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Deconstructing Dad

Abstract

Fatherhood is seen as a natural right - a transition that is the ultimate sign that a man is virile, and bestows concomitant status, rights and privileges. The demographic, social and economic changes across the last few decades have led to increased scrutiny of parenthood. Much of the focus is on fertility trends and the impact of childlessness for women. However, although there are more childless men than childless women, there is very little research literature on the impact of male involuntary childlessness.

Introduction

The global trend of declining fertility rates and an increasingly ageing populations has been extensively documented (Kreyenfeld & Konietzka, 2017). Because of the demographic, economic, and social transformation, there have been significant changes in the morphology of families. Families have become 'beanpole shaped' (Bengtson, 2001, p. 6) with increased vertical (grandparent-parent-grandchild) ties and reduced horizontal or lateral (siblings, cousins) ties (Dykstra, 2010). Moreover, the way people 'practice family' is complex, as kith and kin relationships change with time and circumstance. The range of familial forms has moved on from the traditional 'nuclear family' to include different types such as: bio-legal, chosen, claimed, fictive, genetic and reconfigured families (Jones-Wild, 2012). It is only relatively recently 'childlessness' has been recognised as a substantive research subject in the social sciences. Previously, many social scientists had focussed on childbearing age, fertility rates, family formation and practices, relationship dynamics, social networks, and marital status (Dykstra, 2009).

Historically, the discussions surrounding reproduction have centred on women and 'maternal processes' (Hinton & Miller, 2013, p. 248). Subsequently, the vast bulk of socio-cultural discourse has focused on women and their experiences (Culley, Hudson, & Lohan, 2013; Marsiglio, Lohan, & Culley, 2013). Concomitantly, there has been a failure to examine men's experiences of reproduction. Consequently, Inhorn et al (2009) argue that men have become the 'second sex', in all areas of scholarship concerned with reproduction. Moreover, Inhorn (2012) reasons this is because of the 'widely held but largely untested assumption' that men are not interested and disengaged from, reproductive intentions and outcomes (Inhorn, 2012, p. 6). There is a vast canon of material surrounding motherhood and an increasing volume on non-motherhood (Letherby, 2012) and fatherhood (Miller & Dermott, 2015). By comparison, there is a paucity of material concerning *not* being a father.

Definition of terms

The construction of parenthood as natural, unconscious, and spontaneous reinforces traditional gender roles with women defined as childbearing/nurturing and men as providing/protecting (Connell, 1995; Lupton & Barclay, 1997; Morison, 2013). Childlessness involves individuals negotiating two core socio-cultural traditions: pronatalism (idealisation, promotion, and veneration of biological parenthood) and heteronormativity (the primacy of heterosexual and biological family practices). 'Childless' adults have been often viewed as a binary of 'voluntary' or 'involuntary' childlessness (Allen and Wiles 2013). However, the childless are a heterogeneous group whose members form a 'continuum of childlessness' (Letherby, 2010; Monach, 1993) with distinct groups at either end. Others locate themselves at different points at different times as personal circumstances change. In addition, many research studies have used terms such as 'infertility', 'voluntary' and 'involuntary' 'childlessness', 'childless' and 'childfree' inconsistently and without discretion (Beth Johnson Foundation/Ageing Without Children, 2016; Letherby, 2010). Many studies have included a conflagration of the never married, expected-to-be-childless, childless-by-choice, childless-by-circumstance, those who have outlived children or whose children have left home (Dykstra, 2009; Murphy, 2009).

Terms such as these carry both positive and negative connotations depending on context, intent, and location. Parents may become 'functionally childless' through geographical absence, bereavement, estrangement, miscarriage, and stillbirth (Allen & Wiles, 2013, p. 215). Familial disruption and estrangement is a significant issue for many people including those who are viewed as not conforming to socio-cultural pronatalist and heteronormative traditions. For example, the experience of many gay, lesbian, bi-sexual and trans- people (LGBT) highlight the embeddedness of generational and socio-cultural inequalities (Westwood, 2016). I acknowledge the complexity surrounding many of the terms related to childlessness and ask the reader to bear them in mind.

