

How is a man supposed to be a man? Male childlessness: A life course disrupted

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Without question, for anyone interested in the experiences of childless men, this is a most valuable source. The dearth of research on the topic is recommendation enough. Based on Hadley's doctoral study, the central focus of the book is the extensive set of interviews with fourteen childless men in later life. One of the factors which emerge is that such childless men consider themselves outsiders from the world of parents and families. It is worth noting, then, that Rob Hadley considers himself an insider to their world, as a self-defined involuntarily childless man. Childlessness is hardly rare. In pre-history, far more men than women died without progeny. It continues to be the case that being childless is more common amongst men than women. Hadley tells us that, in the West, one in five women and one in four men are childless. He also tells us that, by 2030, there will be two million people in the UK without children, but the proportion of these that will be men we do not know: the ONS does not record men's fertility history. The first two chapters of the book present an extensive, and I dare say currently definitive, literature review on male childlessness and associated contexts. The third chapter is an unusually detailed description of the methodology of the study, which is qualitative and biographical in approach. The four substantive chapters which follow provide insight into childless men's lived experiences, addressing the pathways to involuntary childlessness, how the absence of fatherhood was negotiated by these men, the impacts on, and significance of, relationships and social networks, and finally the issue of ageing as a childless man.

Keywords: child; childlessness; lived experience; male; reproductive health

"The large volume of academic literature and general media on motherhood highlights the small amount on fatherhood. Significantly, there is even less work on male involuntary childlessness and childlessness-by-circumstance."

"Men's experience of involuntary childlessness has been marginalised, if not ignored almost entirely, in the research literature."

These quotes make the motivation for Hadley's work clear. Without question, for anyone interested in the experiences of childless men, this is a most valuable source. The dearth of research on the topic is recommendation enough. Based on Hadley's doctoral study, the central focus of the book is the extensive set of interviews with fourteen childless men in later life. One of the factors which emerges is that such childless men consider themselves outsiders from the world of parents and families. It is worth noting, then, that Rob Hadley considers himself an insider to their world, as a self-defined involuntarily childless man.

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Unlike Hadley, I have never been broody, but perhaps that is because I became a dad at 31 and had not had time to become broody. It is an interesting thought – would I have become broody eventually if I had not had children? In the first few sentences of the Introduction I was obliged to acknowledge that I have never given the matter any thought. The near-universal assumption that men do not suffer from broodiness would seem to have no empirical basis but rather be another instance of the gender empathy gap: it is an assumption that conveniently relieves society of the need to empathise with the sex which is not the approved recipient of such concern.

The most common reason for women remaining childless is not finding a partner, and it seems that this is also true of men. But there is a particular penalty for men in that fatherhood is the means by which a man becomes fully integrated into society. And yet, despite this importance, men's lived experience of involuntary childlessness is near to invisible, as Hadley exposes.

There are many pathways to childlessness: voluntary, or voluntary which is later regretted; leaving it too late; inability to find a partner; or infertility of the man or his partner. All receive an airing in the book, as do the options of adoption and IVF, as well as forms of social paternity. The old shibboleth that men can father a child however old they are is more a theoretical than a practical matter. The reality is that men's fertility falls rapidly through their 30s and thereafter. While men's fertility does not actually reach zero, unlike women's, it may become too low to conceive. Just as significantly, though, as one man observed, a still-fertile woman does not want a 56-year-old man as a partner.

It is far harder for a man than a woman to make up for childlessness by becoming involved in other people's children. Women can be allomothers very readily, and this will be very much appreciated by parents. But the men Hadley interviewed commonly expressed concern about being thought a paedophile and this constrained their options. Hadley identified issues around infertility, especially men's own experience of it.

Even where literature addresses male infertility it is almost always in technical, medical terms, with no recognition of the male experience of infertility. Yet roughly equal numbers of men and women are infertile (Dunson et al., 2004).

