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"It's most of my life - going to the pub or the group": the social networks of

involuntarily childless older men.

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Ethical Approval

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Abstract

The social networks of older people are a significant influence on their health and well-being. Adult children are an important element in their parent's network and provide the majority of informal care. The morphology of personal networks alters with age, employment, gender and relationships. Not having children automatically reduces both vertical familial structure and affects the wider formal and informal social links that children can bring. Childless men are missing from gerontological, reproduction, sociological and psychological research. These fields have all mainly focused on family and women. This paper reports on an auto/biographical qualitative study framed by biographical, feminist, gerontological and lifecourse approaches. Data were gathered from semi-structured biographical interviews with 14 self-defined involuntarily childless men aged between 49 and 82 years old. A latent thematic analysis highlighted the complex intersections between childlessness and individual agency, relationships and socio-cultural structures. The impact of major lifecourse events and non-events had significant implications for how childless people perform and view their social and self-identity. I argue that involuntary childlessness affects the social, emotional and relational aspects of men's lived experience across the lifecourse.

Introduction

The worldwide decline in fertility levels and increase in the age of mortality has serious implications for all levels of society (Roser, 2017). For many countries, the increase in life expectancy and uncertain economic conditions has raised alarms concerning the financial sustainability of state and private pensions (Attanasio *et al*., 2004) and of health and care services (Myck, 2015). By 2041, public expenditure on social care in the United Kingdom (UK) is projected to rise by 329 per cent (Wittenberg *et al*., 2008) and those needing care are estimated to grow by 90 per cent. Over the same period, carer numbers are predicted to rise by approximately 27 per cent (Pickard *et al*., 2009), leading to a 'carer gap' (Pickard, 2015). Adult children predominantly provide informal care for an 'oldest-old' relative, while married older people primarily receive spousal care (Hoff, 2015). Childless adults are commonly seen as unfettered from the burden of parenthood (Hadley, 2018a) and are 20–40 per cent more likely to provide support than non-childless adults (Pesando, 2018). Nonetheless, childlessness is often defined as a deficit identity and the childless are 'at risk for [sic] social isolation, loneliness, depression, ill health and increased mortality' (Dykstra and Hagestad, 2007: 1288). The Institute for Public Policy Research (McNeil and Hunter, 2014) estimates that by 2030 the UK will have at least two million people aged 65 and over without an adult child to support them if needed.

In the majority of societies, biological parenthood is considered fundamental to the 'normal, expectable life cycle' (Neugarten, 1969: 125) and a highly valued social status. Approximately one in seven couples in the UK seeks medical help because of problems in conceiving (National Health Service, 2017), whilst around half the people with infertility

issues do not seek any form of medical intervention at all (Boivin *et al*., 2007). Exact figures for those who experience involuntary childlessness are therefore difficult to calculate (Greil *et al*., 2010). Analysis of two British cohort studies found that at age 42, 25.4 per cent of men and 19 per cent of women had no biological children of their own (Berrington, 2015). Stonewall's (UK) survey of lesbian, gay, bisexual and transgender (LGBT) people over the age of 55 years reported, 'just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children' (Guasp, 2011: 3). Recent figures for LGBT people in the United States of America (USA) report 92 per cent as being childless (Metlife Mature Market Institute, 2010). Research into this population of adults highlights concerns surrounding accommodation, social connectedness, care, health, prejudice and discrimination in later life (Westwood, 2016b).

Childlessness is a complex subject that has often been reduced to a generally held belief that if there was no biological cause, then at some level childlessness was a choice (Beth Johnson Foundation/Ageing Without Children (BJF/AWoC), 2016). Research into the effects of infertility (Fisher and Hammarberg, 2017) has shown that failure to fulfil the status of parenthood is a significant disruption to both social and self-identity (Becker, 1999). The routes to childlessness are not limited to choice or biological reasons (Albertini and Kohli, 2017). Many factors con- tribute to childlessness (and parenthood): age, class, culture, education level (Simpson, 2009), economics, gender, timing of education exit and entry in to the workforce (Parr, 2007), own and partner's attitude to parenthood, intimate relationship and sexual skills, and timing of relationship formation and/or dissolution (Roberts *et al*., 2011). In addition, parents of predeceased children (Murphy, 2009) or those estranged from their adult children often view themselves as childless (BJF/ AWoC, 2016). Allen and Wiles (2013: 206) propose that the 'Pathways and meanings of childlessness vary so much that it is unwise to assume that people have simi- lar experiences of non-parenthood, especially in

later life.' Therefore, a number of authors propose the childless are a heterogeneous group that form a continuum of childlessness with distinct groups at either end (Monach, 1993; Letherby, 2012). Others locate themselves at different points at different times, as personal circum- stances change (Letherby, 2010). Albertini and Kohli (2017: 355) argue that to account for changes across the lifecourse, parenthood and childlessness may be viewed 'as a continuum of parental statuses'.

Parenting and childlessness are predominately associated with women (Veevers, 1973), and in the majority of cultures women are expected to grieve their lack of motherhood (Gillespie, 2000). Those not participating in the dominant heteronormative pronatalist ideology of the 'motherhood mandate' (Russo, 1976: 144) for women, and for men, the 'package deal' (Townsend, 2002) of work, relationship and fatherhood, have often been 'othered' (Letherby, 2002) and subject to stigmatisation (Letherby, 2012). Many involuntarily and voluntarily childless (Blackstone and Stewart, 2012) men (Hadley and Hanley, 2011) and women (Letherby, 2012) report a sense of 'outsiderness'. Consequently, many people have hidden their experience and status to avoid stigma (Miall, 1986) and/or protect themselves or others (Basten, 2009). This sense of 'outsiderness' reflects Simmel's concept of 'the stranger' (Wolff, 1950). Simmel demonstrates how an individual can be in a range of networks and at different times feel central, partial and/or outside a group (Exley and Letherby, 2001). Therefore, they may be 'othered', 'scapegoated', or otherwise stigmatised or excluded, depending on group dynamics at any particular time (Letherby, 1999: 369). Many studies have reported the stigmatisation of childless women as children-hating (Veevers, 1973), greedy, selfish and as having privileged freedom (Park, 2002). Likewise, a large range of deleterious stereotypes (e.g. crones, hags and witches) has been applied to many older lesbian and non- lesbian women for not attaining motherhood or grandmotherhood (Westwood, 2016a). Similarly, men who challenge prescriptive stereotypes also 'find

themselves under suspicion from both hegemonic men and women' (Sargent, 2001: 19). For example, gay men (Rosenfeld, 2003), househusbands (Smith, 1998) and male primary school teachers (Sargent, 2001) are often subject to discrimination, exclusion, isolation and mistrust. Older gay men report being avoided (Simpson, 2015), invisible (King, 2016) or pitied because of their age (Robinson, 2017). Lone older men are frequently viewed as 'dirty old men' (Scrutton, 1996: 147) and as 'sexually driven but also sexually inappropriate and/or sexually impotent' (Walz, 2002: 100).