Family and fatherhood

The majority of societies prize men who are virile, strong and fertile with biological fatherhood holding significant symbolic status (Elliot, 1998). Over the last few decades the topic of fatherhood has been subject to increased scrutiny in Western societies (Miller & Dermott, 2015). Men report a range of interconnected themes which influence their wish for fatherhood: appropriate age/ stage; company in later life; fulfill role; genetic legacy; give pride and/or pleasure; match siblings and peers; relationship culmination; and status confirmation/enhancement (R. A Hadley & Hanley, 2011; Owens, 1982; Throsby & Gill, 2004). Fatherhood is an important component of social structure that assigns 'rights, duties, responsibilities and statuses' via cultural, legal, and societal precepts (Hobson & Morgan, 2002, p. 11). Fatherhood encompasses three discrete types (Morgan, 2004): 'Father' (biological or social) is the specific relationship between a man and a child. 'Fathering', refers to everyday parenting practices while 'Fatherhood' describes the socio-cultural conceptualisations of being a father. The complex interaction between father, fathering, fatherhood, grandfatherhood, personal, familial, and socio-cultural practices and policy has been increasingly acknowledged (Brannen & Nilsen, 2006; Hobson & Morgan, 2002).

In many societies views of men's parenting roles has moved on from the traditional 'provider/disciplinarian' to an ideal of 'involved fatherhood'. In the latter form of parenting, men are encouraged and expected to be both intimate and involved

parents. However, a number of studies have highlighted the tensions and limits between cultural expectations and conduct surrounding 'involved fathering' ideals (Ishii-Kuntz, 1995; Miller & Dermott, 2015). Gatrell et al (2015, p. 235) demonstrated how contemporary fathers struggle to balance breadwinning and 'the need, or desire, to engage in childcare'. Moreover, 'stay-at-home-dads' (SAHD's) reported strong social pressure to conform to the traditional provider role (Shirani, Henwood, & Coltart, 2012). However, active involvement in home life and childcare has been found to be fundamental to fathers' sense of identity (Shirani et al., 2012, p. 279). Nonetheless, some 'new fathers' reported their work relationships improved because they 'could share that experience' (Goldberg, 2014, p. 158). Socio-cultural and economic change has been shown to have influenced fathering practices between generations: younger men expected to be included in child care (Brannen & Nilsen, 2006). In the USA, fatherhood has been shown to significantly positively affect both social and community engagement - including older men whose children have left home (Eggebeen & Knoester, 2001, p. 387). In contemporary families grandparents increasingly occupy an important role in providing care with, on average, a greater number of older adults being grandparents, for longer, to fewer children (Timonen & Arber, 2012, p. 3). Research into grandparenthood has until recently focused on grandmothers (Mann, 2007). However, contemporary research has highlighted the contradictory and complex role of grandfatherhood in familial practices. Particularly in the event of family estrangement (Tarrant, 2012).

Childlessness

Much health-research views men and women in stereotypical gender roles: the former as provider/breadwinner and the latter as nurturer/carer. For women, there is an ubiquitous association of motherhood to women and concomitant exclusiveness of reproductive interventions to the female body (Throsby & Gill, 2004). Consequently, women's health has been heavily associated with familial circumstances while men's health has not been associated with relational or parental activities (Weitoft, Burström, & Rosén, 2004, p. 1449). Studies that report differences between the health of parents and 'childless' people tend to be based on census, health and mortality records, and have highlighted the poor health outcomes for the

latter (Dykstra, 2009; Kendig, Dykstra, van Gaalen, & Melkas, 2007; Weitoft et al., 2004). In addition, older men in relationships have better health and socio-economic outcomes than solo-living men of equal status (Dykstra & Keizer, 2009; Keizer, Dykstra, & Poortman, 2009),. However, Dykstra (2009, p. 682) argues that childlessness is seen as a 'non-event' and treated as a 'non-category.' As a result, data on childlessness has seldom been gathered.

