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## Involuntarily childless men and the desire for fatherhood

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**Objective.** This study aims to explore the experience of childless men and the desire for fatherhood. **Background.** There is little research exploring the desire for fatherhood, with most studies concentrating on couples in infertility treatment. Of those, the majority focus on the women's experience, a factor that may reflect the gender stereotype and cultural identification of childlessness to women. **Methods.** A qualitative approach was adopted. A convenience sample of 10 biologically childless men were recruited through the snowball method and interviewed individually. The interviews were transcribed verbatim and transcripts were then analysed using Grounded Theory. **Results.** A core category, 'Lifescape's of childless men: enduring anticipation and expectation in an uncharted world', divided into three meta themes: Emotive Forces, Extant Agency, and Life Course. The desire for parenthood appeared to peak in the 30s, gradually reduced, but did not cease. The participants also revealed a sense of 'outsiderness' in familial, social, and work relationships. **Conclusion.** Involuntarily childless men reported similar experiences to those in, or who have had, infertility treatment. These included a sense of loss, depression, exclusion, isolation, and risk-taking behaviour. Over the life course the men also found ways to adapt and reappraise their beliefs concerning themselves emotionally, psychologically and socially. To help understand this process, gender-role therapy is presented as a possible approach for working with childless men.

**Keywords:** involuntary childlessness; psychosocial factors; mental health; interviews; qualitative methods

### Introduction

Many nations are now studying the demographic trend of ageing populations caused by falling fertility and mortality rates (United Nations, 2009). A constellation of circumstances such as leaving home, forming relationships, time in education, and employment contribute to childlessness (Hagestad & Call, 2007; Parr, 2007). For example, the highly educated, and the children of fathers in professional positions, have a greater chance of being childless (Simpson, 2006). In Britain, demographic studies indicate an increase in the number of solo living men and an increasing birth rate in women aged over 30 (Smith, Wasoff, & Jamieson, 2005). Bearing in mind the lack of material on male childlessness, this study aims to focus on the experience of involuntarily childless men.

Having a child is viewed as a natural progression for the majority of people and seen as part of the life cycle (Daniluk, 2001). Parenting is mostly associated with

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women, as is childlessness. Childlessness in women elicits a range of responses from sympathy to privileged freedom (Dalzell, 2007). Furthermore, as fewer men become fathers (Dermott, 2008), research indicates that childlessness is more acceptable to women than men (Koropeckyj-Cox & Pendell, 2007). An estimated one in six couples at some point suffers from infertility (Human Fertilisation and Embryology Authority, 2009). The diagnosis of actual or potential infertility has been shown to have considerable implications for well-being (Bartlam, 2004). However, exact figures for the involuntarily childless are difficult to obtain since many people do not seek treatment. Additionally, the majority of international and national fertility data indicators are applied solely to females (Dykstra & Keizer, 2009).

Throsby and Gill (2004) noted the growing volume of literature exploring fatherhood. Early research reported that fatherhood was viewed as natural, being the logical progression of a relationship. Children completed a family, provided later-life companionship, and was a way of enhancing/maintaining status (Mason, 1993; Owens, 1982). More recent research has examined nurturing/caring roles and the 'new man' (Lee, 2010). Most studies on the distress of childlessness concentrate on couples in pre- or post-infertility diagnosis and have often focused on the women's experience (Daniluk, 2001; Glover, McLellan, & Weaver, 2009). Mahlstedt (1985) reported that health professionals should be aware that couples in infertility treatment suffered from depression, stress, guilt, shame, anger, and loss of self-esteem. Webb and Daniluk (1999) reported that pre-diagnosed infertile men felt a pressure to father children from society, family and friends. On being diagnosed as infertile, emotional reactions encompassed grief, inadequacy, isolation, betrayal, and humiliation, affects surely pertinent to men not undergoing fertility treatment. Proposing that infertile men's reactions are indicative of masculinity proved by virility, Throsby and Gill (2004) also highlighted the paucity of material on *not* being a father. Dykstra and Keizer (2009) stress that childless men are generally excluded from the work on the psycho-social effects of involuntary childlessness.

