'Automatically you become a polygamist': 'culture' and 'norms' as resources for normalization and managing accountability in talk about responses to infertility

B.C. de Kok
University of Edinburgh, UK

ABSTRACT In the developing world, infertility is a serious problem. It leads to both psychological and social hardship, in part because childless marriages often result in divorce, men taking another wife or extramarital relationships. Such responses have been attributed to cultural norms that mandate procreation. However, there are theoretical, methodological and moral issues with treating cultural norms as behavioural determinants. They have been insufficiently acknowledged in health research. Therefore, I demonstrate an alternative discursive approach, which examines how people actively mobilize 'culture' or 'norms' in interactions, and the interpersonal functions thereby fulfilled (e.g. blaming or justifying). Analysis is presented of interviews on (responses to) infertility in Malawi. I show how respondents construct polygamy and extramarital affairs as culturally and normatively required, 'automatic' and normal solutions for fertility problems and play down people's accountability for these practices. These accounts and constructions appear to facilitate engagement in affairs and polygamy when people face fertility problems, which seems problematic from a health and gender perspective. Thus, detailed analysis of how people use 'culture' and 'norms' in situ is important because it provides insights into its potentially undesirable consequences. Moreover, such analysis provides a starting point for culturally and gender sensitive interventions, since it highlights people's agency, and creates a space to re-construct and change practices.

KEYWORDS *conversation analysis; culture-in-interaction; discourse analysis; infertility; Malawi*

ADDRESS B.C. de Kok, Lecturer and ESRC/MRC research fellow, Institute for International Health and Development, Queen Margaret University, Queen Margaret University Drive, Musselburgh, EH21 6UU. [Tel: +44 (0)131 474 0000; e-mail: bdekok@qmu.ac.uk]

Introduction

In the developing world, infertility is a serious problem, leading to both psychological and social hardship. Not bearing children can lead to stigmatization and exclusion (Gerrits, 1997; Sundby, 1997; Dyer et al., 2002) and infertile marriages often result in divorce, extramarital affairs or men taking another wife (Gerrits et al., 1999; Dyer et al., 2002, 2004; Inhorn, 2003).

At least some researchers (Inhorn, 2003; Dyer et al., 2004; McDonald Evens, 2004) relate these reactions to infertility to strong socio-cultural norms that prescribe childbearing. For instance, Dyer et al. (2004: 964) state that at times 'reactions of other family members to infertility seemed to be based on perceived violations of social norms'. Inhorn (2003: 237) argues that, in the developing world, 'infertile women's suffering is exacerbated by strong pronatalist norms mandating motherhood' (see also Dyer et al., 2002; McDonald Evens, 2004). Similarly, Gerrits (1997: 47) attributes social exclusion of women with fertility problems to 'culture', and therefore arguably to cultural norms, when she remarks 'the culture was also hard on them: they are excluded from important social events and ceremonies'.

Hence, in at least some infertility studies 'culture' or 'norms' are treated as entities that make people respond to infertility in certain ways. Conceptualizations of 'culture' or 'norms' as behavioural determinants feature as well in the wider (public) health literature (Packard and Epstein, 1991; Ahmad and Bradby, 2007; Taylor, 2007). For instance, two recent reports on reproductive health in Malawi (Coombes, 2001; Matinga and McConville, 2002) identify harmful practices and attribute these to cultural or traditional norms, as Matinga and McConville (2002: 9) do when speaking of 'societal norms that enable men to engage in multiple sexual relationships'.

However, attributing (health) behaviours to 'culture' or socio-cultural norms is problematic. First, there are *methodological* issues. Studies of infertility (Inhorn, 2003; Dyer et al., 2004; McDonald Evens, 2004) fail to identify the empirical observations on which claims regarding pronatalist cultural norms are based. Since references to such norms normally co-occur with references to particularly severe social consequences of infertility in developing countries (Inhorn, 2003; Dyer et al., 2004; McDonald Evens, 2004), it appears that authors infer the existence of the norms from informants' statements about infertility's social consequences. However, if this is the case, this 'norm' cannot be used to explain the very social consequences from which its existence was initially inferred: this would constitute a form of invalid circular reasoning.

Second, there are *theoretical* problems with the idea that cultural norms or 'rules' govern behaviour (Wittgenstein, 1953; Garfinkel, 1967; Bourdieu, 1990). Prescriptive rules would have to define in advance in which kind of situation behaviour of a certain type should occur (i.e. 'if [situation x] then [behaviour of type y]'). However, Wittgenstein (1953) famously pointed out that the meaning of a rule is always open to re-interpretation, and ethnomethodological studies (Zimmerman, 1971; Wieder, 1974) have empirically demonstrated that people re-interpret rules (e.g. concerning work tasks) in order to deal with unexpected, practical contingencies which arise. If rules do not dictate their own meaning or interpretation, they cannot determine the behaviour that is supposed to occur in a certain situation. Furthermore, the notion of social action as governed by cultural norms makes people into overly passive 'cultural dopes' (Garfinkel, 1967: 67), or puppets of social norms, and fails to acknowledge the central role of human agency and knowledgeability in the creation of social actions (Garfinkel, 1967; Hutchby and Wooffitt, 1998; see also Dorazio-Migliore et al., 2005).