In the United Kingdom (UK) The Human Fertilisation and Embryology Authority (2014, p. 15) report that in 2013 74.4 percent of all In Vitro Fertilisation (IVF) treatments failed to result in a live birth. The diagnosis of actual or potential infertility has considerable implications for mental and physical health, social stress, relationships, and wellbeing (Fisher & Hammarberg, 2017; Greil, Slauson-Blevins, & McQuillan, 2010; S Lee, 1996). The psychological effects of male infertility have been measured at a similar level to those suffering from heart complaints and cancer (Saleh, Ranga, Raina, Nelson, & Agarwal, 2003). Those for whom IVF treatment is unsuccessful are classed as 'involuntarily childless'. It is problematic to precisely identify the population of people who are involuntarily childless because people who do not seek treatment are not recorded (Boivin, Bunting, Collins, & Nygren, 2007; Monach, 1993). The failure to account for non-treatment seekers has led to the criticism that much infertility research cannot be generalised to the wider population (Greil et al., 2010, pp. 142-143). Involuntary childlessness may also result from social contexts and more people are defining themselves as 'childless-by-circumstance' (Cannold, 2000). Circumstances that affect reproductive intentions and outcomes include age, class, economics, education level, occupation, location and sexual orientation. Moreover, socio-cultural expectations and life course factors such as early years attachment, the timing of exiting education, entry into the workforce, and relationship formation and dissolution also significantly influence people's fertility decisions. Financial considerations, partner selection, life satisfaction, age, and men's attitude to family, health, women, work and leisure all influence procreative decision-making (R. A Hadley & Hanley, 2011; Robin A Hadley, Newby, & Barry, 2019; N. Parr, 2010; N. J. Parr, 2007; Roberts, Metcalfe, Jack, & Tough, 2011).

A significant element in the falling fertility rate is the increased age of women having

their first baby (Berrington, 2015; Kreyenfeld & Konietzka, 2017). Commonly, the 'biological clock' has been viewed as the main determining factor in women's procreative decision-making. However, Cannold (2000, p. 415) identified the important influence of a 'social clock' on women's fertility intentions. Cannold's (2000) social clock was formed by the attitudes of family and friends, and socio-cultural factors such as age/stage, economic considerations, and partner suitability. Generally, men have been reported both as not concerned about fatherhood and as fertile from puberty until death. However, social clock factors also influence men's procreative intentions and outcomes. For example, men have reported their awareness of a biological urge and a sense of running out of time to become a father deepened from their mid-30's onwards. In addition, men also described feeling being 'off-track' compared to peers and expressed concern regarding how age would affect the quality of their interactions with any future offspring (Goldberg, 2014; R. A Hadley, 2008; R. A Hadley & Hanley, 2011). Moreover, there is growing recognition of the correlation between older fathers and babies born with genetic issues (Goldberg, 2014, pp. 19-20; Yatsenko & Turek, 2018). An international literature review found that psychological stress, age, alcohol consumption and smoking negatively affected semen quality (Li, Lin, Li, & Cao, 2011). Furthermore, less than 2% of fathers of birth registered in England and Wales in 2016 were aged over 50 (Office for National Statistics, 2017). Nonetheless, there has been little attention paid to how men experience and negotiate the 'male procreative social clock'.

In Europe it is estimated that approximately 25% of men are life-time childless compared to 20% of women (Tanturri et al., 2015). In the UK it was not possible to supply a national estimate of the level of childless men because male fertility history, unlike women's, is not recorded at the registration of a birth (Office for National Statistics, 2014). Recent analysis of two British cohort studies found that, at age 42, 25.4% of men and 19% of women had no biological children of their own (Berrington, 2015). A number of factors account for the absence of information about men's fertility outcomes. First, the historical attitude that fertility and family formation are relevant only to women (Greene & Biddlecom, 2000). Second, there is a structurally embedded view that men's data is unreliable and difficult to access (Berrington, 2004). Finally, in the vast majority of countries data on men's fertility history or intentions is not collected. Only collecting female fertility intention and/or history data

reinforces the veneration and promotion of pronatalism: reinforcing ideal types of womanhood, equalling motherhood and manhood as successful virility (R. A Hadley, 2018b; Letherby, 2002a).

