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# The impact of male involuntary childlessness

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The implications of the global trend of declining fertility rates and an increasingly ageing population have been extensively reported. Childless men are, compared to women, missing from gerontological, psychological, reproduction, and sociological research. These fields have mainly focussed on family formation and practices with the fertility intentions, history, and experience of older men being overlooked. Over the past 15 years, research literature on both involuntary childlessness and ageing has highlighted the paucity of material on men's experience. Infertility research has shown that failure to fulfil the status of parenthood may lead to a complex form of bereavement and is a significant challenge to identity. In the past three decades, there has been an escalation in the research and general literature surrounding fathers, fathering and fatherhood. Recent research into contemporary grandparenting has highlighted the intricacy and importance of intergenerational relationships to grandfathers. Drawing on my auto/biographical PhD study, this piece examines how 14 self-defined involuntarily childless men managed non-fatherhood. The findings demonstrated the complex intersections between the men's attitude to childlessness, fatherhood, and non-fatherhood across the life course. The actions and attitudes of the men as they negotiated the movement from pre-transitional to a post-transitional stance towards fatherhood, demonstrated the different strategies each adapted in order to negotiate their procreative remit. This study countered the stereotype that fatherhood is not important to men and challenges research that reports that men are not affected by the social, emotional, and relational aspects of involuntary childlessness.

**Keywords:** childlessness; fatherhood; fertility; parenthood; parenting

Recognition of the impact of involuntary childlessness on men is important, not only because of actual and projected demographic change but also because of the lack of material examining male involuntary childlessness (Dykstra and Keizer, 2009). The vast bulk of social science discourse on reproduction is centred on women with little investigation of the male experience. This is based on the 'widely held but largely untested assumption' (Inhorn, 2012, p. 6) that men are disengaged from procreative intentions and outcomes. Consequently, men have become marginalised as the 'second sex' (Inhorn, la Cour Mosegaard, Tjørnhøj-Thomsen, & Goldberg, 2009, p. 1) in all areas of social science scholarship with childless men especially missing from demographical, gerontological, psychological, reproduction, and sociological research. For example, the number of childless men in the UK is unknown as only mothers fertility history is recorded at birth registration (Office for National Statistics, 2014).

In most societies, biological parenthood provides the surest way to adult status and this is reinforced by gendered roles that position women as child bearer/nurturer and men as provider/protector. Parenthood is constructed as a natural, spontaneous, and unconscious act that forms a central unreflective ideal embedded in the 'normal, expectable life-cycle' social script (Neugarten, 1969). A diagnosis of potential or actual infertility can have significant life-long implications for mental and physical health, well-being, and close and wider relationships (Letherby, 2012). Infertility has been viewed as a form of complex bereavement consisting of multiple disenfranchised losses (Lechner, Bolman, Van Dalen, 2006) with levels of distress in women recorded as high as those suffering from serious medical conditions (Domar, Broome, Zuttermeister, Seibel, & Friedman, 1992; Domar, Zuttermeister, & Friedman, 1993). Until recently post-treatment men were reported as 'disappointed but not devastated' by not attaining fatherhood (Fisher & Hammarberg, 2012). Weitoft and colleagues (2004) suggest the lack of health research data is because men's health is viewed in terms of employment and not family role. Their study found that lone childless men and lone non-custodial fathers had an increased risk of death through suicide, addiction, injury, poisoning, lung and heart disease. My small self-funded study found that childless men have a similar level of yearning for parenthood as childless women and reported higher levels of anger, depression, jealousy, and isolation (Hadley, 2012).

The childless are '... at risk for social isolation, loneliness, depression, ill health and increased mortality' (Dykstra and Hagestad, 2007). Men – either in, or post-infertility treatment – reported the process had a profound effect on their views of their masculinity, beliefs about themselves and their place in society (Webb & Daniluk, 1999; Throsby & Gill, 2004). Men who challenge prescriptive stereotypes, for example, gay men, househusbands, and male primary school teachers are often subject to discrimination and suspicion from both men and women (Sargent, 2001, p.19). Men who do not conform to the fatherhood mandate - the patriarchal construct of virility-proved-by-fertility (Lloyd, 1996) – may behave in more extreme masculine ways or reduce their visibility and thus become 'liminal' (Hobson & Morgan, 2002). Research has shown that although men have the same emotional experience as women, their wherewithal to access, process, and verbalise their feelings is limited (Wong & Rochlen, 2005).

