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# **Life without fatherhood: a qualitative study of older involuntarily childless men**

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Thesis submitted for the degree of PhD Social Gerontology

December 2015

Keele University

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**SUBMISSION OF THESIS FOR A RESEARCH DEGREE****Part I. DECLARATION by the candidate for a research degree. To be bound in the thesis**

Degree for which thesis being submitted: PhD

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## Abstract

This thesis reveals the complexities in older men's experience of involuntary childlessness. Research literature on both involuntary childlessness and ageing has highlighted the paucity of material on men's experience. The aim of this study was to explore and understand the impact of childlessness on the lives of older, self-defined, involuntarily childless men.

This qualitative study employed a pluralistic framework formed by life course, biographical, and gerontological approaches to explore the lives of 14 men, aged between 49 and 82 years. A broad thematic analysis was applied to the material, and the findings demonstrated the intersections between childlessness and ageing over the life course. Reproductive intentions were affected by many factors including the timing of exiting education, relationship formation and dissolution, and choice of partner. The men's attitude to fatherhood changed with age and centred on the theme of the '*social clock*' that revealed the synergy between an individual and societal morès surrounding parenthood. The loss of the assumed father role and relationship ebbed and flowed throughout the men's lives in a form of complex bereavement. Awareness of feeling both a sense of '*outsiderness*' and a fear of being viewed as a paedophile were widely reported. Quality of life was linked with current health, and ageing was strongly associated with loss of physical or mental functionality.

This thesis supports the case for a biographical method of research drawing on a pluralistic framework. It challenges research that reports men are not affected by the social, emotional and relational aspects of involuntary childlessness. In addition, it adds to the debate between the concepts of 'emergent' and 'hegemonic' masculinities. Recommendations are made in the conclusion regarding the use of the findings for future research and policy.

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## Acknowledgements

This thesis was only made possible with the assistance, encouragement, help, support, and guidance of many people to whom I offer my heartfelt gratitude. I am deeply indebted to the men who participated in the study and who shared their stories with me. My profound thanks goes to them for making themselves available to meet me and for their interest in my research. I would like to thank my supervisors Professor Mo Ray and Dr Emma Head for all their advice, expertise, patience, and support over the course of the study. I am grateful to Keele University and the Centre for Social Gerontology for the opportunity to undertake this research and to Dr Bernadette Bartlam for help in initiating the study.

Many people stood by me throughout this large and formidable project. I am very grateful to: Fra Demontis, Yvonne Glover, Sue Westwood, Janine Proctor, Jenny Liddle, Julie Melville, Joan Pye, Joan Stewart, Alan Hopgood, April W, Ruth B, Michelle R, Becky Thumpston, Jo, Katie, Ian, Natalie, Amy, Rachel, the Wednesday Coffee Mornings attendees, members of CSG, and the postgraduate community at Keele and beyond. The administrative and all support staff receive my deepest thanks for all their help: Louise, Tracey, Sue, Helen, Elizabeth, and Christine P. Others that have always given support include: Ann Dalzell, Anna Tarrant, Ashwin Kumar, Chris Phillipson, Liz Ballinger, Paul Chan, Paul Simpson, Tung Suen, Lois Tonkin, and all those associated with VOP, BSG, and BSA. I would also like to thank my 'convoy' of friends for their support: Sandra Taylor, Miriam & Rafy, Sarah F, Bernice, Myriam Martinez, Cris, Andrew & Sue, Alan W, Ivan, Neil, Chris, Margaret, John G, Rebecca & Rupert, Winnie, Hannah M, Sue, Guy, Mike W, James H, Matthew P, and Phoebe. I am particularly appreciative of the support of my dear friend John Miles. An enormous thank you to all my family for their unfailing support and encouragement. Due to lack of space, I am unable to acknowledge the many other people who contributed to this work but my appreciation is no less heartfelt. Professor Phillip Prangnell helped initiate my journey and, for opening that 'door', I truly thank him.

The **biggest** thank you goes to my wife, Maryan, for all her love, encouragement, faith, patience, support, and wisdom throughout this research. I, and it, would not be complete without her.

## Dedication

During the final stages of completing this thesis my second eldest brother, Tony, died of lung cancer, aged 62 years. A solo-living, childless man, a lot is unknown about his life, and like him, a lot missed. This thesis is dedicated to him and to the memory of family, friends, and pets.

*Mum:* Margaret Mary Hadley

*Dad:* Kenneth Hadley

*Brother:* 'Tony' Anthony Arthur Hadley

*Mother-in-law:* Betty Lister

*Friends:* Richard and Elsie Holme

*Mentor, photographer, microscopist:* 'Frank' Francis Knowles

*The gentlest of giants:* John Whitehead

*Friend:* Peter Reader

*My girl:* Sweep

*My boy:* Dylan

# **Chapter One:**

## **Introduction**

### **1.1 Introduction.**

My thesis is about older men's experience of involuntary childlessness. The global population trend of an increasingly ageing population and a declining fertility rate has been widely accepted (Dykstra, 2009: p.80). I believe that research in the field of older men who are involuntary childless is important, not only because of actual and projected demographic change (Office for National Statistics, 2009), but also because of the scarcity of material relating to the effects of involuntary childlessness on men as they age (Dykstra and Keizer, 2009). Throughout the thesis, I am concerned to increase the understanding of the experiences of men who, for whatever reason, involuntarily do not father. In doing so, I hope this will lead to greater comprehension of men and the male experience. In this chapter, I begin by describing my own motivations for undertaking the study and then move on to describe the context of the study. This is followed by a guide to the structure of my thesis followed by a summary of each chapter's contents.

### **1.2 How the study came to life.**

The incentive for undertaking this doctoral study was grounded in my professional, personal and academic experience. My interest in male involuntary childlessness started as the subject of my dissertation for my Master of Arts in Counselling (Hadley, 2008). A number of clients had brought the subject to counselling and this had raised my awareness of the issue. The criterion for the subject of the dissertation was personal experience. As I had been particularly broody in my mid-30's, I wondered if other men had similar feelings. I am defining 'broody' as the behaviours, feelings, thoughts, and urges that constitute the emotional and

physical desire to be a parent. My reactions to my 'broodiness' have included; anger, depression, elation, guilt, isolation, jealousy, relief, sadness, yearning, and withdrawal (Hadley, 2008a; 2013b). I had been raised with the expectation of being a father: "You'll have to make these difficult decisions when you have children of your own," was a favourite refrain of my parents in times of dispute. On two occasions I have been told, "I want to have your baby – you'll make a great Dad". My reaction when I heard these words was mixed: relief, panic, joy, fear, and pressure. In the first instance, these were related to my age (mid 20's), employment, normative role assumptions, and self-doubt regarding my emotional capacity to be a 'good' father. After 'trying' for a baby, that relationship ended when I was approaching 30. The second occasion was in my mid- 30's where my self-doubt had abated and my thoughts around fatherhood were along the lines of, "Yes, I can do this". However, that relationship ended soon after that conversation. From my 20's onwards, my peers were becoming parents and I became jealous of those who became fathers. For example, I told one friend, who had recently become a father, "You have the life I should have had." In my late 30's, I met my current partner and, after the relationship became serious, we discussed my wish to become a father. I was in the position of either staying in a relationship with a wonderful woman or trying to locate a partner who wanted children with me. It was my choice and I placed our relationship first. However, I was conscious of not quite 'fitting' in with peers and not being able to access the social dividend of parenthood. In my early 40's, I was also diagnosed with a 30% hearing loss and this, with my counselling knowledge, gave me great insight into whom, and how, I was.

A combination of that awareness, my counselling of involuntarily childless men, and finding there was little research on men's desire for fatherhood inspired me to consider taking my interest in 'male broodiness' further. However, my attempts to find a funded PhD failed and I funded a second Master's degree as an interim measure. In my Master of Science dissertation I attempted to find the levels of desire for parenthood between females and males, non-parents and parents (Hadley, 2009). One of my assumptions had been that women would be considerably more 'broody' than men. The findings showed childless men were nearly as 'broody' as childless women (see Chapter Two). Moreover, the few studies that did call attention to the male experience were from a feminist perspective. Having gained a distinction in the second Masters I then spent several months looking for a funded PhD. I was fortunate enough to be offered a full studentship by Keele University in 2010 in the Centre for Social Gerontology on the understanding the study would focus on older childless men.

In the process of completing the Masters, I had two detailed literature reviews on the areas surrounding childlessness. I was now fully aware that biological parenthood accords adult status in many different socio-cultural forms with the vast majority of societies and faiths exemplifying the parenthood ideal (Monach, 1993). Moreover, I understood how those who do not achieve either the 'motherhood mandate' (Russo, 1976: p.144) or the ideal of fatherhood are often subject to stigmatisation (Veevers, 1980; Smith, 1998; Brescoll and Uhlman, 2005). Furthermore, I had found that many sociological studies have concentrated on measuring women's marital status, fertility intentions, age at first birth, and family size. Because of the historical attitude that fertility and family formation are relevant only to women there is little available data on men's fertility intentions and

history (Dykstra and Keizer, 2009; Murphy, 2009). Nonetheless, recently there has been an increase in both the academic and public media material on fathering and grandparenting (Lupton and Barclay, 1997; Doucet, 2006; Arber and Timonen, 2012). However, the large volume of research and experiential media on motherhood highlight the small amount on fatherhood and even smaller volume on male involuntary childlessness (Throsby and Gill, 2004: p.333).

The lack of the male voice in the literature surrounding reproduction is matched by a similar absence in ageing research. Gerontological research in the last twenty years has focussed on the lives of older women mainly because of the disadvantageous status of women in terms of economics, health, and care (Arber et al., 2003a; Fennell and Davidson, 2003). Although, in the past women lived longer than men, demographic forecasts predict that the age of men's mortality will almost equal that of women by 2021. Due the decline in fertility and increased longevity the population of the UK is predicted to rise to 71.6 million in 2033, with those aged 85 and over increasing to 3.3 million by 2033 (Office for National Statistics, 2009). An increasingly ageing population, and the increase in both men's life expectancy and solo living, has serious implications for the individual and institutions alike (Pickard et al., 2009). As demand for both social and health care services increase with age there been much concern in the media regarding the cost and provision of such services. In England adult children have typically undertaken informal care for their older relatives. However, those needing care are projected to grow by 90% by 2041 with carer numbers predicted to increase by approximately 27% (Pickard et al., 2009). Recent studies have shown that older, childless men, have smaller social networks and poorer behaviours in terms of health, diet, self-care, and wellbeing than those married with children (Dykstra and

Keizer, 2009). Therefore, it is important to move beyond statistics and find the lived reality of being an older involuntarily childless man. An in-depth understanding of the why, how, what, when, and who, would give insight in to individuals who are little understood.

All my academic work has been influenced by the work of feminist scholars (this is discussed further in Chapters Four and Nine). As a male researcher I acknowledge the influence feminist research and feminisms have had on qualitative research in general, and my work in particular (see Pease, 2000; Pease, 2013). Drawing on that background, and in common with the sociological concept of reflexivity, I will now locate myself within this piece by supplying a brief autobiography (Birch, 1998). I am a British-white, heterosexual male, 55 years old, divorced and re-married, with a non-genetic life-long hearing impairment. I am the seventh youngest of eight children and was born, raised, and educated in Old Trafford, a working class area of Manchester. I worked for 31 years as scientific and technical photographer before training, and qualifying, as a counsellor. My academic background follows my multi-modal counselling style in that it draws on the knowledge, experience, myths, and legends, of different tribes. As such, and much like some childless people, I define myself by what I am 'not' – I am not solely a counsellor, educationalist, gerontologist, or sociologist. However, I drew on all those fields, and more, in the undertaking of this study. I am a childless man who has, at times, been desperately affected by the desire to be a biological father (see Appendix One). My age and childlessness makes this thesis, in part, autobiographical. Moreover, my background and lived experience permeate this study in many ways - both consciously and unconsciously.



Liz Stanley (1992) highlighted the relationship and intersection between a researcher's and participants' biographies by her use of the term 'auto/biography'. Auto/biography has been criticised for self-indulgence and as a means to cover poor work (Letherby, 2002c; Merrill and West, 2009). However, the same accusation has recently been levelled at the 'objective' research methods including 'gold standard' clinical randomised control trials (Goldacre, 2008; 2012). Moreover, Cotterill and Letherby (1993: p.67) argue that '...all academic research and subsequent writing involves, whether acknowledged or not, the weaving of the biographies of all participants and significant others'. While Stanley (1992; 1993) concludes that the 'auto/biographical I' demonstrates '...the active inquiring presence of the sociologists in constructing, rather than discovering, knowledge' (Stanley, 1993: p.41). The auto/biographical approach emphasises that researchers are not detached, neutral observers and that self, involvement, privilege, and power are acknowledged in the research process (Letherby, 2002c; Hugill, 2012). Moreover, I want to represent the participants as accurately as possible and believe that the auto/biographical approach automatically adds the important dimension of critical reflexivity to this study. This aspect was seen when I 'located' myself earlier in this chapter and in Chapter Four, where I describe what I did and in Chapter Nine, how I arrived at the conclusions I have. Chapter Nine also contains my final reflections on the study and I acknowledge how the research has changed my understanding and world-view (page 323-7). I also supply pen portraits of the participants, based on my notes taken post-interview (Appendix Fifteen). Each pen portrait ends with a brief description of my reflections on the interview interaction. Therefore, I strongly believe that the approach I have taken is academically and sociologically credible, plausible, and valid. Finally, central to my research is the enabling of the unheard voice of involuntarily

childless men to be heard. On that basis alone it would be both unethical and ironic not to include my own voice.

### **1.3 Aims of the study and the research questions.**

To summarise: against the demographic background of an increasing ageing population, and a decline of family support in later life, this study begins to address this gap in evidence by interviewing older men about their lived experience of involuntary childlessness. The impact of involuntary childlessness on the men's health, identity, wellbeing, relationships, social networks and social interactions will be explored. To investigate the influences on how older men became involuntarily childless this study aims to:

- explore the participants' attitudes and behaviours in relation to the experience of involuntary childlessness;
- examine the influences on the participants' quality of life;
- suggest policy recommendations relating to the needs of involuntarily childless men as they age.

One objective of the study is to add to the debates surrounding reproduction and ageing by bringing the experiences of older involuntary childless men to the attention of the public, academics, policy makers, service providers, and practitioners. To address these research aims this study poses the following research questions:

**Research question one:** What are men's attitudes and behaviours in relation to their experience of involuntary childlessness?

**Research question two:** How do men describe the influence of involuntary childlessness in their quality of life and relationships with close, familial, and wider social networks?

**Research question three:** What are involuntarily childless men's expectations of the future?

**Research question four:** What are the implications for policy?

#### **1.4 Structure of the thesis.**

Following on from this introduction my thesis consists of a further eight chapters that are briefly described here.

The two chapters that immediately follow this examine and evaluate the literature surrounding childlessness and ageing. In Chapter Two, I explore the contested meanings and understanding surrounding childlessness, including the exclusion and marginalisation of men from the cultural narratives that surround parenthood and non-parenthood. I look at the key literature on the dynamic and complex issues that surround childlessness over the life course. My focus in Chapter Three is on three aspects of ageing without children. Firstly, I explore the relationship between ageing and gender before focusing on masculinity and ageing. I examine the broader implications of ageing and childlessness in the wider context of family and social relationships. I then suggest that a biographical interview method would

be a suitable means to gain an in-depth understanding of involuntarily childless men's experiences over the life course. Chapter Four depicts the methodological and theoretical foundation of, and the methods utilised in, my study. I examine the rationale for my use of a pluralistic qualitative approach to my fieldwork that draws on life course, critical gerontological, and biographical perspectives. I describe the stages of my fieldwork from the pilot interview through to an explanation of the thematic analysis used to examine the participant's narratives.

The following four chapters present the findings of my research. In Chapters Five to Eight, I describe the main themes that I have drawn from my analysis of my participant's life stories. Chapter Five illustrates the different factors and events that influenced the men's involuntary childlessness. Chapter Six elucidates the affect that not becoming a father had on the participants' intimate, close, and wider, relationships and social networks. Chapter Seven reports on the men's view of their non-parenthood and the impact that it has had on their lives. Chapter Eight provides an insight into my participants' views of their economical position, health, and thoughts regarding the future. Chapter Nine concludes my thesis and in it I discuss my findings, both in relation to the earlier review of the literature, and the research questions. I then move on to consider the contribution that my study has made to this area of research and highlight possible areas for further research. This is followed by an examination of the study, including its limitations. The chapter concludes with my reflexive account of the study and final reflections on undertaking this research.

## **Chapter Two:**

### **Contexts of Male Childlessness**

#### **2.1 Introduction.**

In this chapter, I examine the literature surrounding childlessness including the effects of childlessness on attitudes and behaviour in close, familial, and social relations, and any impact on health and wellbeing. This chapter is organised into six sections and draws on literature from a range of societies. Following this introduction the following section examines the definitions surrounding 'childlessness' and the third section explores the demographic context. The fourth section considers the material on childlessness and focuses on voluntary and involuntary types. The third and fourth sections examine the material on infertility and childless men respectively. The fifth section focuses on childlessness in later life, and the final section provides a discussion of the material presented in the chapter.

#### **2.2 Definitions.**

Childlessness, at its simplest, is the 'absence of children' (Houseknecht, 1987: p.369) and it is only relatively recently that childlessness has started to be recognised as a substantive research subject in the field of social science (Dykstra, 2009). Previously, social scientists had focussed on social networks, family formation and relationships, fertility rates, childbearing age, and marital status. Consequently, the never married, childless and specifically, involuntarily childless men, are mostly absent from research (Dykstra and Keizer, 2009; Murphy, 2009). The term 'parenthood' has often been normatively used to refer to the role of heterosexual genetic parents within the context of a given cultural and

social environment. However, this does not account for those who are biologically childless but who have social parental roles, for example, step or adoptive parents (Bures et al., 2009). Therefore, it is apparent that parenthood, and by implication non-parenthood (childlessness), cannot be categorised into discrete biological divisions. Table 1 (page 12) highlights the diverse forms of both 'parenthood' and 'non-parenthood' and shows the spectrum of biological and social parental realities. Moreover, table 1 demonstrates the impact that both medical treatments and social policy has had on family formation. For example, through, respectively, gamete donation (Beeson et al., 2013) and equality legislation for lesbian and gay adopters (Hicks, 2005). Childless adults are 'not a homogeneous group' (Wenger et al., 2007: p.1434) and many studies have not clearly delineated who constituted being 'childless'. Frequently research has 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). The diversity of family life and different interpretations of childlessness has implications for this study as they may lead to sampling issues that could confound the project.

Involuntary childlessness is a term mostly associated with people during, or post, Assisted Reproductive Technology (ART) treatment. Nevertheless, the figures for the number of involuntarily childless are difficult to gauge, as those who do not seek medical treatment are not recorded (Monach, 1993, p.15). Extending the definition of involuntary childlessness beyond those accessing medical help, leads to the conclusion that the figures provided by institutions underestimate the level of the involuntarily childless population.

**Table 1:** Diversity and difference in forms of parenthood.

- Biological parent(s) who raise their children.
- Biological parent(s) who do not raise their children (e.g. gamete donors).
- Biological parents who have fractured relationships with their children (e.g. through divorce).
- People who believe they are biological parents but are not: e.g. a man whose partner was impregnated by another man.
- People who adopt or foster.
- Social or stepparent with no biological children of his or her own.
- Lesbian or gay people who may co-parent a partner's biological child.
- Parents of a surrogate child.

(Marchbank and Letherby, 2007: p.193-9)

Monach (1993) suggests that:

‘It is probably more helpful to consider childlessness in general as a continuum, on which there are those clearly at either end, but there is a group in the middle whose position is not so simple and which may change over time.’ (Monach, 1993: p.5)

The terms ‘infertility’ and ‘involuntary childlessness’ are not as self-explanatory as often portrayed and have been frequently conflated in research and practice (Letherby, 1997: p.47). Kelly (2009: p.158) highlighted the inconsistent use of the terms in the literature as well as the discrepancy and complexity in the researchers use of terms such as ‘infertility’ and ‘voluntary’ or ‘involuntary’ ‘childlessness’ (see also Letherby, 1997; Letherby and Williams, 1999; Letherby, 2010). Moreover, how individuals self-define their status may change over time and circumstance (Letherby, 1997; Jeffries and Konnert, 2002). There is a similar complexity in gerontological research and wider practice. Terms such as ‘old’ ‘older’ ‘elderly’ and ‘senior’ carry both positive and negative connotations depending on context, location, and intent (Bytheway, 1995; Calasanti and Slevin, 2001; Bytheway, 2011). Therefore, I acknowledge the complexity in many of the terms associated with both areas.

### **2.3 Fertility trends, intentions and behaviours.**

The long-term fertility rate below replacement rate and increasingly ageing population has been widely accepted globally by such bodies as the United Nations (UN, 2009) World Health Organisation, and in the UK by the Office for National Statistics (ONS, 2009). A number of factors influence fertility trends; women having their first baby in their 30’s; delay in partnering, high rates of birth outside of marriage; dual earner households: increase of co-habitation as the main



form of couple households; high rates of divorce/dissolution of couple relationships, and growth in solo living (Eggebeen and Knoester, 2001; Simpson, 2006; Jamieson et al., 2010). In addition there is both an increased demand for assisted conception (Purewal and Akker, 2007) and a preference for smaller families (Qu and Weston, 2004). Dermott (2008: p.9-10) suggests that one of the factors affecting men's fatherhood intentions include 'the decision making of women'. Other factors include that fatherhood is no longer seen as an automatic life-event and the increased choice in the forms of personal relationships. However, Jensen (2010: p.12) argues that men delay parenthood until women take on the majority of the domestic work. Parr's (2007) study found that attitudes towards family, health, money, women, work and leisure, all influenced male procreative decision-making. Roberts et al., (2011) concluded that financial security, partner intentions and suitability, and men's own attitude, were the most influential factors in procreative decision making. Moreover, men aged between 35 and 45 years stated their perception of their partner's biological clock had an increased influence on their reproductive intentions.

In 2004 it was estimated that between one in six or one in seven couples in the UK, approximately 3.5 million people, were affected by problems in conceiving (Human Fertilisation and Embryology Authority, 2009a). A diagnosis of actual or potential infertility has life-long implications for mental and physical health, wellbeing, intimate and wider social relationships (Mahlstedt, 1985; Webb and Daniluk, 1999; Greil et al., 2010). It is problematic to precisely identify those who are involuntarily childless (Monach, 1993, p.15). Himmel (1997) suggests between 10% and 50% of the involuntarily childless do not seek help. Furthermore, Boivin et al.'s (2007) international review of 25 population surveys of infertility found that

approximately only half those people with infertility issues sought any form of medical intervention (Greil et al., 2010; Letherby, 2010). Chandra and Stephen (1998) suggested that only half the couples in the US with infertility issues seek treatment with non-treatment seekers differing on race and socioeconomic status. Likewise, they suggest the rise in numbers of those seeking treatment between 1982 and 1995 was related to two factors. Firstly, the development, availability, and acceptability of Assisted Reproductive Technology (ART) treatment. Secondly, 'baby boomers' that had delayed parenthood reached their 'later reproductive and less fecund reproductive years' (Chandra and Stephen, 1998: p.40). Recent studies found that men and women aged from late teens to over 50 believed that delayed parenthood will be resolved by ART (Thompson and Lee, 2011; Daniluk and Koert, 2012; 2013). Daniluk and Koert (2012; 2013) contend a contributing factor to delayed childbearing is that men and women greatly overestimate their knowledge of ART procedures and age related fertility factors. Moreover, although advanced maternal age and adverse birth outcomes have been well established the corresponding association between advanced paternal age and adverse birth outcomes is less well known (Roberts et al., 2011: p.1202). Furthermore, Matthews and Matthews (1986: p.643) demonstrated the complexity behind the terms infertility and involuntary childlessness with their observation of the 'biological condition of infertility' and 'the social condition of involuntary childlessness' (cited by Letherby, 1997: p.47).

The British Household Panel Study (Taylor et al., 2010) is an exception to the majority of demographic literature because it includes questions on both fertility intentions and behaviour (Jamieson et al., 2010). Berrington (2004) found that females and males have generally comparable fertility, family building, and

completed family size intentions. Sample size issues meant only the fertility intentions of females were reported as Berrington (2004: p.12) argued that co-residency was 'unlikely to be the case for a significant minority of children of male respondents'. Furthermore, men especially may under-report the number of children they have previously fathered, in particular with those they no longer reside or have contact with (Rendall et al., 1999). Moreover, Knijn et al., (2006: p.180) suggest that the cost of adapting data collecting instruments to include fatherhood intentions and/or history outweighs the benefits. The lack of available data on men's fertility is therefore partly down to the historical attitude that fertility and family formation are relevant only to women (Greene and Biddlecom, 2000), combined with the view that men's data may be unreliable, difficult to access (Berrington, 2004) and, in the UK, not collected. The non-collection of male fertility history at registration of birth, information given to me in an email from the ONS (2014), was the reason why it was not possible to supply an estimate of the level of childless men in the UK (Appendix Two).

The change in fertility trends have led to a number of mainly demographic studies that attempted to develop models that would identify, and predict, the influences that affect fertility intentions (Hoffman and Manis, 1979; Schoen et al., 1997; Schoen et al., 1999). Initial studies focussed on structural items such as social and economic status and the social value (costs and benefits) of children to parents (Hoffman, 1975). The cost-benefit analysis approach was criticised for reflecting parent's decision to stop having children (Hoffman and Manis, 1979) with van Balen and Trimbos-Kemper (1995) reporting childless couples were not deterred by costs. Moreover, Bagozzi and Loo (1978: p.318) noted that 'to accurately predict fertility one must...examine the attitudes and social relationships of families'.

Subsequently, studies that incorporated attitudes and intentions items into their design confirmed fertility intentions were reliable predictors of fertility outcomes (Schoen et al., 1999; Langdridge et al., 2000). A study of infertile Dutch couples by van Balen and Trimbos-Kemper (1995) found that the women reported a stronger desire for parenthood than men. Happiness, wellbeing, and parenthood were the highest motivators while family name and religion were infrequently referenced. Langdridge et al., (2000) found a tripartite of core motivators for parenthood in their study of expectant and ART ready British couples: 'give love,' 'receive love' and 'become a family.' However, many of the scales developed were criticised. For example, many measured different point scales against different motivational items and therefore reduced the generalisability of the findings. Moreover, implicit socio-cultural differences and commonalities were not acknowledged (Armitage and Conner, 2001; Langdridge et al., 2005; Purewal and Akker, 2007).

In an attempt to consolidate scales, Langdridge et al., (2005) developed the 'Reasons for Parenthood Scale' based on a postal survey of British white, married, childless couples (responses: men  $n=393$ , women  $n=481$ ), aged 18-40 years. 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 centrality of the family, bond between parents; give love, aspiration and bond with child as main reasons. Both female and male non-intenders reported that 'other things' as more important than parenthood. Male non-intenders rated 'career,' 'freedom,' and 'responsibility' and female non-intenders rated 'partners wishes' (Langdridge et al., 2005: p.128). Furthermore, as age and length of marriage increased, the intention to become parents decreased (Langdridge, et al., 2005: p.131). The findings followed 'traditional cultural expectations about masculinity,

femininity, and childrearing' and all respondents highlighted the significance of their partner's opinion in fertility decision-making (Langdridge, et al., 2005: p.131). Although the authors acknowledged the limits of the study, for example only surveying white married couples, they suggest the scale is appropriate for predicting fertility intentions and behaviours (Hadley, 2009). Moreover, research conducted in Europe highlighted that age, ethnicity, and gender differences affected intentions towards parenthood (Bos et al., 2003; Rooij et al., 2006). Critics of the quantitative measures approach of fertility behaviour scales suggest that the deterministic underpinnings assign a permanent attitude towards parenthood that fails to capture an individual's subjective processes (Purewal and Akker, 2007: p.79, Hadley, 2008a; 2009).

In an effort to examine the socio-cultural meanings of parenthood, a UK based study individually interviewed 13 participants (seven female and six male) from South Asian and White ethnicities, aged between 21 and 44 years of age (Purewal and Akker, 2007). Interviews used Langdridge et al.'s (2005) 'Reasons for Parenthood Scale' as a guide and the transcripts were analysed using Interpretative Phenomenological Analysis (IPA). This approach was taken in order to understand how individuals interpret, and make sense of, their personal and social experience (Smith and Osborn, 2008). Findings revealed five themes common to both ethnicities: parenting as selfless, parenting as a fulfilling role, the significance of genetic ties, the importance of joint decision making, and being prepared for parenthood (Purewal and Akker, 2007: p.81). The British South Asian participants indicated that life without children is undesirable as they are the most important thing in their lives. The British South Asian males were strongly committed to the link between the genetic line and the family name. The

sentiments expressed by the British South Asian participants are supported by the findings of Culley and Hudson's (2009) study of infertility British South Asian communities (Letherby, 2010). White participants acknowledged the socio-cultural values surrounding parenthood but also offered that 'there *could* be other important things in life' other than childrearing (Purewal and Akker, 2007: p.84. Original italics). Both younger people and women participants viewed parenthood positively. The former saw parenthood as a unique bond and the culmination of a strong and close relationship. Women expressed the opinion that motherhood would make them feel more fulfilled with a child than without. Moreover, women saw the meaning of fulfilment more positively and deeper than males. Purewal and Akker's (2007) study highlighted the influence that age, culture, and gender had on attitudes and beliefs towards parenthood. Furthermore, although Purewal and Akker's (2007) socially constructive view produced nuanced and rich findings their results were similar to the quantitative study of Langdridge et al., (2005). Overall, both forms of study demonstrated that the motivations for parenthood involve a complex negotiation between individual desires, relational dynamics, and socio-cultural norms. However, the cross-sectional nature of many fertility motivation studies do not account for how intentions and behaviours may evolve over time. Furthermore, the age range of the cohorts means that those at the older end of the age range may have experienced events which influenced their fertility intentions that the younger people did not (Robinson et al., 2005: p.5-6).

## **2.4 Childlessness.**

Biologically, 'no organism is advantaged by never conceiving' (Boivin et al., 2006: p.352) and in most societies biological parenthood provides the surest way to adult status. The attainment of genetic continuity brings kudos and supports an

acknowledged positive social identity (Veevers, 1973; Lisle, 1996; Dykstra and Hagestad, 2007b). All the main world religions exemplify the child bearing ideal (Monach, 1993: p.52) and becoming a parent is considered central to the life script of the 'normal, expectable life-cycle' (Neugarten, 1969: p.125; Franklin, 1990; Dykstra and Hagestad, 2007b). In Western society the pronatalist heterosexual normative is closely linked to the Judaeo-Christian tradition, which views children as a blessing, with 'barrenness' seen as unnatural (Miall, 1986; Daly, 1999). Moreover, the construction of parenthood as an unconscious, spontaneous, and natural act permits an unreflective acceptance of the heteronormative, pronatalist ideal (Morison, 2013).

Unsurprisingly, discussions regarding reproduction have historically centred on 'women's and maternal processes' (Hinton and Miller, 2013: p.248) with little consideration for men's experiences. Moreover, Inhorn (2009b: p.1) has argued that men have been assumed to be disengaged from reproductive intentions and outcomes and, as a result, marginalized as the 'second sex'. For example, in a systematic review of parenting in the British print media, only one article related to men (Brown and Ferree, 2005). This normative dynamic reinforces the patriarchal link that promotes women's role as childbearing/nurturing and men as provider/protector (Connell, 1995; Lupton and Barclay, 1997). The evolution of social norms formed gendered roles that positioned male involvement in procreative decision making as a taken-for-granted a 'non-choice' and a 'non-topic' (Morison, 2013: p.1140).

Those not participating in the dominant pronatalist ideology of either the 'motherhood mandate' (Russo, 1976: p.144) for women, or the heteronormative

male 'package deal' of work, relationship, fatherhood (Townsend, 2002) have often been the subject to stigmatisation (Veevers, 1980; Matthews and Matthews, 1986; Brescoll and Uhlman, 2005; Blackstone and Stewart, 2012). Men who challenge prescriptive stereotypes, for example, gay men, house-husbands, and male primary school teachers, are often subject to discrimination, exclusion, isolation, and mistrust (Smith, 1998; Sargent, 2000; Rosenfeld, 2003; Letherby, 2012). Nevertheless, the stigmatisation of those not conforming to the pronatalist norm is apparent: many infertile people have hidden their experience and status to avoid stigma and/or protect themselves or others from pain (Exley and Letherby, 2001; Moulet, 2005; Letherby, 2012).

Studies of parenthood have concentrated on childbearing, and have focussed on comparisons between those who do, and those who do not, have dependent children (Wenger et al., 2000; Forste, 2002; Dykstra and Keizer, 2009). The childless and the never married disappear in such research, or are assigned to a category such as 'empty-nesters' (Dykstra, 2009). Typically, family configuration is traditionally correlated with motherhood and the majority of studies do not report on the fertility history or fertility intentions of men (Greene and Biddlecom, 2000; Letherby, 2002b; Throsby and Gill, 2004; Jamieson et al., 2010). Parents whose children have left home or have died have also categorised themselves as childless (Murphy, 2009) with Monach (1993: p.16) pointing out that up to 20% of the UK Census who report themselves as childless do have children. Therefore, the lifelong childless and those whose children no longer live at home, confound results because those in parenting roles and those who are parents, are inseparable (Dykstra, 2009: p.671).



### *Voluntary childlessness*

Childlessness has been culturally constructed as 'abnormal,' 'deviant,' and contrary to the dominant pronatalist ideal of biological parenthood (Veevers, 1972; 1979; Lalos et al., 1985; Grinion, 2005). Both parenting and childlessness are predominately associated with women. Many studies have reported childless women being stigmatised as: 'greedy,' 'selfish,' and as having 'privileged freedom' (Veevers, 1973; Gillespie, 2000; Park, 2002; Chancey and Dumais, 2009). Recent studies have found 'voluntary childless' women and men have used a range of strategies to avoid social sanction: 'passing, identity substitution, condemning the condemners, asserting a right to self-fulfilment, claiming biological deficiency, and redefining the situation' (Park, 2002: p.21; 2005; Basten, 2009; Blackstone, 2012). Koropecyk-Cox and Pendell (2007b: p.910) analysed two nationally representative surveys to examine the attitudes towards childlessness of men and women, aged 25-39 years, in the USA. They found that childlessness was more acceptable to women than men and that fertility intentions declined with increased age. College-educated men were most negative compared with equivalent women who cited the opportunities offered by increased employment against the traditional female roles (Koropecyk-Cox and Pendell, 2007b: p.911-2. See also Ayers, 2010). Similarly, Jamieson et al.'s (2010: p.481) Scottish study found that men preferred the traditional gender roles, although the younger men were concerned with their ability to fulfil the provider role.

Veevers (1980) argued there were two types of childless people: those who chose 'childlessness' at an early age and those who decided to remain childless after a series of postponements. Following Veevers (1980), Houseknecht (1977; 1980; 1987) developed a typology of 'early-articulators' and 'postponers'. More recently,

Cannold (2000; 2004; 2005) contended that previous studies conflated delayed parenthood with voluntary childlessness and had not fully explored women's reproductive intentions. Moreover, Veever's (1980) and Houseknecht's (1987) claim that voluntary childless people make fertility intention decisions when very young, has been challenged by recent research highlighting the influence that attitudinal, life course, social and economic factors had on procreative decision making (Cannold, 2000; Basten, 2009). Cannold (2000: p.4-6) argued that childless women were 'Childless-by-Choice' or 'Childless-by-Circumstance'. The latter were women who had not become mothers for social rather than biological reasons. Cannold (2000: p.415-7) argued that the 'social clock' had as much an influence of women's procreative outcomes as the 'biological clock'. Cannold's (2000: p.423) 'social clock' included: attitudes of family and friends, the 'right' partner, economic considerations, location, education, religion, and awareness of age. Similarly, findings from my MSc (Hadley, 2009) attitudinal survey showed that both 'age' and the 'biological clock' were only reported by the female respondents as influences on reproductive decision making.