There has been a comprehensive debate within feminist scholarship regarding reproduction encompassing Assistive Reproductive Technologies (ART), family, motherhood, and non-motherhood (Letherby, 2012; Tong, 2009). Tong (2009, pp. 2-4) argues that all feminist perspectives hold a view on reproduction, from those who consider reproductive technology as a means of liberation and control, to those who contend 'biological mother-hood is the ultimate source of women's power.' Moreover, it was feminist researchers investigating the effects of ART, who identified the invisibility of men's experience. Furthermore, they highlighted the impact infertility treatment had on men's perceptions of their masculinity, their emotions and identity and their place in society (Letherby, 2002b; Throsby & Gill, 2004). Conversely, masculinities literature seldom acknowledges the impact infertility has on a man's identity. For example, infertility is absent from Connell's (1995) pivotal book. Similarly, the *Handbook of Studies on Men and Masculinities* (Kimmel, Hearn, & Connell, 2005) has no reference to age, ageing or grandfatherhood. Research examining masculinity has concentrated on younger men in education, crime, employment, the body, sexuality, and fatherhood (Arber, Davidson, & Ginn, 2003; Inhorn et al., 2009). However, recently there has been a broadening of approaches from the 'single model of unified masculinities' (Morgan, 2002, p. 280) to views that see masculinities as adaptive, emergent, and fluid over the life course (Coles, 2008; Inhorn, 2012; Simpson, 2013).

The change in fertility trends over the past half-century led to an exploration of the factors that influence fertility behaviour, decision-making, and parenthood motivation (Langdridge, Sheeran, & Connolly, 2005). Researchers initially used a 'cost - benefit' approach to include attitudes and intentions (Schoen, Astone, J., Nathanson, & Fields, 1999). Schoen et al. (1999) found fertility intentions were reliable predictors of fertility behaviour. A postal survey study measured the fertility intentions of 897 childless married couples (excluding those pre or post infertility treatment) in the UK (Langdridge et al., 2005). This study uniquely accounted for the fertility ideations of both female and male 'intenders' and 'non-intenders' (Langdridge et al., 2005, p.125). 'Intenders' cited aspiration and bond with child, centrality of the family, bond

between parents, and 'give love' as main reasons with male respondents also highlighting 'biological drive' as a motivational factor.

This finding is significant because it counters the commonly held perception that a physical yearning for parenthood is only attributable to women (R. A Hadley & Hanley, 2011; Inhorn et al., 2009). This finding has been supported in a study to find if the common perception that women were 'broody' (desired motherhood) and men were not bothered was valid. An online survey was deployed to measure the level of broodiness between women and men, non-parents and parents (R. A Hadley, 2009). The results revealed that a higher number of childless men desired parenthood (51.9%) than did not (25.9%). Non-parents showed similar levels of desire for parenthood, with women indicating slightly more than men. Women and men parents demonstrated an equal desire not to repeat parenthood. Cultural and family expectations were common influences for both nonparents and parents. 'Biological urge' and 'societal duty' were statistically significant for men who were parents: non-parent men, although just missing the $p = 0.05$ standard, indicated 'personal desire' and 'biological urge' ($p = .061$). Non-parents were more affected by 'Yearning', 'Sadness', and 'Depression' than parents. Non-parent men had the highest reactions to 'isolation' and 'depression'.

Male childlessness

The childless 'are vulnerable - a group at risk of social isolation, loneliness, depression, ill health and increased mortality' (Dykstra & Hagestad, 2007, p. 1288). A tri-country study identified links between older childless people and poor health behaviour (Kendig et al., 2007) Compared to men with partners, formerly married childless men's behaviour included depression, excessive smoking and drinking, sleeping difficulties and worse physical health. A Swedish study identified lone non-custodial fathers and lone childless men's 'emotional instability and willingness to take risks' as a factor in their increased risk of death through suicide, addiction, external violence, injury, poisoning, lung and heart disease (Weitof et al., 2004, p. 1457). Psychological studies into childlessness are mostly based on couples who have sought infertility treatment and focused on the early stages of adjustment to infertility. Webb and Daniluk (1999, p. 12) found that diagnosed infertile men 'felt pressure from society, family members, friends and partners to have children' and