Third, denying people agency is also one of the *moral* problems with attributing behaviours to 'culture' or socio-cultural norms, which arise especially when behaviours are deemed harmful for people's health (Jeffery et al., 2007; Taylor, 2007). A focus on culturally determined (risky) practices leads to homogenizing and stereotyping of cultural 'Others' (Dorazio-Migliore et al., 2005). This facilitates the exercising of power and surveillance through top down health interventions aimed at changing 'the customs of the natives' (Packard and Estein, 1991: 775; Taylor, 2007). In addition, it can result in victim-blaming (people are seen as causing their own bad health through their cultural practices), diverting attention away from (potential) problems with health promotion programmes, health policies and services (Jeffery et al., 2007; Taylor, 2007).

Since the aforementioned criticisms have been insufficiently acknowledged in health research, the use and role of concepts like 'culture' and 'norms' in this kind of research need critical re-assessment (Dorazio-Migliore et al., 2005). Ethnomethodologists (Garfinkel, 1967; Wieder, 1974; McHoul, 2004) have called for an alternative approach to 'culture' and 'norms', which examines how they are (re)produced and used within specific contexts, and which effects these uses have, rather than treating them as context-free determinants of behaviour (see also Chanock, 2000). To exemplify this approach, I will examine how interview-respondents use references to culture and norms in their accounts of certain behavioural responses to infertility in Malawi.

The analysis is led by two research questions:

1. How do respondents construct practices related to infertility in Malawi as cultural or normative?
2. What sorts of functions do these constructions fulfil in interactions?

In the next section, I will discuss the methodology used to collect and analyse the data.

Methodology

Setting

I conducted interviews on infertility in 2002 and 2003 in Malawi, one of the poorest countries in the world (UNDP, 2006), with a high total fertility rate of 6.0 children per woman (National Statistics Office, 2002). Demographers consider people infertile if they have not produced a live baby after having been married for a certain number of years, usually five. It is estimated that in Malawi this is the case for 2 per cent of women between 20 and 44 years old, while 17 per cent suffer from secondary infertility, that is, infertility after the birth of at least one child (Larsen, 2000).

Participants and recruitment

Research participants were men and women with a fertility problem (21), significant others of people with a fertility problem (7), indigenous healers (8), and Malawian (28) and expatriate (4) biomedical practitioners of various qualifications.

Participants were purposively sampled, in order to obtain a wide range of respondents, although convenience or 'accidental' sampling was used as well. I recruited participants from Malawi's three regions (North, Central and South), in rural and urban areas. I interviewed Muslims and Christians, belonging to various ethnic groups, and people who speak English and those who do not, in which case I used an interpreter.

For the selection of 'infertile' respondents people's own perspective was central: I selected those who saw themselves, or were seen by others, as having a fertility problem, *regardless* of number of children, duration of their fertility problem and marital status (for further explanation see de Kok, 2007).

Most people with a fertility problem and indigenous practitioners were recruited in communities through health surveillance assistants, who provide basic health care. Biomedical practitioners were mainly recruited in hospitals and clinics, significant others were recruited 'accidentally'; during my fieldwork I encountered various Malawians who appeared to know people with fertility problems.

Interview process and ethics[1]

In the introduction to the interview, I told respondents that I was interested in their own opinions about and experiences of infertility. I explained to participants with a fertility problem that I wanted to understand whether failure to have children is a problem and in what way, but that I could not solve their problem. After guaranteeing respondents' anonymity, emphasizing that they should feel free not to answer questions and encouraging them to ask questions about the interview or study, I obtained respondents' oral consent to conduct and record the interviews.

The interviews were semi-structured: they were guided by an interview-schedule but topic-order was changeable, and not all respondents were

asked the same questions. The main themes discussed in the interviews were the importance of bearing children; ideas about causes and consequences of infertility, in particular its effects on people's relationships; solutions sought and (for health practitioners) solutions offered (for interview-schedule, see de Kok, 2007).

Note that I did not interview significant others of the 'infertile' respondents in my study, and avoided interviewing both the man and woman of couples with a fertility problem, as this could make people feel uncomfortable or create tensions.

Analytic framework

For the analysis, I used one kind of discourse analysis, which is informed by conversation analysis (CA; Sacks, 1992) and ethnomethodology (Garfinkel, 1967), and has been called discursive psychology (DP; Edwards and Potter, 1992; Wiggins and Potter, 2008). It is appropriate for the examination of how people invoke and use 'culture' and 'norms' because of its action-orientation to language. DP examines how people use language as a 'tool' to get things done, that is, to construct realities and perform interpersonal actions, such as justifying, excusing or blaming (Edwards and Potter, 1992).

A second feature of DP is that it pays attention to the sequential context of talk (Hutchby and Wooffitt, 1998; Wiggins and Potter, 2008). Utterances in conversations are normally 'touched off' by previous statements, because speakers take into account normative expectations regarding what kinds of utterances are appropriate responses to previous turns. Therefore, turns display the speaker's interpretation and understanding of what was said before, which can be endorsed or modified in a next turn (Hutchby and Wooffitt, 1998).

Third, DP's analysis is driven by these understandings and concerns of participants, as displayed in their utterances, rather than by the analyst's theoretical concepts and interests (Schegloff, 1992).