The majority of studies into voluntary childlessness examine the experiences of women and couples (Gillespie, 2000; 2003; Park, 2002; 2005; Basten, 2009; Blackstone, 2012). Lunneborg (1999: p.2) identified a gap in the information on the fertility intentions of men and conducted 'an exploratory, not scientific' study of 30 voluntary childless men. She firstly surveyed male members of 'childfree' organisations using a self-developed questionnaire, 'Reasons Why People Say No To Kids' (Lunneborg, 1999: p.137). Follow up interviews based on the men's responses were held with 16 American and 14 British men, aged 27 to 55 years. The majority (22) were partnered and the remainder were single. From her

findings Lunneborg (1999: p.4) constructed a tripartite typology: 'early-articulators,' 'postponers,' and 'acquiescers'. The first two followed Houseknecht's typology (1987). The 'acquiescers' adopted a neutral attitude and followed their partner's reproductive choices (Lunneborg, 1999: p.4) reflecting the prevalent male belief that it was the woman's choice to have children and that 'children are women's *raison d'être*' (Lunneborg, 1999: p.131. Original italics). The men's motives for choosing childlessness related to time, freedom, and identity (Lunneborg, 1999: p.138) and these recall the items in the questionnaire. Lunneborg's (1999) findings supported studies that associated childlessness with the timing of transitional events (Hagestad and Call, 2007), and men's attitudes towards both women and parenthood (Parr, 2007; 2009; Jamieson et al., 2010). Unfortunately, Lunneborg's book (1999) does not reveal how she performed her analysis of either the questionnaire or the interviews. Nor does she explain the rationale for drawing the study's sample solely from childfree organisations or describe any bias she may have had regarding the subject or the participants. Many female researchers have reported both negative and positive gender dynamics regarding interviewing men (for example, see McKee and O'Brien, 1983; Lee, 1997; Lohan, 2000; Gatrell, 2006; Miller, 2011). However, Lunneborg choose not to disclose any such details and this may be an example of a researcher that does not recognise the presence of gender issues in research (Hackett, 2008). Furthermore, Lunneborg (1999) did not acknowledge any cultural commonalities or differences between the American and British participants (Bancroft, 2001; Knodel, 2001).

### *Involuntary childlessness*

There is an extensive and diverse range of literature on infertility that spans from medical texts to descriptive pieces based on people's experience of infertility. Of

the latter, the vast majority describe women's experiences and explore the personal journey of the authors (Pfeffer and Wollett, 1983; Day, 2013). Although many address male infertility it is usually in medical and technical terms rather than actual experience - even when a male co-authors the material (Houghton and Houghton, 1984). Infertility affects men and women equally and is defined by the National Institute for Clinical Excellence (NICE, 2004: p.9) as a 'failure to conceive after two years of unprotected sexual intercourse in the absence of known reproductive pathology'. Very few couples are completely infertile, the majority being 'sub-fertile'. However, this sub-fertile majority will experience the reality of infertility either on a temporary or a permanent basis, depending on whether or not they succeed in having a child. Because of this, the term 'infertile' is usually used to describe people in this situation. Those who have never achieved a pregnancy, or cannot conceive, are described as having 'primary' infertility. More common are those categorised as having 'secondary' infertility, that is they have had one or more pregnancies, or have a child, cannot conceive, may have suffered miscarriage or a still-birth (Human Fertilisation and Embryology Authority, 2007/08; Hudson, 2008). The typical route for an infertile couple may see them initially attempting to conceive naturally before seeking medical advice. Thereafter follows a series of tests to find a diagnosis for the cause of the childlessness. The diagnosis may lead to the possible use of Assisted Reproductive Technology (ART) treatments, with IVF being the most common in the UK.

Recent figures from the Human Fertilisation and Embryology Authority (HFEA, 2010) show that 39,879 women had 50,687 cycles of IVF treatment in 2008, with 24.1% of all IVF treatments resulting in a live birth. Those for whom treatment is unsuccessful are classed as 'involuntarily childless' and the term, although it has

no medical basis, is a label applied to both individuals and couples post treatment. However, there has been growing criticism of limiting the definition of 'involuntary childlessness' to only those who have accessed medical advice. The failure to include non-treatment seekers means that much infertility research cannot be generalised to the wider population (Greil, 2010: p.142-3). Moreover, quantitative studies of infertility are limited because of their reliance on clinic-based samples (McQuillan et al., 2003: p.1009). In clinic-based research there are significant power issues as the researcher may be viewed as key in accessing services (for example, see Oliffe, 2009: p.77).

The diagnosis of actual or potential infertility has been shown to have considerable implications for mental and physical health, social stress, relationships and wellbeing (Menning, 1980; Mahlstedt, 1985; Lee, 1996; Boivin, 2003; Greil et al., 2010). Letherby (2012: p.10) argues that the losses and absences that are implied with the terms 'infertility' and 'involuntary childlessness' do not reflect the complexity of the experience. For example, infertility treatment has been seen to affect some relationships positively and others negatively: 'deep and lasting hurt felt by many of the couples, although not all, at the experience of childlessness' (Monach, 1993: p.121; Letherby, 1997; Moulet, 2005). Moreover, many infertile people have hidden their experience and status to avoid stigma and/or protect themselves or others from the pain. Moulet (2005) argued that psychological research had often conflated infertility and childlessness and focussed on the early stages of successful or unsuccessful treatment. The process of adjustment to involuntary childlessness has frequently been described in stages based on Kübler-Ross's (1970) 'grief model': denial, anger, bargaining, depression, and acceptance (Houghton and Houghton, 1984; Letherby, 2002a; Moulet, 2005;

Tonkin, 2010). Much infertility literature concentrates on the 'acceptance' or the 'resolution' of an individual's childlessness, with Letherby (1997: p.283) highlighting 'the resolution of an individual's childlessness does not necessarily equal 'complete' resolution.' Tonkin's (2010), study explored the psycho-social experience of 27 New Zealand women, aged from 30 into their 40's. She described her participants as 'contingently childless' (Tonkin, 2010: p.178): 'women who have always seen themselves as having children but find themselves at the end of their natural fertility without having done so for social rather than (at least initially) biological reasons.' Tonkin (2010) drew on both Doka's (2002) and Corr's (2004) conceptualisation of 'disenfranchised grief' where some losses are not considered socially valid. Consequently, grieverers are stigmatised, rendered invisible, and/or their feelings minimised. Moulet's (2005) qualitative study of a single female and eight self-defined involuntarily childless couples, aged 37 to 54 years, found three types of transitional process. Firstly, 'prompt acceptors,' were mostly men who easily acknowledged a childless future and saw some advantages to childlessness. Secondly, 'movers-on,' although pragmatic, also expressed a sense of loss. Finally, 'battlers,' were mostly women, and a few men, who experienced a long, difficult, process of negotiating the loss of their parental ideal, as such there was no complete resolution but an eventual adaption to childlessness (Moulet: p.135, p.138).

Recent research challenges the perception that infertile men do not suffer the levels of distress that comparable women had been recorded as experiencing (Adler, 1991; Domar et al., 1992; Domar et al., 1993; Lechner et al., 2007). Fisher et al.'s (2010) cross-sectional cohort survey of Australian men five years after a diagnosis of infertility found that men who did not become fathers suffered poorer

mental health than those who had become fathers. Fisher et al., (2010: p.6) conclude the stereotype that infertile men 'are less distressed than women about potential loss of parenthood, and adjust more readily to childlessness appear inaccurate'. Findings drawn from the 1946 British Birth Cohort Study (Guralnik et al., 2009) of functionality tests on men and women, all aged 53 years, found differences between the health of never married men, childless married men, and married men with children. The unmarried and childless men faced greater risk of poor midlife physical function, even after adjustment for confounders such as social class, education, and employment status. The authors conclude that for men, marriage and parenthood may protect against functional decline in midlife. However, they also acknowledge that poorer health in earlier life may influence relationship formation and parenthood. There were no marked differences in functional outcomes among women.

#### *Male Involuntary Childlessness*

There has been little published material into the effects of male involuntary childlessness (Culley et al., 2013): "Men have been terribly under researched in the parenthood motivation literature" (personal communication, Langdridge, 2008). Recent research has demonstrated that men's reactions to infertility are similar to women's. For example, Saleh et al.'s (2003) cohort observational study of 412 men receiving treatment for primary infertility, found that the psychological affects of male infertility were similar to those suffering from heart complaints and cancer. Nonetheless, Jordan and Revenson (1999: p.341) noted that with infertility research: 'most studies have not included men/husbands'. Lloyd (1996) reported the participation rates of males in infertility research had been strikingly low. Lloyd (1996: p.451) argued that men's absence from infertility research had been

wrongly 'condemned to be meaningful' without any grounds to justify the denunciation. As there is no biological basis for there being a connection between fertility and virility (Lockwood, 2008), the importance placed on the 'fertility-virility link' (Lloyd, 1996) is a social construct and fundamental to both patriarchy and hegemonic masculinities - the empowerment of men over women, and other men (Connell, 1995).

Childlessness has been reported to 'enhance some elements of quality of life in women' with either no or negative associations with quality of life for men (Read et al, 2010: p.16). One of the few studies to explore the relationship between male fertility and mortality was Weitoft et al.'s (2004) analysis of Swedish Census, Health, Multi-Generation, and Death registers. Weitoft et al., (2004) postulated that there is a gap in health research knowledge because men's health, unlike women's, is viewed in terms of employment not family role. The researchers examined the mortality and cause of death of men aged 29-54 comparing lone fathers and childless men, to fathers who resided with their partner and children. Results demonstrated that lone childless men, and lone non-custodial fathers, had an increased risk of death through suicide, addiction, injury, external violence, poisoning, lung and heart disease. Weitoft et al., (2004: p.1457) suggested parenting moderates risk taking behaviour and the higher mortality rate was connected to 'emotional instability and willingness to take risks'. Grundy and Kravdal's (2008) analysis of Norwegian registers found that childless men in late mid-life had higher mortality than fathers. Furthermore, Read et al.'s., (2010) analysis of Norwegian register data found that both childless men and women had a higher risk of mortality for the majority causes of death. Overall, Grundy and Kravdal (2008, 2010) concluded that the similarity between the genders points



towards complex biosocial mechanisms that affect the fertility–mortality relationship.

Owens' (1982: p.76) fertility-clinic based study of 30 pre-diagnosed infertile, married, working-class couples found that the men's desire for children 'was assumed...that it was natural'. Many studies report similar themes surrounding the desire for fatherhood: culmination of a loving relationship, enhance and confirm status, fulfil role, give pride, provide genetic legacy, appropriate age and stage, match siblings and peers, give pleasure, and bring company in later life (Owens, 1982; Mason, 1993; Inhorn et al., 2009a). Throsby and Gill (2004: p.333) highlighted the lack of information on men's experience of IVF, fatherhood in general, and how 'not being a father has received so little attention'. To evaluate the male experience of IVF treatment Throsby and Gill (2004) used a feminist framework that viewed gender and technology as socially constructed. In taking such an approach the authors acknowledged the debate between radical and liberal feminist regarding ART. Throsby and Gill's (2004) study focussed on the experience of male partners of 13 couples who had ended unsuccessful IVF treatment at least two years before being interviewed. The participant's reactions fell into traditional gendered scripts where the men felt powerless but remained silent and were 'strong' for their partners. The women felt isolated and devastated as their grief and sorrow was not shared. Throsby and Gill (2004: p.344) outlined how the majority of the men had feelings of 'humiliation and inadequacy' by not fulfilling the ideal of fathering of a child. The authors related this as integral to hegemonic masculinity (Connell, 1995) where virility is proved by fertility. Consequently, the men questioned the 'sense of themselves as men' (Throsby and Gill: p.336) and lead them to reflect on their emotional, psychological, and

relational behaviours in the context of a pronatalist society. Two key components of the feminist perspective, mutuality and context (Morrow, 2006), underpinned the findings. The former helped reveal the complex forces operating in social and intimate relationships, including those between interviewer and interviewee. The latter exposed the intersection between the participant's interpretation, and the experience, of their socio-cultural environment (Hadley, 2009: p.21).

Similarly, Webb and Daniluk (1999) observed that infertility challenged men's masculinity and that the men had to find ways to re-construct their relationships and their sense of self. Nonetheless, Mason (1993) found that some infertile men were more ambivalent about parenthood. Factors that influenced their reaction included: relationship quality, personal coping strategies, and ageing. One man noted that as he aged his concern of not being a father lessened (Mason, 1993: p.89). A similar finding was reported in my research study (Hadley, 2008) of 10 self-defined involuntarily childless British men, aged 33 to over 60 years. The older men were wistful about an opportunity lost while the younger men expressed both fear and excitement in their attitude to potential fatherhood (Lupton and Barclay, 1997; 1999; Miller, 2011). That study also demonstrated how experience of poor familial relationships in formative years affected all subsequent relationships. Those in relationships viewed their relationship as being of great importance. Fatherhood was viewed as a re-connection, replacement, repayment, or repeat of childhood experience. All 10 participants reported having experienced depression with eight of the men stating that childlessness, to a greater or lesser extent, was an element in their mental health. The findings included themes of bereavement, isolation, addiction, substance abuse and social stress, and reflect those found in other research studies (see: Weitoft et al., 2004; Malik and Coulson, 2008; Dykstra

and Keizer, 2009; Fisher et al., 2010)

The importance of men's influence on fertility intentions has only relatively recently been taken into account (Poston et al., 1983; Berrington, 2004; Dykstra, 2009). Studies show there is a notable difference between men and women in the influence that education and career achievements have on childlessness (Parr, 2007; Keizer et al., 2008; Waren, 2008; Parr, 2010). The Eurobarometer 56.2 survey of eight North Western European countries found that men defer parenthood more than women and that there are relatively more childless men over 50 years in the UK (Knijn et al., 2006: p.183, p.188). Single men were more likely not to plan for children compared to married men. Knijn et al., (2006: p.188) found unemployment negatively influenced men's procreative plans and a positive correlation between higher educated men and plans for fatherhood. Reasons 'childless' men gave for delaying parenthood included: the need for a child's bedroom, fear of a disabled child, and the loss of freedom associated with family life (Knijn et al., 2006: p.194). However, the lack of retrospective biological data limited the authors to the 18-39 year old age group. Moreover, Knijn et al., (2006: p.191) proposed that national 'family friendly' policies promoted shared parenthood and suggested that the lack of such policies in the UK reinforced the single breadwinner tradition. However, Jensen (2010) argues there are two reasons that childless men are ambivalent in accessing 'family friendly' systems. Firstly, as fathers spend more time at home, employers may prefer childless men as employees. Secondly, childless men may find the rewards of work more attractive than the domestic and care work associated with paternity leave (Jensen, 2010: p.9). Waren and Pals (2013) argue that men's experience of 'voluntary' childlessness has received little attention. In their analysis of the 2002

USA National Survey of Growth the authors found that age, race, and ever-married status were all predictors of 'childlessness' were stronger for women than men. Childless men and women were older, white, and unmarried compared to the other groups of men and women. Waren and Pals (2013: p.167) argued that men had different reasons for choosing childlessness compared to women. Women's 'voluntary' childlessness was correlated with higher education, economic independence, and career advancement. None of those factors were related with men's motivations for 'voluntary' childlessness. Unfortunately, the authors do not offer any motivations for men's 'voluntary' childlessness, although such men were more likely to have been unemployed than equivalent women (Waren and Pals, 2013: p.160). Moreover, cultural differences may restrict the generalisability of findings to other nations. For example, American women tend to view cohabitation as a prelude to marriage whereas European women view it as an alternative living arrangement (Waren and Pals, 2013: p.167. See also Seltzer, 2004).

### *Childlessness and masculinity*

Although there has been a recent increase in the study of fatherhood and the 'new man' ideal (see, for example, Wall and Arnold, 2007; Miller, 2011) masculinities research has predominately concentrated on younger men in education, crime, unemployment, the body, and sexuality (Arber et al., 2003a: p.4). In a study of the factors in the treatment of male sexual dysfunction, Elliot (1998) suggested that male masculinity and societal values were inter-woven through strength, virility, and vitality. To be validated within society a man had to be seen as potent, virile, and fertile 'by the production of children' (Elliot, 1998: p. 4). Furthermore, in a review of anthropological studies on male infertility, Dudgeon and Inhorn (2003: p.45) found that infertility had been seen to have a great effect on men's sense of

self: 'Men who fail as virile patriarchs are deemed weak and ineffective'. Such is the dominance of the link between women and reproduction both Inhorn et al., (2009) and Culley (2013) suggest that there is only a limited masculine script that men can draw on. Monach (1993) found the men in his study less likely to admit to being upset by infertility treatment than their wives/partners except for men whose wives/partners were consistently distraught. Male reproductive impairment may result in overt displays of bereavement, guilt, and shame (Owens, 1982; Mason, 1993; Webb and Daniluk, 1999; Crawshaw, 2013). Moreover, Rawlings and Looi (2007: p.26) described Australian infertile men having 'disenfranchised grief that can't be seen by other people'. An analysis of male infertility support group bulletin boards (Malik and Coulson, 2008) found the anonymity provided a conduit for a wide range of difficulties and emotions to be discussed. Furthermore, Mason (1993) suggested men downplayed any sense of loss and focussed on their partner's needs. As her participants 'talked like women about having feelings of pain, loss, and loneliness' she argued that men and women's experiences of infertility had more in common than previously reported (Mason 1993: p.184). Moulet (2005: p.166) suggested her male participants indicated not only had they 'missed out' on the fatherhood roles noted earlier but also roles like 'provider' and 'sage'.

It has been argued that men are more concerned with biological lineage and legacy than their partners (Wirtberg, 1999). According to Crawshaw and Balen (2010: p.9) the majority of people become adoptive parents after finding out they cannot have their own biological children. A three year Canadian longitudinal study reported that infertile couples who adopted had greater life satisfaction than those who did not (Daniluk, 2001: p.445). Although her focus was on the relinquishment

of biological parenthood, Daniluk (2001) emphasised the deep level of social and identity processes the couples undertook post treatment. However, the sample comprised of a large percentage of couples that had adopted, or were in the process of adopting (62% in total. Daniluk, 2001: p.441; Moulet, 2005). Nonetheless, a number of infertility studies have reported men's ambivalence concerning the pursuit, and achievement, of social parenthood (Monach, 1993; Letherby, 1997, Webb and Daniluk, 1999; Throsby and Gill, 2004). For example, the male partners of post-infertility treatment couples expressed uncertainty towards non-biological parenthood and discounted the importance of a genetic legacy (Moulet, 2005: p.165). Letherby (1997: p.176-7) argued men in particular were the arbitrators against adoption. Although aware that biological children can be a disenchantment both Letherby (1997; 2010) and Throsby and Gill (2004) noted their participants were mindful of 'horror' stories regarding adoption (Letherby, 2010: p.27). Webb and Daniluk's (1999) Canadian study found the diagnosis of male factor infertility had greatly challenged six men's perceptions of self and assumed inevitable biological fatherhood. The diagnosis led to feelings similar to those reported by infertile women: grief, loss, powerlessness, guilt, inadequacy, betrayal, isolation, and threat (Webb and Daniluk, 1999: p.20). All reported having to redefine their masculinity over time and had accepted their infertility as a major part of their lives (Webb and Daniluk, 1999: p.10). The generalisability of the findings was limited by the small sample size, the retrospective view of the participants, and their parental role. However, it is one of the few studies to look at how men negotiated male infertility and highlighted how the men's attitudes changed over time.

The stigmatisation of those not conforming to the heterosexual pronatalist norm has been well established and many infertile people have hidden their experience and status to avoid stigma and/or protect themselves or others from pain (Veevers, 1975; Veevers, 1980; Lee, 1996; Exley and Letherby, 2001; Lee, 2003; Moulet, 2005; Letherby, 2012). Men who do comply with normative masculine expectations may 'find themselves under suspicion from both hegemonic men and women' (Sargent, 2000: p.19). Dalzell (2007) focussed on the experiences of five British gay men, aged 38 – 47 years, who wanted to be fathers but who had little expectation that gay men could be fathers. Furthermore, some of the men felt an 'outsiderness' in peer, social, close and familial relationships (Dalzell, 2007: p.62). The study revealed that childless gay men experienced a complex interaction between their identity and issues including bereavement, relationships, health, and politics. Dalzell's (2007) participants' attitude countered the positive view of the opportunities for non-heterosexual parenting given by Weeks et al., (2001: p.164). Nonetheless, both Dalzell (2007) and Weeks et al., (2001) acknowledged that, although there are many studies on how lesbians navigate childlessness and motherhood, there is an increasing volume of work focusing on gay men and parenthood. Weeks et al.'s (2001: p.163) observation that 'the dominant construction of gay men presenting a risk to children' was also raised in Dalzell's (2007: p.57) study. In addition Dalzell (2007), noted that her participants reported being discriminated in close, familial, peer, work, and social settings. Dalzell's (2007) study confirmed other research (Dalzell, 2005; Purewal and Akker, 2007) that highlighted the interaction between men's experience of childlessness and their upbringing, social expectations, self-image, health, bereavement, relationships, politics, policy, and attitude towards virility and masculinity.

## **2.5 Childlessness and later life.**

Many studies highlight the importance of children in providing support for their ageing parents (Burholt and Wenger, 1998). Koropecy-Cox (2003) performed secondary analysis on in-depth interviews with three married, childless American men, two in their late 60's and the other in his early 80's. The men's involuntary childlessness were determined by different factors: wife's medical issues; the depression of the 1930's and the Second World War, age at first marriage (mid – 50's) and his wife's non-interest in parenthood. The men's life-stories supported the findings of both Hagestad and Call, (2007) and Parr (2005) regarding the timing of transitional events and 'historical time' (Neugarten and Datan, 1973). The social networks of the three men varied considerably from one man who had few social connections outside of the marital relationship to another who, with his wife, had a wide range of social ties through involvement in local community projects. Koropecy-Cox concluded that the process and status of childlessness was not viewed as a reflection on the men's identities or social position. Moreover, the overriding themes of self-identity were centred on traditional masculinities: being good providers; independence; economic safety; and professional achievement.

Recent studies have observed differences between parents and 'childless' individuals. Data from the Netherlands found that childless couples had less community related social interaction than parents but there was no difference in psychological wellbeing (Keizer et al., 2010). Wenger (2009) suggests that older childless people's social situation in later life depends particularly on gender, social economic status, and the maintenance of early relationships with kin and none-kin networks. A comparative study of several countries indicated that older childless people are more likely to live alone than parents (Koropecy-Cox and



Call, 2007). Divorced, widowed, and never married childless men, compared with women in similar circumstances, report higher rates of loneliness. Furthermore, divorced and widowed childless men demonstrated higher rates of depression than divorced and widowed women (Zhang and Hayward, 2001). Divorced and separated men aged over 50 reported poorer health with higher rates of smoking and alcohol consumption than married/cohabiting, and single men (Dykstra, 2006). A tri-country study found connections between poor health behaviour and elderly childless people with formerly married, childless men, having poorer physical health, smoking, depression, and sleeping difficulties than partnered men (Kendig et al., 2007). Dykstra & Hagestad (2007: p.1288) postulate that the childless are seen as vulnerable '...a group at risk of social isolation, loneliness, depression, ill health, and increased mortality' compared to the '...social support, health and well-being' provided by the parent-child family alliance. Furthermore, Dykstra and Keizer (2009), found that single non-parent men aged 45-59, compared to men in relationships, were poorer socio-economically and psychologically.

The older childless tend to have smaller social networks than those who are parents and thus have limited access to informal care. While absence of children is not a disadvantage when health is good, it may become a problem when someone becomes ill, frail, or loses their independence. The childless, unmarried, or widowed have been shown to access formal care at younger ages and at lower levels of dependency than parents (Scott and Wenger, 1995; Albertini and Mencarini, 2011). In concluding her review of the trends, antecedents, and consequences of childlessness for older adults, Dykstra (2009: p.685) suggests future studies on ageing should 'include men in research on childlessness' as studies of later-life show the benefits that parental status gives. Moreover, 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).

One of the few studies that gathered older peoples detailed accounts of childlessness was conducted in New Zealand with 38 participants, nine men and 29 women, aged from 63 to 93 years (Allen and Wiles, 2013). As the sample was drawn from people who self-defined as 'childless' it included those who had outlived, were estranged from, or had 'adopted out' children (Allen and Wiles: p.210). Furthermore, the participants included the divorced, married, non-heterosexual, separated, single, and widowed. Using life course, narrative gerontology and, positioning theory, Allen and Wiles' (2013) findings supported the contention that childlessness is complex, fluid, and diverse. Moreover, it highlighted the inadequacy of the voluntary – involuntary binary in representing the participant's experiences over the life course. Allen and Wiles (2013) found a wide variation in the participant's attitudes regarding their childlessness and ranged from: positive, of no relevance, prevention of repetition of childhood experience, fatalism, loss, family obligations, health issues, cohort affect (World War Two), partner selection ('no Mr Right') and family dynamics (Allen and Wiles, 2013: p.212). Allen and Wiles (2013) identified the difference between men and women's attitude to parenthood. The former did not refer to any form of 'paternal instinct' while the latter reported a 'maternal instinct'. Similarly, while some women had waited for 'Mr Right' there was no suggestion of waiting for a 'Miss Right' (2013: p.212). Instead, the men suggested they had been the initiators in their relationship and marital decisions. The men's attitudes towards children ranged from sadness for those estranged from their own children to others who enjoyed

interactions with children. The men's routes to childlessness followed those factors preventing harm, not an option for gay men, focus on career, and doubts regarding the responsibility of being a father and husband. These narratives reflect both traditional heteronormative social narratives and the findings of other studies. Although Allen and Wiles (2013: p.216) study purposively included childless men there is only one paragraph that focuses on the male experience. This may reflect both the greater number of women in the sample and the complexities of reporting a highly diverse sample that included self-defined childless biological parents.

## **2.6 Discussion.**

In this chapter, I have reviewed the literature surrounding 'childlessness' and have shown the development of research from 'voluntary' childless women, who were seen as 'deviant', to recent research that demonstrated that both women and men are psychologically and physiologically deeply affected by infertility. There has been extensive research on women's reproductive bodies and lives, health, access to reproductive technology, experience as mothers, and nurturers of children. Much of the material I have examined was from infertility and reproduction studies that have focussed on women's bodies and lives. Consequently men have been absented from both the majority of discourse surrounding parenting and infertility clinical practices and processes. Moreover, it is only recently that men's attitude towards, and experiences of, procreative intentions and outcomes has become of interest to researchers. Furthermore, the 'social clock' was seen to be as significant for women in procreative decision making as the 'biological clock'. Whereas the male 'biological clock' (andropause) has only recently received increased attention, there has been little recognition of the 'social clock' on men's procreative intentions. A key issue to emerge from the

literature explored in this chapter has been the absence of men, especially older men, from reproduction research. Furthermore, limiting the definition of involuntary childlessness to only those who have accessed medical advice limits the generalisation potential of any findings. This has directly affected the criteria for participation in this study, which rests on respondents defining themselves as involuntarily childless (see Chapter 4, page 97 and Appendix Six).

Significantly, it has been feminist researchers who highlighted the absence of material on fatherhood and male 'childlessness'. Masculinities, originating from the feminist movement, have not placed reproduction, fatherhood, non-fatherhood or age as significant to being a man as feminist scholars have motherhood and non-motherhood in the lives of women. The fact that scholars examining masculinity have not considered men who are infertile, is interesting in itself, and lends support to the concept of 'subordinated masculinities' embedded within social structures. The heteronormative ideal of women as 'mother/nurturer' is supported by only collecting women's fertility data. Many government institutions have not collected longitudinal data on male fertility intentions or history, and consequently men who do not reproduce, are structurally invisible. Not only had demographers reflected dominant social norms in only collecting fertility data on women, they had ignored how men viewed their reproductive role and intentions, negatively focussed on how men differ from women, and did not acknowledge how the change in socio-economic conditions challenged the 'provider' element of masculinity. There are further methodological issues with discrepancies in how women changed to a childless category between the sequential waves of a longitudinal study. Moreover, extracting data from large datasets does not reveal if 'childlessness' was 'chosen' or 'circumstantial'. Therefore perhaps it is no surprise

that many researchers reported difficulty in recruiting male participants (see Daniluk, 1997; Throsby and Gill, 2004; Culley 2013).

The complex intersection between dominant social norms; health, socio-economics as well as individual agency have been shown to influence people's reproductive decision-making. The politics, policies and morals that form cultural and social normatives are as diverse as their geographic locations, therefore care has to be taken in generalising data from one country, or geo-political, area to another (see Williams and Heighe, 1993; Knijn et al., 2006; Waren and Pals, 2013). The chapter ended with an appreciation of the different factors that affected older childless people's fertility decisions. The next chapter examines ageing and the lives of older men.

## **Chapter Three:**

### **Ageing and male involuntary childlessness**

#### **3.1 Introduction.**

This chapter reviews the literature surrounding ageing in the light of older men's experience of involuntary childlessness. To do so I draw on material from demography; family; gender; public media; gerontology; masculinity; and sociology. This provides a conceptual framework for understanding the current knowledge surrounding ageing and involuntary childlessness, and men's involuntary childlessness in particular. In the following section, I explore the demographic context in relation to ageing and childlessness and discuss, briefly, the population trends of Britain and Europe. I then consider the literature concerning ageing and gender and this leads to a focus on men, ageing, and masculinity. I then examine the literature on familial and wider social relationships and, in the sixth section I discuss the chapter as a whole. The final section of this chapter draws together the insights gained from both literature review chapters to demonstrate the justification, relevance, and approach of this thesis. The chapter ends with a reprise of the research questions.

#### **3.2 Ageing.**

The study of ageing, its causes and effects, has been the subject of study for thousands of years (Laslett, 1989; Thane, 2005). Over the past half a century theories about ageing have developed from the study of the economic, demographic, and social aspects of older peoples lives to approaches such as the political economic perspective, feminist, life course, continuity and humanist perspectives. In addition to the institutional, socio-cultural, and economic processes, ageing research now also draws on individual biographical experience,

gender, culture, and race. Taking this view shows that the timing of events, roles, expectations, and age are central in understanding the lives of involuntarily childless older men in the context of their interaction at micro, meso, and macro environmental levels (Portacolone, 2011: p.9).

Childlessness has been often portrayed as a recent phenomena with many social scientists, and demographers taking the 1950's as the analytical point of family change (Dykstra, 2009). Demographers propose two transitions over the past two hundred years. The first lasted from approximately the 1800's until 1930's and the second in the mid-1960's (Aries, 1980; van De Kaa, 2002; Sobotka, 2004; Kneale et al., 2009; Bottero, 2011). The two transitions were separated by the 'baby boom' period between the 1940's and early 1960's. However, that title is a misnomer: the steady decline in birth rate halted and the birth rate moved above replacement level. In Britain, there were two separate waves, the first between the late 1940's through to the early 1950's and the second in the early 1960's (Phillipson, 2013: p.82). The people who formed those post Second World War cohorts have experienced, compared to earlier generations, a very different life (Arber et al., 2003a). For example, they experienced: the decline in marriage and increase in divorce, the increase in the average age of first birth, new forms of kith and kin relationships, the availability of reliable contraceptive methods, new reproductive technologies, legalisation of homosexuality, equality legislation, digital technology, global economics, and the increase in women's access to higher education and economic autonomy (Arber et al., 2003a; Sobotka, 2004; Bottero, 2011).

Recent reports have projected there will be over a million people aged 65 and over

without children by 2030 (Pickard et al., 2012; McNeil and Hunter, 2014). However, the proportion of men in that figure is hard to judge as Pickard et al., (2012: p.536) define 'childlessness' as an 'absence of surviving child'. McNeil and Hunter (2014) combine Pickard's et al.'s (2012) study and Office for National Statistics (ONS, 2009) data without noting that the ONS do not record men's fertility history (Appendix Two). Nevertheless, given that men's age of mortality has increased, there is a case that there will be more men living longer lives without having children. This has implications for the provision of health and social care in later life, given that most informal care for older people is undertaken by their adult children, usually daughters (Pickard et al., 2009).

Following the financial crash of 2008, the shifting trends of global economics, demographics, politics, and international and domestic migration, have seen an intensification surrounding the problematisation of 'ageing' by institutions (Phillipson, 2013: p.2). Consequently, governments, policymakers, and social planners have had to reflect on the contemporary situation in order to address planning and policy implications regarding the needs and wishes of an ageing population. Policies have focussed on 'active' and 'successful' ageing in an effort to reduce peoples' susceptibility to chronic co-morbidities as they age and sustain independence and quality of life in later life (Pike, 2011). Physical activity is seen as a key in 'active' ageing and motivates people to participate in exercise or physical exercise classes (Chodzko-Zajko et al., 2009). Kruse (2012: p.12) contends that 'active' ageing is related to 'productivity' but extends the definition beyond labour, voluntary or material activities to include 'intellectual, emotional and motivational expressions of productivity'. 'Successful' ageing is mostly associated with Rowe and Khan's (1997) tripartite model that defined 'successful'



as, 'low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life'. In doing so they portrayed ageing in a 'preventative framework' accessed through modifications to individual behaviour (Phillips et al., 2010: p.209). 'Successful' ageing may be summarised as the combination of active social engagement, wellbeing, absence of ill health, and maintenance of functionality (Rowe and Khan, 1997; Bowling and Dieppe, 2005; Ray, 2013). However, Bowling and Dieppe (2005: p.1550) argued that the biomedical model has dominated the paradigm to the detriment of sociological, psychological, and lay perspectives. The latter often reporting themselves as happy and well even with co-morbidities (Bowling and Dieppe, 2005: p.1550).

Members of the UK 'boomers' generations have lived through periods of economic uncertainty, the rise of neo-liberalism, and 'new' lifestyle identities, of mid- and older life (Gilleard and Higgs, 2000; Arber et al., 2003a; Gilleard and Higgs, 2005). However, Arber et al., (2003a: p.2) contend that these representations are not based on the understanding of older people themselves but extrapolated from large statistical data sets and the general media. Ginn and Arber (1995: p.1-3) argued that ageing and gender need to be understood not only in relation to social change and age related life course events, as above, but also through biography, social history, class, and race (McMullin, 1995; Heaphy, 2007).

### **3.3 Ageing and gender.**

Appreciating the complexity of ageing in this way allows analysis of how involuntary childless men experience ageing in midlife and later life. Furthermore, it allows that individual experience and navigation of age related transitions might

vary, in different ways, to the normative trajectory. Few sources of literature specifically define and/or theorise ageing (Simpson 2011, Phillipson, 2013). I follow Arber and Ginn's (1995: p.5-8) view of ageing as the relationship between the structural/material and symbolic/discursive dimensions of existence. Moreover, I follow Arber and Ginn (1995: p.7-12) and Simpson (2011: p.38) in viewing ageing as the dynamic interaction between chronology, physiology, and social relationships. Chronology denotes the major ideas regarding time passing and is referenced by the structural positions associated with being, for example, 18, 21, 65, or 100 years old. Physiological ageing signifies the physical ageing of the body and its changing functional capacity. Social ageing relates to transitions in the life course, which are affected by the dynamics of age, class, gender, sexuality, and race. Neugarten linked temporal social structures and cultural norms to how an individual negotiates various age related transitions (Neugarten et al., 1965; Neugarten, 1974; Neugarten and Hagestad, 1976). She drew on demographic and sociological concepts to distinguish the stages of later life: 'young-old' (55-75 years), and 'old-old' (over 75 years) through age, health, and activity (Phillips et al., 2010: p.213). Neugarten argues that as an individual moves across age-based stages they may, or may not, comply with socio-cultural expectations and, as a result, may feel 'on' or 'off' time. For example, the timing of entry and exit of employment affects a person's sense of self (Grenier, 2012: p.55-6).