that being a biological father was a tradition and a right. On receiving a diagnosis of infertility, the men felt infertility confronted their masculinity: grief, powerlessness, personal inadequacy, betrayal, isolation, threat and a desire to overcome, survive and positively reconstruct their lives'. An international review of anthropological studies demonstrated how male infertility men had a significant effect on masculinity, 'Men who fail as virile patriarchs are deemed weak and ineffective' (Dudgeon & Inhorn, 2003, p. 45). However, Fisher and Hammarberg (2017, p. 1298) argued that compared to community norms only infertile men with 'acute and situation-specific anxiety' had clinically significant psychological symptoms. Men are said to experience greater existential stress over involuntary childlessness than women (Blyth & Moore, 2001) . While Yalom (2008, p. 9) argues there is a 'longing to project oneself into the future...biologically through children transmitting our genes.' The behaviours stereotypically associated with masculinity—emotional detachment, denial of emotions, risk-taking, aggressiveness, objectivity, and control (Sammy Lee, 2003) - have been linked to a fear of intimacy and emotional vulnerability (Vogel, Wester, Heesacker, & Madon, 2003). However, Wong and Rochlen (2005) argue that men have the same emotional experience as women, but lack the resources to express their feelings. Furthermore, many men are socialised to perceive the expression of emotions as a weakness. Consequently, emotional inexpressiveness has become an ideal for, and an expectation of, many men.

Discussion and conclusion

The lack of literature and research on childless men has implications for a range of stakeholders: policymakers, academics, social and healthcare service providers, and mental and physical health practitioners. Lohan (2015, p. 215) highlighted how men are absent from the literature 'on family planning, fertility, reproductive health and midwifery'. However, within the large quantity of infertility literature there is an increasing acknowledgement of the impact of infertility has on men. The growth of social media has led to a large range of grassroots support and campaign groups giving voice to different aspects of childlessness. Many of the groups highlight the need for men's experiences to be acknowledged and actively campaign for men's

experience to be acknowledged by policy and health institutions. As noted earlier, men's fertility outcomes are excluded from national datasets and this feeds a significant absence in terms of policy. The relationship between womanhood and motherhood is maintained through only collecting the data on women's fertility intentions and outcomes.

By not documenting men's fertility intentions and history, the masculine ideal remains unchallenged within institutional structures. For example, Daniels (2006) highlighted how the USA government were unwilling to fund studies into the effect of toxins on sperm compared to similar studies on women's fertility. Daniels work highlights how 'ideal' types of manhood and womanhood are embedded in social structures. Lloyd (1996, p. 451) drew attention to how the very low male participation rates in infertility research had been 'condemned to be meaningful' without any grounds to justify the denunciation. There is emerging evidence that health professionals negatively view men who do not conform to masculine stereotypes (Dolan, 2013; Robertson, 2007; Seymour-Smith, Wetherell, & Phoenix, 2002). Fathers have reported 'a lack of support from healthcare practitioners and government policies' (Machin, 2015, p. 36) with a notable absence of support from NHS staff before and after the birth (Ibid, p. 48). A literature review of infant feeding found that men felt excluded and isolated from perinatal processes as evidenced by non-inclusion in antenatal classes and a lack of advisory material for fathers (Earle & Hadley, 2018).