Although this article focuses on people's talk, it also contributes to understanding what they *do*. The analysis provides insight into meanings of actions, made relevant by actors themselves; these are essential for understanding behaviour. Moreover, various authors have argued that accounting practices can facilitate or restrain future (health) behaviour (Mills, 1940; Foucault, 1973; Willig, 1999). I will return to this issue in the discussion.

Interviews in discursive psychology   My use of interview data deserves further explanation. DP treats interviews in a specific way. Typically, social scientists consider interview statements a neutral pathway to an underlying reality 'out there' (e.g. regarding causes or consequences of infertility, or cultural norms) or in people's minds (e.g. regarding feelings, beliefs or attitudes). By contrast, from a discursive perspective, interviews are a site of social interaction, where people get things done (Wooffitt and Widdicombe, 2006).

The usability of interviews in CA and DP has been subject to debate. DP and CA studies normally analyse interviews only in order to explicate the practice of 'doing being in an interview' (Suchman and Jordan, 1990; Houtkoop-Steenstra, 1997; Houtkoop-Steenstra and Antaki, 1997), rather than for gaining insight into other social phenomena (for exceptions see, for example, Widdicombe and Wooffitt, 1995). Generally, conversation analysts and discursive psychologists prefer to use naturally occurring speech (ten Have, 2002; Wiggins and Potter, 2008), in part because the researcher's analytic ideas and theoretical concepts would lead to a certain bias in the interview-data (ten Have, 2002; Potter, 2004). In addition, interviews would encourage participants to provide normatively appropriate descriptions (Potter, 2002).

However, since the analysis of the co-production of meanings is central to CA and DP (Speer, 2002), the interviewer's or other interactants' influence is theoretically interesting, and moreover, analysable. This requires a focus on the sequential organization of talk, and thus examination of both the respondent's *and* interviewer's turns (Wooffitt and Widdicombe, 2006; Potter and Hepburn, 2007). These strategies should also make visible respondents' orientations to normative expectations, which are problematic only if specific to the interview situation. This seems unlikely (see Widdicombe and Wooffitt, 1995), especially in the study here presented as most participants had never been interviewed before. Moreover, as Rapley (2001: 318) states, 'a focus on interview-talk as locally accomplished does not deny that interviewees' talk is reflexively situated in the wider cultural arena'. Thus, if the interactional context of interview statements is taken into account, interviews are useful and fascinating data, in which members of socio-cultural communities exhibit culturally shared, interpretative practices and strategies (Potter and Mulkay, 1985; Widdicombe and Wooffitt, 1995; Rapley, 2001).

Analytic procedure   The recordings were transcribed according to a simplified version of the standard CA transcription notation (see, for example, Hutchby and Wooffitt, 1998). In order to be able to examine the sequential organization of talk, I obtained translations of the interactions between interpreters and respondents (displayed in the extracts in italics). After reading and re-reading the transcripts, patterns were identified regarding content or design of utterances (i.e. kinds of words or phrases used), or actions performed (e.g. 'discarding responsibility'). Similar extracts were then collected together in data sets for more detailed analysis. The analysis presented concerns the data set in which respondents refer to the cultural context in relation to responses to infertility.

During the analysis we asked certain questions of the data, such as 'what is this participant doing here?' (Pomerantz and Fehr, 1997) and 'why this (utterance/phrase/action) now?' (Hutchby and Wooffitt, 1998). I also made use of findings regarding discursive devices and their functions as reported in the DA and CA literature.

Analysis

Accounting for behavioural responses to infertility

In the interviews, respondents refer to responses to fertility problems mentioned in the literature as well, including extramarital affairs and divorce (extract 1) and polygamy (extracts 2 and 3). In this first section, I will examine how respondents exactly describe such responses, something that has not been done before. As I will show, respondents provide explanations or accounts for them, which invoke notions of 'culture' and 'norms'.

Extract 1 (Interview 58, biomedical practitioner)   ((Just before the extract, R mentioned that 'traditionally: men thinks that (…) they are fertile' and that 'before a year a man has already gone somewhere to test his fertility'.))

530.   I   If if they don't have a child [(.) within a year?
531.   R   yeah
532.   I   Aha,
533.   R   Yeah. Suppose. (.5) E:hm. Suppose this is a fertility, people prefer
                    [a man in the family (if)fertility
534.   I   [uhu
535.   R   can be proved.
536.   I   Hmhm
537.   R   Suppose this is one year and this three years=
((respondent draws line on paper)).
538.   I   =Hmhm
539.   R   Yeah
((door cracking))
540.   R   Normally in a tradition, they give you maybe up to:: e:h (.) three months.
541.   I   (1) Hm<u>hm</u>:=
542.   R   =Suppose [eh people
543.   I   [Three months!
544.   R   People are married today,
545.   I   Hm↑hm hhu
546.   R   They expect by three months, ((smiley voice)) the woman hehehe the woman
547.   has to be impregnated.
548.   I   Yahyah
549.   R   Yeah.
550.   I   Hmhm
551.   R   ↑Well, ↑this couple stays for three months, <u>nothing</u> happens.
552.   I   Hmhm.
553.   R   Then it goes maybe to what year, ↓nothing happens. ·h Now. (.5) When it
     comes to three years.
554.   This time, a man must go to another woman.
555.   I   Hmhm
((some lines omitted in which R explains that when a man has a child with another woman 'the family becomes shaken'))
572.   R   Yeah. So infertility in Malawi, the common cause of marriage break ah-
     breakdown and divorces.