Dykstra and Hagestad (2007) suggest that childless men and women are at increased risk of morbidity, mortality, isolation, and exclusion. Likewise, the Kendig, Dykstra, van Gaalen and Melkas (2007) tri-country study of survey data reported links between the elderly childless and poor health behaviour. They noted that, when compared to men with partners, formerly married childless men's behaviour included excessive smoking and drinking, worse physical health, depression and sleeping difficulties. Dykstra and Keizer (2009) found that, compared to childless single men aged 45–59, those men in relationships were better off psychologically and socio-economically. Furthermore, a Swedish quantitative analysis of official records compared male family situations and premature mortality (Weitof, Burström, & Rosén, 2004). Results indicated that both lone non-custodial fathers and lone childless men were at increased risk of death through suicide, addiction, injury, external violence, poisoning, lung and heart disease.

The majority of infertility studies reported that women were more likely to take part in research and found to be more distressed, depressed and feel more socially isolated than men (Jordan & Revenson, 1999). Furthermore, Bartlam and Woolfe (1998) noted the involuntarily childless adults' reported feelings of isolation and disregard from both family and wider society. More recent research suggests that men undergoing infertility treatment experience similar levels of distress to women (Peronace, Boivin, & Schmidt, 2007). Dudgeon and Inhorn (2003) highlighted anthropological studies that indicated that infertile men were viewed as ineffective and

weak. Fisher, Baker and Hammarberg (2009) warned of an inaccurate clinical view that infertile men are less distressed and more accepting of childlessness than women, while Malik and Coulson's (2008) analysis of online infertility bulletin boards found that the anonymity led men to express a wide range of difficulties and emotions.

There is a large quantity of literature regarding infertility and childlessness, with very little on men's desire for fatherhood. Existing research is mostly derived from studies linked to couples in infertility treatment or expectant fathers. It also indicates numerous stressors interlinked with being childless and the distinct health risks and societal disadvantages associated with it. The aim of this study was therefore to explore the issues surrounding being a childless man and the desire for fatherhood. Here, fatherhood is defined as the beliefs, wants, needs, emotions, fantasy, values, and the cultural and social norms associated with being a biological father.

## **Method**

A qualitative approach was used in this study to generate rich information about the experiences of childless men. A Grounded Theory approach was adopted, an inductive process employing a progressive systematic and creative analysis to generate a theory (Bryant & Charmaz, 2007). The 'emergent' concept of the method suited the lack of available data, the need to collect rich data, and the skills of the primary researcher. As the theory is 'grounded in' the data, the stories of the participant's are heard, giving insight and understanding into their lived reality (McLeod, 2006).

### ***Participants***

The difficulty in recruiting men willing to engage in research of this nature had been cited by a number of researchers (Throsby & Gill, 2004). Therefore, a convenience sample was used in the selection of participants. The distinction of 'biological childless' was specified in order to include those who occupy, or had occupied, the role of social father. Recruitment used a snowball strategy via 30 flyers posted in counselling, university and retail locations, emails to 300 addresses on the School of Education's database. In addition, an advertisement was placed in *Therapy Today* – the professional journal for counsellors and psychotherapists.

Ten respondents were individually contacted and their status as biologically childless men confirmed. All participants in this study were white, aged between 33 and 60+, and employed. None identified themselves as disabled. Six were in relationships and four were not. Two identified themselves as stepfathers.

### ***Design and procedure***

The study gained university ethics approval and the also adhered to the ethical guidelines of the British Association for Counselling and Psychotherapy (Bond, 2004). Informed consent was obtained and pseudonyms used to protect the identity of the participants, with any identifying details relating to places or persons removed or disguised. Each participant was offered a copy of their transcript, and invited to make any changes or withdraw all or part of it – 'member checking' (McLeod, 2006). One respondent declined his copy, while the remainder accepted theirs. No requests for changes or withdrawals were received.

Due to the sensitive nature of the study, individual face-to-face semi-structured interviews were conducted (Figure 1). This approach provided a safe space for

Each interview began with an invitation for the participant to reflect on their attitude to parenthood:

- 1) When do you think you first became aware of the possibility of becoming a father?
- 2) I wonder if, over your life, whether you had a change in your attitude to fatherhood?