Historically, the bulk of socio-cultural discourse surrounding reproduction has centred on women (Lohan, 2015). Women's reproductive issues are a core element of feminism (Tong, 2009) and the focus of substantial, wide-ranging, theoretical and experiential scholarship (Letherby, 2014). One outcome of this feminist canon of research is the recognition of the invisibility of men's experience (Throsby and Gill, 2004; Inhorn *et al.*, 2009). Consequently, the meanings (Marsiglio *et al.*, 2013) and experiences of male reproduction remain mostly unexplored (Culley *et al.*, 2013). Throsby and Gill (2004: 333) highlighted the lack of information on men's experience of IVF, fatherhood in general and how 'not being a father has received so little attention'. In addition, until recently men have been inaccurately labelled 'disappointed but not devastated' by not attaining fatherhood (Fisher and Hammarberg, 2012: 122). Men's absence from infertility research had often been, groundlessly, 'condemned to be meaningful' due to difficulty in both participant recruitment and retention (Lloyd, 1996: 451). Strikingly, men either undergoing (Throsby and Gill, 2004) or post-infertility (Webb and Daniluk, 1999) treatment and Gill, 2004), and identity and social status (Petrou, 2018). Inhorn *et al.*, (2009) argue against the widely held hypothesis that men are not interested in reproductive intentions and outcomes. They contend this uncritical acceptance has led men to become the 'second sex' in all areas of reproduction scholarship.

The absence of men's experience in the social sciences has been well established, 'men were there all the time but we did not see them because we imagined that we were looking at mankind' (Morgan, 1981: 93). Similarly, Mykhalovskiy (1996) critiqued social science scholars for excoriating the texture and variety of men's experience. Moreover, Hearn (1998: 786) demonstrated how men's experience has been erased in the social science theory and practice, 'men are implicitly talked of, yet rarely talked of explicitly. They are shown but not said, visible but not questioned'. There is a significant absence of men's experience of ageing (Knodel and Ofstedal, 2003) and reproduction in studies of masculinities. Arber *et al.,* (2003) and Inhorn *et al.,* (2009) point out that scholars have concentrated on younger men in crime, education, employment, fatherhood (recently), the body and violence. Inhorn (2012) argues that the absence of men's procreative experience has led to a concomitant absence in both scholarship and policy. For example, statistics on the level of childlessness are ambiguous (Sobotka, 2017) because they are, almost exclusively, based on the collection of a mother's fertility history (Berrington, 2004) at the registration of a child's birth (Hadley, 2018b). A number of factors can be related to the lack of available data on men's fertility. Firstly, the embedded attitude that fertility and family formation is relevant only to women (Greene and Biddlecom, 2000). Morison (2013: 1140) argues that the evolution of gendered roles positions male involvement in procreative decision-making as a taken-for- granted non-choice and a non-topic. Secondly, men's reports of their fertility his- tory have been judged as intrinsically unreliable (Berrington, 2004). Nonetheless, men are viewed by researchers and professionals as being socially reticent (Russell, 2007; Leontowitsch, 2013) and difficult to access (Lloyd, 1996; Suen, 2010). Although there has been an increase in material on fatherhood in recent years, infertility, childlessness and ageing seldom feature in masculinities' research, including the influential books by Connell (1995) and Kimmel *et al.,* (2005).

In Western societies during the 20th century (Dykstra and Fokkema, 2010), social factors such as the increase in divorce, co-habitation, and smaller and reconstituted families (Chambers *et al.*, 2009), have resulted in a change in family structure (Bengtson, 2001). The formation of families now tends to be by increased vertical ties (grandparent–parent–grandchild), with fewer horizontal ties (siblings and cousins) (Dykstra and Fokkema, 2010). Consequently, there has been an increase in the length of intergenerational relationships because of the rise in the number of grandparents and the decrease in the number of grandchildren (Timonen and Arber, 2012). Therefore, it is possible for a child to 'have relation- ships with eight grandparents' (Hoff, 2015: 15). Nevertheless, Tarrant (2012) observed that following familial disruption, grandfathers have been increasingly active in maintaining intergenerational relationships. Contemporary perspectives of family practices acknowledge the fluidity and diversity within the ways of 'doing family' (Finch, 2007: 66). Familial forms and networks include bio-legal, genetic, claimed families, families of choice (Jones-Wild, 2012), fictive, reconfigured and personal community (Wellman and Wortley, 1990). Furthermore, concerning isolation, exclusion, prejudice and discrimination (King and Cronin, 2016).

The importance of social interaction and social networks on health and well- being of older people has been well established (Baars and Phillipson, 2013; Stewart *et al.*, 2014). Older people generally have small personal networks that con- sist of a few very close support contributors (Phillipson, 2004). Although many net- works are categorised as family-centred, they often consist of couples (Phillipson, 2004), and men are more likely to have very small networks of one person or less: 5 per cent compared to 2 per cent for women (Phillipson, 2013). The reduction in network size has been linked to men's move from instrumental support (through employment) to emotional support (post-retirement) in their later years (Thompson and Whearty, 2004). Typically, older married men have better health

and social interaction outcomes than never married and divorced men (Davidson, 2004, 2006). However, contemporary research from the USA (Wong and Waite, 2015) identified that the link between health, marriage and social net- works is more nuanced than previously recognised. Wong and Waite (2015) argue it is the quality of the relationship and the quality (rather than the size) of social networks that is critical to any positive or negative effect. Analysis of the Survey of Health, Ageing and Retirement in Europe study (Dykstra and Fokkema, 2010) found that family were significant positive factors in the health and wellbeing of older people. The majority of European later-life families are characterised by having a child nearby; being in frequent contact with at least one of their children; having strong family care obligations; and regular exchange of help-in-kind from parents to children (Dykstra and Fokkema, 2010). Typically, adult daughters are viewed as the main carers for older relatives, although Carers UK (2015) reported that 42 per cent of carers were men. Adult sons provide substantial help in accessing health and social services, as well as emotional and financial support (Davidson, 1998) such as assisting in accessing services and financial help (Chambers, 2005). Consequently, care for parents by adult children is more nuanced than often reported. The importance of family interactions on the health and social connectedness of older people highlights the case for looking at people ageing without family. Given that in Europe approximately 25 per cent of men are life-time childless compared to 20 per cent of women (Tanturri et al., 2015), a dee- per understanding of how childlessness affects older people's health and social net- works is needed.

