Communications and Commentaries

VAEECTOMY AS A VEHICLE FOR PREVENTION OF FAMILY DISORDERS

JAMES L. NASH, M.D.
Veterans Administration Hospital, Durham, North Carolina 27705, and Department of Psychiatry, Duke University Medical Center, Durham, North Carolina 27710

In a recent study of the sexual aftereffects of vasectomy in 68 men we noted that, with proper preoperative screening and counseling, the operation may be expected to have a positive impact on the marital unit. Of the men surveyed 20% felt their sexual functioning was improved, 44% felt their personal enjoyment of sex was increased, and 55% reported that their wives were more sexually responsive since the operation. A full 50% felt the operation had made their marriage better, and no one reported the opposite.

In spite of the above, however, during the course of the study a number of marital couples were encountered who wanted permanent birth control but in which the man was very strongly opposed to vasectomy. These patients typically became known to us when the wife applied to our hospital Sterilization Committee for tubal ligation. Because the committee was concerned not only with whether to sterilize but how to sterilize, and because vasectomy was considered an easier and safer procedure than tubal ligation, we attempted to explore the reasons for these negative attitudes towards vasectomy. The same answers were given again and again and were felt to arise from attitudes within the man which not only made submission to a vasectomy impossible for him but also were at the heart of a marital disturbance. This paper will deal with these attitudes, especially as they relate to changing man-woman relationships in the 70s, because not only is overpopulation of widespread concern in its own right, but also it is difficult to separate it from the broad concerns of the Women’s Liberation movement. (Indeed Rossi has suggested that Women’s Liberation is so necessary to ecology that if it had not been a going concern, the environmentalists would have been forced to invent it!) Thus, a couple may seek permanent birth control for a number of reasons, and their manner of approach may reveal clues to the presence and source of marital conflict. The observations in this paper are based on experiences with such couples.

VAEECTOMY AS PRIMARY PREVENTION OF FAMILY DISORDERS

That vasectomy is a form of birth control, and that unwanted children, despite recent indications of a declining rate, are still conceived with disturbing frequency are both obvious. As a form of birth control, vasectomy may reduce the incidence of emotional disturbance by eliminating unwanted children and thereby the resultant effects on both the existing family unit and the child itself. We call this primary prevention. As Anna Freud states, “It is too much to expect that she (the mother) will fulfill her task if she has not taken on the role of motherhood voluntarily, if it has been forced upon her. That leaves on one side, classed as unwilling, all mothers who never meant to have a baby, or did not mean to have one at the particular time when pregnancy occurred.”

Received March 2, 1973.
results of these interactions, including pa-
rental rejection, maternal overprotection as a reaction formation against hostile im-
pulses, etc., are amply discussed in the literature.5, 6

The concept of the family is changing rapidly, to a large measure due to the changing attitudes of women toward the motherhood role. No longer are women inhibited in discussing their desire for freedom to choose the direction of their lives and to consider the possibility that their role as mother may be very limited or entirely eliminated in favor of other pursuits. Concomitantly, as Janeway7 points out, the myth of female weakness and need for protection is crumbling under the influence of “the Pill” and many sanctions against female aggressiveness, sexuality, and self-realization are being lifted. The increasing popularity of the title “Ms.” bears evidence that women are objecting to their identity being determined by their marital status. Indeed the social pressure implied in the usual first two questions asked of a newly met person, “Are you married?” and “Do you have children?” is being increasingly resisted. As more women and their husbands express doubt about their desire for the role of parent, it behooves us as theorists and practitioners to rethink some of our axiomatic reactions (you are jealous of sharing your spouse’s time with a child; you are re-experiencing sibling rivalry). Although these formulations are frequently valid, there is implicit in them a therapeutic movement towards parenthood (if “hangups” are removed, if the patient’s neurosis or character flow is corrected, then the “normal” person will be able to realize that his true desire is to be a parent), which may not always be the most helpful approach. Many female patients still express considerable guilt over these antimutherhood thoughts and feelings. To begin a search for a dynamic understanding of their origin may confirm to the patient his need to feel guilt. Self-realiza-
tion means just that, and the question of the guilt itself is as important to the therapy as the genesis of the thought, if not more so.

Another manifestation of this form of counter-transference is the reluctance of some physicians to authorize or perform vasectomies on childless couples, or couples with only one child, or on single or divorced men. The rationale usually given concerns “protection” of the patient from making an irreversible decision which he will regret later. Regretfully, a sense of moral indignation may be motivating this concern; the couple who wants no children, or the single man who wants an active sexual life without fear of causing a pregnancy are ideas which the physician may have a need to resist. His reluctance to perform the procedure may then represent a form of acting out of his counter-transference feelings. These patients are frequently referred for psychiatric consultation; although the psychiatrist may indeed function usefully in this setting, the patient may perceive the referral as a suggestion that they must be “crazy” to want this operation under these circumstances, creating more guilt and anger. Unless the therapist is attuned to these possibilities, the engendered guilt may cause the patient to retreat from his plan but ultimately inflict his frustration upon a later-born and unwanted child. Alternatively, the anger felt toward the referring physician may be repressed, only to emerge as a postoperative conversion reaction (pain, impotence, etc.). The referring physician must refrain from being a party to the syndrome of the unwanted child by forcing his own conception of normalcy on his patients.