Laslett (1989) contended that the life course is defined by concepts that relate demography, biomedicine, chronology, and stages of life. The stages are: 'first age' – childhood; 'second age' – adulthood; 'third age' - ageing; and 'fourth age' - decline. The 'third' age described a new period in the life course that was synonymous with freedom, choice, opportunity, potential, and 'successful' ageing.

The fourth was linked to 'dependence, decrepitude and death' (Laslett, 1989: p.4). When the third and fourth ages begin and end is subject to on going debate with the portrayal of the fourth age as one of unavoidable frailty and dysfunction being particularly contentious (Gilleard and Higgs, 2000; Gilleard and Higgs, 2010; Grenier, 2012). The interactions between the chronological, physiological, and sociological dimensions allow that ageing is uniquely experienced and that individuals may not follow the temporal markers that are associated with socio-cultural normatives. This lends weight to the argument that ageing and later life are part of an entire life course, and not a distinct period of 'being old' constructed by chronological social mandates (Grenier, 2012: p.20).

A major limitation of ageing research of the mid-to-late 20th century was the invisibility of gender (Arber and Ginn, 1991; Ginn and Arber, 1995; Arber et al., 2003a). Estes (2005) argued that gender is fundamental to both individual agency and social structure over the life course:

'Gender is a crucial organising principle in the economic and power relations of the social institutions of the family, the state and the market, shaping the experience of old age and ageing and the distribution of resources to older men and women across the life course.' (Estes, 2005: p.552)

Connell (2009: p.11) defines gender as 'the structure of social relations that centres on the reproductive arena, and the set of practices that bring reproductive distinctions between bodies and social processes.' West and Zimmerman (1987: p.130) conceptualised that, although people have many social identities, men and women are 'doing gender as an on going activity embedded in everyday action'. Therefore, 'doing gender is unavoidable' (West and Zimmerman, 1987: p.145) and

is continuously evoked and shaped through the interaction between the individual and their social environment. Although gender had been increasingly acknowledged in research between the 1970's and 1990's, it tended to be 'added on' as a variable without being incorporated into any theoretical perspective (Kohli, 1988; Arber and Ginn, 1991; McMullin, 1995; Krekula, 2007). Since the 1970's the majority of social relations and identity theories have been dominated by structural and poststructural theories. The former influenced the theoretical perspective of critical gerontology to concentrate on how structural disadvantage was produced through political and socio-economic factors. For example, retirement or reduced access to economic resource in later life resulted in losses that shaped social relations and identity (Bury, 1995; Vincent, 1995). However, critical gerontology has been criticised for concentrating on larger structural forces that shaped ageing, and missed the cultural and symbolic dimension of ageing. The poststructuralist approaches theorised that ageing, gendered, sexual identities, and relationships were formed more through discourse than social structure (Butler, 2004a; b; Simpson, 2011). A central theme was the negotiation of the heterosexual/homosexual binary (Butler, 2004c: p.34), which privileged the former identity and occluded the latter. However, such a perspective risks minimising actors agency by not acknowledging their capacity to form gender identity through experience and 'critical thought and practice' (Simpson, 2011: p.24).

In recent decades 'late modernist' theories propose that, in post-industrial societies, the life view has changed to one of 'individualisation,' where people shape their own biographies through an emphasis of self-actualisation (Giddens, 1991; Beck, 1992; Morgan, 1999; Brannen et al., 2004). In this perspective, both the socio-economic and the discursive are seen as resources for the constant

redefinition and expression of identity and ways of relating. Gilleard and Higgs (2000: p.4) highlight the increase in longevity and affluence across all classes have resulted in highly distinct 'cultures of ageing' (Gilleard and Higgs, 2000) that challenge the idealisation of youth and the stereotypical view of midlife and later life as one of increased social withdrawal. The concept of different cultures of ageing reflects involuntarily childless men's different experiences of ageing: the pronatalist norm for heterosexual men, the heteronormative for gay men, and from each other. This perspective opens up the possibility of fluidity in the way actors reconfigure their identity and ways of relating as they age. However, Simpson (2011: p.51) highlights that this approach neglects those without the economic or cultural capacity to engage in life choices. Consequently, I view gender as the relationship between social context and the individual and not the sole property of either: 'We make our own gender, but we are not free to make it however as we like' (Connell, 2009: p.74).

One aim of my thesis is to understand the interaction of structural (socio-economic), cultural (poststructural), and reflective (late modernity) elements and the effect these have had on the participants ageing identity and relationships. This view is supported by recent arguments in the direction of critical gerontology. Holstein and Minkler (2007: p.18) argued that critical gerontology's focus on 'sociostructural forces' had ignored the experience of individuals stating that 'Agency unnoticed is agency denied'. They went on to recommend the use of different perspectives and methodologies in ageing research (Holstein and Minkler, 2007: p.18). Taking such an approach would acknowledge the way social actors perceive the organisation of their social world and hence the subjective experience of the individual (Blaikie, 2010: p.171). The approach suggested by

Minkler and Holstein (2007) informs this study by drawing my attention to the interplay between social structures and individual agency and how these informed the participants' experience of ageing as involuntarily childless men. In doing so I also draw on the life course and biographical approaches, and also acknowledge the influence of feminisms in the methods used. These are discussed in the following chapter.

Sociological theories since the Second World War had been much influenced by functionalism (see Parsons, 1942; 1943; 1949; 1956). This perspective viewed people as individuals that fitted institutional roles: work for men and domesticity for women. The transition that retirement brought for men was seen as problematic whereas women's roles were not seen to change significantly with age. More recently, the influence of the political economic perspective and feminist approaches led to a shift in the 'problem of old age' (Russell, 2007: p.176) from androcentric in the mid-20<sup>th</sup> century to focussing almost exclusively on women in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. One effect of that shift was to portray older people, the vast majority being women, as a problem group that placed an increased demand on resources because they lived longer, had high chronic co-morbidities, received more state benefits, and occupied the majority of the home care sector (Arber, 1991; Fennell and Davidson, 2003; Arber et al, 2007). The greater population of older women, and the faster reduction in female mortality, led Arber and Ginn (1991: p.9) to postulate the 'feminisation' of later life. Moreover, van den Hoonaard (2010: p.27) argues that widowhood has become a feminised space associated exclusively with women due to men's lower age of mortality, widowers high rate of remarriage, and the prevalence of widows following both World Wars (see Nicholson, 2007; 2012). Ageing was therefore, essentially an

experience of women (Leontowitsch, 2012; 2013). Gibson (1996: p.434) argued that older women had been seen as disadvantaged and the strengths they bring to later life had been missed. For example, forming and maintaining social networks over the life course and experience of the informal economy (Gibson, 1996: p.436). Feminist scholars recognised that men and women's experience of ageing was shaped in relation to each other as well as intersecting with the power issues of other social categories such as sexual orientation and class (Calasanti and Slevin, 2001: p.3).

The absence of older men in both ageing and gender research literature in the late 20<sup>th</sup> century was exacerbated by the following views: that older men tended to die at a younger age than women, were reticent in accessing health professionals when ill, and partner-less older men were more likely to be placed in residential care compared to lone older women (Arber et al., 2003a; Perren et al., 2004; Arber et al., 2007). Knodel and Ofstedal (2003) suggest that the 'misery' perspective has become embedded in policy as a 'one-sex view of gender' (Knodel and Ofstedal, 2003: p.677). For example, the 2002 'World NGO on Aging' (Global Action on Aging, 2002: p.4) emphasised that 'elderly women must be given special protection in order to defend their rights' with no explicit reference to men (Suen, 2011: p.73). Consequently, embedding of the 'misery' perspective of women into conventional understanding of later life helps add to the invisibility of older men. Suen (2011: p.74) argues that Knodel and Ofstedal's (2003) research demonstrated the means to how men are absented from policy and resource recommendations.

### 3.4 Masculinity and Ageing.

The recent focus on older women in ageing research has highlighted the paucity of contemporary research literature work on men's experience of ageing and later life (Leontowitsch, 2013: p.226). For example, the *Handbook of Studies on Men and Masculinities* (Kimmel et al., 2005) has no reference to age, ageing, grandfatherhood and only one small paragraph on infertile men by Sabo (2005: p.337). The absence of men and masculinity from ageing research was first raised by Thompson (1994). He suggested not only were gerontologists and social scientists not interested in older men, but biomedical researchers were only interested in the causes of older men's early mortality (Russell, 2007: p.176). Furthermore, Thompson (1994: p.8) contended that gerontologists had 'inadvertently homogenised elders to make older men genderless'. Moreover, Hearn (1995) argued:

'Older men are also defined by virtue of their earlier death than women. Older men are constructed as pre-death. They are relatively redundant, even invisible, not just in terms of paid work and family responsibilities, but more importantly in terms of life itself.' (Hearn, 1995: p.101)

Thompson (1994; 2006) identified several reasons for older men's invisibility in research literature. He noted that sociology generally tended towards researching the disadvantaged with the political economic perspective focussed on disadvantage and ageing as residual categories. The assumption was that of the relative comfort of older men's lives - being economically stable, typically married with no mortgage, recipients of spousal care - led to men not being considered as worthy of investigation or as a group in need of emancipation (Calasanti, 2004; Leontowitsch, 2013). However, critics of the political economic perspective approach have pointed out that important changes such as the increase in



occupational pensions, women's employment, improvements in health and social care, and the increase in men's life expectancy, had not been taken into account (Gilleard and Higgs, 2005; Leontowitsch, 2012; 2013). Nonetheless, the effects of exclusion, inequalities, and poverty are still prevalent in later life (Leontowitsch, 2012; 2013). Moreover, there are other reasons that contribute towards men's absence: Suen (2010) proposed that older men are socially reticent and, therefore, difficult for researchers to access. Moreover, Russell (2007) and Leontowitsch (2013) suggest that the purposeful selection of participants, 'theoretical sampling,' contributed to the absence of men in research. For example, recruitment is often from settings such as residential care facilities that are heavily populated by women and subsequent findings frequently presented as the experiences of 'residents' (Russell, 2007: p.187). The relative absence of men from ageing research reflected both developments in sociological and gerontological research and the tradition of researching the disadvantaged (Leontowitsch, 2012: p. 105).

Hearn (1998: p. 768) highlighted that in both social 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.93) reflected on how, in sociological studies, researchers adopted the view that 'men were there all the time but we did not see them because we imagined that we were looking at mankind.' Feminist's subsequently called for 'naming men as men' (Hearn, 1998: p.783): as gendered social objects not gendered objects (Hearn, 2013: p.31). Acknowledging that 'men are both a social category formed by the gender system and dominant collective and individual agents of social practices' (Hearn, 2004: p.59) is a key conceptual framing in this study's examination of men's expectations, and experience, of living through a period of great cultural, social, and economic change.

The notion of naming men as men arose from the feminist movement of the 1960's and '70's. Early theories of masculinity were based on the Sex Role theory (Connell, 1995: p.22), which linked social behaviour to one's biological sex (biological determinism). Theories of masculinity based on models such as Brannon's (1976) were criticised for their reductionist nature and failure to account for social categories such as age, class, race, and sexuality (Connell, 1995: p.22). Kimmel (1994: p.120) challenged the biological determinism of such male sex role models and emphasised that 'Manhood does not bubble up to consciousness from our biological makeup: it is created in culture'. He argued that masculinity was a dynamic set of meanings that changed with the relationships men had 'with ourselves, with each other, and with our world' (Kimmel, 1994: p.120). Furthermore, he addressed a major criticism of sex role theory – the issue of power. He proposed that the Western hegemonic masculine ideal rested on men being 'in power' 'with power' and 'of power' (Kimmel, 1994: p.120). Kimmel (1994: p.125) defined manhood as attributes of: capability, control, reliability, success, and strength. However, as only a fraction of men achieve the dominant ideal most men 'often feel *powerless* rather than *powerful*' (Bennett, 2007: p.350. Original italics). Gender, explains Kaufman (1994: p.144), is the 'description of actual social relations of power between males and females and the internalization of these relations of power'. Connell (1995: p.26) emphasised that sex role theory has difficulty in accounting for the dynamics of, and power in, social relations and gender identity, because of its reliance on differentiation. Connell (1995, 2000, 2005, 2009) suggests that the gender order consists of hegemonic, subordinated, marginalized, and complicit masculinities. Connell (1995) defines hegemonic masculinities as:

‘the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees ... the dominant position of men and the subordination of women’. (Connell, 1995: p.77)

However, ‘hegemonic masculinities’ has been criticised for essentialising men into a static and limited typology and not reflecting ‘the ever-changing social strategies’ (Inhorn, 2012: p.45) of men’s performance of gender. Moller (2007: p.266) contends hegemonic masculinities restricts the understanding of masculinity to specific framework of ‘domination, subordination, and oppression’. For example, studies reporting on ‘hegemonic masculinities’ have focussed on power and structure and not accounted for the ways physicality and embodiment interact with gender practice over the life course (Calasanti, 2004; Calasanti and King, 2005; Atkinson, 2011; Inhorn, 2012). As Kaufman (1994: p.152) deduces, ‘there is no single masculinity or one experience of being a man’.

Tarrant’s (2010; 2012b; a) examination of the intersection between masculinities and the change in roles from mid-life onwards, highlights that although men attempt to discursively achieve the masculine ‘hegemonic ideal’ they seldom do so. Calasanti (2004) argues that this dominant ‘ideal’ - associated with aggressiveness, competitiveness, independence, virility, wealth and physical strength – is confounded by the construct of old age as associated with loss of control, independence, and strength. Consequently, older men are viewed as ‘other’ even if in every other aspect they reach the masculine ideal (Calasanti, 2004: p.307). Spector-Mersel (2006: p.78) proposes that older men in the West ‘struggle to construct legitimate personal identities’ because the ‘hegemonic masculinity scripts’ – the cultural-specific life narrative key-plots that provide men a

framework to draw on – have been truncated by the focus on youth and middle-age. As Gergen (1992: p.132) noted ‘each gender acquires for personal use the repertoire of potential life stories relevant to their own gender.’ A central theme as an individual ages is how they perceive themselves, how they view themselves in relation to their social institutions, and other actors (Barresi, 2006; Hendricks, 2010). The intersection of a person’s differences and similarities with others, and their relation with the social environment, directly influences their experience of the self. Sense of self comes from social participation, experiences, and social resource: no aspect of personal agency is isolated from social practices, group membership, or structural conditions. Moreover, social resources such as class, gender, and education are essential to how people perceive themselves and how others perceive them. Although these sources may benefit self-identity they may also constrain, deny, exclude or isolate (Hendricks, 2010: p.256). Self-identity is fundamentally a social construction gendered within behaviours governed by social and cultural processes (Arber et al., 2003a: p.4). As the societal environment in which ageing occurs changes, then so will expectations of self, by self and others, regarding self and self-concept (Hendricks, 2010: p.255). For example, the transition from being employed to being retired has been seen as a challenge to a man’s masculinity by the removal of his breadwinner/provider status (Phillipson, 1999).

In a world where the configurations of self change over time, identities are not fixed but are self-gained from experiencing relational networks and self appraisal compared against paradoxically fluid and normative expectations (Barresi, 2006). Biggs (2004) argues the case for the use of both ‘masque’ and ‘narrativity’ in the understanding of self-identity (Biggs, 1999; Estes et al., 2003). Recently the

images and roles of ageing are increasingly ranging from the stereotypical labels of decrepitude to the denial of old age through commercialisation, medicalisation, and technology. Thus there is a fixed/fluid state in which the performance of identity has to be negotiated (Biggs, 1999). The performance is related to the present through the utilisation of existing societal scripts and images (personal history and experience) to adapt both social and self-identity. The 'mask of ageing' (Featherstone and Wernick, 1995: p.7) describes the contrast between an ageing physicality and an 'inner' younger voice. The fixity of the body and fluidity of social change, requires a masque in order to allow both social engagement and to appraise, and allow adaption to, self-identity (Biggs, 1999: p.80). Narrative provides control over how we present what we are, what we may become and how we are represented as in any given situation. Narrativity, and masque, bridges the gap between the negative social construction of old age and the positive potential in later life. Thus ageing identities are layered between the inner and outer self, with different ageing narratives at different levels of the psyche, and appropriated for operating in diverse settings (Biggs, 2004: p.57). Nonetheless, Spector-Mersel (2006: p.78) argues that Western men do not have the social scripts that 'take into account the elemental and inevitable human fact of aging' and as a result struggle to construct legitimate personal identities. However, Thompson (2006: p.635, p.643) described young American adults as reporting a positive perception of older men related to grandfatherhood and sagacity. That positive view of late life is an important challenge to Spector-Mersels (2006: p.68) argument that Western male cultural life course scripts end in late middle age. However, the association between the positive role and grandfatherhood indicates a continuation of the heteronormative pronatalist ideal.

The contemporary focus on the young body has challenged the value of older men as experienced and powerful (Hearn, 1995; Calasanti, 2003; Heaphy, 2007). The image of older people and old age is frequently constructed through stereotypes of frailty, ill health, dependence, and shabbiness (Featherstone and Wernick, 1995; Hearn, 1995; Tarrant, 2010; Shirani, 2013). Older people have been viewed as sexless with older men reduced to genderless and generalised as 'old' (Thompson 1994; Spector-Mersel 2006; Nilsson, 2013). Walz (2002: p.100) suggested that older people are not presented as attractive with older men frequently viewed as 'sexually driven, but also sexually inappropriate and/or sexually impotent'. Although Bytheway (1995; 2005; 2011) has long argued that chronological age does not necessarily equate with subjective health or age, much research suggests that there is a cultural perception that old age is associated with decline in physical and mental functionality (Gulette, 1997; Shirani, 2013). With older men viewed as less masculine than younger and middle aged men, Nilsson (2013: p.59) reasoned that 'To age is to change and this also relates to how masculinity is performed'.

Theories of masculinity have unswervingly highlighted income generation as a central feature of masculine identity (Morgan, 1992; Connell, 1995; Mann, 2007). For older men, roles that help define their sense of identity may switch from the activities associated with traditional provider and public interaction to involvement with closer family ties (Arber et al., 2003a: p.6). For example, in the late 1980's, Young and Schuller (1991: p.130) found older working men class men in London, on exiting the workforce, became more involved in the home as women increasingly worked outside the home. The change in roles had given rise to a 'new kind of family' that 'stood apart' from the economy and centred on the

importance of grandparenthood (Young and Schuller, 1991: p.140). Young and Schuller (1991) capture the significance of kith and kin relationships, for men, in the transition from the traditional provider role. Moreover, empirical studies report that, in later life, men's needs focus on actions and activities based on 'doing something useful' (Davidson et al., 2003b: p.84). For example, American men aged over 65 years, and living alone, viewed part-time work as providing both financial gain and 'something to do' (Rubinstein, 1986: p.17). Furthermore, the loss of work-based friendships had been keenly felt. However, in retrospect, this was not seen as a severe loss as the men's working life achievements were then deployed in the men's post-work identity (Rubinstein, 1986: p.19). Similarly, Nilsson et al.'s (2011: p.67) study found that retired, unmarried, and childless Swedish older men identified themselves through a narrative of 'what I have done is who I am'. In doing so they drew on their past midlife working life skills and experiences rather than their current retired status. However, Young and Schuller (1991: p.146) observed that men who had exited work and recently lost their partner, whether through divorce or bereavement, found the 'double bereavement' difficult to adjust to.

### *Bereavement*

Loss of a partner has been shown to be highly gendered experiences: widowers tend to remarry quickly following bereavement whereas widows are more likely to live alone for many years (Davidson, 1998; Ray, 2000; Bennett and Soulsby, 2012). The timescale for the effects of bereavement have often been seen as two years, with effects after that period frequently not associated with spousal loss (Bennett and Soulsby, 2012: p.322). Bennett (2003: p.413) identified that both widows and widowers believed that bereavement was harder for men. Men

believed that widows coped better because they had better domestic and social skills and were confident in expressing their feelings - something the men had difficulty doing (Bennett et al., 2003: p.413). In her study of 25 widows and 26 widowers, aged between 65 – 92 years, Davidson (1998; 2001; 2002), outlined the different widowhood experiences of men and women. Davidson's (1998) study, framed within symbolic interactionism, involved participants born before 1930 and the attitudes they expressed reflect the normative roles of the time. For example, women learned in childhood that looking after men was a key factor in being a 'good wife' (Davidson, 1998: p.36) reflecting the criteria of the nuclear family. Widowers did not see bereavement as 'freedom' but were lost without the routine of married life - demonstrated in the reduction of external activities such as shopping and gardening, and increase in domestic activities such as housework (see also: Bennett and Morgan, 1993; Bennett, 2005). Widows tend not to re-partner through intrinsic factors: their dead spouse can never be replaced, freedom from permanent carer role, and reluctance to lose autonomy (Lopata, 1981; 1996; Davidson and Fennell, 2002; Bennett et al., 2013). Whereas widowers saw a new partner not as a 'replacement' but someone they could love and care for 'in addition to' their previous relationship (Davidson, 2002: p.55). Davidson (2002 p.45) identified Living Apart Together (LAT) relationships as a pragmatic response to the different needs of widows and widowers. The LAT relationship has been reported as growing in popularity from the 1970's, with de Jong Gierveld (2003; 2004) arguing that, for older adults, the benefits are twofold: firstly, older adults may be reticent in forming a new joint household following their previous experience, and secondly, older adults prefer to retain existing social networks and close relationships (de Jong Gierveld, 2004: p.242). Widows tended to view bereavement as a form of liberation while widowers viewed it as a loss (Davidson,



2001: p.309). Davidson (2001: p. 315) highlighted that the traditional roles, where men were socialised to be independent, and women to be nurturing, were reversed in later life. However, this was associated with older parents, who, as their children matured into adults, could reclaim the repressed aspects of themselves (Davidson, 1998; Huyck and Gutmann, 2006: p.29; Inhorn, 2012).

Davidson's (1998; 2001; 2002) work is significant because she demonstrated the gender differences in widowhood and contested the dominant narrative of decline and misery associated with widowhood. She highlighted both the challenges and rewards that moving from 'couplehood' to 'singledom' entailed. On the one hand, there is the challenge of taking on unfamiliar tasks and, on the other, there may be a sense of newfound freedom. Before Davidson's (1998; 2001; 2002) groundbreaking work, most material regarding widowhood and bereavement in later life had focussed on women and concentrated on how people adapt to their bereaved state (Bennett et al., 2003; Chambers, 2005; van Den Hoonaard et al., 2012). The overall focus of research on women's experience of later life highlights the few studies that explore men's experience of later life. Two researchers have recently published studies on men's experience of widowhood: van den Hoonaard (2007, 2010) and Bennett (2003, 2005, 2007, 2013). Both researchers findings supported Davidson's (1998) conclusions, however, both identified their participant's performance of masculinity as central results. Both van den Hoonaard (2010) and Bennett (2007) found widowed men initially drew on traditional masculine scripts of success in control, independence, provider, and strength, in respect to their public actions (see also Calasanti, 2004; Meadows and Davidson, 2006). In private, the widowers struggled to resolve the powerlessness of their emotional experience with their understanding of the masculine staples of 'control,

strength and capability' (Bennett, 2007: p.349). Bennett (2003, 2007) argued that older widowed men 'reconstruct their sense of manliness through emotional expression' using different narratives in public and private locations (Bennett, 2007: p.355). The men's emotional struggle connects to Biggs's (2004: p.54) concept of 'Masque' where the presentation of an outer identity facilitated a difficult process of adaption to form an acceptable inner self-identity. Van den Hoonaard (2010: p.6-7) proposed that her participants followed Coles (2008) poststructuralist concept of 'mosaic masculinities'. In this understanding of masculinity, men adapt parts of ideal hegemonic masculinity to form their masculine identity (Coles, 2008: p.238).

### *Grandfatherhood*

The complexities involved in negotiating ways of being a man in mid-and later life were highlighted by Davidson et al., (2003a):

'An important and potentially paradoxical new role for older men is that of grandfather. It is paradoxical because, on one hand, men may be exhibiting a "gentler", more nurturing relationship with a grandchild than they had with their own children but, on the other hand, may still be viewed and view themselves, as having the traditional role as "sage" or "wise man".' (Davidson et al., 2003a: p.178-9)

In contemporary families grandparents increasingly occupy an important role in providing care and, on average, there is a greater number of older adults (typically in their early to mid-fifties), being grandparents, for longer, to fewer children (Timonen and Arber, 2012: p.3). Mann (2007: p.286) argues that there has been a 'matrifocal tilt' in family studies with the 'maternal grandmother-grandchild dyad' viewed as central to the family. This familial dynamic has supported the

'emotional' and 'instrumental' gender role models. As a result, the little work on grandfatherhood has reinforced the marginalised status of men as distant and not interested in grandfatherhood. However, contemporary studies have highlighted the contradictory and complex role of grandfatherhood. Tarrant's (2010; 2012b; a) UK based qualitative study of 31 men, aged between 51 to 88 years, highlighted a fluid and diverse range of grandfathering practices. Tarrant's (2012) participants demonstrated 'soft' and 'sage' characteristics and indicated they performed more care and nurturing activity than they had with their own children. Furthermore, family re-structuring, for example, through divorce, highlighted how grandfathers were proactive in maintaining and/or developing intergenerational relationships (Davidson et al., 2003a; Ando, 2005; Chambers et al., 2009; Tarrant, 2012a; b). Tarrant's study (2012) demonstrated the importance of both relationships and roles for men in mid and later life and followed both Sculler and Young (1991) and Davidson's (2003a) observation. Moreover, that the men drew on their accumulated experience and knowledge to perform their role links to Nilsson's (2011) reflection that retired childless men identified themselves through their former working identity.

### **3.5 Family and social relationships.**

The functionalist concept of the nuclear family became the accepted model of family relationships until late in the 20<sup>th</sup> century. In this model, each family member had differential but complementary duties inside and outside the home, with men in instrumental roles (breadwinner) and women in 'emotional' (housewife) roles (Allan and Crow, 2001; Mann, 2007; May, 2011a). ). As a result the 'conjugal bond' (Haralambos et al., 2008: p.475) – the strength of the relationship between husband and wife - was central to the functionality of the family and, therefore,

society. Marriage was the only form of legitimised union and bestowed social status, acceptance, parenthood, commitment, and reinforced heteronormativity: other types of relationship were judged on a continuum from inferior to deviant (Holden, 2007; Chambers et al., 2009: p.39). Same-sex relationships were cast as a threat to heterosexuality and the family idyll by political and religious authorities. Many gay men and women fashioned their relationships with family, friends, and colleagues by passing themselves as heterosexual (Rosenfeld, 2003b: p.2-3). The stigmatisation and discrimination experienced by non-heterosexuals resulted in the invisibility of their relationships (Rosenfeld, 2003; Porche and Purvin, 2008; Chambers et al., 2009). The 1960's and early 1970's is seen as one of the most important times in lesbian and gay history as it marked the transition from 'passing' as heterosexual to an openly public and political homosexual identity (Rosenfeld, 2003: p.9-10). Based on his mixed-methods study of gay people aged over 50, Heaphy (2004; 2007; 2009) highlighted that inequalities in class; gender; race; economics; social and cultural resources meant that intimate and wider social relationships were complex and 'unevenly reconfigured' in later life (Heaphy, 2007: p.208; Simpson, 2013). However, some found that their self-made communities and networks provided mutual support and a strong sense of belonging and commitment (Heaphy, 2007: p.205).

### *Marriage*

The level of social interaction in later life is important because isolation and loneliness are related to poor health and well being (Phillipson, 2004; Davidson, 2006; Scharf and Bartlam, 2008; Baars et al., 2013). In an analysis of the UK General Household Survey of men and women aged 65 and over, the authors explored how gender and marital status interact with material and social

inequalities (Arber et al., 2003b). They found that older men and older married women were the most advantaged in terms of both material capital and social interactions. Widows were found to be materially disadvantaged, compared to married women in respect to mobility as the majority of the latter had access to a car (Arber et al., 2003b: p.164). However, widows and married women had similar levels of social interaction with friends, neighbours, and relatives. In comparison, widowers were shown to be less likely to either visit or host relatives or friends or speak with neighbours. The loss of a partner through death or divorce has highlighted the 'protective effect' of marriage. Nonetheless, the level of reciprocity is an indicator of satisfaction not marital status in itself (Hank and Wagner, 2013: p.649). Divorced older and never married men were disadvantaged both materially and in terms of social contacts. Divorced women were also materially disadvantaged but had comparable strong social links with family, friends and neighbours as married women and widows. Arber et al., (2003b: p.165) concluded that divorced older and never married men were more susceptible to social isolation and, because of their lack of social resource, vulnerable to early entry into residential care.

The analysis of Arber et al., (2003b) did not provide data on the affect childlessness had on material and social inequalities. However, a recent European survey on older people's wellbeing found that the childless, generally, did not fare worse than parents either economically, psychologically, or socially (Hank and Wagner, 2013). Furthermore, the importance of adult children in the provision of support in later-life was demonstrated in the SHARE European study (Fokkema et al., 2008). The majority of European later-life families are characterised by having a child nearby; being in frequent contact with at least one of their children; having

strong family care obligations; and regular exchange of help in kind from parents to children (Fokkema, et al., 2008). Although daughters are widely seen as the main sources of care, some studies report that sons give as much emotional and financial support and help in accessing services. However, they are less likely to assist with 'hands on' situations (Davidson, 1998; Chambers, 2005). Phillipson (2004) highlighted that older people generally have small personal networks that consist of a few very close, or significant, support contributors. Although many of the networks are categorised as family-centred, they consist of couples (Phillipson, 2004). This supports the contention that there has been a historical shift away from the family as 'the site of intimacy' to the norm of the 'good relationship' of coupledness (Jamieson, 1998: p.136) . Moreover, men are more likely to have very small networks of one person or less: 5% compared to 2% of women (Phillipson et al., 1999; 2001). It has been argued that the reduction in network size is because men switch from ties that provide instrumental support in their early adult/adult years to ties that provide emotional support in their later years (Carstensen, 1992; Thompson and Whearty, 2004).

It is now widely accepted that older women, irrespective of marital status, are more likely to have a wider range of kith and kin in their network than older men. Older men especially see their partner as a primary source of care and support (Wenger et al., 2007: p.1449). Childless married men are particularly dependent on their wives social networks (Knipscheer et al., 1995; Wenger et al., 2000; Wenger et al., 2007). Furthermore, women report receiving more support and benefiting from personal interaction (Scott and Wenger, 1995; Davidson, 2004; Chambers et al., 2009). De Jong Gierveld (2003) found loneliness differs between men and women who live alone: the former were more likely to be lonely than the latter. Never

married men reported the highest rates of loneliness while never married women had the lowest with the difference attributed to relationship history, social, and socio-economic resources (de Jong Gierveld, 2003: p.107). In a study of older people's networks in the Netherlands, Knipscheer et al., (1995) found that, excluding partners, kin were the most important, with children the foremost, followed by daughters/son in-law; brothers/sisters in-law; siblings, cousins; nieces; and nephews. In terms of non-kin the most important relationships were neighbours, followed by friends, and then fellow associates of organisations, acquaintances, and former work colleagues (Phillipson, 2004: p.43-4). Many researchers report that, after the spouse, adult children are the most likely to provide care and support to older people (Connidis and McMullin, 1993; van Tilburg, 1995; Campbell et al., 1999; Phillipson et al., 2001; Wenger et al., 2007).

A recent cross-country European study (Deindl and Brandt, 2013) found that extended family and non-kin frequently provide informal help for childless older people but intense care was provided by public service providers. Moreover, childless people are likely to experience a lack of help consisting of non-personal and less intensive support (Albertini, 2011, Deindl, 2013). Furthermore, Albertini (2011: p.20) highlighted that the older childless are not disadvantaged when their health is good but as health deteriorates with age, the informal support declines and the formal care does not compensate for the shortfall. Generally, older childless people have, compared to parents, been viewed as socially vulnerable because of the lack of contact with adult children. However, there is also much literature showing that childless people are not social isolates but form strong ties with lateral kin and non-kin (Townsend, 1957; Dykstra, 1995; Connidis, 2001; Wenger et al., 2007; Albertini and Mencarini, 2011). Childless people develop

close relationships with 'siblings, cousins, nieces and nephews over the life course' (Wenger, 2009: p.1244). Furthermore, when siblings die relationships with nieces or nephews strengthen, whereas parents tend not to have formed that type of relationship (Wenger, 2009). This reflects the concept of weak bridging ties that extend to wider networks with possible access to increased resources, and dense ties that remain in the close network (Granovetter, 1973; 1983; Phillipson et al., 2004a; Borgatti and Halgin, 2011). However, given that women live longer than men the studies may be more reflective of older women's social networks.

Recent technological developments such as the mobile phone and the Internet have had a huge impact on social networks. Benefits include staying connected with kin and non-kin across long distances, for example via Skype. Urry, (2007: p.198) proposes the concept of 'network capital', which is 'the capacity to engender and sustain social relations with those people who are not necessarily proximate.' However, such interactions are different to embodied experiences and May (2013: p.127) notes that intergenerational differences are apparent in how technology is utilised in relationships.

### *Family relationships*

The reduction in family size formed from increased life expectancy and lower fertility rates resulted in a change of family structure, with Bengtson (2001: p.6) highlighting the increased length of intergenerational relationships. A European Commission (2009) survey found there were inadequate community-based opportunities for older and younger people to meet and socialise. The change in demographics during the 20th century led to a 'beanpole' (Bengtson et al., 1990) family structure (also known as 'verticalisation'), with a 'long and thin' (Bengtson,



2001: p.5) shape that consists of increased 'vertical' (grandparent-parent-grandchild) ties and reduced horizontal or lateral (siblings, cousins) ties (Meil, 2006; Dykstra, 2010). This has implications for care in later life, as the traditional reliance on informal care or familial support, usually adult daughters, will be reduced (Phillips, 2007: p.67). The demand on formal care will increase not only by the growing number of childless individuals but also because adult children who are not available. Sociologists have postulated that demographic changes in Western society over the last few decades has resulted in an ideational shift from the 'fatalistic' to 'individualism' (Beck and Beck-Gernsheim, 1995; 2002; Dykstra, 2004), also known as 'the individualization thesis' and the 'de-traditionalization thesis' (May, 2011a). The 'individualization thesis' proposes that Western societies have undergone a seismic shift with traditional social structures such as class, gender, and family losing their significance. Moreover, Beck (1992), and Beck and Beck-Gernsheim (1995; 2002), proposed the loss of the traditional norms had led not only to choice but also risk and danger: individuals had operated in structured traditional kinship, familial ties or commitments but were now constantly required to choose, and negotiate how to live through self-reflexivity (Morgan, 1999; Smart, 2007; May, 2013). Individualisation theory also challenged the importance of chronological age and argued that age was progressively fragmented in late modernity (Mac an Ghaill and Haywood, 2007). Critics of the individualisation thesis have highlighted that it lacks empirical data to substantiate its claims; portrays society and self as separate entities; diminishes relationality and only has a narrow definition of the family (Jamieson, 1998; Weeks et al., 2001; Pahl and Spencer, 2004; Mason, 2011).

