinities scholarship that has yet to be discussed. Whereas scholars have highlighted the central element

control plays in the formation of a masculine self, what do we make of situations where males seek to avoid being controlled by institutional and legal processes that also exert control—and to a much greater extent—over women? Why might men like me—who oppose such institutional control over women's bodily and reproductive options—fall into traditional forms of rational manhood in our romantic relationships, and how do we avoid doing so? Although there is no literature to draw upon, my experience suggests questions concerning the social construction of males' reproductive autonomy as well as the ways women, men, and trans-people interpret these issues maybe incredibly important to our understandings of gender in society.

Despite my objections, it was obvious that I would need my partner's permission to obtain a vasectomy. I signed the consent form and then asked my partner to sign it as well. Before, during, and after reading and signing the form, however, my partner asked me (by my count), "Are you sure you want to do this," between eight and ten times. After the last time, I finally noted the procedure was tomorrow and asked her to stop asking me. In response, however, she noted, "It just seems so final" but finally signed the form. While this was the first time I experienced what it was like to have someone repeatedly question my reproductive decisions, I was later struck by just how similar my partner's questions sounded to the tactics of antichoice movement groups (see, e.g., Rohlinger 2006).⁴ I was also struck by the fact that, on average, women experience this type of bodily surveillance at the hands of others repeatedly and consistently throughout their entire lives. As a result, this process made me wonder what lessons males could be taught about the importance of reproductive freedom by simply subjecting their decisions—health related or otherwise—to merely a small taste of the oversight women face every single day?

While previous studies of vasectomy experiences typically rely upon interviews conducted after the fact and often focus on decision making and the procedure itself rather than the totality of experiences between the decision and the procedure (but see Amor et al. 2008), my experience suggests there maybe much to learn from the experience of a vasectomy from initial decision to completion. How do other men's vasectomy experiences mirror or diverge from my own? Are these experiences similar or different in relation to other identity claims, local and national notions of what it means to be a man, whether the experience is preemptive or not or other aspects of a given man's life course? At present, masculinities scholarship cannot answer these questions, but my own experiences suggest such answers might tell us much about both vasectomies and ongoing maintenance of masculinities over the life course.

The Vasectomy

On the day of my procedure, I met a seemingly down-to-earth nurse named Joe who would assist with the procedure. While it was clear he intended to put me at ease, our conversation also demonstrated an example of males collaboratively affirming each other's manhood (Connell and Messerschmidt 2005). As I entered the surgery room, for example, he asked, "how many kids do you have," which allowed me to

demonstrate past virility. It also allowed him to explain that he also has children and had a vasectomy. Further, he asked if I was sure about the procedure but before hearing my answer, he continued, “That was your wife out in the waiting room, wasn’t it? Yeah, if you head back out there now without getting it done, she’ll probably kick your ass won’t she?” Rather than correcting the unspoken assumption (e.g., men don’t choose to be sterile, but women make them), I let it pass and later wondered why I affirmed this collaborative manhood act (and denigration of women) instead of defending my partner by accepting responsibility for my decision.

While Joe prepared me for the procedure, I told him that I was a fairly active person and that I played soccer several times a week. I then paraphrased the postvasectomy instructions about two days of downtime, but Joe only laughed. He then explained, “Look, its true that about 15 percent of guys who get this surgery are fine in a couple of days, but seriously, you aren’t going to want to do anything physical for at least a week, maybe two. I don’t know what you’ve read about the procedure and recovery, but it’s going to hurt.” Like many males (see Goffman 1963; Smith and Kleinman 1989), I had clung to the semblance of control contained in the official diagnostic protocol my doctor provided only to recognize that these guidelines—like my construction of manhood itself—were symbolic rather than concrete. As a result, I found myself wondering if there was something else I should have read or something I could do. In short, I sought to reassert control over my body (see also Vaccarino 2011).

After dressing and sterilizing my body and numbing my vas deferentia and scrotum, the surgeon and Joe left me alone for a while before returning to begin the procedure. The procedure began when Joe attached a piece of plastic to my left hip (to prevent me from being shocked), and the surgeon said, “Let me know if anything hurts” as he got to work. Since my view was unobstructed, I was able to watch the entire procedure, and at some points, I asked questions, which the surgeon answered in simple terms. The procedure went well, and I realized that my initial doctor had been correct, it took only fifteen minutes to sterilize me. Rather than focusing on this outcome, however, I spent the majority of the procedure—like medical students learning to adopt stoic professional selves (Smith and Kleinman 1989)—focused on the mechanical elements of the experience: work the vas up to just below the skin, pinch, slice, clamp, cauterize, clip, and reinser.