Extract 2 (Interview 48, significant other) ((Just before the extract R mentioned that in rural areas 'they always go for African doctors', and that 'if African doctors <u>fail</u> then it is up to the man, if he feels it is not his fault, then you look for a alternative'.))

57.	I	Like, (1) what kind of alternative might he look for?
58.	R	(.5) You need children.(.5) In our context, in our eh cultural beliefs, if you
59.		marry have no children then you are unfortunate,
60.	I	Uhu
61.	R	Very unfortunate.

((some lines omitted in which respondent mentions several problems of not having children))

67.	R	So, if I've a alternative, what alternative can you have, if you love your wife,
68.		you cannot divorce.
69.	I	Uhu
70.	R	Automatically you will marry another wife.
71.	I	Uhu
72.	R	So you automatically beco:me (.) a polygamist.
73.	I	Okay, yah.

Extract 3 (Interview 50, indigenous healer) ((R mentioned early on in the interview that he used to have a fertility problem himself and that he therefore married a second wife. Just before the extract, the respondent, asked whether men sometimes try to find another woman when there is a fertility problem stated: 'Yes! That happens'.))[2]

1655.	I	Okay. So do you think		
1656.		it's a good solution	*She says do you think about it as=*	Ati mukuchighanaghanira kuti= =Eeh!
1657.		that if a man thinks	*=Yes!*	
1658.		that a lady is having a	*a good thing if it is the man that goes out to find*	Nchiwemi para mwanalu-me ndiyo akufumanga ku-walo
1659.		problem that he goes	*that er, then a woma- (.) I get another woman to*	kukapenjanga kuti ah, ipo, mwanak (.).nitore mwa nakazi
1660.		and finds another	*bear me a child even*	munyakhe anibabire mwana,
1661.		wife?	*if you have another*	napara uli namwa- nakazi
1662.	T		*woman if the woman*	munyakhe para mwanakazi ndiyo
1663.	R		*is the one that finds out*	wasanga kuti mwanalumi alina (.)
1664.			*that the man has (.) is (.) has no strength?*	aliuje (.)alije mphamvu?
1665.	R		*In our thoughts,*	Mumaghanaghaniro gha ise,
1666.			*according to our way of living, because a child is needed isn't it?*	pachiwunthu chithu, ka mwana wakukhumbika, eti?
1667.	T		*Hm.*	Hm
1668.	R		*It's good. Raising the*	Nchiwemi. Kukwezga zina
1669.			*father's name. Problem noth- Yes.*	lawiske. Suzgo pal- Eeh.

1670.	T	He says is it the child,
1671.		I can say what, is it
1672.		the child who makes
1673.		the father's name to
1674.		be great.
1675.	I	Uhu
1676.	T	who ( ) the father's
1677.		name. A father can get
1678.		fame just because of
1679.		the son.
1680.	I	Uhu
1681.	T	So, to a man according
1682.		to our tradition it's
1683.		quite normal for a man
1684.		to go searching for
1685.		another lady if that lady
1686.		inside the house isn't
1687.		fertile.

Extracts 1 to 3 have several features in common. First, all three extracts begin with the interviewer's probe about practices to which the respondents referred earlier, constituting a request for clarification (extracts 1 and 2) or assessment (extract 3). Thus, in extract 1, the interviewer's question: 'If if they don't have a child (.) within a year?' (1: 530) follows the respondent's statement that 'before a year' a man goes somewhere to test his fertility. 'Like, (1) what alternative might he look for?' (2: 57) follows the respondent's claim that if African doctors fail, 'you look for an alternative'. Just before extract 3, the respondent confirmed that men sometimes find another wife when faced with a fertility problem. The interviewer now asks: 'so do you think it's a good solution' (1655–6).

The probes frame the practices asked about in a certain way. By requesting for more information (extracts 1 and 2), the interviewer portrays men testing their fertility within a year, or the 'alternative' to African doctors, as not self-evident or self-explanatory. In extract 1, the interviewer's utterance 'three months!' (543), achieves a similar effect. Due to the repeat of the time period within which pregnancy is expected and the exclaiming intonation, the utterance can be taken to display surprise, or lack of understanding regarding this expectation. Consequently, the interviewer constructs both expectation and the practice it ensues (men testing their fertility within a year of marriage) as not self-evident. Likewise, in extract 3, the interviewer's probe makes men taking another wife into something extra-ordinary, rather than self-evident 'matter of fact', since one is less likely to ask for an opinion or assessment regarding taken for granted practices (e.g. taking malaria drugs when having malaria). Moreover, by asking whether the respondent thinks it is 'a good solution' (1656), translated as 'do you think about it as a *good* thing' (1656–8), the interviewer can be taken to suggest

that the 'goodness' of the practice, whether it is an appropriate response, is (literally) questionable.