The absence of men's lived experiences from academic studies has also been observed despite the volume of discussion surrounding 'masculinities'. Hearn (1998, p. 768) highlighted men's non-existence in social science theory and everyday life: 'men are implicitly talked of, yet rarely talked of explicitly. They are shown but not said, visible but not questioned.' Morgan (1981, p. 96) outlined the 'taken-for-grantedness' of embedded gendered social relations in the social sciences. He (1981, p. 93) argued that men's experience was ignored because they were used as a standard: 'men were there all the time but we did not see them because we imagined that we were looking at mankind'. He recommended scholars to acknowledge that '...taking gender into account is 'taking men into account' and not treating them – by ignoring the question of gender – as the normal subjects of

research' (Ibid, p. 95). Connell's (1995) widely quoted concept of 'hegemonic masculinities' has been criticised for essentialising men into a static and limited typology and not reflecting 'ever-changing social strategies' of men's performance of gender (Inhorn, 2012, p. 45). Moreover, as only a fraction of men achieve the dominant ideal most men 'often feel *powerless* rather than *powerful*' Bennett (2007, p. 350. Original italics). Moller (2007, p. 266) contends hegemonic masculinities restricts the understanding of masculinity to specific framework of 'domination, subordination, and oppression'. Studies reporting on 'hegemonic masculinities' have often focussed on power and structure and not accounted for the ways physicality and embodiment interact with gender practice over the life course (Calasanti & King, 2005; Inhorn, 2012). Furthermore, Hearn (2004, p. 59) proposed a move from hegemonic masculinity to 'go back from masculinity to men'. As Kaufman (1994, p. 152) advocates 'there is no single masculinity or one experience of being a man.' Failing to account for the existence of men who do not reproduce highlights a significant absence of critical insight by scholars of men and masculinities.

Compared to the literature that demonstrates the changes and trajectories over the lifespan in parenthood and family life (Umberson, Pudrovskaya, & Reczek, 2010) there is little consideration of the pathways 'childless' people navigate across the life course (Allen & Wiles, 2013). Therefore, exploring the timing of events, roles, expectations, and age is central in understanding the behaviours of 'childless' men. The majority of lifespan models regard development as complete on entering adulthood with the exception of Erikson, whose model encompasses complete life span (Grenier, 2012; Laceulle, 2013). Erikson and Erikson's (1997) seventh stage theorised the significance of 'adulthood' (generativity versus stagnation) in middle and late adulthood (Erikson and Erikson, 1997; Brown and Lewis, 2003). This stage is commonly associated with parenthood and with 'establishing and guiding the next generation' (Erikson, 1964, p. 267) and acknowledges the wider societal and temporal context. The eighth stage, 'maturity' (ego-integrity versus despair) is characterized by a retrospective acceptance of life as it has been lived and that death will occur in the near future. Failure to achieve, or retain, ego-integrity results in despair (Brown & Lewis, 2003; Erikson & Erikson, 1997). Not achieving parenthood directly impacts on men and women's 'generativity' and can be linked to

the feelings of 'outsiderness' and loss reported by involuntarily childless people. (R. A Hadley, 2018a, 2018b; Letherby, 2002a, 2010).

Much infertility literature concentrates on the 'acceptance' or the 'resolution' of an individual's involuntary childlessness. Letherby (2012, p. 10) argues that the losses and absences that are implied with the term's 'infertility' and 'involuntary childlessness' do not reflect the difficulties people experience. The acceptance of non-parenthood involves navigating a complex bereavement that involves losses around existential meaning; substantial emotional and biographical processing and relational dynamics (Daniluk & Tench, 2011; Greil et al., 2010; Sammy Lee, 2003; Letherby, 2012). Doka's (2002) concept of disenfranchises grief acknowledged how social and cultural norms may deny support, ritual, legitimation, public and private recognition of a person's loss (Corr, 2004, p. 40). Complex bereavement and disenfranchised grief are both associated with infertility and by extension, apply to those who are childless-by-circumstance. For men, the losses surrounding fatherhood include the potential father-child relationship, the role of father (and later grandfatherhood), access to social scripts, exclusion from the intimate parent-child-family bond and associated wider social relationships, and community engagement (Earle & Letherby, 2003; R. A Hadley, 2018b; R. A Hadley & Hanley, 2011).