In contrast to functionalist family theories that viewed roles as structured by social

determinants, Finch and Mason (1993) promoted the concept of 'negotiation' as a frame for understanding familial interactions (Morgan, 1996; Silva and Smart, 1999; Chambers et al., 2009). Finch and Mason (1993) examined the relationships between adult children and their ageing parents to see how decisions concerning care and support were reached. They found that obligations, roles, and responsibilities were developed over time to form commitments. Familial commitments are formed, moulded, and maintained via the reciprocal parent – child relationship with each commitment being unique between the parties. Cultural rules and social structure may influence familial interactions but the degree to which they did so was variable, not fixed. Morgan (1996; 1999; 2011b) proposed that familial interactions were inherently agentic, flexible, fluid, multifaceted, and interwoven with moral and normative beliefs regarding kinship. Contemporary family relationships were defined more by 'doing family' than 'being family' (Finch, 2007: p.66). Contemporary relational practices of non-heterosexuals have been conceptualised, as 'chosen families' formed by a combination of friends, lovers, and family of origin, where 'family relations, responsibilities, and obligations are increasingly open to negotiation' (Heaphy, 2009: p.122). Morgan (1996) contended that the interaction between the agency of the individual, gender, economics, politics, policy, and ideology, were seen in 'family practices':

'Practices are often little fragments of daily life which are part of the normal taken-for-granted existence of practitioners. Their significance derives from their location in wider systems of meaning.' (Morgan, 1996: p.190)

This viewpoint expanded the concept of familial structures from the traditional biological and/or marital forms that include: reconfigured kin networks, same sex

families, fictive kin, and “personal community networks” (Wellman and Wortley, 1990: p.559). The concept of personal communities indicates how people draw on a convoy of relationships at different points of the life course (Antonucci, 1986; Antonucci and Akiyama, 1987; Allan, 2008). Throughout life, every individual has a ‘social convoy’ that consists of a network of relationships that provide significant resources of support, for example, social, emotional, and financial help. The morphology of social convoys alters as people age with employment, relationship status, gender, and location all seen as ‘major determinants’ in convoy configuration (Davidson, 2004: p.38). Parenthood provides increased opportunity for network building through the bridge children provide to other social arenas.

### *Social networks*

The complex and fluid nature of contemporary family structure is reflected in the blurring of roles between ‘kin’ and ‘non-kin’ (Morgan, 1996; Bengtson and Lowenstein, 2003; Hall, 2008). Family, partner, friends, and non-kin relationships are integral to social engagement in later life. Absence, dissatisfaction, low social participation or engagement adversely affect quality of life, with relationships and social support shown to be as important as physical health for personal development (De Jong Gierveld, 2003; Victor et al., 2005; Scharf and Bartlam, 2008). Social support is an important dynamic in social networks and is enacted through different forms, for example, emotional support through love, trust, and friendship (Phillips et al., 2010: p.199). The composition and functioning of an individual’s ‘social embeddedness’ (De Jong Gierveld, 2003: p.95) depends on their network of social relationships and resource. Gerontological research frequently highlights older adults embeddedness in dense, kin-orientated networks. Typically, dense networks include frequent contact; companionship;

emotional and care support; monitoring; and access to resources and produces social capital (Adams, 1987; Cornwell, 2011). Although beneficial, such strong bonding ties can also be oppressive by limiting autonomy, restricting privacy, and increasing dependency through pressure to comply with social norms and group expectations. Conversely informal acquaintanceships, random links, non-kin or associates of friends, form weak ties that 'bridge' across communities to diverse networks and to different resources (Granovetter, 1973; 1983; Coleman, 1988; Urry, 2007; Cornwell, 2011). Personal community networks are social relationships that provide meaning, routine social capital and structure, and have been described more recently as a more accurate way of portraying the contemporary diversity in the ties between intimate, family, friends, and wider relationships (Phillipson, 2003; Spencer and Pahl, 2006; Collins, 2011). Spencer and Pahl (2006) describe the dynamics of personal communities over the life course as:

'Personal communities provide a kind of continuity through shared memories, and help to develop a person's sense of identity and belonging; although their composition may alter as an individual moves through the life course, a core part of their reality does not change'.

(Spencer and Pahl, 2006: p.45)

As such, they are integral to the 'social capital' (Bourdieu, 1986; Coleman, 1988): resources that are available through connections, group membership; interactions; formal and informal networks; and relationships.

Although most research has concentrated on traditional family ties, more recently attention has been focussed on non-family ties – 'fictive kin'. Much of the early work on fictive kin examined relationship dynamics in non-majority families, for example, working class families in England (Townsend, 1957), homeless

American youths (McCarthy et al., 2002), gay and lesbian relationships (Friend, 1989; Weston, 1991; Heaphy, 2009), and older adults (MacRae, 1992; Litwin and Landau, 2000; Allen et al., 2011). In study of American family structure Allen et al., (2011: p.1164) found that a process of 'non-kin conversion' occurred where 'friends, students, or work colleagues' were attributed the same status as biological kin. Allen et al., (2011) extended the concept of 'fictive kin' to all forms of family. However, the study's sample was limited to those with a minimum of one grandchild (adoptive, biological, or step) and comprised of 34 women and 11 men, aged 56 to 88 years. A limit of cross-sectional research is that no data is available to show any changes in the dynamics of the fictive kin over time. This raises the question of what do social networks look like for people with no adult children or grandchildren or siblings? How familial and other relationships intersected with the participant's social networks are discussed in Chapter Seven.

One of the most widely cited British studies of the social networks of older people was carried out by Clare Wenger, and colleagues, who, across a number of research projects, examined the dynamics and structure of older people's social networks in rural and urban settings (Wenger, 1984; 1992; Scott and Wenger, 1995; Wenger et al., 2000; Wenger et al., 2007). Across all the studies a strong relationship was reported between people's well being and the levels of support that their social networks provided. A longitudinal study found that most family based social networks remained stable over a long period (Wenger, 1990). However, researchers noted, within the flux and fluidity of social networks, there were some relationships that were closed, negative, truncated, or disrupted (Burholt and Wenger, 1998; Phillipson, 2004; Collins, 2011). Network studies have shown that kin supply the majority of intimate relationships and support for older

people. Moreover, older people were the 'donors and as well as recipients of aid in their network' (Phillipson, 2004: p.44).

### **3.6 Discussion.**

In this chapter, I have shown how the study of ageing has evolved since the Second World War and the importance of the intersection of social categories such as gender and class. I have outlined how sociological research has been criticised for being 'blind' to both age and gender. Furthermore, critical gerontology has focussed on structural disadvantage and neglected the ageing experience of actors. I have highlighted that the childless have only recently begun to be acknowledged in ageing research, and examined literature to demonstrate the affect childlessness has on social networks with age. Moreover, the focus of many studies has been on women due to the earlier age of male mortality and the pronatalist normative association between motherhood and women. As a result, the implications of childlessness for men as they age has been neglected. Nonetheless, I indicated how men had been hidden in sociological research generally and, until recently, lagged behind in ageing and gender research. Moreover, I have highlighted the impact of the feminist approach to research and reflected the huge affect it has on the understanding of gender and ageing and, as a result, the increase of both empirical and theoretical knowledge. The structuralist foundation of critical gerontology was challenged by the theoretical developments of the poststructuralists and post modernists. Consequently, critical gerontology has moved towards examining actor's agency with, and response, to wider socio-economic factors. The paucity of material on older men's experience of ageing was exemplified by the recent focus of studies on the later life of women. I have drawn on literature from demography and family to show how the shape and form

of families have changed in Western societies across the last century. Although all terms are contested, family structures are now generally viewed as diverse and complex and have been variously described as 'extended' 'nuclear' and 'choice.' Factors such as the political and economic climate; the increase in the mobility of adult children; increase in divorce and step families; same-sex families; solo living; internal and external migration; and shifts in social policy have all impacted on the dynamics of family life, practices, and structure (see Allan and Jones, 2003; Chambers et al., 2009; Lowenstein and Katz, 2010).

### **3.7 Conclusion and my Research Questions**

The literature reviewed in both chapters has highlighted the lack of qualitative research exploring the lived experience of involuntary childless men as they age, thus providing the justification for, and relevance of, this thesis. The demographic literature has shown the worldwide decline in fertility levels and increase in age of mortality. This has implications across the micro, meso, and macro levels of social systems. An increase of older childless adults has consequences for health and social care for both institutions and individuals as much informal care is centred on the family. The collection of UK women's fertility intentions and behaviours allows the population level of women with and without children, to be measured and accounted for in future planning. However, as no such equivalent collection of male data is made, it is not possible to judge the population level of childless men in the UK.

There is good evidence that life course factors such as timing of events, for example exiting education and relationship entry and exit, affect people's fertility decisions. Similarly, structural categories such as sexual orientation and class also

affect procreative intentions. This suggests that childlessness is much more complex than the generally held belief that people either do or not want to become parents. However, this leaves the question concerning how personal agency and structural factors influence people's reproductive lives. Much of research concerning involuntary childlessness relates to the fertility intentions, behaviours and experience of couples in relation to ART treatment. The majority of such work reports the women's experience and reflects that the vast majority of ART treatment centres on women's lives and bodies. The negative impact that infertility has on identity, health, and wellbeing for women has been well covered. Recent research indicates men suffer similar levels of distress. Those who have not accessed treatment are not included in any statistics and their experience is not recorded. The stigmatisation of those who do not comply with the pronatalist and heterosexual normatives has been acknowledged in infertility literature and other research into those who challenge social normatives. The majority of infertility research is clinic based and this raises questions concerning the power dynamic and the relationship between researcher and participant. In addition, many studies report only the women's experience and men have been portrayed as not interested. Feminist researchers have highlighted the relative paucity of material on men's *lived* experience of infertility. The few studies that report on male infertility and involuntary childlessness show that men have deep emotional responses to not fulfilling the 'natural' father ideal. Moreover, it affects how these men view themselves, how others view them and how they perceive they are viewed by others. Therefore, infertility is a direct challenge to the virility-proved-by-fertility underpinning of the ideal type of hegemonic masculinity. However, masculinities theorists and researchers have failed to acknowledge it.



Over the past decade, there has been a slow increase of research examining childless older people. The literature surrounding familial and social networks has successfully demonstrated their importance of children in the networks of older people. It has been well established that adult daughters provide the majority of informal care for ageing parents. Comprehensively reported in this body of literature is the fluidity and adaptability of who is included as family with non-biological members often having the same status as biological kin. The change in family size and morphology has been well documented and there is good international evidence that older childless people are likely to have poorer health, social, and economic positions than those with children. Recent research has highlighted that healthy childless older people have similar social network sizes as those with children. However, when they need critical attention, they are moved to appropriate residential state services earlier and for longer than those with children.

In the mid-part of the last century the sociological theoretical focus shifted from older men, and the resulting invisibility of women, to the reverse situation in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. As a result the majority of ageing research focussed on women's experience and older men were seen as structurally (economically) privileged. The different gendered reactions to bereavement have been well-established including men's difficulty in adapting to their status. The research literature clearly shows the impact of feminist scholars research in their recognition of the relationship between ageing and gender. It is only recently that scholars have highlighted the lack of examination into men's lived experience of ageing and the impact economic and relational transitions have on their sense of identity. Social gerontology literature saw midlife as time related to the Third Age,

and this was widely seen as an identity related to post parenthood and pre the decline associated with the Fourth Age. The assumption that midlife was related to parenthood reflected the dominance of the heterosexual pronatalist normative mandate and that adult children form part of the social network. Structural research viewed the issues for men in midlife as negotiating the change in identity from external provider to an adapted role within the home. Feminist, poststructuralists, and post modernists questioned the legitimacy of such a limited view of identity and suggested that the relationship between ageing and gender had a more nuanced and unstable affect on identity. These theoretical developments led critical gerontology to adapt its political economic perspective to a viewpoint that acknowledged the actors' experience over the life course.

The literature from Chapter's Two and Three provide detailed insights into the issues surrounding both childlessness and ageing. Regarding the experiences of involuntary childless men, the following issues are highlighted:

- The embeddedness of the heterosexual pronatalist normative in individual agency and all levels of socio-cultural structures;
- The non-collection of data on male fertility intentions and history;
- The near invisibility of men's lived experience of involuntary childlessness;
- The absence of men's experience of ageing;
- The affect of involuntary childlessness on men's intimate and wider relationships;
- The demographic projections that indicate issues in the future concerning health and social care provision.

Consequently, conducting a qualitative study of older men's lived experience of involuntary childlessness not only is a unique project but also deepens the

understandings of men and ageing. Significant life events and disruptions affect the arc of a person's expected life trajectory in respect to their interpretation of socio-cultural norms and structural environment. In order to understand older involuntarily childless men's lived experience, I will frame this study using a pluralistic approach. Critical gerontology has proved how important it is to acknowledge the intersection between wider structural factors and individual agency. An understanding of the life course allows an understanding of the interaction between the timing of events and expected social normatives. In order to capture and comprehend men's understanding of their life experience, the biographical approach, as utilised used by Chambers (2002) in her study of widows, would be appropriate. By taking this pluralistic approach to explore involuntarily childless men's experiences over the life course, I hope to gain an in-depth understanding of involuntarily childless men's experience of mid and later life. The gaps in the literature give rise to the following research questions:

**Research Question One:** What are men's attitudes and behaviours in relation to their experience of involuntary childlessness?

**Research Question Two:** How do men describe the influence of involuntary childlessness in their quality of life and relationships with close, familial, and wider social networks?

**Research Question Three:** What are involuntarily childless men's expectations of the future?

**Research Question Four:** What are the policy and service implications of the findings in relation to the above?

## Chapter Four:

### Methodology, Methods, and Analysis

#### 4.1 Introduction.

This chapter discusses the methodological underpinnings of the study, the method used, and the process of analysis. The chapter starts by examining the background to the qualitative approach I employed to address the research questions posed in Chapters One and Three. I then move on to describe the methodology and the pluralistic framework used. I follow this with a consideration of the ethical issues of my research including discussing my own involuntary childlessness and counselling background. This is followed by a description of the study from the design and planning stage to the fieldwork. This stage included developing recruitment strategies to access a hard-to-reach group, interviewing, followed by transcription and analysis using an inductive thematic analysis approach (Braun and Clarke, 2013) .

#### 4.2 Why a qualitative approach?

Qualitative inquiry is a 'reflective, interpretative, descriptive, and usually reflexive effort to *describe and understand* human action and experience' (Fischer, 2006b: p.xvi. Original italics). It is concerned with the exploration of social contexts, changes, experiences, processes, and the 'situatedness' of social lives 'over time' (Mason, 2006: p.16). Mason (2002) proposed:

'Qualitative research aims to produce rounded and contextual understandings on the basis of rich, nuanced and detailed data. There is more emphasis on 'holistic' forms of analysis and explanation in this sense, than on charting surface patterns, trends and correlations.'

(Mason, 2002: p.3)

Dick (2005: p.5) argues that, in general, qualitative analysis follows a homogeneous thematic method that, in its most basic form, entails collecting data, familiarisation, coding, integrating themes and categories, analysis, and concept development. Taking an interpretative approach (Denzin and Lincoln, 1994; Holstein and Gubrium, 2005) to the analysis requires not only sensitivity to context but also an appreciation of the most suitable discourse (Mason, 2006: p.18).

The literature review chapters (Chapters Two and Three) highlighted the need for a methodology that revealed the interactions between involuntarily childless men's life experience and their cultural, economic, political, and societal contexts (Wright Mills, 1959; Letherby, 1997; Portacolone, 2011). To understand the actions and experiences of my participants I utilised my knowledge from the approaches of ageing, reproduction, health, sociology and economics, as well as sources such as media and personal experience. A quantitative methodology was rejected for two main reasons: firstly, lack of data to form the measures and instruments typically associated with this approach, secondly, such approaches tend not to reveal the depth of understanding of the subjective and contextual dynamics of lived experience (Mason, 2006; Denzin and Lincoln, 2008). Moreover, selection of the most appropriate method to address the purpose and nature of the research questions is central to research (Mason, 2002; Teddlie and Tashakkori, 2003). Consequently, a qualitative approach using semi-structured biographical narrative interviews was chosen.

### *Why interviews?*

Interviews give access to how people experience their social world through their ideas, memories, thoughts, relationship dynamics and views (Roberts, 2002; Yow,

2005; Merrill and West, 2009). Kvale (1996: p.37) declared that conversation was a 'basic mode of constituting knowledge'. Given the paucity of research concerning male involuntary childlessness it was important for the interview method to allow the participants to talk about their experiences and the analysis to be shaped from their experiences and opinions. Given that central to the study was men's personal experience over time, the Biographic-Narrative Interpretive Method (BNIM) was seen as a suitable foundation for the interview structure (Wengraf, 2001; Wengraf and Chamberlayne, 2006). An important feature of the BNIM approach is 'its focus on eliciting narratives of past experience rather than (just) explicit statements of present' (Wengraf and Chamberlayne, 2006: p.4). Central to the BNIM method is that up to three interviews with each participant is possible before the participant becomes exhausted (Wengraf, 2001; Wengraf and Chamberlayne, 2006; Jutla, 2011). The point to having at least two distinct interviews is to ensure the first interview is uninfluenced by the focussed enquiry of the second interview (Wengraf and Chamberlayne, 2006: p.6). The follow up interview clarifies and develops material arising from the previous interview. The format and questions that guided the interview were developed from the BNIM model and the 'storyboard' interview template as recommended by Riessman (1993: p.55).

The biographical approach offers a method of capturing both the individual and social context of the participants' experience. Narrative interviews allow individuals to talk over their experiences of 'childlessness' and ageing. Taking this approach dovetails with the life course perspective in the manner that it reveals the social contexts of particular events, norms, and ageing, of a particular period. Moreover, an indepth examination of individual biographical narrative enables the

heterogeneous aspects of individuals' experience to be understood. Therefore the differences and similarities between people's lives become integral to the analysis and helps understand life in relation to the past, present, and future (Chambers, 2005; Fox, 2009; Jutla, 2011). Such an approach, in addition to exposing the richness and complexity of life-stories, acknowledges, 'somewhere behind all the storytelling there are real active, embodied, impassioned lives' (Plummer, 1995: p.170). This type of approach allows for the account of the dynamics and interaction between researcher and interviewee to be included in the analysis (Wengraf, 2001). The biographical approach, using narrative interviews, has been noted as a suitable way of reaching and understanding the experiences of individuals in marginalised groups (Chambers, 2005; Fox, 2009; Jutla, 2011). It does this by adding context through acknowledging the settings and dynamics of familial structures and all forms of relationship environments. Involuntary childlessness is a sensitive topic because any inquiry may cause feelings of distress, risk, deep emotion, or unease, prior to, during, or post contact (Lee, 1993; Dickson-Swift et al., 2008a). Nonetheless, it has been observed that research participants often report a therapeutic benefit from the interview process (Etherington, 1996; 2004; 2007). Wengraf (2001: p.125) stressed framing the meeting as 'a research interview' with the focus on the biographical narrative by keeping within the participant's frame of reference. My reflections on the interview process are presented in Chapter Nine (page 321).

### **4.3 Methodological foundations.**

In seeking to find out the meaning and significance of older men's lived experience of involuntary childlessness a theoretical approach was required that acknowledged the interaction between the 'macro' of social and cultural contexts

of reproduction and ageing and the 'micro' individual agency cross the life course. The methodological approach that guides my study is derived from the framework developed by Pat Chambers (2002, 2005) that was founded on life course, biographical, and feminist perspectives in her study of the lives of widows. From Chambers (2002) I have derived a methodology based on a pluralistic framework formed by gerontological, life course, and biographical perspectives and methods.

### *Theoretical framework*

The contention that actors have capacity in the construction of their own social worlds, invites the use of qualitative methods and an 'interpretivist' framework. Mauthner & Doucet (1998: p.125-6) offer that a relational ontology is consistent with interpretivism in understanding how social actions and social structures enable and constrain each other (Marshall and Clarke, 2010: p.295). Qualitative research is primarily concerned with how people's social worlds are constructed, experienced, interpreted, and understood, and has its foundations in the philosophy of 'interpretivism' (Mason, 2002; Denzin and Lincoln, 2005b; Guba and Lincoln, 2005). Interpretivism seeks 'culturally derived and historically situated interpretations of the social life-world' (Crotty, 1998, p.67). Similarly, Mead (1934, p.162) contended, 'a person is a personality because he belongs to a community, because he takes over the institutions of that community into his own conduct'. This highlights the embeddedness of people in a complex web of social relations ranging from the intimate to the large (Gilligan, 1993). Access to the lived world is through both the participants', and the researchers', subjectivity: actions, background, behaviours, beliefs, consciousness, concepts of self and the world, decisions, experiences, interactions, interpretations, reactions, reflections, values and views (Fischer, 2006a; Jutla, 2011). The findings chapters show how the



participants are involved in the construction of meanings in, and of, their social worlds. Recently there has been a focus on the sociology of the personal and the everyday to see the relational dynamics between the microsociological of the individual and the macrosociological of social structure (Smart, 2007; Mason, 2011; May, 2011b). However, May (2013: p.63) contends that this approach has a limited viewpoint if it remains at the level of the everyday, and therefore sociology must aim to understand the larger context.

I view interpretivism as reflecting the core interest of this study, in understanding the interactions and dynamics between the actions and meanings of individual involuntarily childless men within their socio-cultural context. Interpretivism holds the paradigms that developed in opposition to positivism. It reflects the myriad forms of examining and understanding human reality that have developed, and are developing, particularly over the past half century. These include: social constructionism/constructivism, critical realists, feminisms, ethnomethodology, symbolic interaction, phenomenological discourse and cultural studies (Denzin and Lincoln, 2005a; Charmaz, 2006). The terms 'social constructionism' and 'social constructivism' have been used inter-changeably (Burr, 1995: p.19), however they are distinct. The two share a commonality in that they are perspectives on the perception and construction of social reality that is formed by human interactions, and practices, contextualised by social engagement (Crotty, 1998: p.42). Crotty (1998: p.58) defines constructivism as 'the meaning-making activity of the individual mind'. Social constructionism highlights that human perception and experience are located culturally, historically, and linguistically (Willig, 2001: p.7). Crotty (1998: p.58) contends that constructionism fosters 'the critical spirit' while constructivism resists it. It is constructionism that I draw on in this study. My aim in

taking this stance is to explore how men negotiate between their own belief systems, hopes, thoughts, expectations and desires, and the wider social and cultural environment. One of my aims is to explore the interactions and intersections between the participants' personal meanings and structural norms.

I view reality as socially constructed by social context, interaction, and discourse and, in terms of this study, by the researcher and the researched (McLeod, 1994; Crotty, 1998; Denzin and Lincoln, 2005a). Haraway (1988; 1991) contended that knowledge is not completely objective but situated, partial, political, and located within the positions adopted through socio-cultural practices, institutions, values, perspectives, power, and experiences (Stoetzler and Yuval-Davis, 2002; Nightingale, 2003). This position leads to the proposal that there are multiple realities created by the evolving interactions between social actors in situated cultural and historical contexts (Bryman, 2001: p.15). This emphasis on constructionism in the generation of knowledge links directly to the interaction between the participant and the researcher. It also draws attention to how the dominant constructions we experience impact on how we situate ourselves within a wider social context (Swan, 1998: p.31). I bring into this study material from my past including my upbringing, previous career, and research experience. From the latter two I strongly identify with the pragmatic, and 'what works' (Creswell and Garrett., 2008: p.327). Many of the experiences reported by the participants (Chapters Five to Eight) give credence to the interpretivists' perspective that the everyday social interactions of people are socio-culturally complex and subject to multiple interpretations (Lynch, 2000; Christians, 2005; Simpson, 2011).

Constructionism is central to critical gerontology: Phillipson and Walker (1987: p.12) argued that the aim of critical gerontology 'is not just to understand the social construction of ageing, but to change it'. Critical gerontology is a value-based approach concerned with equity and social justice across the life course. It draws on the critical, dialectical, reflective, interdisciplinary, and emancipatory precepts of critical theory (Osborne 1992; Benton and Craib, 2001; Ziegler and Scharf, 2013). It centres on ageing, rather than old age, and, is heavily associated with the political economic perspective. However, it has been criticised for focussing on the impact of macro structural forces on older people's lives and neglecting actor's agency and experience (Holstein and Minkler, 2007: p.18). In response critical gerontology has widened its remit and now examines ageing from a viewpoint including biological, cultural, demographic, psychological, and social elements. The demographic element of critical gerontology is rooted in the life course approach - a perspective that examines the context of biographical experience of social events over time (Phillips et al., 2010: p.140).

Chambers (2002) demonstrated the choices, assets, constraints, deficits, and opportunities available to social actors (widows) across their life course. The life course approach recognises that as an individual ages their life experience is contextualised by cultural and social institutions and shows how social ties are influenced by the circumstances of others (Elder et al., 2003). The life course perspective has been seen both as a valuable element to approaches that foreground individual developmental properties and a method of assessing the impact of policy and socio-economic conditions on different generations (Lowenstein and Katz, 2010; Melville, 2013). Moreover, Rodin (2004) highlights how the life course approach shows how socio-cultural values affect individuals

over the life course. The life course perspective has been criticised for not accounting for historical time or the unpredictability of role transitions (Elder, 1999; Bengtson et al., 2005). However, Elder et al., (2003: p.11) stress that ageing, human development, and adaption, are lifelong processes that intersect with the key life course principles of human agency, historical time and place, the social contexts of transitions and timing, and linked or independent lives. Atchley (1989; 1999) found that many older people successfully negotiated change through using, or adapting, past experience (Atchley, 1999; Chambers, 2005; Laceulle, 2013). By using the life course approach, in combination with the narratives of the participant's experience, the relationship between micro experience and macro structures would be understood (Dannefer and Settersten, 2010; Hutchison, 2011; Grenier, 2012). Moreover, the use of biographical methods, with their premise that social processes can be understood through analysing people's experiences, are compatible with the 'interpretivist paradigm' (Giddens, 1977: p.168).

#### *Insider-outsider research*

Acknowledging the position of the researcher, and their power, through their 'knowledge, culture, and experience' (Ramazanoglu and Holland, 2002: p.119) has become central in much qualitative research. Oakley's (1981) pioneering work led to the recognition of the importance of power and gender dynamics in research scholarship (Finch, 2004; Broom et al., 2009). The power and diversity in the dynamic between the researcher and the researched places the former as either an 'insider' or an 'outsider' (Kanuha, 2000; Sixsmith et al., 2003). Jewkes and Letherby (2001) proposed the insider-outsider relationship is located in 'interactive sites of meaning-making' (Järvinen, 2001: p.280). As a self-defined involuntarily childless man I have to be aware of the affect my own experience and background

has on the research in general and in the interview in particular. There are both advantages and disadvantages to the insider position. My insider status may be considered to add to the validity of the study through a shared understanding of our experience of involuntary childlessness (Kanuha, 2000; Jutla, 2011). Equally, through familiarity, I may have missed 'the subtle aspects of the data' that 'are vital in qualitative inquiry' that an 'outsider' may have acknowledged (Green et al., 2007: p.479).

Research into sensitive subjects - such as fertility disruption - entails emotional work for all parties involved in the research process (Malacrida, 2007; Carroll, 2013). Gray (2009b) has argued that any work that involves contact with other people is emotional labour. The terms 'emotional labour' and 'emotional work' were developed by Hochschild (1983) with the former referring to emotional management in waged work and the latter to management in private. However, 'emotional labour' is now used to describe the regulation of feelings and 'emotional work' refers to 'dealing with other people's emotions' (James, 1989: p.16). Emotion is immanent in all social interaction, to a greater or lesser degree, and the significance of the emotional context involved in research interactions has been driven by the feminist approach (Colins, 1998; Duncombe and Jessop, 2002; Dickson-Swift et al., 2008b). As illustrated in Chapter One, (page 6), this study draws on the auto/biographical approach, widely associated with the feminist approach, that situates the biographies of 'the researcher and the participants as data and as an inextricable part of the research process' (Carroll, 2013: p.457). Consequently, carrying out research into sensitive topics requires the researcher to be attuned to both the participants and their own emotional labour (Liamputtong, 2007; Dickson-Swift et al., 2009). Kvale and Brinkmann (2009, p.101) discuss the

‘emotional dynamics of an interview journey’. Their focus is on the researcher’s emotional relationship with the interview project, with which I can associate. Furthermore, Sampson et al., (2008: p.930) highlight that emotional risk and harm does not end with data collection, as there are other risks ‘associated with leaving the field, analysing sensitive data, and fulfilling commitments to research participants in the delivery of research findings...’. How I managed the contextualised and multifaceted emotional subtleties of the interviews, analysis and writing are described in the ‘Risk management section’ later in the chapter, (page 93). To acknowledge interview dynamics, I followed the accepted method of keeping field notes and a research diary as part of a reflexive process. I also drew on my supervisor’s knowledge and experience, and accessed personal counselling (see Etherington, 2007; Sampson, 2008; Dickson-Swift et al., 2009). Reflections on interview interactions and my experience of undertaking this study are explored in the Discussion chapter (page 281), and an extract from my research diary can be found in Appendix Twelve.

### *Validity & Trustworthiness*

One of the criticisms of qualitative research is that it is not generalisable to the wider population because it does not fit the criteria of verification through objectivity, reliability, repeatability, and validity of traditional natural sciences (Mason, 2002; Punch, 2005). In most qualitative research, this option is generally not available or feasible because of small sample sizes. Qualitative research has instead developed criteria of ‘trustworthiness’ through the demonstration of plausibility, credibility, dependability, and ‘confirmability’ (Patton, 2002: p.93). One of the most common methods to establish plausibility is by demonstrating the transparency of the research process (Flick, 1992). Typically, this involves

providing: an audit trail to indicate how findings were formed, prolonged engagement in the field, thick description (Geertz, 1973), transcripts of interviews, keeping a research diary, reflexivity and peer debriefing (Webb, 1970; Lincoln and Guba, 1985; Hammersley and Atkinson, 2007). Moreover, Davies and Dodd (2002: p.288) argue that ethical processes such as attentiveness, empathy, awareness, openness, context, respect, honesty and reflection, add to the internal validity of qualitative studies. The qualitative approach used in this study can be viewed as supporting its validity as it encompasses the subjectivity of the lived reality of older involuntarily childless men (Denzin and Lincoln, 2005c; Collins, 2011).

#### **4.4 Ethical considerations.**

I have based my ethical approach on the ethical guidelines of the British Sociological Association's (2004) and the British Society of Gerontology (2008). Both guidelines emphasize the importance of confidentiality, research integrity, and the safety of both participant and researcher. From these guiding principles, I understood the main areas of concern in this study as:

- Trustworthiness.
- Confidentiality.
- Risk management.
- Ethics in action.

##### *Trustworthiness.*

The ethic of trustworthiness is needed in order for participants to feel safe and that it is worth their while to have participated in the study. The process of trust building began in the initial contacts with participants and continued as the project progressed. Central to building trust was the transparency of motivations for the

study. This was established in the invitation to participate letter (Appendix Five) and the information sheet every participant received before the first interview. The information sheet described the background to the study, interview details, right to withdraw, benefits and risks of participation, the complaints procedure, informed consent, and data handling (see Appendix Six).

### *Confidentiality.*

Confidentiality was central to the ethics of the study. Included in the procedures I adopted for maintaining anonymity was the use of pseudonyms for the participants and to people the participants referred to (Ellis, 2007; Dickson-Swift et al., 2008b). Locations were also disguised in order to prevent any participant in a particular area being revealed. Company names have been similarly coded, and the nature of their trade broadened. This strategy was implemented at the transcription stage of the first interview in order to 'build in' anonymity at the earliest opportunity. The protection of the participant's personal information is of paramount importance. Complying with the Data Protection Act (1998) and ensuring the safe handling of personal information, including password protected data and secured storage for hard copy material. Participants also had the opportunity to stop the interview and/or withdraw part, or all, of their narrative as stipulated in the 'informed consent' form.

### *Risk management.*

A fundamental ethical duty is the avoidance of harm. The identification of, and response to, such risks were critical to the ethical position taken from beginning to end of the study. Involuntary childlessness is a sensitive subject and care had to be taken to minimize any distress or harm. Integral to this aim was my approach



to, and style during, the interview. Mindful that *the* interview maybe viewed as an environment where masculinity is both displayed and under threat (Schwalbe and Wolkomir, 2001: 91), I drew on my counselling background to be authentic and genuine (Etherington, 2004) in all my contact with participants. Awareness of how people react when disclosing deeply personal information, and the acknowledgement of the difficulty in disclosure, were areas where my counselling background and experience were drawn on. Therefore, details of organisations that could offer support were included in a 'support sheet' that was supplied to each participant (Appendix Seven). Kvale (1996: p.172) noted that participants may experience 'a sense of shock' when reading their interview transcripts. In anticipation of such a reaction, I drew the participant's attention to it as part of the first interview exit strategy and in the letter accompanying the transcript (Appendix Eight). As an 'insider' (page 89) I had to be aware of the impact of any distress that I may experience. To minimize that risk I drew on my experience and training as a counsellor in 'processing' emotional reactions, recording my reactions in my research journal, accessing support from my supervisors, and accessing personal counselling. An extract from my research diary can be found in Appendix Twelve and extracts from my reflections on individual interviews can be found at the end of each pen portrait (Appendix Fifteen). The ethical position of the study was constantly reviewed as part of the regular supervision process. At the completion of this thesis, each participant will be sent a letter thanking them for their involvement in the study and a final summary of my findings.

### *Ethics in action.*

The relationship between researcher and participant is of critical importance to any research study. The Ethical Review Panel approved my study in October 2011

(Appendix Nine). Central to the ethical concerns is the notion of informed consent: 'the right to give or withhold consent to participate in research is a basic human and civil right' (Bond, 2004: p.6). Two types of consent were collected: firstly consent to participate and, secondly, consent for the use of quotes. A copy of the consent forms used in this study can be found in Appendices Ten and Eleven. In addition to obtaining signed consent before any interview, a 'rolling consent' system was deployed with consent confirmed during any further contact with the participants. Moreover, I was concerned with minimising harm to participants, although Bryman (2001: p.118-120) notes there are limits to how much a researcher can plan to avoid emotional distress. Due to the sensitive nature of the research I used two separate semi-structured interviews in order not 'exhaust' the participant. In a number of interviews I sensed the participants were becoming, and some became, emotional. For example, one participant recounted his experience of the long illness and death of his partner. At these times I offered to stop the interview or move on to another topic but it was significant that the participants continued to tell their story. Mindful of minimising harm one interview was conducted via email to reduce any distress and enable the participant to retain control (see pages 94 and 102).

In the next section, I will discuss the recruitment and data collection strategies and then demonstrate the procedure I used to analyse the data.

#### **4.5 Methods employed.**

##### *Pilot study*

A small pilot study was conducted to evaluate the interview schedule and check that all communication material was clear and acceptable. The interview schedule

was based on my knowledge of the literature and my research questions and, although semi-structured, they were open to follow the direction of the participant. A copy of the guides for both interviews can be found in Appendices Three and Four. The size of the pilot study was limited to one individual drawn from my personal network in order to prevent 'using' any potential participants that could form part of the main study. Two learning outcomes were drawn from the pilot study. Firstly, not to interview someone known to the researcher as the dynamics of the interview may positively or negatively affect the analysis and the relationship. Secondly, the running order was changed: the demographic questions were re-located to appear later in the schedule in order to avoid 'blocking' the next section of the interview. This had two advantages: firstly, as a lead into the debriefing by moving the participant from the emotive to the cognitive, and secondly, it provided a form of internal validation as most of the participants revealed their demographic background earlier in the interview.

### *Design.*

On first contact a 'Respondent Fact Sheet' form was opened that recorded details such as name, address, preferred contact method, and listed every point of contact with the participant (Appendix Thirteen). It also included a space for my reflections on the interactions. With the participant's agreement, all interviews were recorded and then transcribed verbatim. A copy of the transcription of the first interview was then sent to the participant and, once this had been received and read, arrangements for the second interview were agreed. The first interview consisted of five sections with the first and fifth sections related to administration and introducing and ending the interview, respectively (see Appendix Fourteen). The second section had a dual purpose of relaxing the participant and locating his

thoughts on his past experience. The third section was aimed at uncovering the men's attitudes and experiences of involuntary childlessness. The fourth section consisted of questions drawn from research on ageing and related to how men viewed their present and future health, social network, and demographic questions (Wenger, 1984; Crystal et al., 2003; De Jong Gierveld, 2003; Amieva et al., 2010). The rationale for including these questions was to explore men's health practices and the significance of social relationships. The second interview comprised of three elements with the first and last having the same administrative functions as the first interview. The second section was centred on the participant's response to reading the transcript of the first interview. This gave the participant the opportunity to edit and correct the transcript and confirm they had been represented accurately. Clarifications and any issues arising could be discussed and any themes that had developed during the ongoing analysis could be addressed at this stage.