The interviewer would ask questions that covered emergent themes. For example:

- 1) I wonder if there was a time when you discussed having children?
- 2) While you were trying for children did your attitude towards children change?
- 3) I was wondering how you felt about your peers having children?
- 4) Did you feel under pressure to have children?
- 5) Do you feel you were treated differently because of not having children?
- 6) Were there advantages to you not having children?
- 7) Were there disadvantages to you not having children?
- 8) *Do you feel you've been discriminated against in a positive or negative way?*
- 9) *Do you feel your desire for fatherhood affected you in anyway?*

Figure 1. Semi-structured interview questions.

individuals to talk about their experiences (Patton, 2002). Additionally, it proved to be a flexible method that enabled the participants' perspective of childlessness to be revealed (Kvale, 1996). Interviews were held at locations convenient for the participants. Interview questions were open-ended and topics covered included: life-stage awareness of fatherhood; meaning of fatherhood; feelings surrounding fatherhood; past, present and future familial, close, and social relationships; advantages and disadvantages of childlessness; societal 'fit'; mental and physical health; and feelings of 'broodiness'. All the interviews were audio recorded and lasted between 34 and 74 min.

### **Data analysis**

The interviews were transcribed, and analysed directly after each interviewee had approved the transcription. This enabled the researcher to use emergent themes to provide focus for each subsequent interview (McLeod, 2006). The analysis consisted of progressively coding the text into meaning units that were then assigned to a category (Rennie, 2006; Rennie, Phillips, & Quartaro, 1998). Emerging meanings were interpreted and either fitted into existing categories or new categories formed. These were examined, and the concepts and themes abducted into higher order 'main' categories (Charmaz, 2006). These categories were then subjected to 'axial coding' (Strauss & Corbin, 1998). This technique explores the relationships between codes, categories, and main categories in an attempt to identify a central 'core category' that is integral to the theory. The core category supplied a theoretical frame through which the essence of the experience of these involuntary childless men may be viewed (McLeod, 2006).

Table 1. Core and main categories.

<b>Core category. Lifescapes of childless men: enduring anticipation and expectation in an uncharted world.</b>		<b>MU</b>
		<b>429</b>
1.1: Emotive Forces:		216
1.2: Extant Agency:		170
1.3: Life Course Stages:		43
	<b>MU</b>	<b>MU</b>
<b>1. Consequences of childlessness.</b>	<b>429</b>	<b>4. Socio-environmental.</b>
		<b>62</b>
1.1: Internal process:	216	4.1: Socio-cultural:
1.2: Peers:	170	4.2: Environmental:
1.3: Discrimination:	43	15
<b>2. Ideation.</b>	<b>164</b>	<b>5. Health.</b>
		<b>46</b>
2.1: Fatherhood:	99	6.1: Mental well-being:
2.2: Children:	37	6.2: Physical well-being:
2.3: Own childhood:	27	6.3: Partner:
		6
<b>3. Relationships.</b>	<b>74</b>	
3.1: Family:	25	
3.2: Partner:	24	
3.3: Relationship issues:	19	
3.4: Stepfather:	6	

Illustrative comments are supplied to give a sense of the participants' experience. Inclusion of excerpts of interviews, description of the coding process, member checking, and a table of the themes (Table 1) aid validity in qualitative research, and are used in this study (Yardley, 2008).

## Findings

The units and categories were classified and grouped to form a theoretical framework comprising of a single core category and five main categories. The core category of 'Lifescape's of childless men: enduring anticipation and expectation in an uncharted world' was identified and is integral to each of the categories that follow. It is divided into three meta themes: Emotive Forces, Extant Agency, and Life Course Stages that resonate throughout the main categories.

The main categories elicited were: Consequences of Childlessness, Ideation, Relationships, Socio-environmental, and Health. Table 1 gives an overview of the categories and meanings extracted from the data – the numbers indicate the number of times each meaning unit occurred. Due to space limitations, the following section focuses on the meta themes.

### *Core category: Lifescape's of childless men: enduring anticipation and expectation in an uncharted world*

The participants expressed a range of responses around the issue of childlessness and the desire to be a father. Most of the participants gave the impression of a struggle between the fantasy and reality surrounding fatherhood: the ideal of becoming a father (emotive force) and social intentionality (extant agency).

### *Emotive Forces*

This element of the core category reflects the strength of the emotion the participants revealed concerning fatherhood. The theme refers to the internal energies that reflect the emotional and physical desire to be a parent: behaviours, urges, feelings, thoughts, and biological/genetic drive (Langdrige, Sheeran, & Connolly, 2005). It also encapsulates the norms and conventions that are absorbed from familial, cultural, and societal environments. Two examples of how the elements of the emotive force are demonstrated by P1 and P5:

P1: I've got a biological need to do it; I've got a religious belief to do it.