VASECTOMY AS SECONDARY PREVENTION OF FAMILY DISORDERS

Conceptualizing vasectomy as a vehicle for secondary prevention, by which we mean reducing the prevalence of family disorders, is not to suggest a surgical cure
for an emotional problem. However, the reasons for the predominantly positive effect of vasectomy on the lives of married couples go beyond the mere elimination of the fear of pregnancy. This is a characteristic of any birth control measure, especially one that does not require significant paraphernalia, "the Pill" being the best example. (It has been observed, however, that the increased sexual freedom and responsiveness generated in the female may have adverse effects on the male's potency.)

In vasectomy certain subtle communications, certain symbolic representations inherent in the procedure, make the difference. In the disturbed families previously mentioned several characteristic reasons were heard for the man refusing vasectomy. By examining the following three such reasons in the light of their meaning to the marriage, the presence of marital disturbance and vasectomy refusal may possibly be viewed as of the same etiology. It would follow that if one could alter the offending male attitudes, then one might expect to see acceptance of vasectomy and a positive effect on the marriage.

"Why should I have the operation? It's the woman who has the children. Let her have the female operation." This attitude would, in today's popular jargon, be considered chauvinistic. While on the surface it does give credit to the woman's singular unique ability, that of child-bearing, it implies that the man has no part in the process. To do so communicates more to the woman than that she is a sex object; it communicates that her identity in her husband's eyes is solely that of a procreator. It raises images of the man who has "gotten a girl in trouble" and now dismisses his responsibility with the comment "she should have been more careful." Additionally, one must be concerned that, should the woman obtain a tubal ligation, the husband may then reject her as having lost her femininity and being therefore of no further value.

"What if my wife should die?" One must be suspect of this attitude. On the one hand the wife, who does sincerely care about her husband's future happiness, may temporarily agree with this idea. But on second thought, she will see that she might logically make the same statement, and wonder why the idea had not occurred to her. As she considers it, she will perceive that her husband is unwilling to make a permanent commitment to her. Intellectually the husband may acknowledge the statistical remoteness of his wife's demise during the period of mutual reproductive interest without being exposed himself to the death-causing process (auto accident, etc.). He may also understand that sperm banks are being used to guard against such occurrences. He will, however, hold steadfastly to his point of view, thus raising the possibility that his statement represents another example of an unconscious death wish. Whether or not this dynamic is present, the wife will at least feel that the husband is avoiding the permanent commitment she desires, and the effects of this insecurity can be devastating.

"It'll make me less of than a man." This statement erroneously equates vasectomy with castration; that if the man loses his ability to impregnate he will in effect lose his masculinity. Although there is an ever-growing public sophistication about such matters, this view is still commonly held. In addition there is a growing controversy over the possible role played by vasectomy in the etiology of a number of serious medical diseases, including thrombophlebitis, arthritis, and multiple sclerosis. Arguments over the presence of cytotoxic antibodies in the sera of vasectomized males created by the body's immune system's treating unexpelled sperm as foreign bodies, and the significance of such antibodies in the evolution of autoimmune diseases are current. But, as in the analogous situation of the sterilized female, to judge manliness by the size or
effectiveness of the reproductive organ is to miss the point of manliness. To be sure there are embodied in this symbol certain desirable traits in a man: aggressiveness, vigor, confidence. But this runs the risk of male charitute and overlooks qualities such as tenderness, warmth, and concern which may have much greater positive impact on the marriage. Where this reason is expressed one frequently finds a man whose identity is quite shaky and an unhappy female who feels subjugated and used. To force such a man to submit to vasectomy would obviously be an error.

THE ROLE OF THE PSYCHIATRIST

There is some disagreement about what role psychiatrists should play in the sterilization decision. I believe they may be useful if they will follow two basic principles: they should be willing to grant that the decision for sterilization is basically the right of the individual, and they must look for signs of marital disturbances expressed in the reasons given by the patients for preferring one form of sterilization over another. In so doing they have a real opportunity to have a positive influence on a disturbed marriage. The consultant may be most helpful, both to the patient and the referring physician, by acknowledging that “normal” people may be motivated by sound reasons and desire no (further) children, and by continuing to be a general proponent of freedom of choice and self-expression. Again, both the consultant and the referring physician must refrain from contributing to the unwanted child syndrome by forcing his own conception of normalcy on his patient. One need not, of course, restrict usage of these considerations to sterilization decisions. The above-mentioned male attitudes are destructive in any marriage whether sterilization is contemplated or not, and are especially so in this era of broadened female outlook.

SUMMARY

There is a growing desire, spurred by changing values, for increased use of permanent birth control. A man’s refusal of vasectomy (where permanent birth control is desired by the couple) and some marital disturbances may be of the same etiology, rooted in the male’s “chauvinistic” attitudes. Recognition of these attitudes by the clinician and proper therapeutic intervention may result in both acceptance of the operation and improvement in the marriage. Prevention of unwanted children is not obtained solely by changing reluctant parents into eager ones.

REFERENCES

10. American Medical News. September 18, 1972, p. 3.