### *The sample*

The full criteria for participation is given in the information sheet (Appendix Six), but briefly *excluded* men who considered themselves as biological fathers and/or who were presently occupied in any form of social fatherhood e.g. stepfather. The initial age range of 50 to 70 years was selected to cover the increase in live births in the UK between World War Two and the early 1960's (Goldstein, 2009: p.9). Difficulties in recruitment led to a loosening of the age criteria and the final participants ages ranged between 49 and 82 years with a mean of 63.5 years. The sample was not stratified by other criteria such as ethnicity or social class as having such classifications may have impeded recruitment. Table 2 (page 99) summarises general information about the participants including their age,

relationship-status, education, occupation type, qualifications, and employment status.

Pen portraits of the participants, and a brief account of my reflections on each interview, can be found in Appendix Fifteen. Each portrait is a reflection of the men's narratives and the interview dynamics, location, and quality of our interaction. The intention in supplying these vignettes is to enable the reader 'to have a grasp of the person...if anything said about them is going to be meaningful' (Goldstein, 2009: p.9). The pen portraits are formed through my experience of the interview process before, during and after each contact. The descriptions are relatively brief as the participants' narratives are used extensively throughout the findings chapters. The aim in providing these short accounts of the participants' history, their situation and the interview environment is not only to 'flesh out' the representation of the participant but also indicate the events, people and attitudes that may have influenced their life narrative. Although Chambers (2002: p.177) argues the case for pen portraits to be located within the main body of the text, I have located them in the appendices due to word count restrictions. Moreover, locating our pen portraits, mine in the Introduction chapter and the participants' in Appendix Fifteen, undermines any criticism of the study being 'self-indulgent' (Letherby, 2002c; and Merrill and West, 2009). Reflections on interview interactions, and my experience of undertaking this study, are explored in the Discussion chapter, (page 281), together with an extract from my research diary (Appendix Twelve). Further details of the men's financial, quality of life, and health characteristics can be found in Tables 4, (page 242), 5, (page 252), and 6 (page, 254), respectively. Having gained ethical approval, the fieldwork was conducted between January and November 2012.

**Table 2:** The participants' general demographic information

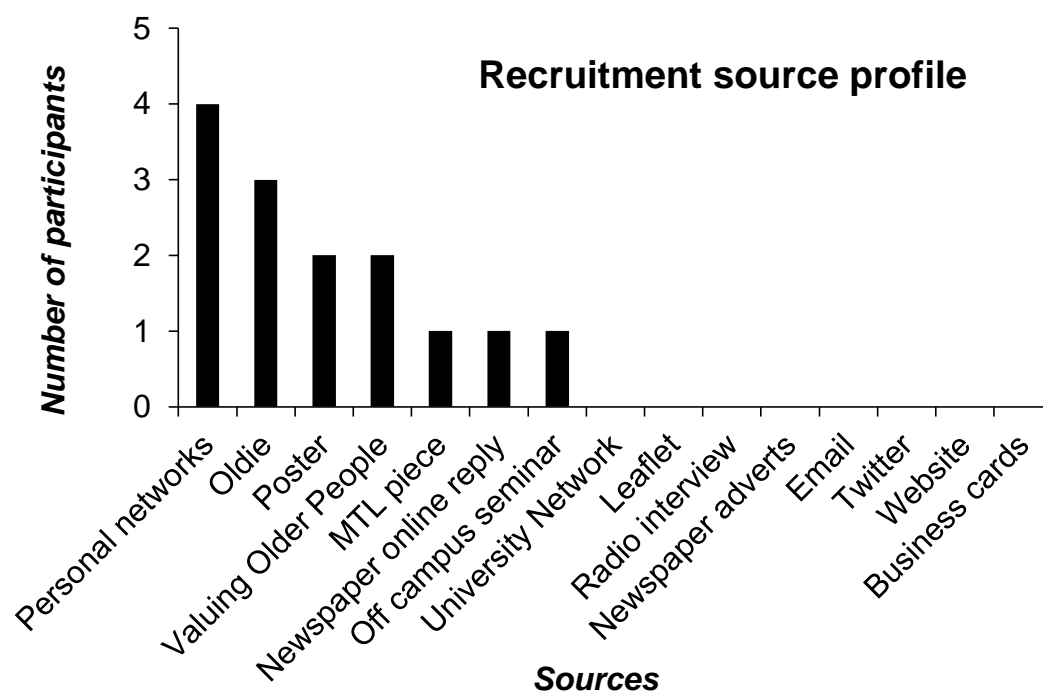
Name	Age	Ethnicity	Relationship status	Sexual orientation	Faith	Education level	Occupation	Location
George	60	White-British	Married	Heterosexual	Christian	Higher degree	Professional	North-west England
John	59	White-British	Partnered	Heterosexual	Non-believer	HND	Skilled	Central-east England
David	60	White-British	Married	Heterosexual	Christian	Degree	Professional	South-east England
Harry	64	White-British	Widower	Heterosexual	Non-believer	None	Semi-skilled	South-east England
Martin	70	White-British	Married	Heterosexual	Spiritual	Degree	Professional	Wales
Raymond	70	White-British	Widower	Gay/Homosexual	Non-believer	GCE	Manual	North-west England
Colin	59	White-British	Partnered	Heterosexual	Other	HNC	Professional	Central-Southern England
Frank	56	White-British	Single	Heterosexual	Other	Degree	Unskilled	Wales
Alan	82	White-British	Single	Gay/Homosexual	Christian	Degree	Skilled	North-west England
Michael	63	White-British	Single	Heterosexual	Other	Higher degree	Professional	Thailand
James	65	White-British	Partnered	Heterosexual	Atheist	City and Guilds	Skilled	North-east England
Edward	60	White-British	Partnered	Heterosexual	Non-believer	Degree	Professional	South-east England
Russell	55	Anglo-Celtic Australian	Single	Heterosexual	Non-believer	Higher degree	Professional	Central England
Stephen	49	White-British	Single	Heterosexual	Spiritual	Higher degree	Professional	South-east England

Interviews were conducted with 14 self-defined, involuntarily childless men: 13 from urban and rural communities across the UK and one based in Thailand.

### *Recruitment*

The 'snowball' method was the original form of recruitment: asking recipients to pass the details of the study onto others (Bryman, 2001: p.699). I employed a variety of approaches to recruitment: emails from my existing personal and professional contacts, Keele University distribution networks, national and local charity shops. Posters and leaflets were distributed in a wide variety of public places including theatres, on campus, barbers, libraries, and cafes. Examples of the recruitment poster and leaflets can be found in Appendices Sixteen and Seventeen. A progress review after six weeks showed a lack of response with only one respondent who subsequently withdrew for undisclosed reasons. Consequently, the decision was taken to increase the recruitment campaign. Activities undertaken included: increased personal contact with local organisations; advertising in local and national print media; and an interview on local radio (Hadley, 2012). I also developed an online and social media presence through a dedicated website and 'Twitter' profile. A typical range of recruitment activities drawn from my research diary can be found in Appendix Eighteen. Figure 1 (page 101) gives the range of recruitment strategies undertaken. The most successful were 'Personal networks' and the 'The Oldie' advertisements. Out of 28 respondents, 14 suitable participants formed the sample of this study. Details of the recruitment process were used in a publication (see Hadley, 2014).

**Figure 1:** Profile of the recruitment strategies





#### **4.6 Data collection.**

As the recruitment progressed the main fieldwork of interviewing and transcription of the interviews took place. Informed consent was gained at the start of the first interview, at the end of the second interview and confirmed verbally at all other points of contact. All audio interviews were digitally recorded and transcribed as soon as possible. The interviews took place at the preferred location of the interviewee - the majority in the participant's home. One advantage of individual face-to-face interviews was the privacy it gave (Kvale, 1996; Roberts, 2002). There were four exceptions: email interviews with Colin, computer-to-computer interviews (Skype) with Michael, Russell's interviews were held on Keele University campus, and Steven's mobile telephone-to-computer (Skype) interviews.

Colin preferred the use of email for our 'interviews' as he had experienced emotional distress and physical reactions to sensitive subjects as part of his illness. In line with the ethical principle of respect (not harming the participant) I decided to send the interview schedule as an email attachment and then conduct a 'live' synchronous 'e-interview' (Bampton and Cowton, 2002). One disadvantage to the email interview was the lack of visual cues. Many of Colin's replies were short and, in an attempt to deepen the response, 'probes' were used in the second 'interview'.

Skype was used as the means for interviewing two of the participants: Michael, who was based in Thailand; and Steven who preferred to be interviewed by mobile telephone. In the interviews with Michael, there were also occasions when either the image or sound was lost or cut out altogether. However, the shared experience

of those glitches helped build a good rapport between us. Steven preferred to be outside to prevent his mother overhearing hear his conversation (see page 192). Consequently, there were occasional losses of signal and constant background noise.

#### **4.7 Data Analysis.**

##### *Transcription.*

Transcription is an interpretative practise that involves a degree of decontextualisation, abstraction, and loss from the original conversation (Langdridge, 2007; Kvale and Brinkman, 2009). Transcription of the audio recordings took place as soon as possible after the interview and a copy of the first interview transcription returned to the interviewee. The period between first and second interview was framed to fit the participant's wishes and as a result varied between ten days and eight weeks. A breakdown of interview dates and length can be found in Appendix Nineteen.

The interviews were uploaded to Nvivo9 and initial coding of the first interview was undertaken. As well as being iterative, and informing the timing and content of subsequent interviews, at this point the analysis became concurrent with the data gathering. Nvivo9 software was used for the management, storage, and analysis of the recordings, transcripts, fact sheets, and field notes. The software allowed organisation of material into folders such as participants first and second interviews, contact sheets, field notes, and research diary. As the analysis progressed, I used the memo facility to record notes and ideas and I linked these with nodes, participant folders, and memos (see Appendix Twenty). In addition to the software 'model' facility, I also used freehand graphics to help visualise the

concepts and links between data. Nvivo9 cannot 'decode the meaning of the text' but is 'a mechanical aid' to manage and support a project (Joffe and Yardley, 2004: p. 65). Moreover, Hammersley and Atkinson (1983: p.198) suggest that the software based coding procedure is 'no different to 'manual techniques'. Furthermore, it has the advantage of combining codes and 'nesting' codes within one (Hammersley and Atkinson: p.199).

### *Thematic analysis.*

Data analysis in my study involved the use of a broad thematic analysis. I drew on Braun and Clarke's (2006: p.84) latent thematic analysis that fits with the constructionist paradigm where 'the development of the themes themselves involves interpretative work'. This method of analysis 'aims to identify and describe the contents of an individuals perceptions, ideals and values' (Luborsky, 1994: p.205) and discovers, and contrasts, themes, and patterns (Collins, 2011; Braun and Clarke, 2013). Thematic analysis works both to reflect reality and to unpick or unravel the surface of 'reality' (Braun and Clarke, 2006: p.81). The analysis in this study was contextualist as it was interested in understanding the participant's individual experience in relation to the 'broader social context' (Braun and Clarke, 2006: p.81). Furthermore, the thematic analysis was inductive as the identified themes were thoroughly linked to the data (Braun and Clarke, 2006; 2013). In conducting the analysis, I followed Braun and Clarke's (2006: p.86) six phases of analysis:

1. Familiarisation with data;
2. Generation of initial codes;
3. Search for themes;
4. Review themes;

5. Define and name main theme(s);

6. Compile final report.

Analysis started after the first interview and involved listening and re-listening to the interviews, reading and re-reading the transcripts and field notes, and coding the data. Familiarisation is a common process in qualitative analysis and involves engaging with, and becoming immersed in, the emotions, feelings, and meanings within the narratives. It is a dual process of consumption and engagement, reflecting the individual in relation to wider contexts (Braun and Clarke, 2006). This process 'begins to sensitise the researcher' to creating themes and contexts and also provides background for following interviews (McLeod, 2001: p.72).

I began with 'open' coding' and a line-by-line analysis of the transcripts. This challenges the researcher's preconceived ideas and directs them to 'open' up to different elements and theoretical possibilities (Braun and Clarke, 2006; Charmaz, 2006). 'Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study' (Miles and Huberman, 1994: p.56). During this phase I kept asking of the data "What is happening here?" "Where does this belong?" "Is this different?" "How so?" These initial codes were the foundations of the analysis and indicate the possible concepts within the data. Codes were generated inductively through engagement with the participant's narratives (en-vivo codes), established criteria, previous studies, and sources of literature (Appendix Twenty-one). A node is the place where Nivivo9 stores labelled codes, text, and associated data, such as the transcript line number. The ease of coding at the click of a mouse-button has the potential for over coding. To manage this, I regularly reviewed the nodes and their relevance to the analysis and to see if they were still relevant or could form, or fit, a theme. However, as

many qualitative researchers have stated (Ray, 2000, Chambers, 2002, Ballinger, 2012), I found the analysis of 'rich, thick data' time consuming, confusing, frustrating, and 'messy'.

This phase focussed the analysis on a deeper level by examining the relationship between codes and the data to see possible themes. 'A theme captures something important about the data in relation to the research question' (Braun and Clarke, 2006: p.82). Therefore, prevalence is not a criterion for theme creation but 'keyness' is (Braun and Clarke, 2006). Individual nodes were grouped into further nodes that represented provisional, candidate, and main themes (Braun and Clarke, 2006: p.89). I explored the relationships and links between themes and codes by considering how codes may combine, making comparisons, modelling, memo writing, and transcript annotation. The coding method is shown in Figure 2 (page 107) where, moving from right to left, the initial open codes form provisional themes. These are then analysed to shape the candidate themes and structure the main theme.

I used the software's modelling facility at all stages of my analysis. The use of visual representation as an aid in the analytic process of most types of thematic analysis is well established. The 'model' tool enables the visualisation of the relationships between codes of all levels and was used to show the relationships between codes, concepts, notions, issues, and other meanings. The use of visual representation as an aid in the analytic process of most types of thematic analysis is well established. Figure 3 (page 109) illustrates how the model tool represented my coding of the participant's responses to one of the questions in the first

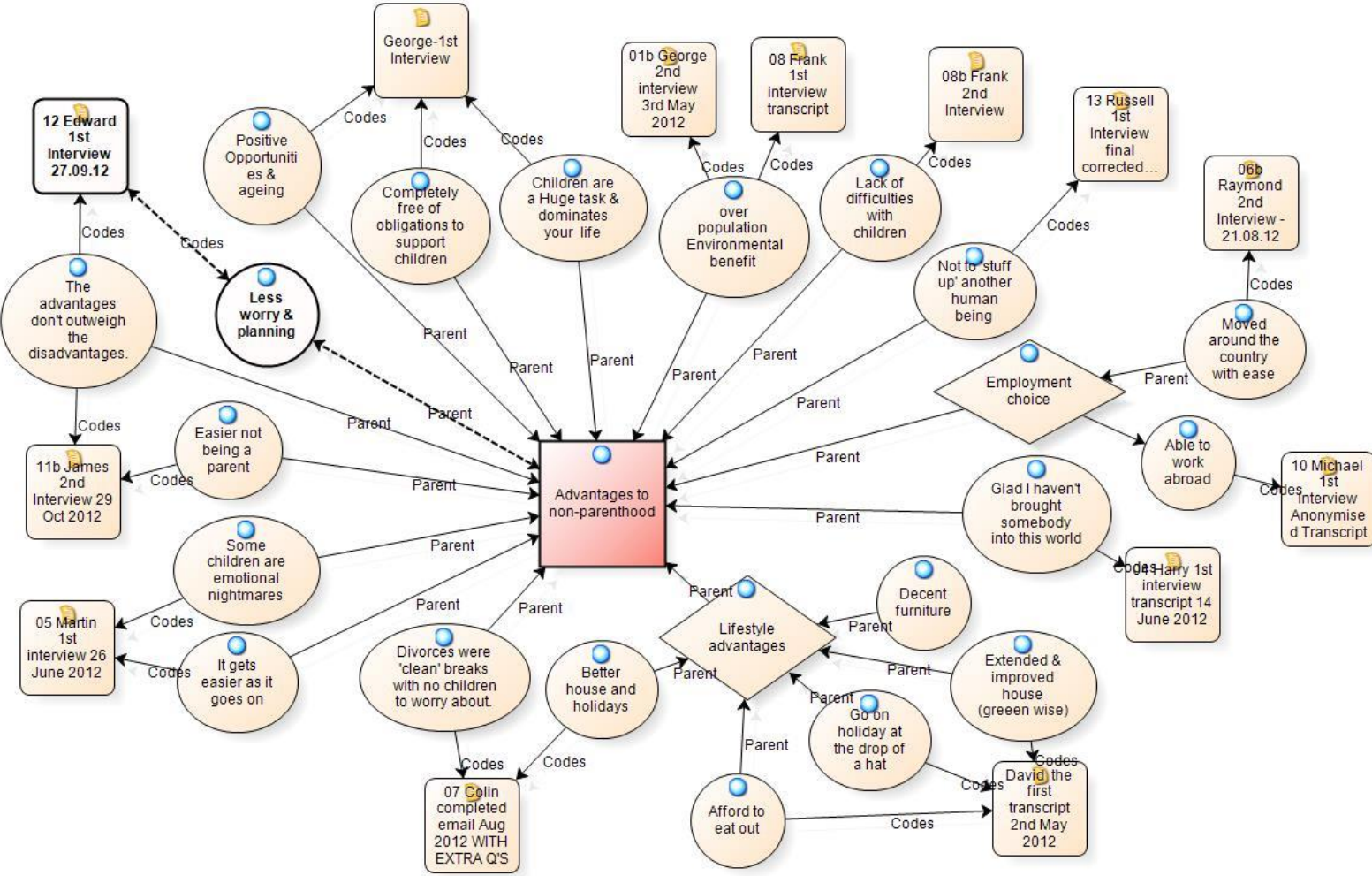
**Figure 2:** Example of the coding process.

Main themes	Candidate theme	Provisional themes	Open or en-vivo code
Ageing ●	Awareness of Ageing ●	Awareness of Ageing ●	I'm aware of the demographic trends ●
Childlessness ●			Vulnerable no longer invincible ●
Economics ●			Needs have to be considered as you age ●
Health ●			Care of his & wifes parents ●
Relationships ●			Recognition of support of children in later life ●
		Acceptance of ageing ●	Accumulation of experience over the decades ●
			Aware of demographic trends ●
			Accepting life's rich pattern ●
			Potential transitions as opportunities ●
		Affects of ageing ●	Eyesight not what it was ●
			Hearing declining ●
			Decline in mental capacity 'memory' ●
		Advantages ●	At age 60 to have time & financial freedom ●
			The freedom to make decisions for yourself ●
			Freedom to choose ●
		Disadvantages ●	I can't do what I used to mentally & physically ●
			Excluded because of decline in wellbeing ●
			Not being able to contribute due to decline is a fear ●

interview, “Are there advantages to not being a parent?” I have highlighted the connection between the participant, Edward, the initial descriptive code of ‘Less worry & planning’ and a provisional code ‘Advantages of non-parenthood’. I used the software’s modelling facility at all stages of my analysis, finding it useful in helping reveal the ‘bigger picture’ and for developing and recording my analysis (see Appendix Twenty-two). However, there were times when I also used free hand diagramming to help with the analysis (see Appendix Twenty-three). The creation of candidate themes was not a linear process but one that developed at different points in the analytical process.

Braun and Clarke (2006: p.92) suggest that the ‘defining and naming’ phase concerns the identification and refinement of the essence of the analysis. Although their method of an analysis is presented as a linear process, in practice the boundaries between the stages were blurred as the analysis involved constant movement between the different phases. For example, during writing up I found myself re-engaging with the recordings and transcripts. Moreover, I found that moving from the ‘micro’ of the analysis to the ‘macro’ of the compilation of the findings for the audience was another form of analysis and influenced the interpretation of the data. As a result codes and themes were re-engaged and revisited throughout the analysis and writing up stages of the study. Braun and Clarke (2013: p.225) stress the active, creative, and organic, process of analysis.

**Figure 3:** A model highlighting the paths between the participants and the initial code and the candidate codes.





#### **4.8 Summary.**

In this chapter, I have described the rationale for using both a qualitative approach and a pluralistic framework, which draws on elements of life course, gerontological, and biographical perspectives. The use of biographical interviews was justified as the most appropriate method for an in-depth exploration of the experiences of involuntarily childless older men. I have highlighted the significance of ethical practice and have documented the research process in order to fulfil the criterion of trustworthiness. Having experienced a number of issues relating to recruitment a wide range of strategies were deployed in order to recruit the sample. Key lessons in accessing hard to reach groups included:

- Appreciation of the sensitive nature of the subject matter;
- Creativity and flexibility: although the website did not directly generate any respondents a number of participants had visited it before contacting me, and as such, it supported the recruitment process;
- Persistence: Recruitment improved in the later half of the study as demonstrated by the interview schedule (see Appendix Twenty-four).

The chapter included my evaluation on the different processes encountered during the collection of data for my study and ended with the description of how the data was analysed, and managed, using Nvivo9. The findings from my thematic analysis are presented in the next four chapters.

The first of the findings chapters, Chapter Five, describes the different influences that contributed to pathways and routes taken by the men that led to them being childless. The beginning of the chapter describes the social context that

influenced the participants' expectations regarding parenthood, and goes on to describe the diverse influences on how they became, and remain, childless. Chapter Six, examines the effect that being childless has had on the men and the intersections of cultural, social, and economic norms that interacted and affected reproductive beliefs and behaviours. The third findings chapter, Chapter Seven, explores temporality and the hierarchy of relationships, social networks, stereotypes, and social heirs. Chapter Eight, describes the economic and health characteristics of the participants and how they view their future. Throughout all four chapters, quotations from the participants are used to support the presentation of the findings. The transcription process involves the translation 'from an oral language with its own set of rules, to a written language with another set of rules' (Kvale, 1996: p. 165). In order to 'keep the human story in the forefront' the transcripts have stayed as close to the participants' speech as possible (Charmaz, 2008: p.107). Although, most of the participant quotes used have been 'cleaned' of paraverbals and pauses, some have been retained to provide a clearer understanding of the participants' meaning. Words stressed by the speaker have been underlined and actions and relationships such as [laughs] [partner] have been included to aid the understanding of the participants' meaning. The use of [...] indicates where a section of narrative has been removed to avoid confusion (Miller, 2000; Bailey, 2008; Davidson, 2009).

## **Chapter Five:**

### **Pathways into Involuntary Childlessness**

#### **5.1 Introduction.**

This chapter demonstrates the intricacy and diversity, in the factors that influenced the participants' involuntary childlessness. It answers the question "How did these men become childless?" by uncovering how issues as diverse as economics and partner selection can influence the participants' childlessness. Pen portraits of each of the participants are located in Appendix Fifteen. The chapter comprises of six sections and begins by examining the dominant heteronormative context from which the men's beliefs, and subsequent behaviour, were developed. Inherently connected with that influence was the form of upbringing the men experienced: in effect the incubator of the accepted, and expected, rules, values, and roles that formed the participants' attitude to parenthood. The movement into adulthood and associated relational and socio-economic events and the timing of them, is then examined. This leads to an exploration of issues in relationship forming and dissolution, followed by a description of attitudes to parenthood and childbirth. The experience of those who, by varying degrees, investigated Assisted Reproductive Technology (ART) is then explored, followed by a view of the different transitions into childlessness. The final section looks at the attitudes towards, and awareness of, fatherhood.

The majority of men in this study defined themselves, at least in agreeing to participate, as involuntarily childless - that is men who, at some point in their lives, had wanted to father children. The exception was Alan who, having experienced the role of 'adopted' grandfather, wanted to repeat that relational experience. From a pragmatic perspective the participants had some

commonalities. Until proved otherwise they held the assumption that they were fertile and therefore with the exception of the two gay men, expected they could, biologically, father a child. The two gay men made clear they could not have had sexual intercourse with women and neither had they been approached to donate sperm.

**Alan:** *"As I say, I certainly didn't want the physical way of way of getting that end product."*

Becoming a parent was an assumed element of the life course for all the other participants. However, other factors including upbringing; relationship dynamics; fertility; economic factors; age; and sexuality influenced the outcome. Some had considered alternative modes of parenthood, such as adoption, but these had either been discounted or withdrawn from. Although some of the participants had been more motivated than others to pursue fatherhood, none of them reported being desperate for parenthood. The men described a range of responses to their non-parenthood, including acceptance, regret, loss, and a nuanced non-acceptance.

## **5.2 Background to beliefs and behaviour.**

In order to understand the differences inherent between the participants in their route towards involuntary childlessness, it is helpful to locate the dominant socio-cultural attitudes and beliefs regarding parenthood. As Phillipson (2013: p. 82) noted the baby boom of post World War Two Britain was divided into two 'spikes': one in the late 1940's and the other in the early 1960's. The demographic profile of this study follows that pattern, with most of participants having been born in the

'40's and '50's and Stephen, who was born in 1963. The exception was Alan, who was born in 1930. John and Martin both noted their childhood re-location to post-war New Towns, and this highlighted the degree of renewal and change the country was involved in the post-war period. That period also saw an increase in the promotion of traditional norms and values including the importance of marriage, and for women, the role of motherhood and nurturing, and for men, the role of father and provider (Holden, 2007). The universal opinion of the participants was the assumption of marriage and parenthood as the social norm and therefore the re-entrenchment and maintenance of heterosexual pronatal norms. Martin and David whom, respectively, described themselves as working and middle-class and showed similar assumptions regarding their cultural inheritance.

**Martin:** *"I think if you're in your teens and twenties, you know you're having a good time and, gradually your, your peers start to get married, in those days, because we didn't have partners, you think that's the way you're gonna go along. [...] I guess you expect there to be a natural progression without even really thinking about it, this is the way it's going to be, you know, you meet a girl, you get married, you have children, and that's the way it is."*

**David:** *"I expected to leave school, do university, get a job, get married and have a family."*

Martin's comment also highlighted two other elements. Firstly, the 'social clock' relating to peers getting married and, secondly, the generational change in

values from marriage to 'partners'. The embeddedness of the essentialist heterosexual pronatalist normative assumption was further highlighted by Martin and Stephen.

**Interviewer:** *"Was that actually verbalised by your parents or was it just...?"*

**Martin:** *"No, no, it's a, it's a social thing. [...] It's a social norm isn't it? [...] I mean, but whatever your religious views are, we're here to procreate that's, you know, that's why we're here, no there wasn't anything spoken."*

**Stephen:** *"I'd see, you know, having a child is very much part of being in a relationship, and so for me, first would be the relationship and then the child would follow."*

Furthermore, the dominance of the pronatal normative was also reflected in the attitude and actions held by two gay participants, Raymond and Alan.

**Raymond:** *"I think from about like fifteen years old I knew I was gay, so in my mind even then I knew I would never get married. So I suppose I didn't even think too much about children because you don't get married them days you didn't have children."*

**Alan:** *"I could never have been a father, I don't think so. Might've worked if it had bin in today's time and place, you know."*

Raymond and Alan highlighted their awareness in the change in values from their formative years and changes in values that have been enshrined in law, for

example the Equality Act (2010). Alan's narrative demonstrated how he negotiated the dominant heteronormative dynamic by 'passing' (Rosenfeld, 2003: p.2) as heterosexual, as homosexuality was illegal in Great Britain at the time.

**Alan:** *"There are certain rules and regulations you 'ave to live with. [...] You work ways to get round the rules. Ways to keep the awkward questions away - but I got rid of two of my ex-girlfriends at my 21st birthday party: introduced 'em to two lads. And then went on to be best man at both weddings."*

However, George, who had middle class upbringing in North-west England, had an attitude that was influenced by the dynamics of the familial environment. The lifestyle of his Uncle made a deep impression on George.

**George:** *"He had this life, he had his own sports car, opened topped sports car, he had his own boat, he sailed, he skied, and he was always tanned and he had always to be out. [...] I think I had some sort of role model of what to be. And you know in a funny way that is what I became. [...] So most of my life was focussed, you know, it was a lot of fun; it was great."*

George's narrative demonstrated the different influences that combined to form his perception of how-to-be-in-the-world. However, Stephen's attitude to the pronatal normative was to reject it while leading what may be seen as a form of hyper-masculinity in his adulthood.

**Stephen:** *"I had spent most of my 30's, and even into early 40's, living a lifestyle [...] which was very much a day-to-day lifestyle, chaotic. [...] Lots of drinking, lots of womanising, and in fact, I only worked in order to get money to fund that lifestyle. [...] I used to see men in families living that kind of stable life as something that I didn't want to be."*

Stephen acknowledged an awareness of the pronatalist norm with reference to his lifestyle not being suitable for the "responsibility of children". Moreover, compared to those that assumed they would, for the most part, marry and become fathers, he rejected that normative and this may be related to his upbringing.

**Stephen:** *"So my early childhood experiences were, you know, very, well not positive in terms of, you know, there being any kind of positive role model for family life at all. [...] So certainly I'm quite sure that, you know, I didn't have any expectation of having or aspiring to having anything that I'd experienced in terms of, family life because I'd never really experienced it."*

Parenthood has been demonstrated to be a deeply embedded social structure for all the participants. The almost unconscious expectation that fatherhood would happen at some point has to be contextualised with the cultural, economic, view-of-self, view-of-others, and social environment that the participants occupied. In that context is the men's attitude to fatherhood. The men wanted to become parents, with the exception of Alan and Raymond; many had been hesitant or fatalistic about their opportunity of fatherhood.



**Michael:** *"I think it's always been in the background, but, of course, I don't think that desire to have children has been so desperate that I've, you know, made myself marry."*

**George:** *"If it happened it happened, if it didn't it didn't."*

Moulet (2005: p.104) suggests that the men in her study provided a form of biographical ambivalence with such terms as 'lack of readiness' and often related to their experience of childhood. Russell expressed the effect of being diagnosed with paranoid schizophrenia in his mid-teens, which added to his anxieties regarding fatherhood.

**Russell:** *"One of the reasons I think I'd make not a very good father is because I'm too anxious about it because I've got too much baggage. [...] I've got, possibly, I carry a gene for schizophrenia or some other form of mental illness, you know? [...] I was really scared about becoming a father. [...] Now I was very concerned I'd not fuck up some other person."*

Russell's disrupted and violent childhood contributed in a number of ways to his attitude towards fatherhood. He was afraid of repeating his father's behaviour and his childhood experience of institutional care added to his insecurity concerning parenthood. Furthermore, he feared there was a genetic legacy to his (misdiagnosed) mental health. He and his wife agreed that the environment their child was born into must be financially and emotionally stable. Contraception was used to avoid unplanned pregnancy and, reacting to the poor economic conditions in Britain, the couple moved to Australia.

**Russell:** *"Both of us wanted to ensure that it was a so-called planned birth, from a financially responsible sort of viewpoint, as well as from an emotional one. So, we were extremely careful about conception. [...] An indication of how seriously we took family planning was that we used to buy an item for the baby each week, which we had a trunk for. So that if the baby did happen, even though we were having protected sex [...] if it did happen by accident that we would be prepared sort of thing."*

The importance of relational experience in childhood and formative years was demonstrated in John's description of the dynamics that influenced, and continue to influence, his relationships with others. A dispute with his partner regarding parenthood intentions (see page 135) not only challenged John's procreative plans but also his self-concept. As part of his self-assessment, John employed a cost-benefit analysis combined with a risk assessment of his options - leading him to stay in the relationship.

**John:** *"I should have just said, 'Okay, we'll sell the house and we'll go'. [...] The background stuff and the damage to my self-esteem and any self-confidence that I may have had, had stopped me from doing that because I was afraid – that things would be worse. I mean, if this was bad then being out there on your own, in your mid-30s, not thinking that you're particularly attractive, you know, somewhat overweight and all that stuff, you're going to end up on your own all of the time."*

John's 'aversive' childhood experience had affected the view he held of himself and how others viewed him. Consequently, fear of not being in a relationship,

and of being alone, determined that he remained in a situation that would not satisfy his desire for fatherhood. The affect of poor parenting continued to influence how John negotiated his self-identity and his intimate and wider relationships.

**John:** *"Because you ain't going to find somebody, and if you do find somebody you're not going to find somebody who hasn't already got children so you've got to pick up somebody else's kids, somebody else's hang-ups, and baggage. And I thought, "How the hell is that better"?"*

John's vision of himself was then held against his age, and the age, life stage, and familial status, of any potential partner. Moreover, he highlighted a negative opinion, not only regarding any potential partner but also about any potential partner's children. The undertone of the comment paralleled opinions expressed regarding adoption and fostering: the view that the child may have needs that the participant cannot meet or are too demanding.

Stephen had had many sexual encounters from his late 20s until his early 40s. As he had always used condoms, he was confident that he was not a father.

**Stephen:** *"Self-preservation was important to me - if for no other reason than to carry on living like it. Yeah, it was very much around the era of HIV and Aids. [...] So I was very, very, very, careful, yeah, which is why I also know that I've not, by default, ever become a father that I don't know about it because I always did."*

During that period of his life, contributing factors to Stephen's childlessness include his attitude to family life, parenthood, women, and the HIV-AIDS awareness campaigns of the 1980s and '90s. The relational dynamics between partners were also seen to change overtime and affect reproductive intentions.

**Frank:** *"Sex was a problem because she wouldn't - my ex was quite irresponsible; she forgot her contraception quite regularly. So that, as you can imagine, that didn't help with sex and I gradually sort of, went off it."*

Stephen's, and Frank's, accounts show the different elements that may affect parental aspirations and expectations, from internal relationship breakdown to global health issues. However, it is striking that in response to the question, with the exception of the three men who had infertility treatment, "Have you ever had sex with the intention of getting someone pregnant?" The answer was a resounding "No". Of this latter group, the two gay men would not contemplate any form of sex with a woman and had not been asked, formerly or informally, to donate sperm. The heterosexual men had, at different times, stated they wanted to be fathers. However, with the exception of the men who had accessed ART treatment, none had had 'baby-making-sex'. All confirmed they had never had consensual, or non-consensual, sexual intercourse with the intention of becoming a parent. Therefore, they had contributed, either consciously or unconsciously, to their childlessness.

Stephen and Frank are two of the participants who become aware of their position towards fatherhood in their mid- 40's – 'late awareness'. Stephen

acknowledged that his behaviour and attitude, between his late 20's and early 40's, had led to his current position.

**Stephen:** *"So the slow process of, kind of, coming out of that life, coincided with the realisation that I was single, not married, not in a relationship, and more importantly, haven't had kids and, you know, I realised that that was probably the most significant impact on me of living in that way, which, on reflection, I wished I hadn't."*

Frank became aware of his desire for parenthood as his 10-year relationship was ending, when he was approximately 44. He had shown a growing dissatisfaction with his partner (see section 5.4). Although he had not had a strong drive for fatherhood at the beginning of the relationship, as the relationship deteriorated he increasingly saw his partner as unsuitable for motherhood and took control of contraception to ensure there was no pregnancy. However, he had not found a partner in the 12 years since the break up of his only long-term relationship and this, to some degree, might be linked to his poor health, unemployment, and living in a rural location where there is limited opportunity to find a suitable partner.

**Frank:** *"It was losing the relationship and maybe, perhaps, substituting it with [...] with a child and maybe, okay that child would have a mother."*

Both Stephen's and Frank's late awareness of potential fatherhood were responses to transitional points in their lives: the former had radically changed his view of his himself and his behaviour, while the latter was accepting that he was

exiting one and entering another. The attitudes shown by the men highlighted how social normatives inculcated through the men's way-of-being-in-the-world and influenced their relationships, beliefs, and actions at the individual, familial, and wider social levels. John's account demonstrated how his attempt to fulfil the heteronormative interconnected with his past, his view of himself, his being-in-the-world and being-with-others, and his perception of his social world.