P5: I really do want my own children ... I wanted that more than I wanted a marriage ...

P1 combines both genetic drive and cultural elements to support his quest for parenthood. For P5, the urge for fatherhood was greater than the societal norms he associated with marriage. The desire for children revealed the range of emotions that men feel concerning fatherhood, from nothing to a physical yearning:

P9: But I've never had any ... never felt broody in my life

P2: I really do need to have these children

The latter may be seen as the drive of the bio/genetic dynamic. The other reactions to childlessness and an unfulfilled bio-drive included hurt, loss, and regret:

P5: I felt the pain of it, emotionally there was a real gut feeling that, you know, arghh ... that I'm not the father of my own children.

P2: ... grieving for those that were never born ... which is a paradox.

Although P9 and his partner decided against having children, they did consider trying for children in their late 30s:

We thought that we'd better have a think about this because we may not have much longer if we do decide to go down this line.

Here, life stage, rather than emotive force or extant agency, was the stronger motivator. This highlights the interactions and tensions between life stage, emotive force, and extant agency.

### *Extant Agency*

This agency describes the capacity to consciously act and fulfil socially accepted roles, e.g. what is legal, acceptable behaviour, etc. Following a severe illness at age 32, P7 decided he lacked the physical strength to fulfil the role of a father but still had the drive to be a biological father. The participant attempted to fulfil both the societal norms set in the experience of his childhood and his bio-drive:

... I'd always assumed I'd become a Dad.

I was thirty-three ... A lesbian couple wanted children. I said fine, you know, I'll donate my sperm ... they said they wanted the parents to be involved. I said no, I wouldn't want that.

This demonstrates the participant's attempt to chart a route incorporating the bio-drive (emotive force) and fulfil the status and societal norms, as he understood them (extant agency).

This connects to one of the main categories: health, indicating that both mental and physical issues had a range of effects on the participants' desire to be a father. All participants had suffered from depression, a widespread mental health issue associated with loss, low mood, lack of interest or joy, guilty feelings, and low self-worth (Fennell, 1989). Eight of the participants declared that childlessness was a feature in their depression to a lesser or greater extent:

P1: I was very, very depressed last year, suicidal ...

The majority of participants disclosed behaviours that they attributed to childlessness. These included alcohol abuse, gambling addiction, withdrawal from intimacy, and difficulty forming relationships. However, some participants acknowledged that lack of parenthood had enabled flexibility in career, finance, and leisure activities.

P8: I did have quite a serious alcohol problem.

P2: The advantages were you had choices ... you had probably more surplus income in certain respects, so there was a quality of life that we'd achieve that others wouldn't have managed in the same way.

The participant's awareness of how others perceived and responded to their childlessness evoked a wide range of reactions through acceptance, exclusion, envy, isolation, and mistrust:

P5: I mean as I am now, I feel pretty reconciled to it.

P7: I don't feel excluded – I am excluded from it.

Single, older men highlighted a hierarchical social system around those who do not fit into the social hegemonic norms (Robertson, 2007):

P5: It isolated me from my peers to an extent that's because (A) I wasn't married and (B) I didn't have children.

Although there is a change from the overt anticipation of fatherhood (emotive force) between the older and younger participants, for the latter there was an indication of latent pressure to fulfil the patriarchal norm (extant agency):

P4: ... your friends and family ... who wind you up, you know saying, 'So when are you going to settle down anyway?'

Some participants felt their childless state led to negative discrimination in both work and family environments.

P5: ... families can just assume that you will, you can just muck in and join in and enter into their world – they don't want to enter into yours.

The social world each participant occupied demanded each to construct his own pathway in that world. Social difference magnified their childless state and had to be



rationalised or their social world adapted. Furthermore, the resolution of internal and external demands of the emotive force and extant agency are intrinsically related to age.

### *Life Course Stages*

The life stage of the participant interacts and reflects internal motives and the external dynamic. Here the interaction between an individual's behaviour and social structures are contextualised by the timing of events, for example the ending of a relationship. There is a difference in attitude between the older and younger participants. The former indicated a normative belief that life paths of career, marriage, and children were expected:

P2: There was an assumption ... we'd be growing together and setting up home and children would be part of that package.