Compared to parents, older childless people have been viewed as vulnerable because they lack the social support, health and wellbeing provided by adult children (Dykstra and Hagestad, 2007: 1288). Nonetheless, older childless people are not disadvantaged when their health is good, but as health deteriorates with age, informal support declines and formal care does not compensate for the shortfall (Albertini and Mencarini, 2014). However, gender and

early kin and non-kin relationships are significant factors in older childless people's social support networks and health care (Wenger, 2009). Older women's networks, irrespective of marital status, have a wider range of kith and kin than similar older men (Davidson, 2004). By comparison, older men viewed their partner as their primary source of care and support, while childless older married men were particularly dependent on their wives' social networks (Wenger *et al*., 2007). A study in the Netherlands (de Jong Gierveld, 2003) found solo-living men were more likely to be lonely than similar women. Likewise, never-married men had the higher rates of loneliness compared with never-married women who had the lowest. The difference was attributed to relationship history, social and socio-economic resources. In Europe, lateral kin (Albertini and Mencarini, 2014), extended family and non-kin frequently provide informal help for childless older people (Deindl and Brandt, 2017). Post-bereavement, Wenger *et al*., (2007) found strengthened relationships between surviving siblings and nieces or nephews. The most important non- kin relationships have been found to be neighbours followed by friends, associates in organisations, acquaintances and former work colleagues (Phillipson, 2004). However, while the older childless may have a more diverse support network than parents, 'they are more likely to experience a care gap when becoming frail … especially when there is no formal support available' (Deindl and Brandt, 2017: 1562).

Research literature clearly shows the significant impact feminist scholars had in demonstrating the relationship between ageing, class and gender (Krekula, 2007). Since the 1990s, gerontological research has tended to focus on the lives women for three main reasons (Arber et al., 2007): firstly, the structural disadvantage of women in terms of economics, health and care (Arber *et al*., 2003). Secondly, the earlier age of mortality for men (Arber *et al*., 2003). Finally, the political-economic theoretical underpinnings of critical gerontology were focused on disadvantage and ageing as residual categories (Thompson, 1994, 2008).

Older men were stereotypically viewed as being economically stable, married with no mortgage and recipients of spousal care (Calasanti, 2004). Consequently, older men were not considered as worthy of investigation or as a group in need of emancipation (Leontowitsch, 2013). Accordingly, there is an absence of research literature reporting men's lived experience of ageing (Thompson, 1994, 2007, 2008). Thompson contended not only were gerontologists and social scientists not interested in older men but they had also 'inadvertently homogenised elders to make older men genderless' (Thompson, 1994: 8). However, the gender profile of the ageing population is changing as men's age of mortality increases and grows closer to that of women (Dunnell, 2008). Recently, scholars have started to examine men's lived experience of ageing and the impact economic and relational transitions have on their sense of identity (Leontowitsch, 2013). Moreover, scholars have argued that the relationship between ageing and gender (Calasanti and Slevin, 2001) has a more nuanced and unstable effect on identity (Simpson, 2015) than previously expressed (Leontowitsch, 2013).

The study aim

The aim of the study was to explore the lived experiences of men aged 50–70 years of age who did not have children, but who currently, or in the past, wanted to be a father. The age range was selected to cover the increase in live births in the UK between the Second World War and the early 1960s (Goldstein, 2009: 9). Excluded from the study were men who considered themselves as biological fathers or any form of social fatherhood, e.g. stepfather, or were involved in infertility treatment. The sample was not stratified by measures such as ethnicity or social class as these may have impeded recruitment. Keele University Ethical Review Panel approved the study in October 2011. The pseudonyms used were approved by

the participants. To retain anonymity, ages given are in the region of the participants' actual age. My paper draws on the auto/biographical tradition of being written in the first person (Letherby, 2012).

Research design

This article drew on my doctoral auto/biographical qualitative study (Hadley, 2015) which examined the impact of involuntary childlessness on self-defined involuntarily childless men. A qualitative approach was adopted in order to understand the interactions between involuntarily childless men's life experience and their cultural, economic, political and societal contexts (Patton, 2002). A quantitative method- ology was rejected for two main reasons: firstly, lack of data to form the measures and instruments typically associated with this approach; secondly, such approaches tend not to reveal the depth of understanding of the subjective and contextual dynamics of lived experience (Patton, 2002). Following Pat Chambers' (2005) argument that no single perspective would allow an in-depth understanding of later-life experience, my study drew on auto/biographical, biographical, lifecourse, critical gerontology and feminist approaches (Chambers, 2005). I am a childless man who at times desperately wanted, and expected, to be a father.[1]

The auto/biographical approach recognises the relationship between the respondent and the researcher, and identifies that researchers are not detached, neutral observers (Stanley, 1993). Stanley (1993: 41) argues that the 'auto/biographical I' demonstrates 'the active inquiring presence of the sociologists in constructing, rather than discovering, knowledge'. Morgan (1998: 655) proposes that auto/ biography is not 'simply a shorthand representation of autobiography and/or biography but also [a] recognition of the inter-dependence of the two enterprises … In writing another's life, we also write or rewrite our

own lives'. Letherby (2014: 52) argues for researchers 'to be explicit about the significance of their personal, as well as intellectual (Stanley 1993) autobiography to the 'academic labour process' (Stanley 1993: 45)'. Mykhalovskiy (1996) holds that the auto/biographical approach adds character, depth, engagement and resonance to research. By acknowledging my intellectual and personal subjectivity, this paper becomes 'value-explicit' rather than 'value-free' (Letherby, 2014: 51).