A second feature of the extracts is that all three respondents begin their response to the interviewer's probe with working up a cultural expectation (extract 1) or need (extracts 1 and 3) to bear children. They do this for instance by using explicit references: 'they expect by three months ((smiley voice)) the woman hhehehe the woman has to be impregnated.' (1: 546–7), 'you need children' (2: 58); 'a child is needed' (3: 1666). Additionally, in extract 1, the respondent's statements 'people prefer a man in the family (if) fertility can be proved' (533–5) and 'they give you maybe up to e:h three months' (540), imply that children are expected (after three months of marriage). Furthermore, in extracts 1 and 3, the respondent and interpreter warrant and sustain the claim that bearing children is necessary, by pointing out that not doing so has negative consequences ('if you marry have no children, then you are unfortunate, very unfortunate', 2: 58–61), and by identifying children's function ('raising the father's name', 3: 1668–9; 'is it the child who makes the father's name to be great', 1671–4; 'a father can get fame just because of the son', 1677–9).

All three of the respondents construct the expectation or need to bear children as cultural rather than personal, since their references to the necessity or expectation of children are immediately preceded or followed by references to the traditional or cultural, shared context: 'Normally in a: tradition' (1: 540), 'in our context, in our eh cultural beliefs' (2: 58), and 'in *our* thoughts, according to *our* way of living' (3: 1665–6), translated as 'according to our tradition' (3: 1681–2). Note that the respondent's tag question 'isn't it?' (3: 1666) invites a confirmation from the interpreter. He can therefore be seen to treat the idea that 'a child is needed' as culturally shared knowledge (see Edwards, 1997).

Third, after having invoked the cultural need for and expectation of bearing children, the respondents return finally to the practice asked about (1: 554), describe the alternative ('automatically you will marry another wife', 2: 70), and produce a (positive) assessment ('it's good' and 'problem noth-' 3: 1668–9).

One can see now, that especially the respondents in extracts 2 and 3 delay engaging in the requested activity, namely identifying 'the alternative' (extract 2) and providing an assessment (extract 3), by providing their accounts. The respondent in extract 2 delays describing the alternative in other ways as well. In line 67, he provides two 'fillers', which refer to an alternative without identifying which one: 'if I've a alternative' and 'what alternative can you have'. Subsequently, he points out which alternative is *not* viable ('if you love your wife you cannot divorce', 67–8), before finally, in line 70, identifying in positive terms which alternative a man will go for.

Since Pomerantz (1986) has shown that delays are common features of interactionally sensitive or dispreferred responses, the respondents appear

to treat the practices (affairs, men finding another wife), or telling about and assessing them, as somehow sensitive matters. They may therefore be attending to inferences made available by the interviewer's probes (i.e. affairs, polygamy or 'an alternative' to consulting healers are seen as not self-evident or possibly inappropriate), since they make talking about these practices a somewhat delicate matter.

To summarize, all three of the extracts start with the interviewer's probe about practices occurring in response to fertility problems, which projects some sort of trouble in that it frames the practices and their appropriateness as not self-evident. Respondents appear to attend to this 'trouble' by first providing an account, in which they construct a cultural need or expectation of bearing children, before providing the requested information or assessment.

Dealing with problematic inferences

In this section I will discuss three functions of the respondents' accounts that enable them to deal with the idea that the practices discussed are not necessarily self-evident or appropriate.

First of all, by making bearing children culturally required and expected, respondents make polygamy and extramarital affairs into understandable and reasonable, practical solutions rather than, for instance, problematic consequences. This claim is supported by the observation that the respondent in extract 2 puts forward polygamy as 'alternative' to 'African doctors', thereby allocating taking another wife to the same category as consulting indigenous healers, and attending to it as a pragmatic solution for fertility problems rather than problematic consequence.

Second, because the accounts construct polygamy and extramarital affairs as based on cultural expectations or needs, these practices are portrayed as shared by at least some members of the cultural tradition. Hence, the accounts make available the inference that the practices are relatively widespread and recurrent. Edwards (1994, 1995) has called such descriptions, which establish events or actions as widespread, recurrent and predictable, 'script formulations'. Several other scripting devices (Edwards, 1995) can be observed. In extract 1, the respondent uses 'common' in his upshot (572), thereby explicitly framing 'marriage breakdown' and 'divorce' as frequent and recurrent responses to infertility. Furthermore, the respondent's drawing of a time-line on paper (537) makes relevant the script-like, predictable and thus recurrent nature of the scenario and practice described. In extract 2, the respondent uses an (implied) if–then construction: 'if I've a alternative (…) if you love your wife [then] you cannot divorce' (67–8). This makes not divorcing and its implication, polygamy (70, 72) into a logical, law-like and thus recurrent consequence of a childless marriage.

Edwards (1994) has shown that script formulations can be used to normalize practices. Indeed, by using scripting devices, including references to cultural expectations and requirements, the respondents portray polygamy

and affairs as widespread, recurrent and routine responses to infertility. Consequently, they become 'the normal thing to do' for members of the cultural tradition, and thus not in need of additional accounts. The normalization is sustained by explicit references: '*normally* in a tradition' people give you three months (1: 540) and 'it's quite *normal*' for a man' to look for another woman (3: 1682–3).

Third, script formulations fulfil another function: they manage accountability, or responsibility (Edwards, 1994; Potter and Hepburn, 2007). Presenting an action as scripted makes it into something that anybody would do, and which does not require an explanation in terms of the specific actor performing the practice (Edwards, 1994; Potter and Hepburn, 2007). Similarly, McHoul (2004: 438) remarks regarding references to culture that they can be used to displace personal responsibility: 'imbrication in "a culture" can become a defence in its own right', by making someone into a 'mere member of a larger constituency of wrong-doers'. Thus, by presenting practices such as extramarital affairs or polygamy as following a cultural script, respondents portray those engaging in those practices as not personally accountable.