Much infertility literature focuses on the transition into the acceptance of involuntary childlessness following the cessation of treatment with individuals and couples labelled as 'involuntarily childless'. Letherby (2012) highlights that acceptance does not equate to resolution and that the terms 'infertility' and 'involuntary childlessness' do not reflect the complexity of the individual experience. Critics argue there is a population of involuntarily childless people who did not access treatment and are therefore unrecorded and their experience unacknowledged. In addition, the omission of non-treatment seekers limits the generalisability of much infertility research (Greil, Slauson-Blevins, & McQuillan, 2010). In my recently completed PhD study of older involuntarily childless men only three participants had accessed infertility treatment (Hadley, 2015). The aim of the study was to examine the lives of older involuntarily childless men. The final sample consisted of 14 men; aged between 49-82 years, with an age range of 33, mean age of 63.5 and a median of 60.5 years. Quotes in this piece are drawn from that study and are

anonymised. The sample divided into three transitional phases: pre-transition (3), transitional (2), and post-transitional (9).

### The biosocial clock

The majority of the studies have shown heterosexual men hold a 'package deal' views of the adult life course trajectory as work, marriage, home and fatherhood (Townsend, 2002).

*'I expected to leave school, get a job, get married, and have a family' Martin (aged 70).*

Factors that disrupt the assumed procreative transition include the timing of exiting education, entry in to the workforce, relationship formation and dissolution, partner selection, economics, health and age also affected people's fertility decisions (Parr, 2007; Roberts, Metcalfe, Jack, & Tough, 2011). Consequently there is a 'biosocial clock' formed by age, biology, and socio-cultural normatives that are central to reproductive decision-making. Cannold (2005, p. 27) argued that for women the 'social clock' of familial and cultural expectations and peer group dynamics were as important as the 'biological clock' in procreative decision-making. Many of my participants reflected a 'social clock' that was related to an age appropriate normative for parenthood.

Martin observed how social expectations were linked with discourse surrounding age/stage for parenthood/grandparenthood normatives:

*'Once you get to 50 then it ceases to be tenable because nobody wants a 70 year old father when you're 20. You know, that's grandfather age when you're 20.'*

However, 'pre-transitional' men navigated the 'age mandate' by stressing alternatives to the 'involved father' ideal.

David (aged 60) adapted the provider role to one of 'facilitator':

*'You think: "Well, if I produce kids at the age of 61 then by the time they're off to university I'll be 80." And if I make it beyond 80, which I hope I will, I mean to fund them through university.'*

### Pre-transitional

The men in this sector, Frank (aged 56), Steven (aged 49), and David, all wanted to become fathers. David highlighted the different levels of loss of not being a father:

*'It's one of the central experiences of human life. I think I have something to give and it's a pity. It's one of the challenges of life, which, somehow, I feel I've missed out.'*

The impact of not having children not only left David contemplating his life roles but also had consequences for genetic and material legacy:

*'I have a bit of a sense of the way values and experience has been passed down the family tree and people to pass it on to and I don't. I think having kids is a way of producing a sense of continuity. Otherwise, death feels very final. If you're leaving kids, you've left something of yourself.'*

Therefore, not having children had an existential impact by challenging both the 'way of being' in the present and potential future 'ways of being'.