The biographical approach, through the use of Wengraf's (2001) Biographic-Narrative Interpretive Method (BNIM), provided a method of understanding the individual and social context of the participants' experience. By contextualising experiences in relation to past, present and future, the BNIM approach complements the lifecourse perspective (Chambers, 2005). The lifecourse perspective examines the context of biographical experience, utilising the key principles of human agency; historical time and place; social contexts of transitions; timing; and linked or independent lives (Holstein and Minkler, 2007). Until recently, critical gerontology concentrated on how structural disadvantage was produced through political and socio-economic factors. Holstein and Minkler (2007: 18) argued that critical gerontology's focus on socio-structural forces neglected the ageing experience of individuals and contended that 'agency unnoticed is agency denied'. Furthermore, Holstein and Minkler (2007: 18) argued for the use of different perspectives and methodologies in ageing research. Drawing on the feminist approach, they acknowledged how social actors perceived the organisation of their social world and hence their subjective experience (Blaikie, 2010: 171). Feminist scholars recognise that men's and women's experience of ageing are shaped in relation to each other, as well as intersecting with the power issues of other social categories such as gender and class (Calasanti and Slevin, 2001: 3). Hearn (2000: 352) emphasised that men cannot be feminists but that they can be pro-feminist. Pro-feminist researchers recognise patriarchy, and research by men using feminist

theoretical insights and methodology should acknowledge their male privilege and experience (Pease, 2000: 6).

The participants

The study was based on a small fortuitous sample (Davidson, 1998: 235), made up of 14 participants whose ages ranged from 49 and 82 years (mean = 63.5 years). One participant self-identified as Anglo-Celtic Australian, the rest as White British, two self-identified as gay, and the remainder as heterosexual, seven were partnered and seven single (see Table 1). Two of the men were widowers. The majority of participants were located in urban and rural communities across the UK. One man was working in Thailand at the time of the interview. Ten interviews were conducted in the men's homes. Two interviews were conducted via Skype, one on Keele University campus and one via email, all at the participants' request. The longest single interview was 4.46 hours and the shortest 59.33 minutes. Twenty-seven interviews were carried out in total. One participant declined the second interview but agreed for the first interview material to be included in the study. Childlessness is a sensitive subject (Liamputtong, 2007) but I drew on my counselling background to be authentic and genuine in my interactions with all respondents (Etherington, 2004). For the majority of the participants, this was the first time they had discussed their experience. On first contact, all the participants enquired about my parental status, which I willingly shared. I believe sharing my involuntarily childless status helped build rapport in the interview.

< Insert Table 1 about here >

Data collection

The initial recruitment strategy was through personal and organisational networks, posters and leaflets. However, lack of respondents in the first three months resulted in a review of the strategy (Hadley, 2014). For example, the wording and layout of posters and leaflets was changed to a more informal presentation. The 'snowballing' method was unsuccessful because participants and third-party recruiters reported great difficulty in broaching the very sensitive subject of other people's fertility. Later, participants reported a similar difficulty. Consequently, the age criteria was loosened and recruitment methods expanded to include advertising in local print media, social media via Twitter, radio interview and distribution of research- specific business cards. A simple website was created to support the Twitter feed and the other recruitment methods. The website had an average of 20 visitors per month during the recruitment phase (March to September 2012). It is significant that all of the participants accessed the website before making direct contact, as a way of verifying the research: 'I looked at your website before contacting you. Just to make sure, you know?' (Alan). Following initial contact, all respondents that fit- ted the study criteria were sent an invitation-to-participate letter and information sheet. The information sheet gave the background to the study, interview details, right to withdraw, benefits and risks of participation, informed consent, the com- plaints' procedure, and the management and storage of data. A system of 'rolling informed consent' was instigated, where participant agreement to take part was confirmed at the start and end of every contact. The majority of interviews were recorded digitally and transcribed strictly verbatim; the exception being the inter- view via email, which was transferred directly to a Word document.

A biographical interview method was employed using two semi-structured in-depth biographical interviews (Wengraf, 2001). The first interview followed a semi- structured topic guide that contained two broad questions: (a) 'Tell me a little about yourself' and (b) 'I

would be grateful if you could just tell me about when you first became aware of fatherhood – of being a father'? The semi-structured element of the interview was framed by three short questionnaires on, respectively, Quality of Life, Social Networks, and Ageing. In order to understand the participants' intimate, close and wider relationships and social networks, I created a semi-structured questionnaire (Table 2). This item drew on the results of the pilot study (Hadley, 2015) and the works of Antonucci (1986), Wenger *et al*., (2000), de Jong Gierveld (2003), Crystal *et al*., (2003) and Amieva *et al*., (2010). The item explored the participants' social embeddedness (de Jong Gierveld, 2003) by asking about their social life (Amieva *et al*., 2010), communication frequency (Crystal *et al*., 2003) and relation- ship quality (Wenger *et al*., 2000; Hadley, 2015). Antonucci's (1986) well-established hierarchical mapping technique uses three categories – 'closest', 'inner' and 'wider'– to understand the significance of others in social networks. Relationships catergorised as 'closest' are typically intimate adult relationships where complete trust is assumed. The 'inner' category emphasised trust as a priority. This form of relationship often involves a formal aspect or duty, such as godparent. 'Wider' associations are more informal connections, such as people with a shared interest or col- leagues. However, the item was not presented as a diagram (Antonucci, 1986: 11) for three main reasons: first, the potential for distress that a participant would experience seeing he had few or indeed no members in his social network; second, the logistics of deploying the material during the interview; and, finally, the risk of the disruption breaking any rapport built up during the interview.

Following the first interview, the participants were sent a copy of the full transcript of our meeting in order for them to read and check they had been accurately represented. The second interview focused on the transcript of the first interview. This allowed the development of the original narrative and the introduction of new material.

< Insert Table 2 about here >

Data analysis

The qualitative data analysis software NVivo 9 was used for the management of all material and for coding and related analysis. A latent thematic analysis was deployed in order to understand each participant's experience in relation to the broader social context (Braun and Clarke, 2006: 81). The analysis was an iterative process and involved familiarisation with the data, followed by line-by-line open coding and the generation of initial codes. Provisional themes were created from exploration of the relationships between initial codes, links and themes. The provisional themes were then analysed to shape the candidate and structure the main themes (Braun *et al*., 2013). The creation of candidate themes was not a linear process, but one that developed as codes and themes were re-engaged and revisited throughout the analysis and during writing (Braun *et al*., 2013). Four main themes were formed through the analysis: (a) pathways to childlessness; (b) negotiating fatherhood; (b) relationships and social networks; and (d) ageing without children. The trustworthiness and plausibility criteria (Patton, 2002) of the study included member check of the first interview transcript, field notes, reflexive researcher diary, thick description (Geertz, 1973), audit trail, NVivo 9 modelling tool, memos, freehand graphics and mind maps (Hammersley and Atkinson, 2007).