People's accountability is played down in other ways as well. In extract 2, the respondent states that 'automatically' (70, 72) you will become a polygamist. Thereby he constructs this as inevitable and independent on men's volition and agency. The respondent in extract 1 does the same regarding extramarital affairs, by framing them as imperative: 'a man *must* go to another woman' (554). As a result, the respondents play down people's accountability for them and forestall that the practices or the actors are seen as somehow improper.

In summary, respondents provide accounts for certain responses to infertility, in which they work up a cultural normative expectation or need to bear children. In so doing, they make the practices reasonable and normal, and play down people's accountability for them. Consequently, respondents deal with the idea that responses to infertility like polygamy and affairs may be considered extra-ordinary, not self-evident and somehow inappropriate, since the upshot of their accounts is that they are justified and justifiable. Note that this is literally the upshot in extract 3: '*So*, to a man according to our tradition it's quite normal for a man to go searching for another lady' (1681–5).

Note that the script formulations may be (partially) triggered by the interview situation. Several respondents[3] were told that the interviewer was interested in 'infertility in Malawi', which makes relevant general accounts about how things are done in Malawi. In addition, the interviewer's questions are framed in general terms. For instance, in extract 3 she asks about 'a man' (1657) and 'a lady' (1658), translated as 'the man' (1658) and 'the woman' (1662), rather than about specific people. However, if triggered by the interview context, the script formulations can still fulfil the aforementioned functions.

Furthermore, the construction of a cultural requirement of procreation seems particularly instrumental in justifying and normalizing practices because the interviewer is a westerner and outsider to the local culture. By making the cultural setting relevant, the respondents imply that the interviewer lacks the necessary membership knowledge and credentials to assess properly the practices for their reasonableness or normality. The production of these accounts and the references to the cultural context may therefore be seen as a by-product of the interviewer being a westerner. I will return to this issue in the discussion.

Criticizing practices

So far, I have discussed extracts in which Malawians construct childbearing as culturally expected or necessary. The next extract, from an interview with an expatriate biomedical practitioner, shows that people who are not members of the cultural setting can draw upon similar cultural expectations. However, as I will show, this does slightly different interactional work than in the extracts 1 to 3.

Extract 4 (Interview 16, expatriate biomedical practitioner)

858. I   Yah, okay hmhm. Yah and ehm about the other solution you mentioned that
859.   they may go to another man or to another (.) woman what do you think about
860.   that as a solution,
861. R   Eh well it's not- I mean if you really want to get pregnant you have to have
862.   unprotected sex. So in this country it's really not, it's not very smart to have
863.   sex with somebody else just to get pregnant.
864. I   Hmhm
865. R   But on the other hand if they can't get pregnant because their husband is HIV
866.   positive.
867. I   hmhm
868. R   Ehm.(2) So: yah, t-, I can't blame them. Because it is important here.
869. I   Hmhm
870. R   And ehm if they don't get, even if it's caused by the husband, if the woman
871.   can't get pregnant, it's a high chance that the man is going to run away from
872.   the woman
(some lines omitted))
877. I   Uhu
878. R   So. I can't blame them but I don't think it's good.
879. I   You understand that they will seek that solution but that's again it's ( )
880. R   Yah, no in this culture, in hm- it's very logic that they will, that they will do it
881.   that way but it's just risky behaviour

As in extract 3, the respondent is asked for an assessment of a practice: people going to another man or woman (858–60). There are several signs that the respondent treats providing an assessment as a delicate affair. First, his response is delayed due to the 'eh', 'well' and the cut off 'it's not-' (861). Second, the respondent subsequently provides information from which it

can be *inferred* that he judges the practice as problematic: 'if you really want to get pregnant you have to have unprotected sex' (861–2). Nowadays, 'unprotected sex' has negative connotations due to associated health risks. However, this statement does not constitute an explicit negative judgement. Like delays (Pomerantz, 1986), the implicit nature of a response is a common feature of interactionally sensitive responses (Bergmann, 1992). Third, when the respondent does provide explicit negative assessments of having sex 'just to get pregnant' (863), these are toned down. The respondent repairs 'it's really not' into 'it's not very smart' (862), and when he says 'I don't *think* it's good' (878) he constructs his judgement as personal opinion rather than fact (Latour and Woolgar, 1986).

Providing a critical assessment can be particularly sensitive for the respondent in extract 4, since he is a western practitioner, an identity that is observable for the interviewer. In addition, the respondent's use of the pronoun 'they' in 'they want' (875) and 'they will' (880) seems to make relevant his alternative cultural background: 'they' evokes a distance which for instance 'a man' (1: 533), 'you' (see, for example, 2: 58) and especially 'I' (2: 67) does not. Being an 'expat', the respondent risks being judged as ethnocentric when he criticizes local practices.

The respondent can be seen to deal with this risk in several ways, to begin with by the aforementioned toning down of his assessment. In addition, when the respondent states 'I can't blame them' (868, 878), he implies that he does not judge *people* having sex with others, while still being able to produce critical assessments of the *behaviour*: 'I can't blame them *but* I don't think *it*'s good' (878) and 'it's just risky *behaviour*' (881). The respondent appears to draw upon common sense notions that criticizing practices is less harsh and sensitive than criticizing individuals, thereby minimizing the risk of being judged negatively himself.