It is important that academics, practitioners and professionals acknowledge how 'Childlessness is a shifting identity within various storylines across time and circumstances' (Allen & Wiles, 2013, p. 208). Dalzell (2007, p. 67) identified how within psychotherapy 'the heteronormative constructs of family-parent prevail.' The outdated notions that men are unaffected and not interested in reproduction are 'false and reflect out-dated and unhelpful gender stereotypes (Fisher and Hammarberg, 2017, p. 1307). Fisher and Hammarberg (Ibid) identify that 'infertility specific anxiety' is common among men (or whose partners) are being investigated or under treatment. Moreover, they advise that 'men prefer to receive psychologically informed care from the infertility treatment team to specialist psychological care' and recommend that therapist have the training skills to 'manage intense psychological distress and interventions to enhance couple communication' (Fisher and

Hammarberg, 2017, p. 1287). Nelson-Jones (2006, p. 438) suggests therapists examine men's perceptions of their role. He proposes that men's therapy uses some of the goals of feminist therapy including a client 'valuing himself on his own terms, gaining freedom from sex-role stereotypes.'

The challenge for therapists is to recognise that the effects of childlessness are unique to the individual and shapes their interactions on many levels. For example, male factor infertility draws pejorative reactions and compromises both social and self-identity. As Yalom (2008) identified reproduction is a significant existential element of identity. Not becoming a father can make engaging with others difficult because men are validated by successful virility in all arenas: biological, social, and economic. The cultural implications of not reproducing was highlighted by Dyer, Abrahams, Mokoena, and van der Spuy (2004, p. 963). Their study demonstrated how infertile South African men were viewed and treated as lesser: 'you are a man because you have children.' Similarly, Jager (2015) described the issues he and others have faced negotiating the stigma of childlessness in Judaism. Inhorn's (2012) anthropological study highlighted how Middle Eastern men were rejecting traditional practices by engaging with ART and pharmaceutical technologies in order to fulfil their cultural agenda.

The research methods used to collect and analyse data on childless people for the most part are quantitative surveys. However, sample sizes are relatively low and generalizability limited. Many attitudinal surveys of reproductive intentions are delivered on university campuses and in different countries. In addition, many are country specific. Issues arise regarding socio-economic and cultural generalizability. The majority of childlessness studies are based on people who are pre, during, or post ART treatment. Many studies have a far greater number of female respondents than male. This is accounted for because the majority of ART treatment is centred on the female patient with whom many practitioners and researchers form a strong relationship. Men often report feeling excluded from ART treatments. This highlights the issue of power in the research process: patients may comply with requests because they think that access to treatment will be dependent on participation. Men are still often castigated for non-participation and their reactions written-off as 'typical

man.’ There is some inequality here as women who do not participate are not viewed in the same manner (R. A Hadley, 2014). There are a growing number of qualitative and mixed-methods studies. Again, there are issues concerning sample size, generalizability, and verification.

Conclusion

Parenthood is seen as ‘natural’ for women and ‘learned’ for men (Blyth and Moore, 2001; Letherby, 2010). However, the social scripts that men have access to are limited. Moreover, men may view their childlessness as a ‘secret stigma’ Whiteford and Gonzalez (1995). Therefore, male involuntary childlessness may be viewed as a discreditable attribute compared to the ‘master status’ of fatherhood – a prestigious status that ‘overrides all other statuses’ (Becker, 1963, p. 33). The voluntary and involuntarily childless are stigmatised, and subject to social disapproval, both medically and socially because they challenge the dominant traditional pronatalist cultural norms of most societies. The assimilation of social media in to everyday social activity is a recent arena that the childless have to negotiate. I argue that involuntary childless men do have an emotional and long-lasting reaction to not becoming a father. However, there is a lack of recognition of how the loss of identity, role, and emotional experience affects men. Moreover, there is little societal resource available for the men to draw on for support. Involuntarily childless men often use the term ‘missing out’ to describe their feelings and thoughts. Even those who had gone through infertility treatment use the word ‘missing’ rather than loss, bereavement or grief (R. A Hadley, 2015, 2018b). In addition to ‘missing out’ in an important element of their expected identity, involuntary childless men are ‘missing’ from significant social structures: academia; government (national and world); health and social care; and wider social discourse. It is time to listen and mark our words - for we are legion.

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