This paper concentrates on the main theme, 'relationships and social networks'. Recognition of the impact of childlessness on men is important, not only because of actual and projected demographic change but because of the lack of material examining ageing and male involuntary childlessness (Dykstra and Keizer, 2009).

Findings

Family practices and social relationships

The analysis highlighted a number of factors that influenced the social networks of the participants across the lifecourse: familial structure and relationship quality, location, employment and exiting employment.

Familial circumstances

The influence of the participants' familial circumstances had an important effect on all levels of social relations, but more so on the closest and inner relationships. In later life, siblings become significantly more important in social networks than friends (Chambers *et al*., 2009). Of the seven participants who had partners, Colin had the largest social network, John the smallest and Edward was in the middle. Both Colin and John were aged 59 and had similar backgrounds: working-class upbringing, eldest of three brothers and both had serious chronic medical issues. Edward, aged 60, the youngest of four children and from a lower-middle-class back- ground, had no health issues. Although the family was close, he had a particularly strong connection with his brother. Colin was living with motor neurone disease (MND) and his vertical ties were upwardly depleted through the death of his parents. However, his horizontal ties were strong with his brothers and partner in the closest category:

I have a great relationship with my partner and my brothers, they are most important.

My family was, and is, extremely close. Very happy and fun childhood. (Colin)

Colin's upbringing reflects the view that close bonds in childhood continue, or re-kindle, in later life (Chambers *et al*., 2009). Colin's closest and inner network gave him access to more forms of support. Included in those were members of for- mal and informal MND groups. Colin's social network challenges the view that men have small social networks post-retirement (Phillipson, 2013). In addition, his 'convoy' of long-term acquaintances from his former employment and sporting activities formed his large wider network.

By contrast, John was estranged from one brother and that brother's family. John's health (heart disease, late-onset diabetes and limited mobility due to cellulitis in his lower left leg) had directly affected his ability to socialise. John's vertical ties were depleted as only his mother was still alive. Consequently, his social net- work was formed by his relationship with his partner and occasional contact with his youngest brother, his mother and a few friends:

My childhood – I was not abused as such, but it was aversive in ways. Even now, my

Mum, it's still a bloody monster. My middle brother – I can't have any respect for him

at all. So now relative strangers. (John)

John's poor formative experience was reflected in the continuity of ambivalent familial relationships. Clearly, the quality of John's relationship with his mother demonstrated that having a vertical tie did not necessarily mean that the participants' personal community was

stronger. On the other hand, Edward's role of uncle to his siblings' children and grandchildren was a continuity of the close bond he had with his siblings:

It's not as important as being a grandparent but, you know, in terms of socialising and just having a family, not quite as good as your own children. (Edward)

Edward's testimony highlighted the primacy of the biological imperative in familial structures and practices. Colin's, John's and Edward's experience demonstrated how the quality of sibling relationships influences quality of life and social relationships. George and his sibling sister were both childless by circumstance. Consequently, his intergenerational connections were through horizontal ties: his wife's nieces and nephews. While he enjoyed their relationship, it highlighted the end of the familial line and an absence of future familial support:

I'm going to grow old without having children around or grandchildren. You know, the family is not carrying on. There is nobody going to be around for me, as I get older. I don't think I would really want children in order to make me feel better when I got older. So you realise is all quite mixed. (George)

The complexity of the issues surrounding a childless later life highlighted the common narratives of not being a 'burden' to one's children and the need for not only close relationships in later life, but the knowledge one is not going to be alone. However, the

dynamic in-law familial vertical tie positioned George and his wife as available to care for her ageing parents:

> We are supporting my wife's parents now. We're the main support and we don't have children. My wife's brothers have children. (George)

Fictive kin

The elevation of friends, or non-relatives, into equivalent kin status – non-kin con- version (Allen *et al*., [2011](#)) – was demonstrated by Alan's relationship with his fictive son, Simon. Alan had the strongest network in terms of inner and wider social networks of the participants. Adopted as a baby and with his adoptive parents and siblings now dead, his biological and adoptive vertical ties were truncated. His contact with his horizontal ties – great nieces and nephews of his adoptive family – were intermittent. Alan's closest was with Simon, whom he had known for 15 years, and was 24 years younger. Their relationship had changed from friendship to one of a negotiated form of fictive father–son kinship following Alan's separation from his long-term partner:

> Simon – he's probably the only real family I 'ave now. 'E was the most closest to me. He's my Power of Attorney. I said, 'You know, you're like the son I never had. You do things for me like a son would for a father.' I said, 'So you might as well be, like, you know.' (Alan)

Significant factors in Alan's social network were the contacts he had built through his long-term activism for LGBT rights. He was an active member of a LGBT over- fifties support group, and members of that group were included in the inner category of his social network. Alan's experience highlighted the inequalities in social and cultural resources LGBT people face. Heaphy (2007: 208) argues that 'agency in relation to gender and age' is complex and leads to 'unevenly reconfigured' intimate and wider social relationships in later life. Furthermore, Alan described another form of fictive kin: grandfatherhood.

Fictive grandparents

Four participants described roles of fictive grandfatherhood, which consisted of four categories: adopted, latent, proxy and surrogate. The categories reflect the different sources and dynamics of the respective relationships. The men's practice of grandfatherhood ranged from the covert to the overt. Raymond's (latent) and Alan's (adopted) experiences were related to their social networks. Raymond worked part-time in a local bar and had treated his employer's children as grand- children: baby-sitting, reading to them, and buying them birthday and Christmas presents. However, the family had relocated and his role had diminished. Significantly, Raymond believed that being a gay man meant he could not declare his latent grandparent role for fear of being seen as a paedophile. Alan was invited by a father of two teenage boys to become their adopted grandfather in response to a school project, 'I became their honorary granddad. That lasted three years.' The relationship between Alan and the two boys, now men, has continued but takes place on an informal and *ad hoc* basis:

> They still always talk; he always comes down, the young one that still goes [to the football match] … 'e waves, yells, and 'e always yells, 'Granddad.' … That makes me feel belonged. Makes me feel I'm part of something … that's what I miss … Grandkids I would've loved. (Alan)

Alan's and Raymond's grandparent roles had been generated from their wider social network. In contrast, James's (proxy) and Martin's (surrogate) experience was directly connected to their partners' family ties. James experienced an unanticipated proxy grandparent role via his partner's children. A combination of circum- stances led James to spend a significant amount of time during the perinatal period with his 'grandchild'.