With one exception, the men showed no wish for fatherhood in their early and teenage years:

P3: It wasn't something that even entered my head in my teenage years and getting to late teens.

However, towards their late 20s, socioeconomic indicators were highlighted as being important in the decision to start a family:

P2: We were in a position where, financially ... we wanted to start trying for having children.

The 30s show the most dramatic rise in desire for fatherhood. Factors that could account for this peak include: age of their partner, health, and awareness of their ability to interact with children later in life:

P1: ... you're young enough to enjoy it before you're an old codger ...

For the younger participants there was no explicit mandate concerning career, marriage and children:

P4: We were never really forced into anything ... not that kind of 'you need to get a job, you need to get married.'

The participants noted a sense of difference and, over time, a sense of estrangement:

P8: Their lives changed and mine didn't with them, and it created a little bit ... not a barrier so much as a division.

P3: ... I felt the odd one out, I felt a bit of a loser ... I felt inadequate ...

The older participants demonstrated a gradual decline in the desire for fatherhood, ranging from a wistful regret to acceptance. P2 indicated an on-going process of tolerating his childlessness:

... so it's almost got a stage where – of acceptance and then beyond that acceptance, then making sense of why it was the way it was how it felt the way it did.

The examination of the participants lives led to a chronological charting of events and choices made. The life stage of the participant determines and stimulates emotive forces and extant agency. This can be seen in the change of perspective as the men age: from the expectation and anticipation of becoming a parent to wistfulness at not being a father and, for some, a grudging concession to their childless state.

As the study progressed it became apparent that a change in attitude to the participant's childlessness was concomitant with their age. This indicates an age-related transition, from the younger participants who were mainly idealistic, yet also fearful of the unknown, through to those who were more regretful of an opportunity denied or not utilised.

## **Discussion**

The findings show a range of individual and unique responses, beliefs, feelings, and actions that guided and shaped each participant's uncharted lifescape. The lack of direct research on men's desire for children, and the issues surrounding childless men, led to the examination of the related fields of fatherhood and infertility treatment. The changing criteria for each man were directly related to their life stage; younger men were aware of the unknown but feared responsibility, the older ones regretful of an opportunity denied or not utilised. The one participant who had no desire for fatherhood, investigated whether he (and his partner) should try for children because of their ages. In conjunction with the emotive forces and the extant agency, the life stages of the participants shaped the idiosyncratic landscape of these men's lives. Thus the components of the core category both energise and are integral to the dynamics between the main categories.

The participants indicated the strong influence of family and cultural expectation, similarly pre-diagnosed infertile men felt pressure to father children from society, family and friends (Webb & Daniluk, 1999). Infertile men reported that unsuccessful treatment led to worsening mental health, decreased social support and increased negative stress and physical responses (Peronace et al., 2007). Men in treatment were most distressed by the continuing involuntarily childlessness. This may reflect the value placed on virility proved by fertility (Dudgeon & Inhorn, 2003). The expectations of family, culture and religion may be seen as latent forms and methods of reinforcing and maintaining patriarchal hegemonic masculinities (Connell, 2005).

There was evidence of a sense of bereavement for some of the participants. The two who had been stepfathers, and enjoyed this role, each still felt the loss of not being a biological father. This parallels findings that childless couples who adopted described having greater life satisfaction compared to those that did not (Daniluk, 2001). Furthermore, P1's reaction to separating from his partner, and thereby losing his role as stepfather and his opportunity for biological fatherhood, followed Schmidt's (2006) findings of low relationship satisfaction and a depressive episode. Of the men who were over 60, P2's and P5's acceptance of their childless state contrasted with P6's continuing sadness at not being a father. This reflects research that indicated childless men, who had not adopted children, reported a need to reframe their identity and position in society (Webb & Daniluk, 1999) Lechner, Bolman and van Dalen (2007) suggest the distress of involuntary childlessness due to infertility

declines, but the loss may last a lifetime. Most studies report the effect of infertility on relationships; however, the nature of the research excludes single men whose own familial conditions may have affected their perception of relationships and themselves as potential fathers.