Hadley notes an academic view of men's reaction to being diagnosed as infertile, namely "men who fail as virile patriarchs are deemed weak and ineffective". And yet the diagnosis of infertility led to feelings similar to those reported by infertile women: grief, loss, powerlessness, guilt, inadequacy, betrayal, isolation and threat. Infertile women would not be met with snide put-downs of traditional femininity.

I can personally testify as to the intensity of a man's emotional distress at discovering his subfertility from an experience supervising such a man in the workplace and having to half-intuit the reason for his distress as he failed to be able to disclose it explicitly. Undoubtedly the impact on a man is substantial, though whether this has anything to do with perceived virility or rather more to do with letting his partner down is not clear.

The book discusses the men's and their partners experiences with IVF, or more properly ART (assisted reproduction technology). Around 55,000 couples in the UK access ART annually, but only 21% successfully achieve a live birth. Hadley discusses the factors around the couples' decision to cease trying and the resulting "disenfranchised grief", a useful expression to describe a loss which is not considered valid by society at large.

The paucity of some of the interviewed men's social network was striking, though it is not clear to what extent this might have been exacerbated by childlessness. It appears to be the case that older men's social circle is thin anyway, as is revealed starkly after partner separation. But about half the men had no friends or relationships which they classed as "closest" at all.

The issue of missing out on being grandfathers was also addressed in the book. It is worth noting that being "grandchild less" is becoming far more common too, as an increasing proportion of the younger generation remain childless. (This reviewer is likely to be a case in point, with two sons in their mid-thirties and no immediate likelihood of grandchildren – a situation shared by my four siblings).

The interviewees identified certain advantages of growing older, associating the grandfather role with maturity and sagacity. The identities of "wise man" and "sage" are traditional patriarchal roles and connect with an 'ideal' masculine identity, as well as being typified by the role of 'grandfather'. Moreover, the role of grandfather provides men with a socially sanctioned caring and nurturing opportunity. The criteria the participants used to formulate the "sage" identity acknowledged their experience, knowledge, empathy and fairness. But this becomes an acknowledgement of what they are denied.

It is often the case in reported studies that the verbiage of feminist theoretical explanations disguises the simpler truth that the theory in question fails (Flax, 1987). An illustration relates to men's health care behaviour. The received wisdom is exemplified by this quote.

Men's health behaviours have often been linked with the hegemonic masculine ideals of stoicism and risk-taking. The stereotypical constructions surrounding men and masculinity entail men being independent, virile, assertive, strong, emotionally restricted and robust. These traits are often associated with poor social and health behaviours, with older solo-living men reported as demonstrating similar "macho" attitudes to health as young men (Walter & Valenzuela, 2020).

Conversely, recent studies have highlighted the complex dynamics in the relationship between the structure of healthcare institutions and the agency of individuals. Studies of staff in healthcare settings show that male patients have been viewed as not fulfilling the traditional norms of invincibility and bravery associated with the masculine ideal. For example, healthcare providers and receivers in IVF clinics have both performed hegemonic masculinities. Consequently, health and care settings are locations where the performance of hegemonic masculinities is embedded within the structure of the institution and in the agency of the individual. For example, James found that his embodied experience was not acknowledged before being diagnosed with a chronic heart complaint: "I had to keep on at the medical establishment before I could get

the checks and tests that I needed, I felt I needed, you know. I was quite, I mean I didn't want to have it, but I was glad to be proved right."

To translate: men do seek help, but they often do not get it. The bad behaviour may lie in the service providers, not the men. It is not the men seeking help who show "hegemonic masculinity" but healthcare providers viewing men as lacking this very characteristic. This is the cleft stick in which men are often caught by society: damned if they are stoical, damned if they are not. A man seeking help forfeits his right to it by the fact of needing it.

Hadley's research shows that men are, in fact, interested in reproductive matters, and supports Inhorn's argument that men have become the "second sex" in all areas of the scholarship of reproduction. This form of marginalisation has been related to the vast bulk of sociocultural significance surrounding reproduction that is placed on women. Inhorn (2012) emphasises that as a result, there has been an erasure of men's procreative remit in both scholarship and policy arenas.