> It's just recently … 'X's' grandchildren appeared on the scene that I discovered what a pleasure that is … I'm keenly interested in them, as I would be if they were my genetic grandchildren, I think. (James)

James's experience reflects the fluidity in family formation and the flux in the boundaries between kin and fictive. Also, his experience allowed him to engage with peers who were grandparents, 'We do talk now … sort of, a new topic 'as entered the conversational gambit, you know?' Both Alan's and James's social experience of grandfatherhood was unlooked for. Martin actively sought the role, and when his partner's niece became pregnant, he approached the parents:

I said to the parents … 'You know, this, baby when it comes, hasn't got a paternal grandfather. Can I be a surrogate grandfather?' Which I am. (Michael)

Both James's and Martin's role of grandparent had increased the quantity and quality of their interactions with their respective partner's familial network. Martin drew attention to an existential dimension of these vicarious intergenerational relationships – an aim to see his granddaughter achieve adulthood:

To be quite erm, brutal, death is the future. I reckon if I've got 15 years, that'll be alright. I'd like to see my surrogate granddaughter grow up, she's three, 15 years will take her to 18. So, that's about right, you can see them be an adult then, can't you? (Martin)

The men's experience highlighted the flux and fluidity in both the social and relational environments surrounding the men. Raymond's and Alan's experience was related to social environments and not connected to their family ties. James's and Martin's experience was directly connected to their partners' extended family ties.

Singletons

The significance of familial ties on social networks was emphasised by those with no siblings: singletons. For people with no siblings, horizontal ties were dependent on either their own distant relatives, such as cousins, or through fictive kin. Martin's social networks

were vertically depleted, as both his and his wife's parents were no longer alive. Martin's horizontal ties were a consequence of his partner's large family.

> I think my wife and I are very much for each other, so we tend to be our own social field. How do we socialise? Family. Of course, it's my wife's family, 'cos I've not got any. And that's really just her siblings saying, 'Let's visit.' We've still got that loose network of cousins: it's never been a support group. (Martin)

Martin's social network highlighted the importance of fictive family. The distant parts of his own family were located on the periphery of the social network. Martin's use of the pronoun 'we' indicated a collective view of his partner's social capital. This supports studies which reported that in long-term heterosexual relationships men benefit from the social connections generated by women (Davidson, 2004). The other singletons (Harry and Stephen) indicated they did not have anyone closest to them. Although Stephen had shared accommodation with his mother for the past 28 years, she was his 'inner' tie because of historic trust issues: 'She's got a nasty little habit of opening my mail.' Both Harry and Stephen had ex-colleagues in their wider circles. The significance of work-based relationships for men has been well-documented (Phillipson, 2013). The quality of relationship with colleagues and peers is variable and dependent on many factors such as class, education, gender, location and relationship skills (Spencer and Pahl, 2006). Contrary to most of the participants, Stephen described how he had little social contact with his current colleagues:

I tend not to socialise with the people I work with anyway. I tend to try and avoid it. I've had people saying to me, 'Oh, I thought you were gay' because I live with my mother. (Stephen)

Not fitting the expected social pronatalist heteronormative for Stephen's gender and age, peers 'othered' him. This example of 'othering' discourse gives an insight into identity narratives erroneously deployed to stigmatise men who do not conform to heterosexual normatives (Simpson, 2015).

Bereavement

Older men tend to have smaller social networks than equivalent women do and are more likely to be estranged from family (Arber *et al*., 2003). Kate Davidson (2004: 38) found that for older men relationship termination – through either bereavement or separation – leads to a 'permanent contraction in their personal network'. Furthermore, loss of a partner has been shown to be a highly gendered experience. Davidson (2001: 297) found that widows did not re-partner following bereavement for intrinsic reasons, not wishing to 'relinquish a new-found freedom'. However, widowers viewed their age and health as issues that constrained any new partner- ship. Bereaved men struggle without the routine of married life (Bennett *et al*., 2013) and often curtail external activities (Davidson, 2006). While in their early six- ties, both Harry's and Raymond's respective partners died. Harry's experience, following the death of his partner in 2010, illustrated the impact of bereavement on the shape of social networks:

My partner's sister employed a lawyer and the mere fact that I'd only lived with her [my partner] for 30 years, meant that she was entitled to this house! (Harry)

Harry's deep feeling of rejection by his partner's siblings was apparent. What is more, the subsequent familial schism truncated his valued contact with his partner's nieces and nephews. Marriage in the UK automatically makes the spouse the beneficiary when the other spouse dies. This does not apply to unmarried couples. With both his parents dead and no siblings, the estrangement from his partner's siblings and their children severely affected Harry's close and inner networks. A contributing factor was Harry's withdrawal from local social activities:

There's no inner circle, no. Loads of activities around here from people we knew. I've dropped out of that because I hate going on my own. A problem – I'll solve it. I'm the only one. I don't know anyone. (Harry)

A number of factors affected Raymond's personal social network: his sexuality, small family network and the death of his long-term partner, Paul, in 2002. Both had worked as waiters and the seasonal nature of the work and unsocial hours affected their social network. Consequently, they did not socialise or participate in the gay community. Following Paul's death, Raymond had high alcohol consumption and suicidal ideation:

> When Paul died, I thought 'Well that's it, I've lost the lot now', nothing mattered. So I
> were just getting sloshed every night. (Raymond)

Recognising his isolation, Raymond took a part-time job at a local pub in order to improve both his social and financial position. He then joined a local dedicated LGBT 50-plus social group. Both the pub and the group had a significant impact on Raymond's social network. Members from both the pub and the group were included in his inner circle. Significantly, two LGBT 50-plus group members were in his closest relationships:

> I've the people at the pub and I've got the group. It's most of my life – going to the pub
> or the group. So, I mean, you take that away from me and just sit here forever? Then
> might as well curl up and die now, you know? (Raymond)

Raymond had found, in common with many widowers, that the loss of their partner profoundly altered their life. The importance of both groups to Raymond's sense of self was apparent, when he considered that life would not be worth living if the opportunity to socialise was withdrawn. Piatczanyn *et al*., (2015) reason that bereaved gay and straight men and women had similar difficulties in adapting to widowhood. Raymond and Harry demonstrated the importance of being able to socialise outside the home and the effect on identity and health of not being able to do so. Both Harry and Raymond feared being viewed as a paedosexual:

I don't want people saying, 'Oh, he's a bit of a paedophile, this one, looking at the kids.'