The different outlooks shown by the participants demonstrated the social and cultural environments that each man occupied, and points towards how these were then interpreted in both thought and deed by the participants. The internalisation and transmission of how-to-be-in-the-world by the socio-cultural construct of 'relationship followed by parenthood' was so embedded it was difficult for the men to reveal its origins. This was indicative of the individual perspectives of parenthood held by the men. However, for some, this agentic direction was not fully accepted, or legitimised, until having to be negotiated later in life. The change in social and cultural attitudes was evident through the participants' reference to the differences between the social values and duties of their upbringing and those available today. For example, Raymond and Alan highlighted the change in the social and cultural normative, in attitude and practise, with regard to fostering and adoption, with specific reference to Elton John and David Furnish (Pidd, 2010). Furthermore, George and Stephen's experiences indicated how upbringing influenced their view of the world and their interaction within it. Having described the normative narratives available, and how these were inculcated into the participants' ways of seeing and being-in-the-world, the following sections demonstrate how different elements contributed to the individual participants' childlessness. In the next section, the focus shifts from

socio-cultural structural values of marriage and parenthood to an exploration of the participants' early and familial experience, and how different experiences had varying degrees of impact on the men's attitudes and aspirations regarding parenthood.

### **5.3 Familial context: upbringing.**

The strong expectation to conform to the heterosexual norm towards relationship formation, marriage, and parenthood, affected all participants. The initial interview question asked the participants to tell a little about themselves. All the men began by referring to their childhood, although the amount of time spent on this area varied greatly. The experiences expressed ranged from the very good to very disruptive. The former did not draw any connection between their upbringing and childlessness. The latter indicated various effects on their attitude, ambitions, and behaviour towards parenthood.

**Martin:** *"Only child, loving parents, great, upbringing, you know working class upbringing, honest and, and, stable, I suppose. None of the horrors that kids apparently go through today."*

**Frank:** *"I suppose perhaps one of the most significant things was growing up, only realising later on, growing up in what was probably called a lower middle-class family [...] So it was a very, sort of, I can only call it, sort of, mediocre. [...] I say, there wasn't the being ferried around in cars to various clubs, and friends and that sort of thing like nowadays."*

**Russell:** *"My childhood recollections of parents are of turmoil, arguing, and subsequently learning that my mother attempted suicide, which led to her incarceration [...] I have very distant memories of being in care homes, some sort of local authority care homes."*

Alan, Stephen, Russell and John indicated that they had disrupted childhoods. Alan had been adopted from an early age. His narrative highlights a tension between morals of the time: the choices available to the birth parents, the attitude of the birth mother's parents, and social policy that facilitated the removal of the child. For Alan, at aged 13 years, his adopted mother's death could have led to him being returned to 'care' but the wider social context, dictated by the Second World War, led to his adopted family of two brothers and a sister taking over his care.

**Alan:** *"Yes, I was born in 1930, out of wedlock. [...] The usual thing, an unmarried mother, 'er parents weren't prepared to take full responsibility for the child so 'e was - baby was taken away shortly after she came out of hospital. [...] You know, mum was 51 when she adopted me with a grown up family."*

Alan made clear his long search for a 'dad,' but not a 'father.' Furthermore, he had retained a connection with his birth mother. Although Alan described a happy and supportive upbringing, it is apparent that he felt the need to connect with his birth mother's lineage. Moreover, he described the importance of the absence of a relationship with a 'dad' figure who, specifically, was non-authoritarian and the imparter of skills and knowledge. Alan's longing for a father-son relationship re-



appears later on his life, as the desire for the role of a grandfather and this is discussed in Chapter Seven.

**Alan:** *"I was adopted by the family. And that's where me surname comes from. The 'B' in the middle what I sign, was mother's maiden surname; funnily enough, not the surname of 'er parents. [...] But I say, I went through my life and until I was 50, I think I was still going round looking for a dad. Din't want a father."*

**Interviewer:** *"Tell me what you...?"*

**Alan:** *"Well a father is the 'ead of household. He's the 'ead; he lays down the law on things. [...] A dad is the one you go and ask, "How do I shave, dad?" [...] The one who shows you how to bowl a googly, whatever your sport is. The one who - that was the one that was missing."*

Stephen also referred to himself as being 'born out of wedlock'. The use of this term, by both the oldest and youngest in the study, points towards the strength of the cultural embeddedness of the link between marriage, procreation, and family.

**Stephen:** *"I was an only child, born out of wedlock, father unknown, never asked her one question about my father, so [...] I've never actually addressed the issue with her, so, didn't have any, experience of being fathered at all. [...] I didn't experience a family in the sense of my mother and father living a family life, no."*

Stephen highlighted his lack of 'living a family life' and had no curiosity regarding his father or a need of any paternal relationship. John was the eldest of three

brothers and, although describing his father as sometimes putting him "over his knee and give me a bleedin' good hiding," does not feel his was an abusive childhood.

**John:** *"If I were to look back on my childhood, I think in some respects - I was not abused as such, but it was aversive in ways. You know, I didn't get the nurturing that a three, four, five-year-old should have had."*

The childhood environment has an important influence on peoples ability to face adversity and problems across the life course (Machielse and Hortulanus, 2013: p.128). At age nine, John was sent to a "Boarding school for what was termed *being maladjusted children*" for five years, due to a medical issue that was misdiagnosed as psychological. At that school, he was bullied and reprimanded through corporal punishment. Both John's and Russell's experiences demonstrated the tension involved between policy and parenthood located in a particular time and social context. Russell's childhood was one of multiple disruptions.

**Russell:** *"Much of my childhood was, firstly, in foster care and then in an orphanage. [...] But despite being extremely violent, and me being a so-called abused child, there was a considerable feeling, father-son, thing, even though it was a very short space of time that I ended up with him. [...] He, very reluctantly, agreed to relinquish custody so that my mother could take me out to Australia. [...] It had an enormous impact, on the way I regard fatherhood."*

Out of the 14 men interviewed, four specifically drew attention to their childhood. However, the reaction to the different forms of disruption was seen in the range of participants' attitudes to fatherhood, from rejection by Stephen to control by Russell. Moreover, their childhood experience was reflected in their relationships and demonstrated how social morals and codes were incorporated into each individual's interactions within their micro-level environments. As the men moved from childhood and the familial environment into adulthood, they also moved into different social environments. The transitions involved occurred over different social, cultural, and psychological levels including biological (puberty); social (school to work/university); identity (child to adult); social networks (familial to peer); economic (unearned/earned); and different types and levels of relationships (hierarchical, peer, romantic, sexual).

The period that covers this transitional period is typically associated with a drive for autonomy and exploration of identity, in parallel with age-related markers such as legal standards, and socially symbolic rites and roles. The entire sample referred to this period and their position in relation, and ability to relate, to others and the wider world. After the death of his adopted mother, and with the Second World War still being fought, Alan, at 14, decided to leave school, start work, and contribute to the family finances.

**Alan:** *"I got this complete teenager angst in me, and, I, sort of, wasn't - I wanted to earn my own money. I was paying; you know, bring 'em my wages and give them. That was a, you know, this was the mental thing up 'ere" [taps side of head with finger]."*

Others expressed an awareness of inhibition in forming friendships and in social situations. This was reported as being in a small group of friends, often related to being shy, and was measured by not being in the popular group at school. The 'popular' group were defined as the boys who had girlfriends and claimed to have had sex. Moreover, these participants displayed a range of reasons for their social skills, from awkwardness to shyness that had never been overcome.

**David:** *"I had already started calling it 'girlfriend phobia' m'self because if I got to close and things got like, you must commit, the level of psychological upset and distress became extreme."*

Although David did not have a problem forming relationships, he reported an issue regarding formalising a relationship through marriage, therefore, not being able to fulfil the marriage-then-parenthood element of the pronatalist heterosexual remit. The majority of the participants placed themselves in a subordinated group, at a time of many forms of transitional events in terms of personal agency and socio-cultural constructs. The effect of delaying intimate and sexual relationships on childlessness was noted in the literature review chapter, as was the level and timing of leaving education and type of career. Edward's biography encapsulates all these elements, and demonstrates the report that he had always been shy and that this had affected the number of relationships that he had formed, with both females and males, throughout his life.

**Edward:** *"Looking back I don't think as a kid I was - I wasn't that sort of gregarious, you know, as now, I suppose. I was always a little bit shy and a little bit withdrawn. [...] So I think that, you know, looking back it doesn't surprise me, you know, to be looking back at my life and thinking, "Oh, you know, I've gone through all these stages and not really known many women and not known many men either"."*

As with most of the participants, Edward recalled a difference at secondary school between himself and other boys who were at ease with girls.

**Edward:** *"I think as a teenager I wasn't that sociable really, you know. [...] It was a small circle of friends and an even smaller circle of girls that I knew."*

Moreover, Edward studied architecture at university, a course that lasted longer than most and populated mainly by men. The professional experience criterion meant that he did not leave University until his late 20's. His social reticence and choice of course contributed to the timing of his first and current intimate relationship aged nearly 30. Edward hesitantly described the dynamics involved in negotiating the movement into a sexual relationship.

**Edward:** *"I mean it was very lucky really, 'cos it isn't as though I'd had a lot of experience in forming relationships with women, but, she was the first, yeah. [...] She didn't want me to be too reticent. [...] I may have been a bit shy in, sort of, initiating the physical side of our relationship. And I think that she was [laughs], she'd made her mind up, she was not gonna let me be too shy about it, you know."*

Edward's attempt to fulfil social and cultural standards had to be negotiated through a cost-benefit risk assessment of his social skills and social interaction. Edward's example links together a number of elements, including the ability to form intimate relationships and the timing of those relationships. Economic factors also combined with interpersonal skills to effect relationship building.

**David:** *"I was very, very busy at work I moved, for the job, occasionally and I think I worked jolly hard. I think I was also quite shy, I don't think I was very good at generating new social circles wherever I went."*

David summarises the tension between the expected norm of family, establishing economic resource and social skills, and how these may be difficult to combine. David moved to various locations around Greater London and each time bought a three-bedroomed house; not only because that type of accommodation would be easy to sell but also to account for any future family. Both David and Russell had held senior management positions in international companies and had held positions of power. As such, they held a status that, when viewed from a stereotypical masculine position, imbued them with privilege that could be used to attract a partner. However, both were very aware of not abusing their responsibility and ethical duty, with regard to forming relationships with employees or colleagues.

**David:** *"But then I moved back into manufacturing - by this time I was a production superintendent in a factory full of women. Well, you can't mess with the women working under you; I wasn't going to do it. To me it's unethical, completely out of order."*

**Russell:** *"I've never seen myself as being attractive to women anyway. I actually was concerned about a 'come on', whatever, and I actually spoke to HR. I said, "You know, I'm very concerned about this." I'd run a mile, and it would interfere in my ability to give advice, sort of thing; I don't think I'd be objective."*

This section highlighted how the men's early experiences affected the transition from childhood to adulthood. The different experiences in family, education, building and maintaining relationships, had varying degrees of impact on the men's attitudes and aspirations regarding parenthood. The majority of men in this study positioned themselves, in their late school years, as separate from the 'popular boys', with small social networks, and to varying degrees, social reticence. The transition into early adulthood demonstrated the skills to form, and maintain, relationships varied from individual to individual, and intersected with other factors in affecting the men's childlessness. Relationship skills formed during the formative years affected the timing of role transitions. Childhood interactional style is therefore active throughout the life course: 'interactional continuity' (Caspi et al, 1998: p.826). Having explored how different individuals managed the transition from adolescence to adulthood, the following section describes the timing of relationship formation and dissolution.

#### **5.4 Relationships: forming and dissolving.**

The heteronormative narrative that the majority of participants attempted to fulfil dictated a specific order of events, including marriage followed by parenthood. Elements of that ordination were formed by the women's' biological clock – the acknowledgement that the older a woman was the less chance there was for

children. Age is a determinant of access to infertility treatments, as the success of IVF declines for women aged 35 and over (HFEA, 2009b). Recent research has shown that semen also declines in potency at around 35 years (Kidd et al., 2001; Siristatidis and Bhattacharya, 2007; Cohen-Bacrie, 2008). Men have been shown to peak in their desire to become fathers in their mid-30's to 40's, before they become too old to have a full interactive relationship with their children (Hadley, 2008a). For the heterosexual men, the selection of a partner that was willing to become a mother was fundamental to comply with the dominant pronatalist standard that they would become fathers. For example, Edward met his partner when he was approximately 30 and she was 24 and delayed trying for children until his early 40's.

**Edward:** *"So you know, I was getting on towards thirty before my partner and I did get together. [...] She certainly wanted to delay it until she was settled. [...] There was a mutual desire. The age thing, at the time when we felt ready, didn't bother me because, you know, being with my parents both in their forties when I was born, I thought it would just be like falling off a log."*

Therefore, in addition to the age of the participants, the timing of relationship formation and any subsequent dissolution was a critical element in the opportunity to become a parent. That Edward's parents were in their 40's when he was born was significant in his attitude to the timing of fatherhood. Edward's and his partner's experiences fit a number of the life course timing criteria that may lead to childlessness: education level, establishing careers, and buying of first home.



**David:** *"So we got married and she, at the time, had said that her number one ambition was to have kids. [...] So four and a half years of marriage, not a hint of pregnancy. [...] So, I've ended up having married a nice intelligent, interesting person but we haven't come up with the kids, which is disappointing. Which is not to say it won't happen but you know every year that ticks by the probability is getting less."*

As David aged, his desire for fatherhood had not waned and he married a woman 23 years his junior, who was aware of his desire for fatherhood. David highlighted the significance of the biological clock. Having children was a shared goal for both partners within each relationship. However, Edward and his partner had agreed that they needed to 'settle down'; for example, establish their careers and acquire accommodation before starting a family. John and his partner, who were in their mid-twenties when they became a couple, had a common aim to have children.

**John:** *"It was not if we had children – it was how many. I said, "You know, two would be pretty good" but she said, "Yeah, but four would be better, though". And I thought "Bloody hell, cor, I don't know how I'm gonna deal with four" but I certainly wasn't alarmed or, you know, frightened by the prospect. I just thought, "Christ, I didn't think life could be this good"."*

John and his partner had bought a four-bedroomed house in anticipation of having children; however, two factors affected their plan. Firstly, the country suffered a recession and the interest rate increased leading them to delay starting a family.

**John:** *"You know, we've been working together, you know, to find a suitable place, you know, to be our nest, find a suitable place, get moved in. And then just after we moved in, you know, interest rates, the bloody interest rates hit 13% or whatever it was. So, it needed the two of us to be working and getting in all the overtime that was going just to survive it. So, you know, you weren't pressing somebody to be having a family under those sort of circumstances, so that, so that made me delay, you know, overtures in those directions."*

Secondly, John's partner became focussed on her career and, in their mid-30's, John's awareness of the 'bio-social' clock led him to address the subject of parenthood.

**John:** *"I said "C'mon, we really need to make a decision, you know, we just don't want to let time go by and let nature take the decision for us". And so she said, "Well, I never thought you are responsible enough to have children." Which, I guess, is the time I started drinking seriously."*

John's account highlighted his reaction to the complex intersection of events between the macro level events of national economics, including the increased opportunity for women to develop careers, the micro dynamics of his partner changing her view of him as a potential father, and the bio-social dynamic.

**Frank:** *"I did quite like her. [...] But, you know, I obviously made a mistake there because I misjudged her character completely."*

Frank was 34, 10 years older than his first intimate girlfriend, and they prioritised achieving a stable socio-economic position before considering starting a family. However, the relationship deteriorated over the 10 years they were together. Because of the changing internal dynamics of the relationship, Frank felt that he had to take control of the contraception.

**Frank:** *"She was on the pill. So, once we were living together she, you know, she'd suddenly say half way through sex, "Ooh, I forgot". She just wasn't responsible like that."*

Frank and his partner ended their relationship after 10 years and it was a further 10 years before he started to look for another relationship. During that time, Frank's awareness of not being a father had steadily increased.

**Frank:** *"It's just something that's gradually increased in my mind, thinking, "Oh, time's running out" and thinking - well one of the reasons I'd like to meet someone younger is because they might have children who might need a father, you know, whoever, might want children, I don't know."*

Frank highlights the relationship between how the social and biological clocks may apply differently between him and any new and/or younger partner. One aspect of any possible relationship raises the possibility of having to negotiate between biological and social father roles. Furthermore, Frank's narrative centred on the timing of, and between, relationship forming and dissolution, and a new relationship beginning. At 34, Frank was not the oldest man in the study to form a significant relationship.

**George:** *"I married late. [...] I met her when I was 40, so she was 30, and we married a year or two later. But up till, well certainly up till my 30s, I was keen very keen to find a partner, but never seem to be to find anyone that it quite worked with until Joan came along and it's been very good"*

The participant's experiences highlighted how different factors affected their childless state, for example, the timing of relationship formation and choice of partner. Colin had formed an intimate and meaningful relationship with his first wife in his mid-teens, married her, and subsequently divorced in his early 30's.

**Colin:** *"At age 26, I married my childhood sweetheart after courting for 10 years. We were both excellent at sport and both had successful careers. My first wife did not want to give up work and at the time did not want children (although she went on to have two with her second husband who she left me for). When I was 22 to 33, I would have particularly loved to have children."*

One effect of the relationship ending was the long delay until his next intimate relationship. The period between his first relationship and second relationships was critical because it encompassed the biological clock of contemporary females and increased the significance of the social clock.

**Colin:** *"I was devastated by our divorce and went 12 years before I had another serious relationship, aged 45. I married for the second time when I was around 48. I hadn't realised until she told me when we were first*

*intimate that my second wife had previously had surgery to prevent her having children (after having three in a previous marriage)."*

### **5.5 Alternatives: relational, medical, and adoption.**

The previous section demonstrated how inter-relational couple dynamics might lead either partner to change their opinion of the other. John later speculated that his partner's fear of pain had also affected her view of childbirth. James and Martin's partners also expressed a fear of childbirth (tokophobia). Tokophobia has only relatively recently been classified as a medical condition and, with the dominant pronatalist discourse surrounding women and motherhood at the time, non-compliance would probably lead to stigmatisation and exclusion. The lack of a socially acceptable alternative narrative would support non-disclosure of any non-compliance ideation (Marcé, 1858; Hofberg and Brockington, 2000; Zar et al., 2001; Scollato and Lampasona, 2013). James became aware of an urge to become a parent in his late thirties.

**James:** *"So really it was late 30's when I might've started havin' those inklin's. [...] She didn't want children. [...] She was very petite, it was just the thought of it - she found quite scary."*

**Interviewer:** *"Was that ever said?"*

**James:** *"Yeah. I think it was said, yeah. Yeah, I'm sure she said that."*

James's partner made it clear from before they lived together that she did not want children and as a result, he put his considerations aside.

**James:** *"I think it was when I was gettin' together with Meg and, the fact that she stated that she didn't want children, it sort of concentrated my mind that it was something to think about then. [...] And I think that's probably when I first, sorta - by her puttin' a negative, I started givin' it a little bit o' thought, you know? [...] I just quickly put that to one side because it had been broached as a subject: I don't think it had ever been broached before, as a subject, with anybody else."*

James had stated he had not been conscious of the pronatal dominant normative; however, his statement relating to life stages, felt age, and some awareness of parenthood, indicates some level of acknowledgement of it. The relationship ended when James was around 50. The ranking of an adult relationship over parenthood may indicate a hierarchy in the 'watchers and waiters' categorisation of Cannold (2004). Moreover, his reaction to the articulation of the subject highlighted how the option not to have children was taboo. Others did not consider that fear of childbirth may have been a factor for their partner.

**Martin:** *"We had a good relationship, we spoke a lot to each other, but she never really articulated the fact, until quite later on, that she was just terrified of the thought of childbirth, you know. [...] Anyway, that relationship ended in '85. I married my wife in '90 and then we'd tried to have children and that's really, where I've found medically that, yes – you're definitely infertile."*

The reticence of the partners in declaring their fear of childbirth, with the exception of James's, supported the dominant pronatalist social dynamic. Therefore, it is understandable that the women did not, or could not, express their fear but 'passed' as conforming to the norm. Moreover, they may have believed that, over time, the desire for children would override the fear of childbirth. This was emphasised by James's declaration that he had not previously heard the subject spoken about. Moreover, James referenced both his age and stage of life, and thus drew attention to the relationship between social context and parenthood: the social clock. Martin's experience illustrates the importance of the timing of events: divorce (aged 43), re-marriage (aged 48) and then the diagnosis of infertility followed by adaption to biological circumstance. Two other men, George and Edward, and their partners, also sought help in trying to conceive. Both George and Edward were in their mid-40's to early 50's, and their partners in their mid-30's to early 40's when accessing infertility treatment.

**George:** *"When we got to the point of the next stage of the IVF, we just felt "I don't think we want to do this" you know? If it happens it happens, if it doesn't, it doesn't. [...] We spent a lot of time talking about it because we wanted to be clear what decision we were making and why we were making it."*

George and his wife withdrew from treatment early in the process and he emphasised the deliberations surrounding the decision. The influence of their Christian faith on their decision was not directly referred to but may have given some support during their contemplations. The impact that IVF treatment has on women and couples has been well documented (see Chapter Two). Men are

often distressed by the effects the treatment has on their partner and are frequently the initiators of the decision to end of treatment (Moulet, 2005; Brian, 2009).

**Edward:** *"We discussed various options but we didn't feel happy about adopting, or perhaps trying fostering, anything like that, and the IVF was very stressful for my partner. The injections and the hospital visits were, were not particularly easy for her so after two cycles we called it a day basically."*

Edward and his partner were diagnosed with unexplained infertility and withdrew from treatment after two cycles. Between 30-40% of couples in infertility treatment have this diagnosis (Siristatidis and Bhattacharya, 2007: p.2084). Martin and his second wife discovered he was infertile after unsuccessfully trying to conceive.

**Martin:** *"At that point, I had to think to myself, "Do I want to have another man's children?" And it took me a while to sort of - get round that. I used to say, "Well is it better to have none at all, than to have a child you know is not, not yours." [...] I think it took a while to accept that but I did, and I thought, particularly for my wife more than anything [...] because basically she'd need to fulfil her need to be a mother. So, we had a couple of goes at IVF, donor IVF. But what she went through from the, the drugs and the playing around with the hormones and financially we just couldn't afford to do it more than a couple of times. And then we just sat down and said, "Well if this is the way it's meant to be, then so it is." I*



*think then everything became very clear and easy. [...] We'd have both been very happy if it had worked."*

Martin struggled with the thought of donor insemination, and his view of the eugenic hierarchy against what he believed to be his wife's maternal right. His attitude reflected the dominance of the heterosexual pronatal normative: the primacy of biological fatherhood was set against Martin's view of a woman's 'need to be a mother'. I view this as a negotiation between Martin's sense of self, the societal and cultural norms, economics, and the age related policy of ART treatment. However, at the beginning of the second interview Martin revealed the emotional complexities that ART involves. Navigating between one's own need and the 'natural' pronatalist normative of parenthood exposed the embeddedness of the latter within the social and cultural structure.

**Martin:** *"I made a comment in there that we tried for children artificially and that, you know, I wanted that because of her. And she said, "Well, it wasn't a big deal for me, I wanted it because of you" [laughter]. So I said, "Well, we could have spoken to each other more clearly at the time and saved a lot of money" [laughter]. But that was an interesting, you know, that neither of us at the time, I don't think, realised that was the situation, but there you go."*

The importance of parenthood and awareness of the predicted needs of the other is shown in that exchange. Moreover, it highlights how sensitive the subject of parenthood is for the both the individual and the couple. Martin and his wife felt they were too old to be considered as suitable adoptive parents. Only one

participant had applied to adopt children. Harry and Helen lived together; he was divorced and she was separated from her husband. In the early 1980's, she had been told she was very unlikely to conceive and they applied to be considered as adoptive parents.

**Harry:** *"We looked at one point many years ago at adoption. [...] It was quite obvious they felt we weren't what they wanted. [...] We didn't fit the criteria. I mean they even hammered it down to, they said 'Do you go to church?' I said 'No,' they said, 'Well, your partner's very religious' and I said 'Yes' and they said 'Well this is, you know, a problem that we find, you're sending a mixed message."*

Harry's experience reflected the societal infrastructure of the period: the difficulty in negotiating a social system that delivered the dominant perspective of marriage. Therefore, neither the relationship, nor Harry's partner's health, was acknowledged. Frank was attracted to the notion of adopting but his view of his health, and accommodation prevented him applying.

**Frank:** *"I know that they're allowing single men to foster now. Again, there can be problems and I'm aware of the fact that they can be palmed off with some difficult child without 'em knowing it. But I think if my health had been better and I'd had a bigger house, I would've probably looked into the possibility of doing that 'cos you can get paid quite good money for fostering. [...] So it might sound very, very, what's the word, cynical, you know, but I mean if it pays the bills and some child gets looked after, why not?"*

Frank's speculation demonstrated the changes in policy that have taken place in the past two decades. For the two gay men, Alan and Raymond, the change in policy and equality legislation highlighted a generational difference between older and younger gay men, with the latter having the opportunity to adopt children.

**Raymond:** *"Then after he died I started to think more, I wonder, you know, wouldn't it have been nice to have had children. But, nowadays of course, two men could adopt a child, but then they couldn't. [...] I don't say now I'd want children around me every hour of the day now, because I'm nearly seventy and you haven't the patience. [...] I wish it was in an enlightened day when me and Paul could have maybe adopted a little child."*

Bereavement had caused Raymond to revisit his attitude towards having a family, and there was a sense of regret that the adoption policy changes had arrived to late for him and his partner. This can be seen as a generational difference between the older and younger LGBT people in the potential identities and roles are that are now available. Moreover, he now views himself unsuitable as a fulltime adoptive parent. Similarly, Alan noted that if he was younger he might have adopted.

**Alan:** *"I think if it could 'appen now, you know, like I say, a young person, obviously not at the age I am now, but if I was in my 40's now and I was with a permanent, proper relationship, you know, then I think, yes, I would. I think one could be 'elpful."*

Alan also saw his age as a barrier to being an adoptive parent; however, he had experienced being an 'adopted grandfather', as part of a local school intergenerational project.

**Alan:** *"I thought, you know, why, wonderful being granddad, I like that, yes. I could live with that 'cos you didn't have 'em 'ome with you. [...] But they still always talk; he always comes down, the young one that still goes... he still comes down, or 'e waves, yells, and 'e always yells "Granddad"."*

**Interviewer:** *"How does that make you feel, when he yells 'Granddad'?"*

**Alan:** *"Erm, make me feel belonged. Makes me feel I'm part of something."*

While Alan and Raymond were aware of the recent changes in policy regarding adoption, Michael reflected a different belief. His statement highlighted the association between parenthood and women was ingrained in policy and meant he was not eligible to adopt.

**Michael:** *"Us men can't even adopt. [...] I would be quite happy to adopt. [...] Of course, I'd want to adopt amazing children. You know, there's a few kids that are just born under a bad sign. [...] So, I would want some assurance they weren't."*

Michael draws on an idealisation of 'amazing children' against those that are 'born under a bad sign' and highlighted that, for him, being an adoptive parent was not a completely altruistic proposition. The indication was of a cost-benefit-

risk analysis that accounted for Michael's awareness of his needs in relation to that of any potential adoptee. George also highlighted the poor experience of a member of his social network who had adopted.

**George:** *"We discussed adopting and decided we wouldn't. I think Joan was probably more keen than I was but I wasn't that keen. [...] We didn't take it very far at all. We had a discussion between us."*

George and his wife had withdrawn from IVF in the early stages of treatment. George's view of himself as not having the personal reserves in the event of adopting a child that needed more than expected resource, was at odds with the confident, self-assured person that otherwise came across during the interview.

**George:** *"I think we talked with some very old good friends of mine who had had one child and adopted a second child. And there were a lot of big problems and I thought, 'I don't think I want that.' [...] I'm not sure I'm a big enough, strong enough, loving enough person to cope, you know? Having seen it at close hand what was going on there and the pain and the difficulty. I thought, 'I don't think it really is me.'"*

David's preference not to adopt highlights the different dynamics between couples in similar situations. Moreover, the former couple's decision appeared directly related to the stress of IVF treatment. Furthermore, both men were in their mid to late 40's when this issue was being discussed. David highlighted his preferences for a biological child and the reasons for not adopting.

**David:** *"I don't know that I would feel the same adopting a child as I would about having one of my own. [...] I think, for me, it's more about having our own kids and creating our own family and that is what appeals most to me. [...] It's still very important and I'd rather do the whole job done than pick it up half done. Particularly if you're picking up somebody else's kid half done, you'd probably pick up a lot of trouble [...] I think it's fair if we have kids of our own but I would not ask her to embark on more than two and I think she might feel one was enough. [...] I don't think we would adopt, I don't think we would go for IVF – I don't know, unless my wife suddenly said, "I'm broody. We must do IVF"."*

David's position emphasised his view of the central primacy of the relationship, between the biological and creation of a family. This highlighted the reciprocal interconnectedness between individual agency and structure. Stephen, a single man, located adoption firmly in the context of a relationship.

**Stephen:** *"I'd see, you know, having a child is very much part of being in a relationship, and so for me, first would be the relationship and then the child would follow. [...] But the idea of me independently embarking on parenting outside the context of a relationship isn't something I'd consider, no."*

Stephen's view was linked to his experience of working with young adults in the care sector. Both Russell's biographical experience and social awareness influenced his perspective.

**Russell:** *"You must remember I was fostered.[...] Because I was a youth worker, I'd seen a lot of adoptions go wrong. [...] I think because of my experiences, I would be very wary about taking on the responsibility of adoption because I know that it's even more stacked against you..."*

Russell's reactions draw on the experiences of others, and in his last statement he expresses that his desire for fatherhood was limited and reflected on the primacy of the biological imperative. The different views on adoption indicate that, although it may seem a logical 'next step', the issues involved connect to deeply personal viewpoints of self, others, and social elements.

## **5.6 Conclusion.**

This chapter examined the participants' paths to, and highlighted the different elements that influenced, their involuntary childlessness. Following a brief overview of the analysis, the different influences that were extracted from the participants' description of their biographies were explored. The interconnection between the different elements such as relationship forming, partner selection, biology, and economics was examined. This chapter has demonstrated the relational dynamics between the men's attempts to negotiate individual desires and beliefs and the tacit knowledge of what was the social norm. This was shown in the interaction between the men and their upbringing; sexual orientation; relationships; age; social and political environments. The recognition of the complexity and diversity of their experience is one of the keys to understanding the experience of involuntary childlessness. Against the generally held view that people choose childlessness, the participants' narratives revealed the different elements that influenced the participants' childlessness; choice of

partner; attitude towards parenthood; economic factors; relationship issues; and the timing of transitions.

The dominant pronatalist heteronormative was so pervasive that, of the 13 participants born in that period, none could express where their assumptions regarding parenthood originated. The norm was seen as repeating the example set by parents: work/university, marriage and children with the participants occupying the role of breadwinners/providers. While some happily followed the normative pathway, others were unsure. For example, the normative directive of marriage followed by children meant that the two gay men, at a relatively early age, put aside any thoughts of fatherhood. Although the majority had good familial experiences, the experiences of those who did not, influenced how they viewed themselves and their relational interactions throughout their lives. The timing of transitions such as entering the workforce and starting and leaving university were shown to affect relationship formation. The skills needed to facilitate social interaction were demonstrated as having a life-long effect on how some of the participants entered and maintained relationships. Moreover, the internal dynamics between partners led to previous agreements to start a family being changed by both males and females. Furthermore, the age that men and their partners attempted to start a family was affected both by career choice and opportunity, particularly for female partners, and economics. Some female partners were scared of childbirth, but so great was the normative for women of marriage and childbearing that they could not express their fear. However, one woman did make her tokophobia, and thus no children, clear at the start of the relationship and the participant decided to set aside his 'inkling' for parenthood.



Three participants, and their partners, had, to varying degrees, accessed Assistive Reproductive Technology (ART) services. All three men were in their 40's when they entered treatment with their partners in their mid to late 30's. The two couples who elected for IVF both withdrew after two cycles of treatment, citing the deleterious affect it had on the women. In addition, the treatment, for the most part, was self-funded and thus highlights the age-related policy regarding ART. The age-related policy of access to ART treatment reflected the relationship between an individual's desire and health and social policy. The definition of agency and structure that Connidis and McMullin (2002) proposed did not fully account for the multivalent levels that appeared in participants' narrative. The IVF men were the only participants in the study who had had sex with the intention of conceiving a baby. Therefore, one of the reasons the other men in the study were childless was because they did not have sex with the intention to have a child.

Some of the men, as they aged, had become aware of the role of grandfatherhood. The role of grandfather had been experienced through four routes: adopted, latent, pursued, and proxy. Others held alternative views on grandfatherhood, for example, as a position achieved only through fatherhood and, by not gaining that status, was a source of difference and loss. The next chapter will explore issues related to the impact that childlessness had on the men's behaviours, beliefs, and relationships.

## **Chapter Six:**

### **Negotiating fatherhood**

#### **6.1 Introduction.**

In this chapter, the influence of childlessness on the participants' lives is examined. Parenthood has been shown as a complex transition that generates change on many levels, including identity, close and wider relationships, health, and socio-economically. I will demonstrate the different positions the men held with regard to fatherhood and non-fatherhood. My argument supports the view that childlessness should be viewed as a continuum on which individuals may locate themselves at different points at different times (Monach, 1993: p.5). By taking account of the life course, the contingencies, differences, and similarities, of how male involuntary childlessness is experienced is revealed. The following sections show the variety of ways the men related to not being a father and how it affected them individually and impacted on their lives. One of the themes that emerged from the analysis was that while some participants desired to be parents, others were unsure if parenthood was possible, or desirable, while the remainder had rationalised that they were not going to be parents. A pen portrait of each participant, and a short reflective account on each interview, can be found in Appendix Fifteen. The chapter begins by examining the men who wanted, and believed, they could be fathers. The second section explores the participants who were contemplating accepting the idea of not being a parent. The third section describes the men who have accepted they will not be fathers.

#### **6.2: Aspirational: fatherhood wanted.**

The analysis showed that the men viewed their involuntary childlessness differently at different points in time across the life course. The participants'

attitude to parenthood ranged from those wished to be a parent to those who accepted that they would not become biological parents. Table 3 (page 153) shows my interpretation of how the men related to parenthood. They are divided into three groups. The first group I have termed 'aspirational': three men had the desire to become a father with David indicating his intention through his plans on how to negotiate being an older father. The two men who formed the second set, the 'uncertain' group, were unsure of the possibility of becoming a father. With the exception of David, the men in these first two groups were single and solo living. The nine remaining participants form the 'mediated' group. These men had accepted they were not going to become biological parents and had a 'mediated' perspective based on their experience of different contingencies at different times in their lives. Six of these men were in relationships and this is significant because older men in relationships have better health and wellbeing than those who are not (Davidson and Arber, 2006). The table indicates that the older men had a more mediated relationship to childlessness.

The 'aspirant' men were Stephen, Frank, and David were some of the younger men in the sample. All three men expressed the desire to be a father, and the impact of this wish was held against an awareness of a number of factors, including age, relationship, and their view of the future. David was the only of the three in a relationship and had married when he was 55. David had considered the consequences of becoming a father.

**David:** *If it really became impractical to juggle even limited part-time work with looking after a baby [...] I would say "Right I will stop working, look after the kid" and that becomes my focus."*

**Table 3:** Participants' attitudes to fatherhood

<b>Attitude</b>	<b>Participant</b>	<b>Age</b>	<b>Relationship status</b>
Aspirational	Stephen	49	Single
	Frank	56	Single
	David	60	Married
Uncertain	Russell	55	Single
	Michael	63	Single
Mediated	Colin	59	Long term relationship
	John	59	Long term relationship
	Edward	60	Long term relationship
	George	60	Married
	Harry	64	Single/Widower
	James	65	Long term relationship
	Martin	70	Married
	Raymond	70	Single/ Widower
	Alan	82	Single

David's view highlighted his adapting the traditional male 'provider' role by drawing on recent discourse surrounding involved-fathering. Within his strategy was the acknowledgement of his wife's change in role to become the main breadwinner. The birth of any possible children also had implications on how future age-related social transitions, such as starting school, would impact on David's role in later life.