After the procedure, Joe cleaned my genital region and applied the remaining lidocaine to my groin as a topical anesthetic to help alleviate the oncoming pain. Recognizing this extra effort on his part, I thanked him, which provided him with another opportunity to signify manhood. Adopting paternalistic discourse (see Smith and Kleinman 1989), he nodded while saying, “Joe’s taking care of you” and finished his work. Afterward, he continued, “When you get home, your legs aren’t going to do anything. You’re going to prop them up and sit there. But your hands are going to be busy. With one hand you’re going to be putting frozen peas and ice packs on your scrotum. And what do you think you’re going to be doing with the other hand?” I honestly did not know but realized Joe was putting on a show (or manhood act) so I shrugged, and he said, “Watch the tube, man. You ain’t going

to do nothing but relax.” Mirroring patterns of interaction between doctors and patients (Smith and Kleinman 1989), parents (especially fathers) and children (Cahill 1989), and women and men (especially in heterosexual relationships, see Hochschild 1989), Joe thus became the dominant male that oversaw my weakened (and thus lesser) state, and I—like each of the latter examples above—was transformed into an object of someone else’s control (see Connell 1987).

While these observations reveal my experience of the procedure, they also illustrate the subversion of hegemonic masculinity through interactional or relational rather than structural means. Whereas I maintained my status as a white, upper-middle-class, heterosexual male, my experience with health care practitioners provided opportunities to first affirm my masculine self (prior to the procedure through collaborative interaction rituals) and later subvert it (following the procedure via paternalistic treatment at the hands of my caretaker). My experience thus complicates existing notions of ideal and compensatory manhood by demonstrating the possibility for some “situations,” “encounters,” or “relationships” (Connell and Messerschmidt 2005; Goffman 1963) to blur the lines between dominant and subordinate groups of men.

Similarly, my experience reveals the potential of ethnographic methods to further elucidate vasectomy experiences by complicating Terry and Braun’s (2011b) findings concerning men who define vasectomies as responsible acts. On the one hand, these men could have had very different experiences and thus either taken responsibility for their decisions throughout their interactions with providers or never faced the need to affirm or contradict collaborative manhood acts in the doctor’s office. On the other hand, these men could have experienced the same “situational” loss of male privilege I did and then reinvented the stories as symbols of their manhood when they shared them with researchers at a later date. While there is no way to know which of these (or other) options might be accurate from men’s interviews about vasectomy experiences, ethnographic research into these experiences could shed light upon such questions as well as other ways medical settings influence gendered experiences.

Following a Vasectomy

As we left the office, my partner headed toward the driver’s side of our car. Rejecting number five on the prevasectomy instructions, I told her I was fine to drive despite feeling unusual, perhaps a little light-headed. She reluctantly agreed to let me drive, which may have been because I usually do. Rather than heading home, however, I once again rejected medical advice by stopping by the pharmacy between the office and our house to fill the prescriptions I had been given. Even though I walked increasingly gingerly as the anesthetic wore off, I decided to stand in the unusually long line and wait for my prescriptions while my partner and child went elsewhere (he found a toy that we agreed he could have) in the store.

In hindsight, it is striking to me that only moments following the procedure, I had already unconsciously begun engaging in “reckless” behaviors. Especially, since I

am not usually one to subscribe to reckless activities, these examples may reveal just how quickly I sought—unconsciously—to regain control over myself and my situation. Mirroring traditional masculine practices wherein recklessness signifies a form of freedom and lack of responsibility (Kimmel 1996), I put myself—and potentially my family—in danger without even realizing it at the time. In so doing, it maybe the case that my need to practice manhood temporarily overshadowed every other aspect of my life (see also Ezzell 2012). Unfortunately, I would continue this masculine performance until my body convinced me to stop.

While I was alone in line, I began to feel nauseated. Even so, I responded to the pharmacist's invitation to the counter, handed her my prescription for Vicodin, and asked if my other prescriptions were ready. At this point, the pharmacist asked for my identification since I was getting a narcotic and then went to check my order. During this time, however, I became very light-headed, felt beads of sweat forming on my forehead, and put both hands down on the counter to stabilize myself. I do not know exactly what happened next, but I do know that I blacked out. I know this because I woke up with my cheek on the counter staring into the face of a horrified pharmacist saying, "Sir, are you OK." As the fog cleared, I stood and said, "Yeah, I'm fine, I think. I just had surgery." Looking around, I could see people staring, and I realized I must have been out long enough for someone to send for my partner because she arrived asking if I was OK. After letting her know I was, we let the pharmacist know we would be back for the prescriptions and headed out to the parking lot. This time, I did not attempt to drive.