You know? (Raymond)

Some of the [neighbours] kids like to come in and play with the dogs. And you have to

say, 'No! Look go and get your Dad!' I'd hate someone to look saying, 'Watch that old

man, always got kids round him.' I don't want anyone looking at me thinking that.

(Harry)

All the participants expressed fear of being viewed as a paedosexual, with widowers and

single men expressing this most strongly. The negative portrayal of older people has been

long-established (Byetheway, 1997), with, critically, lone older men particularly viewed as

predatory (Simpson, 2015) and dirty old men (Walz, 2002).

Discussion

Involuntary childlessness involves navigating a complex form of bereavement (Lechner *et*

al., 2007) that encompasses existential challenges to the inner- and social-self (Lee, 2003;

Letherby, 2012). The common misrepresentation that men are unaffected and uninterested in

reproduction are 'false and reflect out-dated and unhelpful gender stereotypes' (Fisher and

Hammarberg, 2017: 1307). For men, the losses surrounding fatherhood include the potential

father/grandfather– child relationship, the role of father/grandfather (Hadley and Hanley,

2011), access to social scripts, exclusion from the intimate parent–child–family bond (Earle

and Letherby, 2003) and wider social relationships and community (Hadley, 2018b). The

fluidity in relational dynamics, illustrated by the inclusion of non-familial members into the

inner and closest categories, was not limited to partner networks but included circumstantial association. Although participants with siblings had the capacity for support through their horizontal ties, this was dependent on the quality of the relationships. The quality of both enduring and family relationships also had a great influence on the personal network. The majority of participants had noted the effect grandparenthood had on the lives of peers and family members. This awareness of difference between the participants and contemporaries demonstrated that the disruption of involuntary childlessness has implications across the life-

The impact of events linked to the lifecourse, such as bereavement, retirement, and entry and exit of relationships, was seen in the changes in individual social net- work structures. The size of vertical and horizontal ties was useful in highlighting those who would be seen to be at risk of social isolation and exclusion. Having no children automatically reduced the vertical structure, and for those whose parents had died, the vertical ties were further reduced. However, observing the size alone could not account for the quality of the relationship or the influences that shaped any given network. The configuration of the participants' personal convoys altered with Davidson's (2004: 38) major determinants of age, employment, gender and relationship. The impact of major lifecourse events and non-events had implications for how the participants reflected and performed their social and self-identity. Personal social networks were seen to reflect the continuity of both positive and negative personal competencies that can affect all forms of relationship. The sibling relationships reported in this study ranged from the supportive to the obstreperous. The former were viewed as an important resource, giving a sense of connectedness and a barrier against loss of autonomy; the latter were seen as contributing to social withdrawal, and avoidance, with a concomitant increase in the likelihood of social isolation (Wenger *et al.*, 2007; Chambers *et al.*, 2009).

All the participants' relationships involved the negotiation of family friction, health, and role loss or adaption across the lifecourse. The participants' narratives supported the views of doing family (Finch, 2007: 66) and family practices (Morgan, 2011). Consequently, the complexity and diversity involved in their 'personal community networks' (Wellman and Wortley, 1990: 559) recognised the concepts of fictive kin and adapted family networks. Membership of organisations revealed how familial, relational, occupational, sexual orientation and assisted reproductive technology experience affected the quality of social interactions across the lifecourse. The positive effect of support groups on Raymond's and Alan's close and wider relationships was indicative of others' experience of support from outside family norms. Moreover, inclusive strategies, such as the LGBT 50-plus group, demonstrated how policy could positively influence individual agency.

There is a relative absence of men's lived experience of ageing and non-reproduction from academic studies, despite the volume of discussion surrounding masculinities. Morgan (1981: 96) identified how men's lived experience had been taken for granted, 'Thus taking men into account' and not treating them – by ignoring the question of gender – as the normal subjects of research' (Morgan, 1981: 95). In much discussion on gender, heterosexual men are judged in relation to 'hegemonic masculinities' (Connell, 1995). However, the concept of hegemonic masculinities has been criticised for essentialising men into a static and limited typology and not reflecting the 'ever-changing social strategies' of men's performance of gender (Inhorn, 2012: 45). For example, Moller (2007: 266) argues hegemonic masculinities restrict the understanding of masculinity to a specific framework of 'domination, subordination, and oppression'. Studies reporting on hegemonic masculinities have often focused on power and structure, and not accounted for the ways physicality and embodiment (Calasanti and King, 2005) interact with gender practice over the lifecourse (Inhorn, 2012). Furthermore, Bennett (2007: 350, original italics) argues that most men 'often feel powerless

rather than powerful' because so few achieve the ideal. Hearn (2004: 59) proposed a move from hegemonic masculinity to 'go back from masculinity to men'. Kaufman (1994: 152) advocated 'there is no single masculinity or one experience of being a man'. All the men referred to their experience of involuntary childlessness as 'something missing'. This key phrase revealed the depth of the emotional and relational absence in the men's lives. It also highlights the lack of social narratives available for involuntarily childless men to draw on. What is more, male involuntary childlessness is also 'something missing' from the social sciences. Failing to account for the existence of men who do not reproduce highlights a significant absence of critical insight by scholars, policy makers and other stakeholders.

Limitations and implications

The study was based on a small sample that was not representative of involuntarily childless men. Consequently, the findings are not generalisable to the wider population. However, the study produced in-depth accounts that gave insight into an experience that has been mostly absent from research and wider literature.