## Transitional

The two transitional men were ambivalent about their opportunities of becoming a father with the biosocial clock holding greater significance on their views. Both Michael (aged 63) and Russell (aged 55) expressed missing the uniqueness and importance of the father-child relationship:

*‘To have that sense of unconditional love and that unfathomable sense of that paternal feeling that only comes with having a child, if my mind does wander...it is still with that one thought: “Can I have a child at my age now?”’*

Russell highlighted how differences and losses were underscored in everyday settings:

*‘...at work they talk about their experiences raising their family. If you haven't had those experiences, you're shut out along with everything else. They just have got no conception of how alienated people like me feel.’*

Russell's experience supports research that reports involuntarily childless people have a sense of 'outsiderness' (Letherby, 2012). The awareness of the social clock was also evident in how Russell viewed the future:

*‘The light's been getting dimmer and dimmer of me ever being a father, to the point now where it's probably not gonna happen. I'm also grieving that, just as I won't have the paternal role, I won't have the grandfather role either.’*

In Russell's assessment the disenfranchised grief associated with non-fatherhood was compounded by the loss of a future role of grandfather. With the acceptance of David, all the men in these two groups were single and had great concern over finding a willing, fertile partner, typically a woman in her 30s.

## Post-transitional

All nine men in this group accepted they were not going to be fathers. Four of the men in this set had followed the biosocial normative script that they were too old to be a father. In general this was because of the view that finding a suitable partner would be both socially inappropriate and practically difficult. Two of the men in this group were gay. Because of the socio-cultural dynamic in force during their formative years both Raymond (aged 70) and Alan (aged 82) believed they could not be fathers:

*‘I think from about like fifteen years old I knew I was gay. I knew I would never get married... you don't get married them days you didn't have children.’ Raymond.*

The change in social normatives and legislation led both Raymond and Alan to highlight a source of loss for older LGBT+ people:

*‘If I was in my 40's now then I think, yes, I would [adopt].’ Alan.*

Three of the men in the group related their acceptance of their childlessness to the joint decision with their partners to cease in vitro fertilisation (IVF) treatment. Following his partners' unsuccessful donor insemination treatment some 15 years earlier, Martin (aged 70) accepted that he was not going to become either a biological or social father. Martin highlighted the paradox of both acceptance and continuity of regret:

*'You've gone through the process of accepting that you won't have children... It's something I will never stop regretting. You know, it won't go away.'*

Martin's experience highlights the longitudinal complexity involved in the ongoing reconstruction and adaptation to inner and outer identity involved in the post-transitional phase. George and his wife had withdrawn from treatment some 15 years previously and the cessation of the drive for parenthood was accepted. However, George had grown increasingly aware of the losses and differences between himself and peers:

*'You know I would see the relationship between a father and son, or a father and a daughter, and I was thinking: "Ah! I'm never really going to get that." You know, I miss that. So lots during the last 15 years or so they'd be more little experiences like that where sudden sort of painful experience that I'm missing out on, I'm not having that.'*

Thus, being involuntarily childless highlighted an additional marker of difference: the potential for intergenerational relationships in later life.

## CONCLUSION

This research challenges the view that men are not as affected by involuntary childlessness as women. The men spoke of 'missing out' on the father-child relationship. The majority of infertility literature highlights a transition from grief to acceptance. However, all the participants expressed a complex constant negotiation of the loss of experience, identity, role, and intimate and wider relationships. Moreover, the continuity of disruption affects present and future agency: economic, existential, genetic, identity, legacy of familial stories and material, relational, role, and sociocultural. The men used the word 'missing' rather than bereavement, grief or loss. This reflects the absence of social scripts available for the men to draw on. Moreover, it reflects a wider sense of the 'invisibility' of childless men from research and from datasets. It is projected that there will over a million people aged 65 and over without children by 2030 (McNeil and Hunter, 2014). The number of men in that figure is hard to judge because of the non-collection of male fertility history. This has implications for the future provision of health and social care given that most informal care for older people is undertaken by their adult children (Pickard, 2009). In a 2015 speech to the Local Government Association Jeremy Hunt (Woodward, 2015), Secretary of State for Health, said: 'Family planning must be as much about care for older generations as planning for younger ones. A wholesale repairing of the social contract so that children see their parents giving wonderful care to grandparents – and recognise that in time that will be their responsibility too.' What then for those who do not have that familial support network?

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