By the time we arrived home, my head had cleared, but my genitals were feeling worse. To be blunt, it felt like I had been kicked in the groin, and then, before the pain could abate, I was kicked again and again. I simply hobbled into the house, took some maximum strength acetaminophen, sat down, and finally began to follow medical advice. Later, my partner and our son returned to the pharmacy for my prescriptions and some dinner (on this night, I was in no condition to cook). Meanwhile, I did some light reading, iced my scrotum, and later in the evening, I took one of the Vicodin to help me sleep. I had become the model patient.

The vignette above reveals another unexplored element of masculinities scholarship (as well as studies of vasectomy experience)—the ways males capable of enacting hegemonic ideals compensate for situational marginalization. In my case, I responded to the devaluation I experienced in the doctor's office—although not consciously—by engaging in risky behaviors (traditionally coded masculine, see Kimmel 1996) at my first opportunity. As noted above, this is especially telling in my case since I typically do not engage in any risky behaviors. I do not smoke, drink, or do drugs, I continuously monitor my health and finances, and I have never engaged in sexual promiscuity. As a result, my willingness to risk my life as well as the lives of my partner and child directly following my experience in the doctor's office is especially striking. While I was not aware of any propensity toward compensatory manhood acts in the moment, the timing of these events suggests otherwise. My experience thus leads me to wonder what lessons might we learn by

examining the ways males capable of enacting hegemonic ideals compensate for situational encounters with marginalization?

Conclusions

Although studies have proliferated in recent years, there are still many gaps within the existing masculinities scholarship. We have drawn upon the first author's vasectomy experience to reveal some spaces in need of empirical and theoretical elaboration. To this end, we used collaborative autoethnographic analysis techniques to unpack an experience of bodily transition at the level of social interaction. In so doing, our analysis suggests the ways males experience or interpret vasectomies and/or temporary or situational marginalization vis-à-vis the hegemonic ideal may provide important insight into masculinities, vasectomy experience, and variations in hegemonic manhood created by shifting situational and relational contexts.

These findings also reveal some ways masculinities scholarship could benefit from greater attention to vasectomy experience (see also Terry and Braun 2012). Whereas researchers have begun to explore the gendered components of vasectomy experiences, there are still many aspects of such experience we know little about (Terry and Braun 2011a). Throughout this piece, we have noted numerous ways masculinities influence the entirety of vasectomy experiences as well as the possibility that males may suffer losses in status and privilege (even if temporary) in the process. We thus echo Terry and Braun's (2012) call for systematic analyses of masculinities and vasectomy in hopes of elaborating the multitude of ways men's reproductive engagement relates to existing notions of manhood.

Our findings also complicate the existing notions of hegemonic and compensatory manhood acts. Whereas researchers have typically conceptualized males as members of relatively static dominant and subordinate groups (see, e.g., Connell and Messerschmidt 2005; Kimmel 1996; Schrock and Schwalbe 2009), the first author's experiences reveal some ways situations may temporarily deny otherwise capable males from enacting hegemonic manhood. In such cases, these men, like the first author did, may—without even realizing it—seek to compensate for their temporary subordination and reclaim hegemonic status. In fact, it is possible that men's interviews after vasectomies maybe attempts to accomplish the same reclamation of manhood. Considering that all claims to manhood, like other social identities (Goffman 1963), are humanly created fictions, the nuances within and between compensatory and hegemonic manhood acts as well as the situations where these nuances become salient may provide researchers with tools to shatter the impression and potentially replace it with a more egalitarian reality.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Notes

1. It is important to note that this introduction can be read as an example of a manhood act (Schrock and Schwalbe 2009). By describing the first author in relation to elements of hegemonic manhood and positions within the existing and interlocking social structures, for example, this introduction assigns the first author to the category “man” and affirms his existence within this socially created identity claim.
2. While the second author has been legally married before and will likely be again in the future, ze is committed to a child-free lifestyle.
3. It is important to note that divulging the first author’s experience also requires discussing aspects of his partner’s personal experience. As a result, we only use aspects of his and her experience that each has consented to and approved for dissemination in this article.
4. We are in no way suggesting the first author’s experience is comparable to the constant, daily, and systematic monitoring women face—implicitly and explicitly—throughout their social and reproductive lives. Rather, we observe that faced with a mere taste of such monitoring, the first author experienced—similar to many women—an almost automatic sense of constraint.

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