The majority of the participants felt a gap, a difference in both familial and social worlds: being watched when interacting with children, having to explain that they did not have children, and with some believing their childlessness affected their workplace interactions and career opportunities. Similar issues were described by research into infertile men and by childless gay men (Bartlam & Woolfe, 1998; Dalzell, 2007). This indicated a possible form of institutionalised latent discrimination and pointed towards the use of difference in forming and maintaining hierarchical power relations between familial, social and wider social settings (Connell, 2005). Males in non-traditional roles such as house husbands, and primary school teachers are often subject to alienation, discrimination, isolation and suspicion (Brescoll & Uhlman, 2005; Sargent, 2001). Consequently, men who do not achieve the cultural values of fatherhood may compensate by acting in more explicitly masculine ways or become 'liminal' – less visible and with less voice (Hudson & Morgan, 2000; Ribbens & Edwards, 1998). This may reflect the active and passive coping styles demonstrated by infertile couples (Lechner et al., 2007).

The findings show that childless men may share many similar experiences to those in or who have had infertility treatment. These included a sense of loss, depression, isolation, risk-taking behaviours, and exclusion. The response to life course events, and life stages, shaped the course of the men's feelings, thoughts and actions. Over the life course it appears the desire for fatherhood had peaked in the 30s and reduced with age, but did not cease. For the participants this desire was either, or both, emotive or extant in origin.

### **Limitations**

There are a number of potential methodological limitations to the study. The sample does not include anyone aged between 16 and 33 and this points towards the population of involuntarily childless men who were not accessed. Therefore, there may be a bias in the retrospective viewpoint of participants early adulthood. In addition, the societal norms and expectations that young childless male adults experience are not represented. Only one of the interviewees had not had some form of psychotherapy, which may reflect the method of recruitment, which was centred on counselling networks. Thus the majority of the participants were familiar with self-disclosure. The lack of literature and research on involuntarily childless men and the issues surrounding the desire for fatherhood has implications for counsellors. The challenge is for counsellors to recognise that the effect of childlessness is unique to the individual men, and shapes their interactions on many levels. One possible therapeutic direction is offered by use of gender-role therapy. Gender-role socialisation is the acquisition of cultural and social attitudes, behaviours and values that is promoted as appropriate for a particular biological sex (Nelson-Jones, 2006). In the West, the hegemonic masculine ideology is typically associated with symbolic roles of supremacy and dominance that control and retain power. These included being: virile, brave, breadwinner, rational, objective, and macho. These are associated with behaviours such as being emotionally distant, objectivity, and controlling (Lee, 2003). Gender-role therapy follows similar goals as feminist therapy. By taking a socio-cultural

perspective, the client becomes aware of the dominant cultural messages and the process of gender socialisation. Techniques include the examination of defences and anxieties, stereotypical gender-role behaviour and internalised beliefs, and recognising issues surrounding power and control. A crucial aspect of this approach for the counselling of childless men is the therapist's knowledge of 'complicated bereavement' (Lechner et al., 2007, p. 1), self-awareness, power issues, preconceptions, stereotypes, and reactions to men who do not fit the 'norm' (Nelson-Jones, 2006). Research has shown that men have the same emotional experience as women, but have limited resource to access, and verbally express, their feelings (Wong & Rochlen, 2005). Therefore, the initial use of a cognitive approach rather than a focus on emotions and the use of alternative forms of expression such as art and creative writing may aid therapy.

Further exploration of childless men who yearn to be a father would provide invaluable insights into experience of male involuntary childlessness, its effects on day-to-day life, mental health, behaviour and social identity. Recruiting participants in hard to access groups has been noted as difficult; therefore, a pragmatic approach to recruitment is recommended. A combination of methods such as websites, message board and discussion groups, email, and postal strategies may need to be considered. For example, online interviews form both a basis for discussion and 'member check' of results (Hanley, 2005). Feedback from a recent online survey indicated most male respondents preferred email as a form of communication (Hadley, 2009).

This study shows the links between the desire for children in involuntarily childless men and their emotions, thoughts, behaviours, motivations and relationships. It also highlights their focus of attention and vulnerability to depression, and demonstrates the unique ways in which each participant adapts within a pronatalist society. Taken with the demographic projections of a falling fertility rate, decreasing fatherhood, and increased male solo living, additional research into male childlessness may highlight perceived impacts on health, identity, and well-being. Moreover, there are implications of involuntary childlessness at broader levels, as involuntarily childless people are clearly absent from current policy discussions, for example the last Government's strategy paper 'Building a society for all ages' does not refer to those who are childless (Department for Work and Pensions, 2009). It has implications for those involved in mental health, infertility, counsellors, healthcare workers, and other professionals.

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