Furthermore, the respondent provides a justificatory account (868–80) regarding the practice of people going to another man or woman, of a very similar kind as seen in extracts 1 to 3. The respondent makes relevant the cultural need for children, by pointing out its importance ('it is important', 868) and the negative consequences of not bearing children ('it's a high chance that the man is going to run away from the woman' 871–2), in conjunction with references to the cultural context ('here', 868; 'in this culture', 880). As in extracts 1 to 3, the construction of a cultural need to bear children forms a rationale, and makes having affairs reasonable. This is reflected and supported by the respondent's explicit statement: 'it's very logic that they will … do it that way' (880–1).

It appears that for expatriate practitioners, attending to the cultural context of practices can fulfil another function than making practices reasonable, normal and playing down accountability. Potter and Wetherell (1992: 134) state that 'culture discourse', or categorizing practices and perspectives in terms of culture, is 'user friendly': 'it's about being 'sensitive', 'tolerant' and being sufficiently magnanimous and enlightened to 'respect

difference' and 'appreciate others.' Hence, by referring to the cultural setting and the local importance of bearing children, the respondent portrays himself as culturally aware and understanding, as picked up by the interviewer: 'you understand that (…)' (879). This enables the respondent to provide a negative assessment of 'local' practices, while preventing accusations of being ethnocentric.

Summary and discussion

I have shown how respondents account for responses to infertility, such as engaging in extramarital affairs or polygamy, by mobilizing a cultural norm according to which bearing children is expected or required[4] (section 1). These accounts construct the aforementioned practices as reasonable, practical solutions for fertility problems, and as scripted, that is, widespread and recurrent. Consequently, respondents normalize practices and play down people's accountability for them. In so doing, they deal with inferences, made available by the interviewer's probes, that these practices may be seen as not self-evident and not necessarily appropriate (section 2). Furthermore, I have discussed how an expatriate practitioner can forestall being labelled as ethnocentric by invoking the same cultural normative expectations regarding childbearing (section 3).

My analytic claims regarding the functions of respondents' accounts are supported by other ethnomethodological studies, which have shown that socio-cultural 'norms' are invoked to do similar work, such as normalizing (Garfinkel, 1967) and justifying practices (Wieder, 1974). In addition, there are other infertility studies in which respondents appear to mobilize 'culture' or 'norms' in order to manage accountability. For instance, Gerrits (1997: 46) notes that some of her (Mozambiquan) respondents realize that infertile women feel bad when excluded, but argue that 'these cultural taboos have to be respected. If the infertile women do not follow the cultural rules, they or their relatives will get serious (health) problems.' Hence, the respondents appear to use references to cultural 'taboos' and 'rules' to justify their behaviour, thereby managing their accountability. However, Gerrits (1997) paraphrases rather than cites her respondents, and does not display the questions to which the women respond. Therefore, interactional details, essential for obtaining an understanding of the interpersonal functions which statements fulfil are missing. This is common practice in qualitative research, yet problematic as it hinders going beyond treating statements as representations of underlying, pre-existing entities such as socio-cultural norms (cf. Potter and Wetherell, 1987; Potter and Hepburn, 2007).

Some may argue that the generalizability of the analysis is limited because the accounts and constructions identified are an artefact of the specific context: an interview with a non-Malawian, westerner. There are several problems with this argument, even though I have indeed noted how the interviewer's questions 'touch off' the accounts, and that cultural

expectations may be especially (but not exclusively) efficient when talking to a cultural outsider. First, I can be allocated to various identity categories; 'westerner', but also 'academic', 'woman' or even 'medical expert'. Hence, claims regarding the relevance of one specific identity (e.g. interviewer) for the production of a particular stretch of talk require support by observations that interactants themselves attend to this identity (Schegloff, 1992). The extracts discussed provide no strong grounds for the claim that the responses are exclusively triggered by my western identity. Second, as said before, accounts inevitably point to, and draw upon, culturally available ways of making sense, rather than being the sole product of the interview-situation (Rapley, 2001). Third, one can think of various non-interview situations that raise interactional issues akin to the ones in the data discussed. For instance, Malawians may encounter (Malawian or western) church members or health workers who question or criticize practices such as extramarital affairs or polygamy. In such encounters, similar accounts, referring to cultural expectations and needs may very well be produced. Indeed, 'real life' situations in which cultural norms were invoked to justify sexual behaviours have been recorded. When the former deputy president of South Africa, Zuma, was tried for rape, he testified having had sex with the woman because she was sexually aroused and 'I knew *as we grew up in the Zulu culture*, that you didn't just leave a woman in that situation' (CNN Transcripts, 2006, emphasis added).

Thus, there is scope for theoretical generalizability (Willig, 2001) of the analytic findings, since discursive studies provide insights into the link between constructions and their functions (Reicher, 2000), which may be transferable to similar interactional situations.

In the introduction, I have noted another function that constructing practices as cultural can fulfil. Attributions of 'harmful' practices to people's culture can be used to put the blame for health problems on cultural Others rather than on health promotion programmes, health policies or services (Jeffery et al., 2007; Taylor, 2007). Hence, 'culture' or socio-cultural 'norms' can be evoked to do various kinds of work (McHoul, 2004), and it is thus essential to examine the use and function of such invocations in situ, rather than drawing premature conclusions about their general functions and consequences. This article shows that DP is a useful tool for such situated examination because it looks in detail at what people say, how they say it and how this enables them to deal with interpersonal issues raised by the interactional situation at hand.