**David:** *"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." That means that all of my retirement will be spent bringing up kids. And if I make it beyond 80, which I hope I will, I mean to fund them through university."*

The focus on adapting the traditional role of breadwinner reflected the association between ageing and decline. Moreover, David's narrative exposes the theoretical view of the third age as one of freedom from parenthood as grounded in the pronatalist norm. David acknowledged that there was a time limit on the possibility of having children and how adapting his role as provider/breadwinner took account of his possible death. The biological aspects of ageing were reflected in the disclosure of intimate details of the relationship. The affect of ageing on the virility and fertility drew on wider media discourse where decline in sperm potency after the age of 35 has been briefly in the national press.

**David:** *"My wife says we don't put enough effort into conception, [...] everybody says men's fertility tends to decline, you know, when much past 30. So we're probably on a ramping down of fertility."*

The non-transition into parenthood also means not accessing the associated social relationship, roles, scripts, and status. David went on to express that being childless led to a sense of loss in terms of experiencing the parent-child relationship and the opportunity to share his skills and experience.

**David:** *“It just seems to me that's one of the central experiences of human life and I'm missing out and 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.”*

Moreover, as stated in Chapters One, Two, and Five, children were viewed as a focal point and gave continuity to life, not only by through the passing on of skills and experiences but also through the legacy of material items from previous generations. Thus the acknowledgment of ancestry, through the passing on of treasured items, adds to the familial cultural and socio-economic capital. As such, the narrative of previous lives is inherited, not only through the genes but also symbolically through material articles. The impact of not having children not only left David in limbo regarding what role he was to take in later life, but also had consequences for both hereditary possessions of both form and genetic substance. Therefore, having children liberated a way-of-being in the present and an acknowledgement-of-being in the future.

**David:** *“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. [...] It's just the sense that you've contributed to their values and their formation and they carry on.”*

David's negotiations of the present, and the future, were related to his wife's choices. Stephen and Frank were both single. Therefore, their need was to be in a relationship with a partner willing to have children, or who had children already. Both Stephen and Frank's awareness of fatherhood were related to their cognizance of the biosocial clock. Stephen only became aware of the impact of his involuntary childlessness in his early 40's when he changed his lifestyle because of its deleterious effect on his mental and physical health. Subsequently, he reviewed, and began to deeply regret, his earlier style of life.

**Stephen:** *"So that lifestyle was very connected with drinking and, so in terms of my health, it was taking its toll. The slow process of coming out of that life coincided with the realisation that I was single, not married, not in a relationship, and more importantly, haven't had kids. So the concept of being fatherless is a new phenomenon to me, only that it's happened in the last five years or six years, but it's been significant, and, you know, quite devastating really."*

Stephen compared himself against the 'package deal' social ideal, with the realisation of the importance of not being a father having a significant impact. This order of relationship preference listing goes against the generally expressed view of the primacy of the adult-to-adult relationship. The bearing of his adult lifestyle led Stephen to look for a partner that would be interested in settling down into a long-term relationship and starting a family. The biological and social clocks have been seen to be as equally important to reproductive intentions and desires.

**Stephen:** *“I only want to meet people who I can have a relationship with. And I've found that they see my age as a deficit. [...] I met someone last year, but she indicated that she'd go back to her ex-husband, rather than pursue something with me. She definitely, implied that there was an age factor in that decision as well.”*

Stephen's age had affected at least two other recent intimate relationships with younger women. His experience highlights the complexity in negotiating biological primacy and social morés with age. Not being in a relationship with a possibility of reproduction influenced the intentions and plans regarding becoming an older father.

**Stephen:** *“How do I see the future? You know, it's not looking favourable in terms of having children now unless I got very, very lucky, I'd say. [...] Not because biologically that'd be a problem because I could still, you know, father a child. Being an older father wouldn't necessarily bother me, although I'd wonder what the impact of that might be on the child when they're getting older and I'm then getting much older. But it's less about that and more about whether, you know, I could find a viable partner who would even want to have children with someone of my age.”*

Stephen did not acknowledge age and decline in sperm potency. Moreover, there was the age-related awareness that any partner would have to be younger than he: the 'biosocial' clock. Stephen recognised his age could have an effect on any future child. However, there were no plans or strategies



regarding any future father role: the focus was on the immediate and near future.

Although, David had always expected to be a father, it was only as Frank reached his mid- 50's that he became aware of a desire for fatherhood. Being 'on' or 'off' time, with regard to social expectations, have significant implications in social contexts and for the wellbeing of the individual (see Chapter Three). All three men articulated an awareness of missing the parent-child relationship.

**Frank:** *"I've become, sort of, more aware then of how nice it can be to have children, you know, from the families and the people I know. [...] It's just something that's gradually increased in my mind, thinking, "Oh, time's running out." [...] So that's probably one of the reasons I feel I've sort, over, 12, 15 years, I've missed out."*

The timing of the dissolution of his relationship, and the length of time before he realised that he was 'off time' compared to peers, were critical in influencing Frank's attitude to fatherhood. Not only does the timing of entry and exit of relationships have an effect on procreative outcomes, so do other structural factors such as finance and location.

**Frank:** *"It's because 35, 40 year old women tend not to want 56 year old men. [...] I'm trapped on benefits, with the lack of jobs, and first of all you think, "Well, okay, I'll get something." [...] My health problems got worse and you realise everything's against you. [...] But as I say, just living in a rural village in Wales, you know, I'm not gonna find them very easily."*

There was common concern for both Stephen and Frank regarding the biosocial clock in terms of finding a suitable partner because of their age. In addition, Frank reflected on other factors that he felt had contributed to his lack of success in finding a partner. Economic status, health, and geographic location all influenced Frank's perspective on his ability to find a partner. Stephen, living in a city, did not see location as a problem in accessing potential partners. However, Frank was also positive about managing his health and being a father. In doing so he negotiated the social clock that related age – he would be 71 in 15 years' time – and age-appropriate roles.

**Frank:** *“Also, with my health, you know, there again, I wouldn't let that put me off. I mean, you don't have to play football, you know, with your child until he or her is 15.”*

Frank's attitude ran counter to the general view expressed by the participants, that at an unspecified age-related cut-off point the role of father was deemed unsuitable and the role of grandfather became more appropriate. Frank's awareness of his position as an older single man was reflected in the challenge involved in becoming a father.

**Frank:** *“Maybe it's a really stupid idea to want to be a father; maybe there's just so much hassle with it, so I don't know. All I can do is try it. I'm not gonna know unless I try it, am I? [...] And I'm also aware that if I had loads of money and I was famous, I probably would easily be able to have a partner and father. All these celebrities, you know, women seem to get in touch with these men who are a lot older than themselves.”*

Frank's dialogue reveals a perception of modern culture that located both men and women as following a traditional normative of hegemonic masculinity: women were attracted to men who displayed virility in economic and/or social environments and, therefore, reflected a successful breadwinner/provider identity. Frank highlighted the challenges he felt in forming a new relationship and alluded to not quite knowing how to-be-in-the world.

**Frank:** *"I don't know how to approach women; I'm always wary about [...] putting a foot wrong 'cos it all seems so sensitive nowadays. I'm thinking about writing an article now about how is a man supposed to be a man."*

Frank viewed himself as being different from his contemporaries, based on the projection that having procreated and been socio-economically successful they would guarantee their continuity by becoming grandfathers. By taking this view, Frank highlights the future discontinuity that his *not* being a father would bring. Thus, being childless highlighted an additional marker of difference between Frank and his peers: the potential for a role and relationship in later life.

**Frank:** *"I see myself in such a different category as other people that it's hard to imagine that the people I was at school with are grandfathers and have completely different lives really to me and they're coming up to retirement from good jobs. [...] You know, if you don't have children, you're not gonna have grandchildren."*

The different perspectives of these three participants highlight the influence of their relationship status on their opportunity to become fathers. Only David was

in a relationship where there was an agreement regarding parenthood. Both Frank and Stephen were seeking suitable partners, but they were both conscious of their age and expressed a sense of time being limited. Similarly, David also indicated that time was a dwindling resource. Moreover, all three men had acknowledged age as factor that would affect their role as a father, with David replacing the 'hands-on' provider with a 'facilitator' role. Frank had rationalised the physical interaction with children to a particular age, 15 years, whereas Stephen had noted, but not articulated in depth, that there may be implications in being an older father.

### **6.3 Uncertain: fatherhood in limbo.**

Two single men, Michael and Russell, held no active views on becoming a father but did not state they would definitely *not* become a father. Michael was employed fulltime as teacher in a school in Thailand and Russell, a former business consultant, was seeking employment. Both men expressed the uniqueness and importance of the father–child relationship that they were missing.

**Michael:** *“To have that sense of unconditional love and that unfathomable sense of that paternal feeling that only comes with having a child. The child that hugs you, leans against you, sits on your knee, looks at you, holds your hand, all those things, the sense of trust.”*

Michael touchingly spoke of the quality of the father-child relationship that he envisaged, and went on to suggest that his position of teacher provided a form

of that interaction. Consequently, his employment, and the relational context that it brought, may have affected his motivation to seek fatherhood.

**Michael:** *"If I'd worked in a job that was completely bereft of children, then my desire to enjoy their company might have been much, much more, and led me to get married and have children."*

Michael expressed his awareness of the biosocial clock in his deliberation of the negotiation of his present position: he did not know if his opportunity to become a father had receded or whether there was still a prospect of becoming a father.

**Michael:** *"If my mind does wander to what might have been or what might be then it is still with that one thought: can I have a child at my age now?"*

Furthermore, in relating his uncertainty with his age, Michael, also was questioning his fertility and how potential partners and others saw him. In addition, he made the importance of his relationship with students very clear and his fear of losing that interaction. As such, his work with the pupils provided him with a fundamental relationship that, should it cease, would severely affect how he located himself and his being-in-the-world.

**Michael:** *"I've been saying to people that the children give me oxygen and I still love their company. I'm terrified of not having that teacher-student relationship."*

Thailand is viewed as a country that is very tolerant of non-heterosexuals and has an established sex-tourism industry. However, the majority of the population is both Buddhist and strongly conservative (Research Directorate, 2008). As a result, Michael felt, as an older single, solo living man, he had to defend himself from being viewed as a sex tourist. Consequently, in social situations, he felt he had to firstly, explain that he was not gay and, secondly, did not have a wife or girlfriend. He speculated that if he were seen with a woman and children he would have then been viewed with respect that came from fulfilling the patriarchal norm. Michael's narrative highlights subordination, as determined by hegemonic masculinity. Furthermore, the hierarchy within the subordinated set was such that, by determining his heterosexuality, it gave him more approval than being judged as gay.

**Michael:** *If I was to walk down the street with a Thai woman that would be immediately seen as she must be a prostitute. If I walk down with a Thai woman and with two children, then I'm suddenly elevated to, "Ah, wonderful!" You know, he's a father. [...] I relax people by letting them know that I'm not gay when they ask where's my, you know, am I married?"*

Russell also raised the aspect of isolation, with particular reference to older men. Loneliness in later life has been strongly connected to being vulnerable to poor health and wellbeing. Loneliness in later life has been shown to lead to poorer outcomes in terms of mental and physical health, wellbeing, and social interactions (see Chapters One and Three). The paucity of information regarding involuntarily childless people was emphasised by Russell not knowing

of anyone else having his experience. The successful compliance to the dominant pronatalist discourse was seen in commonplace exchanges.

**Russell:** *“People with kids just have got no conception of how alienated people like me, presuming there are people like me, feel. Obviously when couples get older they have a whole raft of experiences, you know, first day at school, whooping cough, or whatever it is that bonds them, and that shuts out all sorts of other stuff from their lives. If you haven't had those experiences, you're shut out along with everything else. [...] People just talking, you know, at work, they talk about their kids; they talk about their experiences raising their family. [...] All this stuff that you don't know about, but you're on the fringe, you haven't experienced, that is alien to you.”*

Russell highlighted how the difference between parents and the involuntarily childless was underscored in everyday social interaction. Not being privy to the experience and subsequent shared social bond affected Russell's identity. His experience fits with research that shows involuntarily childless people have a sense of 'outsiderness' (see Chapter Two). The pronatalist ideal places great emphasis on the role of women as maternal and nurturing. As such, those caring, emotional roles have not been associated with men; thus, until recently, the impact of childlessness on men has not been appreciated. This was demonstrated by Russell's anger at the lack of recognition of the impact of childlessness for him. Furthermore, he suggested that although socio-cultural infrastructure regarding family was changing, i.e. recognition of paternity leave, it was still weighted towards women.

**Russell:** *"I think it is easier for a woman to have a family than it is for a bloke. [...] But if a woman wants a bloke, she can go out and get one. [...] There is still a societal support mechanism for women to have a family, you know, its' the women that get custody. Okay, it's changing, but it ain't changed that much. [...] It's laughable to suggest that the same options are available to men as they are to women."*

The above comments point towards the degree the pronatalist agenda was embedded within the social system. How an individual perceives himself or herself in relation to such an environment was demonstrated by Russell's view of his present and future situation. One of the impacts for Russell of not becoming a parent was frustration based on not knowing how he would have performed as a father. Moreover, the potential father element of the self remains unexamined but is contextualised by the reported experience of an ideal type.

**Russell:** *"I'll never know whether I could've done it or not. You don't know. I mean men that I've known that are very macho change."*

The awareness of the social clock was also evident in Russell's rationalising of his own situation regarding fatherhood, as well as the wider discourse on older biological fathers.

**Russell:** *"Now I'm 55, 15 years have gone and, in the back of my mind, the candle's been going, or the light's been getting dimmer and dimmer and dimmer of me ever being a father, to the point now where as I say,*



*it's probably not gonna happen. [...] I think there does get to be a point of no return. It's not just women that have got biological clocks. You hear about John Humphreys having had a child in his seventies, or whatever, and it does happen, but that's very much the exception."*

A consequence of Russell's social withdrawal following his divorce was that it was only recently he acknowledged that one of the implications of his behaviour was the consideration of not becoming a father. Moreover, he was objective about both the possibility of his becoming a father and the media celebration of the older father. The latter can be seen as the promotion, and maintenance, of masculinity, through the patriarchal privilege of virility being proved by fertility.

Russell evaluated the influence of not becoming a father and reflected on the wellbeing of people close to him. In contemplating his future, Russell had realised that with the legacy of non-fatherhood came an additional layer of grief: the loss of grandfatherhood.

**Russell:** *"First thing is that, my own demise is becoming more real. More importantly, the very few people that are significant others to me are very close now to their demise and that makes me extremely anxious. [...] I'm also grieving that, just as I won't have the paternal role, I won't have the grandfather role either."*

Russell's assessment of his position reveals the complex intersections between how one locates oneself within a social network and one's view of oneself as one ages. The disenfranchised grief of involuntary childlessness was

compounded by the loss of a future role and highlighted the loss that may surround ageing.

Both men highlighted a sense of loss surrounding being involuntarily childless, and how not being a parent contributed to various feelings, particularly 'outside' 'different' and 'alienated' lives. Moreover, there was an indication that the legacy of childlessness was accessed in the present and in the future ways-of-being. With parenthood comes the knowledge of continuity, and with involuntary childlessness comes the knowledge of non-continuity of genetic legacy, role, and identity. Russell's last statement indicated the grief involved with beginning to accept non-fatherhood. However, I propose that he was on the cusp of the beginning of the journey into the mediated phase. He indicated that older fathers were the exception and that men had biological clocks. Additionally, he states he was grieving for the loss of both the father and grandfather roles.

The next section examines the impact of involuntary childlessness on the men who had indicated they had accepted they were not going to be fathers.

#### **6.4 Mediated: fatherhood negotiated.**

The nine men that formed this group all suggested that they accepted they were not going to become fathers. The elements surrounding that decision, and any subsequent effects, will now be discussed. Three of the men related their acceptance of their childlessness following infertility treatment and three related it at a particular age. As discussed in the Chapter Five, two of the men, Alan and Raymond, assumed at an early age they would not be fathers due to the socio-cultural dynamic regarding homosexuality. Harry related his decision both

to his partner's health and their withdrawal from the adoption process. For Harry, the impact of being childless was connected to his grieving over his partner's death some two years previously: if they had had children, then he would still have a connection with his partner, Helen. Furthermore, the sense of loss was compounded by the disenfranchised grief of involuntary childlessness. Although the loss of his partner was acknowledged through ceremony, the loss of future parental roles remains less visible and unacknowledged. One of the consequences of childlessness for Harry was that he was aware of the loss of social capital.

**Harry:** *"I always imagined I would have children. [...] It became something that we accepted, we didn't fight round it. The biggest regret based on that that - and it's not from what might happen to me down the road - is that I would have liked some part of Helen to still be here. [...] The real loss is - there is nothing of her, you know, if you have a child there would be a part of Helen still walking the streets. [...] And I - that really, that sits there: that sits in my heart and my head.' [...] I mean if we'd had a son and a daughter I could say well look, there's a part of Helen walking about. [...] You know. I'm never going to be able to say this is my grandson am I?"*

The effect of his partner's death was reflected in Harry's experience of his interactions with his friends and neighbours. Although Harry had been well supported after his loss, he now believed that, as an older single man, he had to change his behaviour with children. During his partner's lifetime, children were welcomed freely into the home but now he feels he has to guard against being

viewed as a paedophile. Harry's story demonstrated the depth of the association between 'women and nurturing' and the heteronormative normative. Moreover, it highlighted a concern that the majority of the men in the study alluded to: the fear of being viewed as a paedophile.

**Harry:** *"I've got a couple of really good mates. Wonderful neighbours in this street. [...] Now, there's loads and loads of really young children along this street. [...] some like to come in and play with the dogs. And you have to say, 'No! Look go and get your Dad.' [...] It's things that bother you - I'd hate someone to look saying, "Watch that old man, always got kids round him." [...] And I don't want anyone looking at me thinking that."*

Harry's mediated view of his childlessness had occurred as a combination of timing and reaction to medical diagnosis and the failure in the attempt to adopt. The loss of his partner disturbed his preferred order of events: that he would die first and leave Helen and any children provided for. Additionally, he viewed his future against a society he did not recognise, loneliness, and poor wellbeing.

**Harry:** *"And, always at the back of my mind was that [...] that I wasn't going to leave her a mess, when the heart attack took me and I was gone. [...] The one concern I have in life is longevity. I don't want to, to be old. [...] The thought of modern day Britain and being that old person living all on your own is not where I want to be."*

Harry's experience highlighted the hierarchy of relationships, as noted in Chapter Six, wherein the most valued was one of an intimate adult nature followed by children. Therefore, the loss of the prime relationship compounded an awareness of loss, with the absence of children accentuating that loss. Three other men had sought medical assistance in their attempts to become fathers and all had partners. In all three cases, the decision not to continue with treatment was a joint one that was thoroughly explored. As George got older, he noticed that being childless had made a difference in his work environment, on three levels. Firstly, the social environment: he did not feel he fitted in with the social activities of his younger teacher colleagues. Secondly, he did not 'fit' with his peer cohort because he was not a parent. Finally, he wondered if the experience of being a parent would have given him some deeper insight into the parental world.

**George:** *"As I got older I no longer belonged to this younger group of teachers. I couldn't do all the things that they wanted to do, and I didn't want to, but I also didn't belong to the families group. [...] It would have added to my ability to be a teacher if I had had the experience of being a parent because I would see where parents were coming from."*

For the involuntarily childless, the sense of grief and loss was compounded by the lack of societal acknowledgement, and the absence of social rules that govern what constituted legitimate grief.

**George:** *"We actually decided to have a little ceremony to create something between us to symbolically mark the fact that we were not*

*going to pursue this any further. [...] We created a box where we put together all the stuff about the IVF and the whole thing and we painted it together. We did a little ceremony with some very close friends of ours.”*

In contrast to most of the participants who found difficulty in legitimising their childlessness, George, and his wife, Joan, marked their joint decision not to pursue IVF treatment with the joint creation of a ‘memory box.’ Furthermore, the end of the pursuit of parenthood was acknowledged by the performance of a ceremony that was witnessed by two close friends. That ending was acknowledged by the construction of a customised ritual that was both intimate and shared. Moreover, the acknowledgement of the ending of the drive for parenthood places George in the mediated group. However, George had become increasingly aware, as he aged, of the difference between himself and people who were parents.

**George:** *“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.” I knew, 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 experiences - that I’m missing out on: I’m not having that.”*

Although he had accepted that he wasn’t going to have children, there was an indication of an ongoing loss that was drawn from appreciating the relationship and interactions between adults and children. George’s reflections highlight the loss of both the intimate bond and the experience of fathering. The latter may reflect the increased discourse that surrounds contemporary fatherhood

(Doucet, 2006; Dermott, 2008; Letherby, 2012). Moreover, his view demonstrates that people's individual reactions to their childlessness varies across time and is influenced by internal and external events. This supports my contention made in the 'mediated stage' that self-identity is negotiated through a complex process involving not only what one is but by what one is not.

Similarly, Edward was firmly in the mediated group, having jointly decided with his partner, Lois, to end IVF treatment. This was followed by a period of grieving, which included the loss of many friends with children, from their social network. However, forming relationships with people in similar circumstances through joining the 'More-To-Life' infertility support group helped strengthen their wider social contacts. Therefore, the reconstruction of their social infrastructure involved both unintentional and intentional change.

**Edward:** *"It is noticeable that friends who have children drift away; they get into other circles of other friends who've got children and that's been very marked. [...] Through More-to-Life, we have met people who are in exactly the same situation, and so we're similar and we come together."*

Edward highlighted that his own emotional reactions to peers who became parents led him to feel jealousy, anger, and envy. This highlighted the value placed on fulfilling the pronatal norm and how integral it was to the sense of self. Moreover, his reaction demonstrated the depth and the complexity of the social loss.

**Edward:** *“One of my friends, who was the same age as me and had his family at the same time we would've, perhaps, had ours. [...] I was hugely jealous of him. I just shut him out, you know, I didn't wanna see him. [...] He is probably who I see most of all, now, after that period of not wanting to see him.”*

The degree of emotion he felt led him to withdraw from some close relationships, although, in some cases the relationship was later re-established. However, the process was mutual in that some people withdrew from his circle and/or he withdrew from theirs. The lack of any social framework acknowledgement meant that Edward had no vehicle to help him rationalise and negotiate the depth of his reaction.

The use of the term ‘involuntarily childless’ is generally associated with those whose infertility treatment has been unsuccessful. Edward defined himself as involuntarily childless through information he received from the support group, More-To-Life. Therefore, More-To-Life, in addition to providing support through facilitating contact with others in a similar situation, also supplied the means, through language, for an individual to adapt their identity.

**Edward:** *“The phrase 'involuntarily childless' has really been in our minds since More-to-Life because it is a phrase that they use in their material. [...] The description of involuntarily childless still goes back to your original intent of wanting parenthood and it being denied.”*



Moreover, Edward felt it important that others knew of his desire for fatherhood and the loss associated with not becoming a parent. In a similar strategy to Michael's, he positions himself, socially, by what he is not.

**Edward:** *“When they ask me if I've got children of my own, or if I'm a dad, or whatever, I normally say, “Regrettably, no.” I do let people know who've asked me that I would've wanted children, but I don't have them.”*

Following unsuccessful donor insemination treatment, Martin accepted that he was not going to become either a biological or social father. In line with George and Edward, the decision to stop treatment was a joint one with his wife. Moreover, he highlighted two factors that contributed to that decision: the medical process and his wife's fertility. He also drew on the social clock that reflected a social norm of age, capacity to parent, and role of carer.

**Martin:** *“We accepted that that was the way it was gonna be, but we found a happy way of life. [...] Once you get to a point in life where there's nothing you can do about it anyway. If somebody said to me you can have a child today, my thought would be, “Well do I want a 20 year old to have a 90 year old father?” And the answer is no because that's just screwing up someone else's life, you know.”*

In his description of his 'coming to terms' with not having children, Martin highlighted three elements of the process. Two were operationally related, as one is the consequence of the other, denial and acceptance. Martin saw these as key in his reaction towards not becoming a father. The third was a form of

'bargaining', like rationalising his emotional response against a fatalistic scale. As a result, the sorrow of childlessness was used to map his emotional position.

**Martin:** *"You've gone through the process of accepting that you won't have children, and that's a bit of an emotional tempering, if you like. What's the worst thing that can happen? Not having children - that's pretty bad. What's worse in comparison? Perhaps it gives you an emotional benchmark. [...] So, once you've got over the denial bit, "Yes I'm, I'm really not gonna have children." [...] Then you can get to the acceptance bit and, eventually, you can come out of the other, the other side of it. It's something I will never stop regretting. You know, it won't go away."*

The eventual acceptance, nuanced in the context of the paradoxical legacy of not being a father, was one of both acceptance and lament. This reflects the contemporary view of grief as a challenge to identity and which involves reconstruction and change to the post-loss position.

All the participants who related their involuntary childlessness to ART treatment went on to describe that, although they could identify a reason for their decision, one of the impacts of not being a father was an ongoing negotiation of that loss. Therefore, although parenthood gave a legacy in the present, and tangibly in the future, the legacy of involuntary childlessness is in the present, and involves the negotiation of the missing relationship between self, possible self, and other.

Common to both the aspirational and uncertain men was an awareness of the social norms surrounding the appropriate age for parenthood. For example, Martin had highlighted the inapposite position of being an 'old old' father to a young child. Three men correlated their age and the dynamics of their intimate relationship as the point of acceptance of non-fatherhood, for example, Colin. This was when his spouse informed him she had been sterilised and he knew that he was not going to become a biological father. As with the other participants, the effect of not being a father was expressed as a deeply significant core regret.

**Colin:** *"Since I was about 47 I accepted that it won't happen. [...] When I realised my second wife couldn't have children. [...] You think you have missed the most important part of life."*

The awareness of the 'biosocial' clock influenced James and John's acceptance of not becoming a father with a specific age, their partner's reproductive capability, and the internal dynamics of their respective relationships.

**James:** *"I met Liz [partner], who has a grown up family and plus which she was no longer able to have children anyway 'cos she was kinda fifty-one then, you know. [...] So that was the end of that in a way, you know. [...] The alternative would 'a been to, you know, look for a younger woman 'cos I was fifty-two so it would be somebody not in my age group, you know. Then there's the consequent possibilities of problems, you know, with women in their late forties, you know."*

The decision to accept involuntary childlessness for James was mainly based on his age, 48, when his previous relationship ended, the inappropriateness of finding a younger partner, and the issues of pregnancy in older women. In addition, his next, now current, partner was post-menopausal and already had biological children. James's views reflected both the heterosexual norm surrounding pregnancy in later-life and the fertility/virility-based assumption of life-long fertility. Moreover, it shows both the importance of the timing of entry and exit of relationships and of partner selection. John related the impact of his childlessness directly to his poor health. He started drinking heavily after his partner decided she did not want to consider parenthood with him. His behaviour can be linked to the denial and anger stages of the grief model.

**John:** *“Just, you know, felt so devastated that, you know, I just drank to anaesthetise myself.”*

The consequence of John's drinking led to several related medical conditions including Type 2 diabetes and the associated problem of erectile dysfunction (ED). John built a mediated perspective that balanced his partner's refusal to have children with him, his low self-esteem, and the lifestyle that his partner's status provided. Moreover, he supported his position by counterpointing the masculine ideals of virility and risk taking, by highlighting his lack of virility and fear of exacerbating his position.

**John:** *“You have to try and accept the situation for what it is. I mean, she earns is very good amount money, so in that sense I have a very good life. You know, I'm not going to get involved in a serious relationship with*

*anybody it just ain't going to happen, is it? I mean for a start off this ED is not really much of an advantage is it? [...] You know, you'd have to be pretty bloody sure to not make your own life even worse."*

As gay men, Raymond and Alan's sexual orientation ran counter to the heteronormative diktat that was dominant at the time of their upbringing. As a result, during their formative years (see Chapter Five) they rationalised any thoughts of fatherhood and moved into a mediated position. Their experience was an example of the different timing for moving into the mediated period. The death of Raymond's long-term partner, Peter, some eight years ago, led Raymond to reflect on his life and debate the reasons for his wanting to have a parental or grandparental relationship. Raymond reveals a similar narrative to Harry in that the loss of his partner emphasised the loss of other possible relationships.

**Raymond:** *"I don't know whether I missed as much at the stage not having any because I had what I wanted and I had somebody and I was quite content with life. Then after he died I started to think more, wouldn't it have been nice to have had children. [...] Am I being selfish or am I thinking because I get fed up or I'm being lonely, is that why I want children, somebody of my own to love and little grandchildren to come pottering round to see me?"*

Raymond felt that he did not have the patience or energy to be a fulltime parent but did regret not interacting with children. Moreover, he was aware of an age-related reduced capacity to deal with children. However, his workplace provided

not only adult social contact and money but also a form of intergenerational relationship.

**Raymond:** *"I don't say I'd want children around me every hour of the day now, because I'm nearly seventy and you haven't the patience. [...] I think in a way of the two little ones in the pub as the grandchildren I've never had. [...] I don't say that in the pub to anybody, I don't even let them know it, or their Dad. Their dad wouldn't mind, but I don't want people saying, "Oh, he's a bit of a paedophile, this one, looking at the kids." You know?"*

Raymond's narrative indicated the complexity in the relationship between an individual's interpretation of their place in society, conflated when societal parameters dictated acceptable behaviour, age appropriateness, and gender role. Alan had never wanted to be a father but an experience in the recent past led him to become aware of the possibility of a role of social grandfather. Although both men had, from their teenage years, been excluded from the role of fatherhood, in later-life they had been alert to alternative roles available to them. The cognizance of roles such as a social grandfather will be discussed in the next chapter.

The men in the mediated stage highlighted the complexity of their experience of involuntary childlessness. The effect of childlessness was uniquely felt, in varying intensities and at different times across the participants' life course. Moreover, it may have accentuated other losses, as the central loss, or the focus of grief, varies in relation to time and circumstance.

A view widely expressed by the participants was an awareness of age and its impact on fatherhood: many of the men citing that a child would not want to be associated with an 'old' father. David's awareness of time meant that he considered that in the next five years he would have to accept that he was not going to become a father.

**David:** *'Well the future is fine. I might make it until a 95 but, or even 100.*

*[...] But, you know, it will be another five years it would be fairly clear we're not going to have kids.'*

Martin's observation was typical and pointed towards a relationship between how age and role are viewed, indicating a demarcation between father and grandfather in the phases of the social clock.

**Martin:** *'And 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, Frank's statement earlier in the chapter highlighted that conformity to social norms were dependent on individuals' interpretation of, and adaption to, those strictures. The two different positions taken by Frank and Martin to age-determined criteria to the role of fatherhood may be seen as integral to their, respective, aspirant and mediated standpoints. However, for the gay men, the changes in equality law and social morès over the last few decades gave them an opportunity to consider their roles in later-life. Therefore, the timing of wider

social change, for example, gay men being able to adopt, meant that alternative narratives in later life, such as grandfatherhood, were able to be considered. Continuity was seen in the passing on, not only of knowledge and skills, but also heirlooms. However, this was seen as reinforcing an element of loss of connectivity between generations. The breaking of the link between the previous generation and the next was another node of loss, not in only in terms of paternal beneficence and possible economic gain, but also by highlighting discontinuity.

## **6.5 Conclusion.**

This chapter examined the participants' relationship to fatherhood. The analysis found evidence in the men's narrative to support the notion of negotiation between the individual and the ideal of fatherhood and concomitant roles and status. However, the acceptance of childlessness was shown not to be linear: each participant's response was influenced by interpersonal, intrapersonal, and wider social factors. The change of state was divided into three categories: 'aspirational', 'uncertain' and 'mediated'. The aspirational, consisted of three men who still desired to be fathers. All three had different concerns regarding their desires and intentions towards fatherhood. All were aware of the social expectations concerning the age appropriate for parenthood. Similarly, those in the second group, were concerned about their age and the factors that influenced their relationship with fatherhood. The final, and largest, group had negotiated a nuanced acceptance of involuntary childlessness. However, this group demonstrated the contingencies that had influenced their viewpoint and the many and complex intersections between the individual and wider social



relationships and processes. Underpinning all was the negotiation of the self in relation to the dominant normatives of heterosexuality and pronatalism.

The intersection of social and biological factors, in addition to the primacy of an adult relationship over a parental type, highlighted the complex arena that encompassed the relationship to involuntary childlessness. The concept of the 'third age', as a time of freedom between the end of parenthood and the 'decline' of the 'fourth age', was seen to reflect the unquestioned pronatalist normative. A key element of the process was the participants' view of their age in relation to the social expectations. The majority of the men indicated a social clock element to their view of fatherhood. However, there was an age when fatherhood was deemed inappropriate, with the suggestion that grandfatherhood was a more appropriate role. Furthermore, the men spoke of 'missing out' on, for example, the father-child relationship. Even those who had gone through infertility treatment tended to use the word 'missing' rather than loss, bereavement or grief. Although infertility research places men as not being as emotionally affected as women, I would suggest that men do have an emotional and long-lasting reaction. As with disenfranchised grief (Doka, 2002; Corr, 2004) there is a lack of recognition of the loss of identity, role, and emotional experience. Moreover, there was little societal resource available for the men to draw on as an aid to reconstructing their view of self.

The majority of infertility literature highlights a trajectory of grief that ends with a sense of completeness. However, this study highlighted the complex nuances of loss and loneliness that all the participants expressed. All the men expressed a fear of being viewed as a paedophile; the widowers and single men expressed

this most strongly. One of the themes that emerged from the analysis was how the participants negotiated their relationship with the fatherhood ideal: from desiring parenthood to recognition of not being a parent. Older men who were in relationships have been shown to have better health and socio-economic outcomes than solo-living men of equal status (Dykstra and Keizer, 2009; Keizer et al., 2010). This study revealed the complexities of intra-relationship dynamics and how they both influenced, and were influenced, by procreative desires and intentions. The current discourse surrounding older men emphasizes a number of issues: discrimination, health, loneliness, and relationships (Cruz, 2003; Davidson and Arber, 2006; Guasp, 2011). However, specialist support groups for both the involuntarily childless and older LGBT people were seen to have positive affect in close, inner, and wider circles. The following chapter explores the intersections between age, relationships, social network, and wellbeing.

## **Chapter Seven:**

### **Relationships and social networks**

#### **7.1 Introduction.**

The focus of this chapter is an exploration of the relationships that form the participants' social network. The social 'embeddedness' of an individual is concomitant with their social capital and the dynamics that influence the formation, maintenance, and continuance of their social network (De Jong Gierveld, 2003; Victor et al., 2009). Communities formed by kith and kin are extremely important in lived experience; giving a sense of conscious connectivity between past, present, and future, in addition to that of place and role (Davidson, 1998; Arber et al., 2003a; De Jong Gierveld, 2003). Moreover, the composition of social networks reflect the interaction across time; between age; gender; sexual orientation; class; economics; employment; religious activities; leisure; health; relationships at all levels; and location. The terms 'vertical' and 'horizontal' are used in this section to represent the participants' family networks (Bengtson et al., 1990; Bengtson, 2001). The former refers to grandchildren, children, parents, and grandparents and the latter traditionally refers to siblings and cousins, however I am extending the concept to include all other relationship ties. For the purposes of collecting the experiences of the different dynamics of people's relationships, I used three categories of relationship: 'closest'; 'inner'; and 'wider'. Closest indicates a relationship of complete trust, typified by a long-term intimate adult relationship where, for example, complete trust was assumed. The inner circle is one where trust is a priority and there may be a formal aspect or duty involved such as godparent. The last category, wider, incorporates those with informal connections, such as people with a shared interest.