Given that much of the research described in this book illustrates how theoretical descriptions of masculinities do not fit men's experiences, a similar argument could be made about the absence of a comparable level of debate on those subjects. Daniels's socio-political examination of masculinity in relation to reproduction found that the "ideal" types supported the denial of men as vulnerable to biological, economic, emotional, physical, political, psychological and social forces. Hadley recognises this as symptomatic of male disposability, or the empathy gap, writing,

Seager and Barry (2020) hypothesise that there is a "gamma bias" whereby women's positive achievements are magnified while men are minimised. Conversely, men's negative behaviours are magnified while women's equivalent conduct is minimised. Collins (2019) argues that an "empathy gap" has developed concerning men's lived experiences. Using in-depth statistical analysis, he argues that men's experiences are ignored, demeaned or dismissed at structural and personal levels.

Hadley concludes his summary with a brief reprise of the answers to his four research questions provided by the interviewed men.

Firstly, what are men's attitudes and behaviours in relation to their experiences of involuntary childlessness? Although the majority of the men saw that one of the advantages of being childless was a material dividend (for example, not having to support adult children financially), they also acknowledged that this did not compensate for not being parents. Moreover, the majority of the men noted a concern in respect of being labelled as paedophiles. The latter point recurred repeatedly and is (in this reviewer's opinion) another example of how society constrains men into behaviours which are subsequently labelled "hegemonic" or traditional masculinity.

Secondly, how do men describe the influence of involuntary childlessness on their quality of life and relationships with close, familial and wider social networks? There was a sense of outsiders in the group compared to those who were parents that varied in depth and duration. Moreover, there was evidence of a separation from friends who had become parents. Friendships were resumed once the children had matured but were disrupted again when grandparenthood arrived.

In respect of older childless men's expectations of the future, my impression was their concerns seemed much the same as for men with children, namely focussed on health and economic issues.

Finally, what are the future policy and service implications of these research findings? The absence of the childless in policy and practice related to health and social care for older people is a significant issue. This is largely down to the childless being viewed as a "non-category", with the result that their data is not routinely recorded in reports, surveys or other statistical data-collection events. However, it is possible to ascertain the level of childless women because the fertility history of a mother is recorded at a child's birth registration, while the father's is not. A contemporary report by the Office for National Statistics (2020), "Living Longer: Implications of Childlessness among Tomorrow's Older Population", projected a more-than-threelfold increase in the population of older childless women (aged 85 and over) by 2045. There were no

comparable statistics for equivalent men, though we know there will be even more. This structural exclusion ("symbolic violence", Hadley writes), has significant implications for both individuals and the future provision of health and social care services.

So, in summary, the research demonstrates that contrary to widely held belief, men are actively concerned about their reproductive status, as highlighted by their sense of loss over not experiencing the father – child relationship. The four oldest participants negotiated different forms of undertaking a grandparental role that allowed the performance of an intergenerational script. However, all the men indicated that they were aware of being viewed as a threat to children, and this finding highlights the depth and duration of negative stereotypes of men.

As regards critique, the shortcomings of qualitative research are well known, and quantitative studies of these issues is sadly lacking. However, as chronicles of men's lived experiences generally, and of fatherhood in particular, are also lacking, especially as regards childlessness, the qualitative focus of Hadley's book is valuable. It is possible that childless men have an unduly rose-tinted view of the experience of fathers. Further work could usefully concentrate on a comparative study of similarly situated men with and without children.

Perhaps the most important topic for further research is the "childless father": those fathers who, after parental separation, end up without any meaningful involvement in their children's lives. (Yes, mothers too, but in far smaller numbers). These de facto childless men suffer a living bereavement, another form of "disenfranchised grief". This ever-burgeoning population of discarded fathers is surely the epicentre of a maelstrom of addiction, self-neglect, social isolation and suicide. And recall that for every such father there are two grandparents in a parallel position.

In conclusion, Hadley's book is a welcome contribution to the scholarly literature on a woefully neglected topic. However, it can only be regarded as scratching the surface of this enormous subject.

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