Furthermore, the examples provided of work done by invocations of 'culture' and 'norms' in explanations of behaviour (e.g. cultural stereotyping; justifying dubious behaviour as in Zuma's case), demonstrate its potential problematic effects. The accounts examined in this article may have undesirable consequences as well. The use of cultural 'norms' in the construction of affairs and polygamy as logical, normal and 'automatic' or inevitable practices, for which individuals are not to be held accountable,

facilitates engagement in them (cf. Willig, 1999). One should be cautious in assessing practices such as extramarital affairs or polygamy from a western perspective (cf. Arnfred, 2004). However, there are health consequences attached to them: having unprotected sex with additional partners puts people at risk of STDs, including HIV/AIDS. Additionally, one should acknowledge the *possibility* that affairs and polygamy, when occurring in response to a fertility problem, lead to personal hardship, especially for the women who are 'replaced'. Furthermore, in the extracts, no reference is made to the possibility that women engage in affairs,[5] nor are their opinions or feelings regarding their husbands' affairs made relevant. Therefore, the accounts and constructions discussed appear to contribute to the reproduction of gender imbalances, which enable men rather than women to take control, by engaging in behaviours that put their wives at risk for attracting STDs, including HIV/AIDs. This is in conflict with the reproductive and human rights of women, according to which women have the right to have a safe sex life and to have control over matters related to their sexual and reproductive health (UN, 1995).

Discourse analytic approaches can be used to challenge taken for granted constructions that appear to have problematic consequences, while exploring alternative, more helpful accounting practices (Willig, 1999). In particular, interventions (e.g. facilitated discussion-groups) could be designed, which promote accounts that construct *not* engaging in extramarital affairs and polygamy as acceptable and reasonable; highlight people's agency and ability to make their own decisions; and challenge constructions of 'culture' as a force that makes people 'automatically' behave in certain ways, while acknowledging limitations in self-determination as well.

In conclusion, I have demonstrated a particular discursive approach that examines in detail how respondents' statements invoke culture and norms in interaction (Kitzinger, 2006), and how these invocations function within the particular interactional context (Chanock, 2000; McHoul, 2004). Such detailed examination is important considering the diverse, but potentially problematic functions of mobilizations of cultural norms. Moreover, this discursive approach avoids the methodological, theoretical and moral pitfalls of treating references to 'culture' or 'norms' as evidence of entities that govern people's behaviour. It does this in part by highlighting people's agency in the production of 'inevitable' cultural realities regarding responses to infertility, rather than treating them as 'cultural dopes' (Garfinkel, 1967). As a result, it creates a space for the production of alternative realities, which may be more helpful for people. In developing countries such as Malawi, infertility is a serious problem, with different consequences for men and women (Inhorn, 1994; Gerrits et al., 1999).[6] This discursive study can contribute to alleviating its consequences: it provides a basis for developing culturally and gender sensitive interventions that tie in with people's own normative concerns and rationales regarding childbearing and behavioural responses to reproductive troubles.

Notes

1. Ethical approval was obtained from the University of Edinburgh and Malawi's Ministry of Health.
2. The left-hand column portrays everything which was said originally in English (i.e. exchange between interviewer and interpreter). The right-hand column portrays everything said in the local language (i.e. the exchange between interpreter and respondent), the translation of which can be found in the middle column.
3. It is unknown what these specific respondents were told: introductions were not recorded.
4. The 'significant other' and 'healer' of extracts 2 and 4 explained that they experienced fertility problems themselves. However, none of the respondents interviewed specifically because of their fertility problem invoked cultural norms and expectations in relation to responses to infertility. DP is not well equipped to explain *why* particular kinds of people do or do not produce specific constructions. Nevertheless, it might be relevant that these respondents normally discussed specific instances of affairs or polygamy, in personal rather than general terms. References to general cultural normative expectations fit in less well with such personal accounts, although it does not make them impossible.
5. There are other moments in the interviews in which respondents, including women with fertility problems, indicate that a woman could try to become pregnant from another man. Thus, the constructions discussed do not preclude women from taking control in this or in other ways, and ethnographic studies suggest that they do (see, for example, Gerrits, 1997; Riessman, 2002). Nevertheless, by only addressing and normalizing men's actions, and omitting women's perspective, the extracts discussed contribute to the reproduction of gender-imbalances.
6. I am not saying that infertility is necessarily more problematic for women. This is often suggested in the literature (see, for example, Inhorn, 1994, 2003; Dyer et al., 2002), but little is known about what being infertile means to men: they are normally excluded from studies.

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Author biography

B.C. DE KOK obtained her PhD in Psychology from the University of Edinburgh, where she subsequently worked as a postdoctoral research fellow in Sociology, on a project funded by the ESRC and MRC (PTA-037-27-0145). Since August 2008, Bregje is lecturer at the Institute for International health and Development at Queen Margaret University. Her research interests include how people manage interpersonal, normative and moral issues in talk about reproductive health problems, and the practical implications of people's constructions of health issues. Her main methods of analysis are discourse analysis and conversation analysis.