Conclusion

Most adult children in the UK are unaware of the reliance placed on them to sup- port older relatives, until they have cause to access the statutory care services (BJF/ AWoC, 2016). For example, in England, approximately 85 per cent of older people with disabilities living in their own homes 'receive care from an adult child or spouse' (Pickard, 2015: 97). Ageing Well Without Children (BJF/AWoC, 2016) was one of the first activist groups in the world to raise awareness of the structural invisibility of people ageing with childlessness. Nonetheless,

there is no policy accounting for those ageing with childlessness in any health, social care and well-being institution or charity in the UK. Similarly, in academia there is a paucity of research examining the impact of childlessness in mid- and later life: 'Childlessness is a shifting identity within various storylines across time and circumstances' (Allen and Wiles, 2013: 208). By following the approach developed by Chambers (2005), based on biography and underpinned by feminist research practice, the study demonstrated the complexity inherent in older childless men's life interactions. Pronatalism and heteronormativity are default positions in much of the social sciences and gerontology (Westwood, 2018) which non-heterosexual materials are framed against (Sandberg and Marshall, 2017). This study, by using a lens of reproduction, has highlighted an intersection of ageing, gender and sexualities. I strongly recommend academics, politicians, policy makers and other stakeholders recognise childlessness as an important category in people's experience of ageing.

Ethical standards. Keele University Ethical Review Panel approved the study in October 2011.

Note

1 I am a childless man who has been desperately affected by the desire to be a biological father. All my academic work has been influenced by the work of feminist the influence feminist research and feminisms have had on qualitative research in general, and my work in particular (Pease, 2000: 203). Drawing on that background, and in common with the sociological concept of reflexivity, I will now locate myself within this paper by supplying a brief autobiography (Birch, 1998). I am a White British, heterosexual male, 55 years old, divorced and re-married, with a non-genetic life-long hearing impairment. I am the seventh youngest of eight children. I was born, raised and educated in Old Trafford, a working-class

area of Manchester, UK. I had been particularly broody in my mid-thirties; I wondered if other men had similar feelings. I am defining 'broody' as the behaviours, feelings, thoughts and urges that constitute the emotional and physical desire to be a parent. My reactions to my 'broodiness' have included: anger, depression, elation, guilt, isolation, jealousy, relief, sadness, yearning and withdrawal. I worked for 31 years as a scientific and technical photographer before training, and qualifying, as a counsellor. My academic background follows my multi-modal counselling style in that it draws on the knowledge, experience, myths and legends of different tribes. As such, and much like some childless people, I define myself by what I am 'not'– I am not solely a photographer, counsellor, educationalist, gerontologist or sociologist. However, I drew on all those fields, and more, in the undertaking of this study.

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TABLE 1. *Participants' demographic information*

Participant	Age	Ethnicity	Relationship status	Sexual orientation (self-defined)	Education Level	Occupational status
Stephen	49	White-British	Single	Heterosexual	Higher degree	Employed full-time
Russell	55	Anglo-Celtic Australian	Single	Heterosexual	Higher degree	Seeking work
Frank	56	White-British	Single	Heterosexual	Degree	Seeking work
Colin	59	White-British	Long term relationship	Heterosexual	HNC*	Retired
John	59	White-British	Long term relationship	Heterosexual	HND**	Not working: ill health
David	60	White-British	Married	Heterosexual	Degree	Self-employed
Edward	60	White-British	Long term relationship	Heterosexual	Degree	Self-employed
George	60	White-British	Married	Heterosexual	Higher degree	Seeking work
Michael	63	White-British	Single	Heterosexual	Higher degree	Employed
Harry	64	White-British	Single/widower	Heterosexual	None	Not seeking work
James	65	White-British	Long term relationship	Heterosexual	City & Guilds***	Retired
Martin	70	White-British	Long term relationship	Heterosexual	Degree	Retired
Raymond	70	White-British	Single/widower	Homosexual	GCE****	Employed part-time
Alan	82	White-British	Singe	Homosexual	Degree	Retired

*Higher National Certificate. ** Higher National Diploma. *** National vocational qualification. **** General Certificate of Education.

TABLE 2. *Social network interview guide*

Researcher script: 'The people we have relationships with are important. I just want to ask you a few questions about your family and friends, if that would be all right?'

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1. *How do you relax?*

2. *What would you say is your main way of socialising?* Prompts: Do you attend meetings, social groups, and hobbies? How many roughly? Measured using Amieva *et al.* 2010 guide: large >8, medium 4-7, small 0-3).

3. *Who do you socialise with?* Prompts: equal numbers of friends and family or more one than the other? Do you feel you are treated differently because of not being a father?

4. *Who you are in touch with regularly?* Prompts: You know them from…? More friends than family? How long have you known them? Do they live far away? Weekly? By phone?

5. *Who of these are important to you (*De Jong Gierveld 2003)? Prompts: if you had something to share/had a problem who you would contact (Crystal *et al.* 2003)?

6. *Who are you closest to?*

7. *Do you feel that your relationships are equal?* Prompts: That you give equally or one or other gives more (Wenger, Scott and Paterson 2000)? Has it always been like that?

8. Are there ever occasions when you feel isolated? Prompts: Do you feel you are understood (Amieva *et al* 2010) Or perhaps you may feel not considered (Hadley 2015: 96)?

NOTES

1.   I am a childless man who has been desperately affected by the desire to be a biological father. All my academic work has been influenced by the work of feminist scholars. As a male researcher, I acknowledge the influence feminist research and feminisms have had on qualitative research in general, and my work in particular (Pease, 2000; 203). Drawing on that background, and in common with the sociological concept of reflexivity, I will now locate myself within this paper by supplying a brief autobiography (Birch, 1998). I am a British-white, heterosexual male, 55 years old, divorced and re- married, with a non-genetic life-long hearing impairment. I am the seventh youngest of eight children. I was born, raised, and educated in Old Trafford, a working class area of Manchester, UK. I had been particularly broody in my mid-30s; I wondered if other men had similar feelings. I am defining 'broody' as the behaviours, feelings, thoughts, and urges that constitute the emotional and physical desire to be a parent. My reactions to my 'broodiness' have included: anger, depression, elation, guilt, isolation, jealousy, relief, sadness, yearning, and withdrawal. I worked for 31 years as scientific and technical photographer before training, and qualifying, as a counsellor. My academic background follows my multi-modal counselling style in that it draws on the knowledge, experience, myths, and legends, of different tribes. As such and much like some childless people, I define myself by what I am 'not' – I am not solely a photographer, counsellor, educationalist, gerontologist, or sociologist. However, I drew on all those fields, and more, in the undertaking of this study.