



Deconstructing Dad

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Introduction

The global trends of declining fertility rates and increasingly ageing populations have been extensively documented (Kreyenfeld and 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 focused 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 and Miller 2013, p. 248). Subsequently, the vast bulk of socio-cultural discourse has focused on women and their experiences (Culley et al. 2013; Marsiglio et al. 2013).

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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 and 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 and 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 and 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 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 and Dermott 2015). Men report an interconnected range of themes which influence their wish for fatherhood: appropriate age/stage; company in later life; fulfil role; genetic legacy; give pride and/or pleasure; match siblings and peers; relationship culmination; and status confirmation/enhancement (Hadley and Hanley 2011; Owens 1982; Throsby and Gill 2004). Fatherhood is an important component of social structure that assigns ‘rights, duties, responsibilities and statuses’ via cultural, legal, and societal precepts (Hobson and 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 and Nilsen 2006; Hobson and 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 this 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 and 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 et al. 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 expect to be included in child

care (Brannen and 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 and 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 and 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 and 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 (Weitof et al. 2004, p. 1449). Studies that report differences between the health of parents and 'childless' people tend to be based on census, health, mortality records, and have highlighted the poor health outcomes for the latter (Dykstra 2009; Kendig et al. 2007; Weitof et al. 2004). In addition, older men in relationships have better health and socio-economic outcomes than solo-living men of equal status (Dykstra and Keizer 2009; Keizer et al. 2010). However, Dykstra (2009, p. 682) argues that childlessness is seen as a 'non-event' and treated as '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 and Hammarberg 2017; Greil et al. 2010; Lee 1996). The psychological effects of male infertility have been measured at a similar level to those suffering from heart complaints and cancer (Saleh et al. 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 et al. 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 (Hadley and Hanley 2011; Hadley et al. 2018; Parr 2007, 2010; Roberts et al. 2011).

A significant element in the falling fertility rate is the increased age of women having their first baby (Berrington 2015; Kreyenfeld and Konietzka 2017). Commonly, the ‘biological clock’ has been viewed as 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-30s 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; Hadley 2008; Hadley and 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 and Turek 2018). An international literature review found that psychological stress, age, alcohol consumption and smoking negatively affected semen quality (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 lifetime childless compared to 20% 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 men's fertility outcomes. First, the historical attitude that fertility and family formation are relevant only to women (Greene and 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 (Hadley 2018b; Letherby 2002a).

There has been a wide-ranging debate in the feminisms regarding reproduction encompassing Assistive Reproductive Technologies (ART), family, motherhood, and non-motherhood (Letherby 2012; Tong 2009). Tong (2009, pp. 2–4) argues 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 motherhood 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 and 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 et al. 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 et al. 2003; Inhorn et al. 2009). More 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 has led to an exploration of the factors that influence fertility behaviour, decision-making, and parenthood motivation (Langdridge et al. 2005). Measures evolved from a 'cost-benefit' approach to include attitudes and intentions (Schoen et al. 1999). Schoen et al. (1999) found that 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 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 (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 non-parents 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 and 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 (Weitoft et al. 2004, p. 1457). Psychological studies into childlessness are mostly based on those who have sought infertility treatment and focused on the early stages of adjustment to infertility. Webb and Daniluk (1999, p. 12) found that pre-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 had a significant effect on masculinity, 'Men who fail as virile patriarchs are deemed weak and ineffective' (Dudgeon and 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 and 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 (Lee 2003)—have been linked to a fear of intimacy and emotional vulnerability (Vogel et al. 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

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 et al. 2002). Fathers 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 and 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 how 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) highlighted the 'taken-for-grantedness' of embedded gendered social relations in the social sciences. He (Morgan 1981, p. 93) argued that men's gendered 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 '...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 focused on power and structure and not accounted for the ways physicality and embodiment interact with gender practice over the life course (Calasanti and 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 et al. 2010) there is little consideration of the pathways 'childless' people navigate across the life course (Allen and 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 the complete life span (Grenier 2012; Lacey 2013). Erikson and Erickson's (1997) seventh stage theorised the significance of 'adulthood' (generativity versus stagnation) in middle and late adulthood (Erikson and Erickson 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 characterised 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 and Lewis 2003; Erikson and Erickson 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 (Hadley 2018a, b; Letherby 2002a, b, 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 terms '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 and Tench 2011; Greil et al. 2010; Lee 2003; Letherby 2012). Doka's (2002) concept of disenfranchised grief acknowledges 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 and Letherby 2003; Hadley 2018b; Hadley and Hanley 2011).

It is important for academics, practitioners, and professionals to acknowledge how 'Childlessness is a shifting identity within various storylines across time and circumstances' (Allen and Wiles 2013, p. 208). Dalzell (2007, p. 67) identifies that 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 et al. (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 generalisability limited. Many attitudinal surveys of reproductive intentions are delivered on university campuses and in different

countries. Issues arise regarding socio-economic and cultural generalisability. 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 (for example see, Hadley 2014). There are a growing number of qualitative and mixed-methods studies. Again, there are issues concerning sample size, generalisability, 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 the 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 into 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 (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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