Chapter Six demonstrated how the participants' attitude to parenthood changed over time and in response to individual circumstances. For example, choice of partner; timing of and reaction to relationship dissolution; health; and the decision to end IVF treatment contributed to each participant's involuntary childlessness. Similarly, the opening section in this chapter highlights the factors that affected both the formation and quality of social networks across the life course. The following section examines the different constructions of social networks between those with and those without partners. Section 7.4 explores the fictive relationships that were in operation. In conclusion, the chapter reveals the complex structure, dynamics, and interactions involved in forming, and maintaining, different types of relationships. The sample divided equally into two groups: seven with partners and seven without (see pen portraits in Appendix Fifteen). The results record some similarity with previous research, in showing the centrality of the partner for those in adult intimate relationships (Davidson, 1998; Bennett, 2005; Davidson and Meadows, 2009; van Den Hoonaard, 2010; Gabb et al., 2013). As Heaphy (2007: p.202) noted, the mediation of male heterosexual's relational and emotional connectedness through their partners/wives highlighted the situation of non-heterosexuals in later life.

## **7.2 Family practices and social relationships.**

The analysis highlighted a number of factors that influenced the social networks of the participants across the life course: familial structure and relationship quality, location, and employment, and exiting employment. The influence of the participants' familial circumstances had an important effect on all levels of social relations but more so on the 'closest' and 'inner' relationships. John was the only member of the seven men who were partnered not to nominate his partner as his

'closest' relationship. He had been living with Sue for approximately 36 years, however, as discussed in Chapters Five and Six, John felt their relationship had lost its core. At the time of the interview, in addition to a number of chronic health conditions, John's mobility was restricted because he had cellulitis in his lower left leg. Due to his poor health, he was not available for employment. John's health had directly affected his ability to socialise and, consequently, his social network was formed by his relationship with Sue and occasional contact with his family and a few friends.

**John:** *"In terms of the actual quality of the relationship the communication, the closeness, it ain't there. I'm not working and all that sort of stuff, I sit here in this house on my own all day. [...] I've not been out of the house on my own since. Once it's sorted, and it's getting close, then I'll have independence and freedom of movement."*

Although John and Sue live together, their poor intimate relationship had also led to reduced access to each other's familial networks. John's familial vertical ties were reduced, as only his mother was still alive. He had disassociated from one brother and his children, thus affecting his horizontal ties. Moreover, location had affected the more distant familial networks, and again reduced John's horizontal ties.

**John:** *"Even now, my mum, it's still a bloody monster. [...] My middle brother I can't have any respect for him at all. He doesn't deserve any. [...] I'm in contact with me brother [youngest]. [...] Cousins and all that stuff, I*

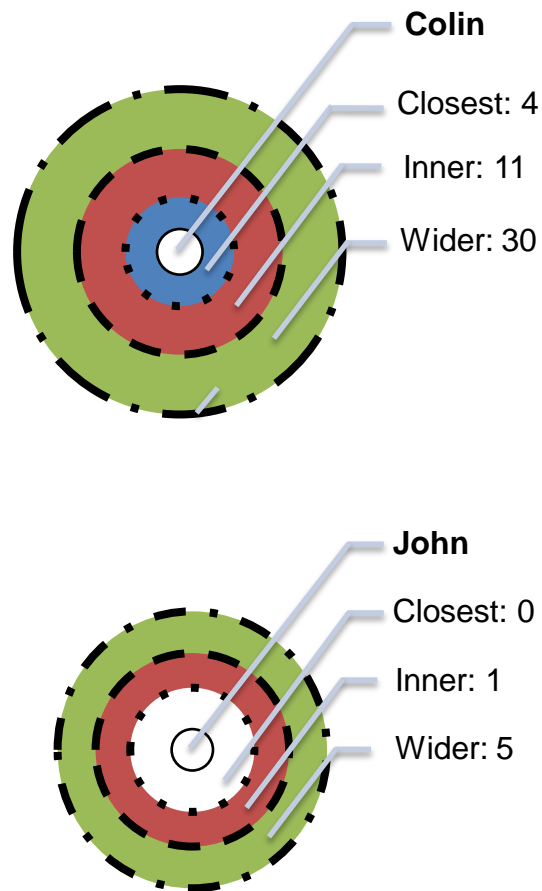
*guess 'cos I moved away, I would be hard-pressed to recognise; it's been so long. So now relative strangers."*

In later life, siblings become significantly more important in social networks than friends (Davidson et al., 2005; Chambers et al., 2009). However, the familial experience of two participants, Colin and John, highlighted the diversity and complexity of the dynamics surrounding family practices and the effect they have on social networks.

**Colin:** *"I have a great relationship with my partner and my brothers, they are most important. My family was, and is, extremely close. [...] Very happy, and fun, childhood."*

Colin's vertical ties were deprived, as his parents were no longer alive, but his horizontal ties were strong, with his brothers and partner in the 'closest' category. Moreover, his family had always been a close one and his positive view of his upbringing reflects the view that close bonds in childhood continue, or re-kindle, in later life (Burholt and Wenger, 1998; Chambers et al., 2009). Of the seven participants who were partnered, Colin had the largest social network and John had the smallest. Colin and John have a number of similarities: both were aged 59, both self-defined as working class, and both had serious medical issues. However, Figure 4 (page 188) shows the difference that the quality of their respective intimate and sibling relationships had across their social networks. Colin's closest and inner network gives him access to more forms of support than John. His 'convoy' of long-term acquaintances, from his employment and sporting activities, forms a larger 'wider' network. John's 'wider' network reflected his

**Figure 4:** The social networks of Colin and John, highlighting the difference between those with close relationships and those without.

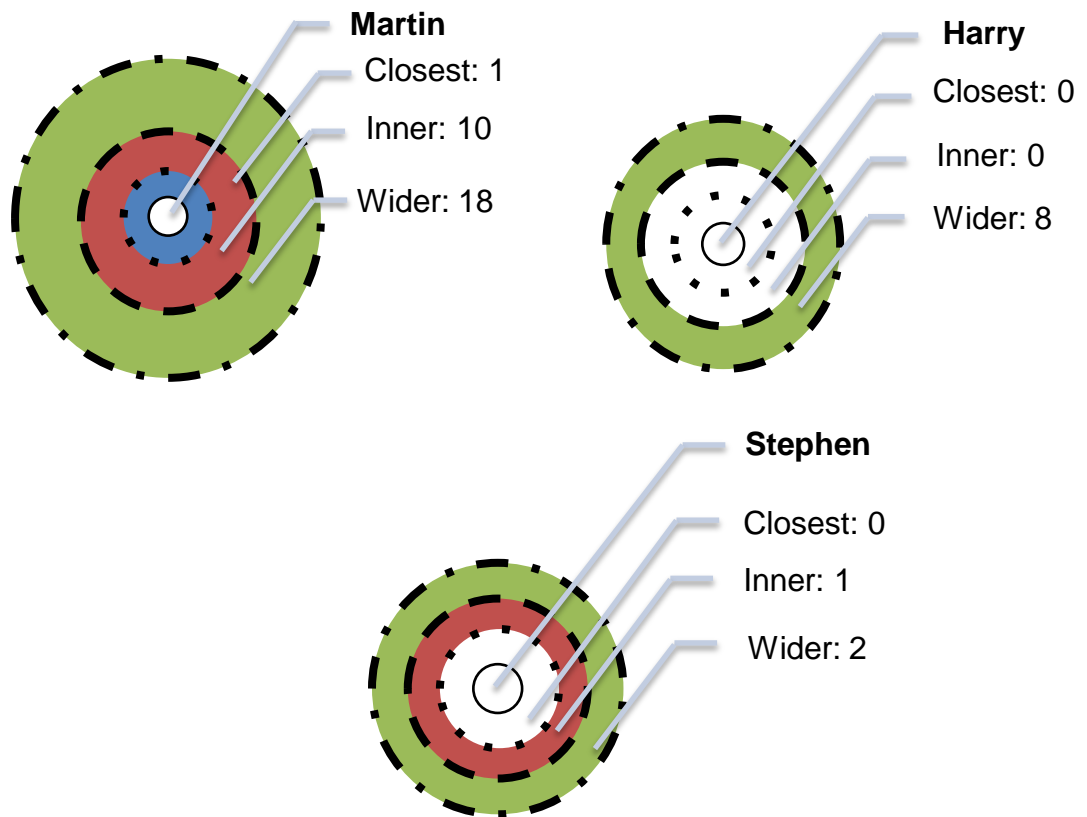


upbringing; self-confidence; employment history; health; location; and the withdrawal from his main social activity. His poor formative experience had resulted in ambivalent relationships with his partner and family. The quantity of siblings and the quality of the relationships between siblings affected the participants' social relationships. Three participants Martin, Harry and Stephen, were only children and, consequently, their horizontal ties were reduced. Figure 5 (page 190) highlights the difference between their closest, inner and wider circles, from all being filled to only the wider being populated. The backgrounds to those differences are now examined. Martin and Harry's social networks were vertically sparse, as both their parents are no longer alive. Although Stephen lived with his mother, the quality of their relationship led him to place her in his inner circle. Martin's wife's family accounted for his large social network and his wife, Pat, as the closest in his social network. His large network was a consequence of his extended in-law family contact and active social endeavour. The centrality of their intimate relationship forms the mainstay of Martin's social world, with his horizontal ties significantly weighted by Pat's family. Martin's reference to a grandchild is discussed later in this chapter, in section 7.5 (page 220).

**Martin:** *"I think my wife and I are very much for each other, so we tend to be our own social field. How do we socialise? Family. Of course it's my wife's family, 'cos I've not got any. And that's really just her siblings saying, "Let's visit," whatever, and particularly the, I say, the surrogate grandchild."*



**Figure 5:** Social networks of only-child participants with (Martin) and without partners (Harry and Stephen).



Martin divided the members of their network into those with whom they had direct contact and those they were in virtual communication with. Furthermore, although social media was used to keep in contact with the extended family, Martin was a passive recipient of information.

**Martin:** *“Now we’ve got Facebook [...] Physically, it’d be family. [...] So the social network we’ve got is, apart from family, is relatively loose and thin. So, we’ve still got that loose network of cousins: it’s never been a support group.”*

Martin’s social network highlighted the importance of fictive family: he saw the distant parts of his own family as insubstantial. This indicated that Pat’s biological family had precedence over his distant biological relatives, as he located his cousins on the periphery of the social network. Moreover, in reflecting on his social network, Martin’s used the pronoun ‘we’ and thus indicated a collective view of his and Pat’s social resource. This supports previous studies which indicate that, in long term heterosexual relationships, women generate and maintain social connections and men benefit from those social interactions (for example Davidson, 2004, Davidson et al., 2005).

The importance of in-law relationships in the shaping of social networks (see Figure 5, (page 190) was highlighted by Harry’s experience following the death of his partner, Helen, some two years ago. He had no siblings and, as his parents were dead, his familial ties were drawn from Helen’s siblings and their children. Consequently, his close and inner circle was vertically deprived and horizontally reduced.

**Harry:** *“She’d employed a lawyer and the mere fact that she was Helen’s sister, and I’d only lived with her for thirty years, meant that she was entitled to this house! [...] I can’t have the family conversations with them, “Your mum did this” “Your mum did that” because I don’t think I was ever really uncle to them.”*

Harry’s experience highlighted how events can affect the fluidity of family formation with subsequent implications for isolation and exclusion. Helen’s death had reduced Harry’s interactions with her family. This was due, in part, to disputes over Helen’s funeral, their house, and how Harry then saw himself in relation to Helen’s extended family. Not only was Harry disconnected from the family structure but he was also disconnected from any social scripts he could have drawn on. The primacy of biological lineage was revealed in the discourse concerning inheritance and the legal rights embedded in the institution of marriage. The life experiences of Martin and Harry demonstrated how important partners were in terms of social network, and reveal the dynamics within familial structures. However, having a vertical tie did not necessarily mean that the participants’ personal community was particularly any stronger than those with no vertical ties.

**Stephen:** *“She’s got a nasty little habit of opening my mail. [...] It’d depend on the problem. I wouldn’t ask her.”*

Stephen had an ambivalent relationship with his mother. For example, he wanted all communication between us to be by telephone or email, as he felt his mother would open his post. Moreover, although he has lived with his mother for

the past 28 years, he would not turn to her if he had a problem. Although Stephen was in full time employment, he had little social contact with his colleagues, and described himself as having few friends, spending a lot of time on his own. The significance of work based relationships for men have been well documented (Davidson et al., 2003b; Fairhurst, 2003b; Phillipson, 2004).

**Stephen:** *"I'm not a particularly sociable individual. [...] I have one or two good friends. [...] I don't feel the same level of discomfort at being on my own. [...] I do think it would be nice to have somebody to share my life's ups and downs with. [...] Whereas now, if I can't travel with someone who I'm in some kind of relationship with, I can't be bothered to go away."*

Stephen did not consider himself lonely but he noted that there was an absence of sharing day-to-day experiences. Furthermore, he had recently changed his view on solo travelling, and now would only travel with a companion. Stephen's change of perspective with regard to relationships, and family normatives affected his outlook on his identity. Stephen's reflexivity was indicative of a common view of mid-life as of one adaption to one's inner and social scripts (for example, see Gutmann, 1987; Biggs, 1999; 2004: Simpson 2013).

Michael compared the significance of the merits between solo living against those of being in an intimate relationship. He saw one of the advantages of being in a relationship was the status it gave: married people, for example, were socially accepted and recognised by the wider community.

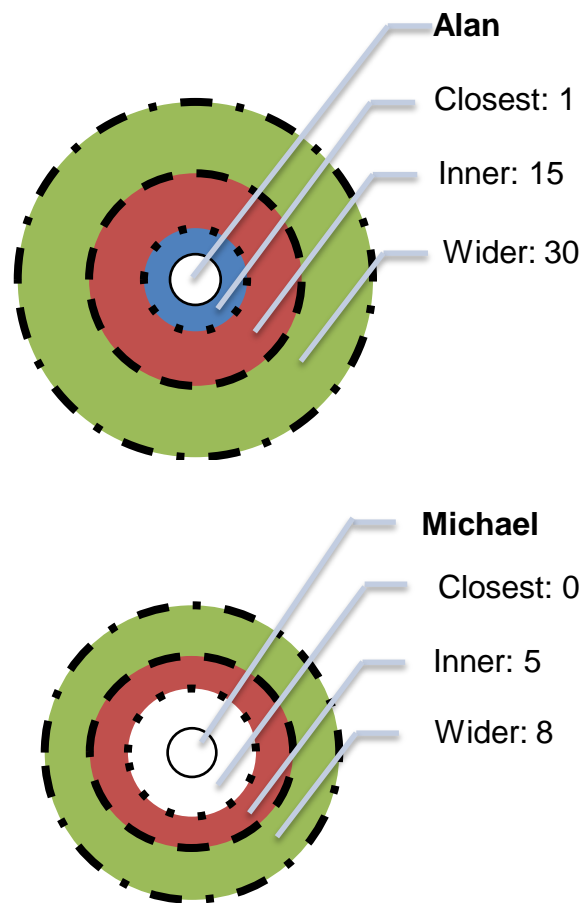
**Michael:** *“When you're on your own, you have to decide all these things - it's not a shared decision. So it's tougher, I think, much tougher to know when you don't know what to do. [...] So, if I was married and had a child, I probably would fit into their world and not be seen as a threat or as odd. [...] I would not be this, sort of, figure who's black and white where everybody else is in colour, you know, sure.”*

Not having that accepted standing led to a reduction in opportunities to access a large social network. Again, the participant's benchmark involved defining himself against the socio-cultural ideal. Not achieving that ideal contributed to the feeling of alienation: that he was 'outside'. Moreover, the social construction of the accepted 'norm' of heteronormativity also informs the construction of the subordinated 'outsider' position.

Michael believed that not being in a relationship required an additional effort to maintain social contact. Moreover, Alan, when this was put to him, suggested that was probably more reflective of the heterosexual community rather than the LGBT community. The latter, he indicated, was more supportive, protective, and less suspicious than the heterosexual community. An example encompassing the LGBT community can be seen by the importance of the LGBT over-50s group across all three categories of Raymond's and Alan's social networks. Figure 6 (page 195), shows the difference between Michael and Alan's social networks. Moreover, Raymond included two LGBT members in those he was closest to, and Alan had a number of its members in his inner circle.

**Michael:** *“I think when you're single you work hard in keeping up friendships.”*

**Figure 6:** The difference membership of a social support group made on social networks of solo-living men.



**Alan:** *"I think in the LGBT community I don't think it's quite the same. [...] Mainly because our community is like all communities: they look after their own. You look after your people - your own tribe first."*

The participants' narratives demonstrated how familial structure and dynamics affected different levels of social networks across the life course. The quality of the relationship was a major factor in how people were positioned in the social network, with biological hierarchy not having the prerogative it had with regard to parenthood. For people with no siblings, their horizontal ties were dependent on either their own distant relatives, such as cousins, or through fictive kin. The intricacy of social networks and familial ties was therefore, complex and diverse. For example, Martin, as a single child, had no direct horizontal ties but included members from his wife's large family in his 'inner' and 'wider' categories. Inclusion of non-familial members into the 'inner' and 'closest' zones was not limited to partner networks but may include any circumstantial association. For example, because of unexpected temporary or permanent displacement (Allen et al., 2011; Kamo et al., 2011; Reid and Reczek, 2011). Although people with siblings had the capacity for support through their horizontal ties, this was dependent on the quality of the relationships. The quality of both enduring and family relationship also had a great influence on the personal network, as highlighted by the internecine dynamics of John's close relationships. John's narrative highlighted the effect that location had on social networks and this will be the focus of the next section.

### 7.3 The influence of geographic location on social networks.

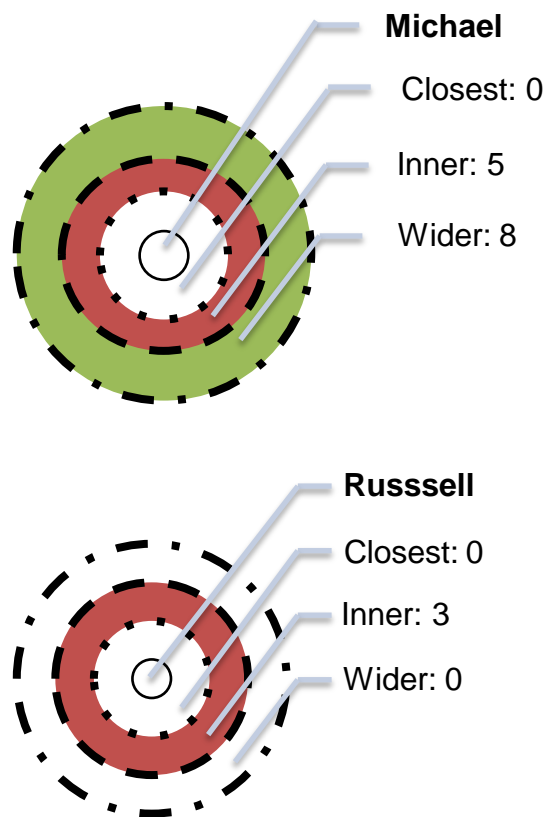
Geographic location had a significant effect on the participants' social network in terms of maintaining established ties; forming new relationships; building networks; participation in social activities; loneliness and isolation. With the exception of Colin, all the men had at some time relocated for employment related reasons. Moreover, two of the participants, Michael and Russell, had travelled overseas from their countries of origin for employment. Both were non-partnered and had no one closest in their network (see Figure 7, page 198).

Michael was born in England and has worked and lived overseas since his late 20's. He had worked in a major city in Thailand for the past two years, where he taught drama. He had no one he felt closest to, and although he had five people in his inner circle, due to his geographic location, contact with these was typically by telephone and Internet. Face-to-face contact with these associates was planned and, while Michael had built up a large group of friends over the world, access to them and his relatives were limited. For example, compared to his inner Thailand network, when Michael returned to England he had a much larger community of people he could contact.

**Michael:** *"Friends in Southwest England - I think I can count on about 15 or 16 that I could ring up and say, "Let's have a pint." [...] Friends around England, I would say, there's about 50 people I feel I could say, "Can I come and stay the night"?"*



**Figure 7:** The affect of employment overseas on Michael's and Russell's closest and inner social network.



The impact of geographic location on Michael's time outside school hours consisted of evenings and weekends often spent alone. Although he was comfortable with the situation, he noted that lack of social interaction was probably not good for his wellbeing.

**Michael:** *"I spend a lot of time being quite alone during the week, and some Saturdays alone, on the whole, comfortably. I'm not sure if it's completely healthy. [...] So as I get older, I am aware of the fact that it's great when you're fit, but if you are fatherless, there is no son or daughter checking up on you, phoning you, knocking on the door, or saying, "You look terrible - go to hospital". "*

As a childless, solo-living man based overseas, and whose parents were dead, Michael's vertical network was deprived and his horizontal network of support reduced. The importance of proximate family in supplying support in later life has been well established (Phillipson, 2004). Michael related how, with his retirement due in the next few years, he was unsure what the future held.

**Michael:** *"I'm, sort of, in a state of, do I carry on working? Do I stop? Where do I go when I stop? Who will I be with? If I'm alone, what is my network and so on?"*

Moreover, he speculated on declining health in later life, and the consequence of having no familial support. Considerations around the transition from work to retirement had raised anxieties surrounding role, location, and relationships.

Russell lived in a small city in the Midlands and was actively seeking work while living off his own resources. He had moved to the UK from Australia for relationship and economic reasons in the mid-1990s. Russell believed that he was indebted for the support he had received from two older female friends, with whom he lodged. His appreciation of them was evident, though the manner and tone he used when he referred to them counter-pointed his lack of closest and wider social circle.

**Russell:** *"I live with two sisters, retired sisters, pensioners, and we are very happy. [...] I am very worried that I get more out of the relationship than they do, because I am so cossetted, so looked after."*

Although Russell had both a surviving birth mother and birth sister, as well as many half-siblings, they are all in Australia, and he only has regular telephone contact with his mother. He had not maintained contact with ex-colleagues, fellow students, or family. Consequently, he had no 'convoy' of people collected over the life course that could facilitate social participation in any form. Figure 7 (page 198) shows that his social network consisted of an inner circle formed by his mother, with the two sisters given equivalent status. Russell's social capital was low through a number of factors, including the geographic location of his extended birth family, no in-law relationships, and the lack of any maintained relationship with friends or relatives.

**Russell:** *"So, social network, I haven't got any. I'd say there wasn't really anyone that I could call a friend now. Such friends as I had, I've not maintained contact with. [...] But I don't have any family contact either."*

*My birthfather is dead. I no longer have contact with either of my stepfathers, or stepbrothers and sisters; there are thirteen of them in all."*

Russell was one of five men who did not have anyone in the closest relationship category. However, he had a relationship that supplied trust, support, understanding, and safety. Russell had created a small accommodating network from a non-familial source and, as such, had developed a fictive family. Both Russell's birth and stepfamily may have been viewed as traditionally forming some level of his personal networks. However, poor experience of parenting in childhood and geographic distance contributed to his birth mother family being included as an 'inner' type rather than a 'closest' type (See Figure 7, page 198). Both Michael and Russell's transnational locations were related to employment and influenced the shape and dynamics of their social networks.

Change and exit from employment also influenced how participants felt about their location and their personal communities. David had moved to his current house in the commuter belt 15 years ago and, following early retirement, he now worked part-time from home. The change in situation had brought matters concerning social connectivity to his attention. He and his wife, Cathy, found the opportunities to form friendships in their suburb were limited, not least because of the time available for socialising whilst working fulltime. Moreover, David identified himself and his wife, as introverts, and reticent in social situations such as parties.

**David:** *"I've moved places because of the job and maybe embedding myself in the community is a skill I don't have. [...] I have been in this*

*area since 1997 but being a commuter place it is not easy to put down roots. [...] I think actually there are a lot of folk in about their 60s, about here, and have been here a long time, but how you get into the social circle they're in - I don't know."*

David's narrative highlighted the effects of a geo-economic transition: from office to home-based worker and subsequent change in available networks. Furthermore, interactions with neighbours are a marker of social embeddedness: poor or no contact is an element of social isolation.

In contrast to those participants recently discussed, Martin and Pat retired to their home in rural Wales three years ago. Both the retirement, and the change of location from a commuter community to a rural one, had an impact on the social networks of both Martin as an individual and Martin and Pat as a couple.

**Martin:** *"You lose the social aspects of work, which I, I found one of the most difficult things actually. [...] But going to work every day isn't just going to work every day. It's a whole social structure that you're no longer part of. But that, you know, that builds up again, you build other structures [...] One or two of the guys that used to work for me are still in contact."*

Retirement had been experienced as form of bereavement for Martin, as the realisation of the loss of the multiple social connections became apparent. Following their relocation, they had actively sought to build networks in their new location in addition to their established friendships and activities. For example,

they had run an international vintage marque motorcycle club for over 20 years. It is interesting that Pat had the greater diversity in her local interactions and that Martin's volunteering role related to his career in engineering.

**Martin:** *"The motorcycle club - they tend to be social events. We've made a few friends around here, since we've been here, through us trying to learn Welsh. Pat has more than I because she's involved in running a local charity shop, and knitting circles and the WI. [...] I've just started doing some work at the local heritage railway."*

The importance of the workplace as a resource for social relationships for men has been well documented (see Chapter Three) and, as Martin described, exiting employment truncated those relationships. However, the quality of relationship with colleagues and peers is variable and dependent on many factors such as: class, education, gender, location and relationship skills (Spencer and Pahl, 2006).

**Stephen:** *"I tend not to socialise with the people I work with anyway. I tend to try and avoid it. I'm not aware that I've been excluded. [...] I've definitely had people saying to me things like, "Oh, I thought you were gay" once I've got to know them a bit and we're talking on that level, they've actually said it. [...] They've definitely very strongly alluded to the fact that it has to be because I'm with my mother."*

Stephen reported he rarely participated in work-based social activity. This was his choice rather than through his alienation. However, he had found that living

with his mother had led him to be categorised as her carer and, often, as gay. Stephen assessed this practice as a strategy used to assign people to a category. This labelling of him was only challenged when a certain level of social interaction had been established. By not fitting the expected social norm for his gender and age, stereotypes were applied that attempted to position him in a known social category. Although Stephen had displayed a form of hyper-masculinity earlier in his adult life (see Chapters Five and Six), his current lifestyle positioned him as 'other' in the way peers regarded him.

The majority of partnered participants lived with their partner, with the exception of James who 'Lived Apart Together' (LAT) with his partner, Liz. They lived approximately 130 miles from one another and accessed each other's local social network.

**James:** *"We've, sort of, incorporated each other's friends now. [...] Because they're geographically distant, they tend not to meet each other, the two groups."*

James's vertical ties were deprived due to parental bereavement and his horizontal ties were centred on his brother, his brother's children and grandchildren. However, his relationship with Liz gave him access to her networks of her children and grandchildren. As with five of the men from the partnered group, James's inner circle comprised of his partner and a family member. Furthermore, James also included a longstanding friend in his closest circle. Moreover, his close friends were from his early 20's and were mainly based in the area he was raised and had lived near for most of his life. Therefore,

he had a convoy of friends that he could access while he remained in that location.

**James:** *“Liz’s the one closest. [...] I’m quite close to my brother. I think we’re quite alike and it’s not just a blood tie: we probably would be friends if we weren’t brothers. And then, after that, it’s a woman friend who I’ve known a long time. [...] My close friends now are from 20 onwards, you know.”*

Edward’s network also highlighted the nuances of family members being included into the closest section of a participant’s network. Edward was the youngest of four children and, although the family was close, he had a particularly strong connection with his brother, Roy, who was nearest in age to him. As with all but one of the partnered men, John being the exception, Edward’s partner was the closest to him. Although Edward’s vertical ties were deprived, his horizontal ties were strong. Edward did not allude to any particular bias towards his own or his partner’s family in terms of contact.

**Edward:** *“I’m closest to Lois then it would be my brother and his wife. [...] Next brother to me, he lives nearby, so we see a lot of each other, I’m very close to him. [...] It would represent a bit of a downturn in my life if my brother wasn’t just three or four miles away.”*

The complexity of the intersection between place, socio-economics, and different levels of relationships were highlighted in this section. The importance of securing work meant the vast majority of men had had to move and this had



affected their enduring intimate and familial relationships. The workplace has been shown to be important to men's social network, and access to employment dictated the residential location. On exiting employment, the issues surrounding the building of new local networks become apparent. Furthermore, this was seen in the bereavement Martin initially associated with retirement. However, not everyone finds, or wants, their personal network to be formed by colleagues, and autonomy, therefore, in what constitutes a personal network is complex, diverse, and contrary. The next section examines the effect of, and responses to, loss on social networks.

#### **7.4 Loss and bereavement.**

For the participants, the cessation of an enduring, intimate, relationship, or hoped for relationship, had a deep effect on the individuals and their social relations. The effect of the change in status, whether it be publically known or not, led to adaption to, and negotiation of, new relationships at all levels. In their early 60s, both Harry and Raymond's respective partners died and both men defined themselves as widowers. Alan broke up with his long-term partner, Carl, when he was in his mid-70's. The reactions of these participants to these changes highlight the complex interactions and subsequent negotiation of relationships at all levels that bereavement brings.

The death of Harry's partner, Helen, had significantly reduced his social network. Her loss had devastated Harry, as well as confounding his expectation that he would die first. Being a single child meant there were no siblings to access for support. He had assumed that Helen's extended family, for example, her nephews and goddaughters, would have provided succour in his bereavement.

However, the significance of a gendered biological hierarchy was apparent in that Harry had bequeathed Helen's nephews rather than her goddaughters.

**Harry:** *"My plans were to leave Helen as comfortable off as I could. [...] Had I gone, I think there'd be the missing of me, or something, but Helen would have had steps to take. [...] Because there's no one to leave it to, I've arranged that if something happens to me this is to be left jointly to her nephews."*

Harry's main interactions were with two old friends, two neighbouring families, and one person he knew from walking his dogs. Contact with ex-colleagues had reduced in the two years since Helen's funeral, but he testified that he had also not maintained with contact them. Harry occasionally saw his 'nephews' and an honorary godson - the son of a neighbour - who helped with his cars, but these visits were irregular and on an ad-hoc basis. Moreover, he felt he did not have an inner circle and indicated that he had become wary of, and withdrawn from, social functions because of having to attend without a partner. Harry had no intimate close relationship and it appeared that he had no immediate support network. However, Harry did stress that he could call on his old friends and his neighbours, but Helen's family were not included in that support system. Furthermore, the support he referred to had been established through time and close location and there appeared to be no recent additions to his network.

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

*anyone. [...] There's two mates that I got, that have been buddies for a long time, that if I rang would come at a click. I also have neighbours that if I rang would come at a click."*

A number of factors affected Raymond's personal social network: his sexuality, small family network, and the death of his long-term partner, Peter. They worked as waiters in the hotel trade and 'passed' as stepbrothers to account for their relationship. Advantages of this choice of occupation included accommodation, and freedom to choose the location, and duration, of employment.

**Raymond:** *"Me and Peter just were me and Peter, we went out together, we worked together, we did everything together, we had friends, but not what you call close friends who we met up. [...] We didn't really go to gay places we just, just lived an average, well I suppose what you'd call like most couples do."*

The unsocial working hours affected the size of their social network both as a couple and as individuals. Consequently, they did not socialise or participate in the gay community to any great degree. Moreover, seeking employment in low paid areas has been a common strategy for non-heterosexuals (Dunne, 1997; Heaphy, 2007). Raymond's mother died two years before Peter, and the combined loss of those close relationships led to a period of deep mourning. The bereavement affected Raymond's behaviour and mental health, with heavy alcohol consumption and suicidal thoughts. However, he changed his lifestyle, initially for social contact, by taking a job as part-time bar staff at a local pub. Over the eight years he has worked in the pub, the support Raymond gained

from his employment had changed from one of social support to one of financial necessity.

**Raymond:** *“Me mother died two years before Paul died and that were bad enough. And then when Paul died I thought “Well that’s it, I’ve lost the lot now,” nothing mattered. [...] So I were just getting sloshed every night thinking, “Oh, tek all your tablets” an’ all this, but then I thought, “No, this isn’t the way to progress.” So pulled meself together, and I got the job at the pub and, you know, built up from there. [...] When I first went it was for company. Now it’s for the money as well!”*

Raymond’s adjusted lifestyle had led him to new social contacts and, apart from those in the work place, he started looking for a relationship. Raymond joined a local LGBT over 50’s social group. Both arenas, the pub and the group, have had a significant impact on Raymond’s social network. Members from both were included in his inner circle and two members of the latter were, with his sister, closest to him. Moreover, they were both central to Raymond’s life, with the pub providing both economic and social resource and the group providing social and care support.

**Raymond:** *“I’ve the people at the pub and I’ve got the group. With the group, if you’re not well [...] I ring and then they know I’m not just, sommat’s happened, I’ve not gone. I had a couple of phone calls back, see if I were alright, you know. You think, “Well somebody cares,” you know? [...] It’s most of my life - going to the pub or the group. So, I mean,*

*you take that away from me and just sit here forever? Then might as well curl up and die now, you know?"*

Raymond had found, in common with many widowers, that the loss of their partner profoundly altered their life. However, he had built a social network through employment in a job that brought him into direct contact with people, and via a group that reflected his lifestyle choices. The importance of both groups to Raymond's sense of self was apparent, when he considered that life would be not be worth living if the opportunity to socialise was withdrawn.

Alan had the strongest network in terms of inner and wider social networks in the group. He had been adopted as a baby, when his nearest adopted sibling was 21 years older than him. His adopted brothers and sister were now dead, and although he had contact with his extended kin network, they were geographically distant and on the periphery of his social network. As such, his vertical ties had been severed very early in life and the adopted vertical ties were now deprived. His horizontal ties, through his adopted family, were great nieces and nephews and were extended but weak: contact was intermittent.

**Alan:** *"I've got, I don't know 'ow many great, great - my niece, 'er children are my great, so they're great, greats, aren't they? My great, great, all of 'em 'ave children, all four of 'em 'ave children. I enjoyed, you know, the kids. I didn't want kids o' my own. [...] Polly (niece) and Ivan (niece's husband) were 'ere visitin' last month. [...] They were planning to goin' to Aussie."*

Alan felt the relationship he had with a friend, Simon, whom he had known for 15 years, and was 24 years younger, was the most important relationship to him. The depth of the relationship was demonstrated by Alan's nomination of Simon as his power of attorney and, as such, he was the closest in Alan's network. Therefore, through the legitimisation of fictive kin, Alan had created his own vertical network.

**Alan:** *"As I say, same as Simon he's probably the only real family I 'ave now. All right, I 'ave my family, niece and nephew. [...] But they're distant, you know, they're peripheral. 'E was the most closest to me, I'd say, Simon. He's my power of attorney."*

Two significant events in both of Alan and Simon's lives appear to be fundamental in the transformation of their relationship status. Firstly, the ending of Alan's relationship with Carl a few years after moving back to his birth town. Secondly, Alan and Carl had formed a friendship with Simon, following his father's death.

**Alan:** *"'Is dad died. [...] And 'e needed a little bit of advice on things so we became 'is dads, you know, as it were. [...] Where 'e could come to and say what, you know, 'elp, kind 'o thing."*

The relationship between Alan and Simon had changed from friendship to one of an agreed form of a father-son surrogacy following Alan and Carl's separation. The elevation of friends or non-relatives into equivalent kin status - 'nonkin

conversion' (Allen et al, 2011: p.1167) – enhanced Alan's social network and quality of life.

**Alan:** *"I said, "You know, you're like the son I never had." [...] "You do things for me, don't you, like a son would for a father," I said, "So you might as well be, like, you know." [...] Alright, 'e's gay. We've gone to saunas together. But I could never 'ave anything sexually to do with 'im. You know, incest if I did it, you know, it wouldn't be right, no way. [...] If somethin' really went wrong, Simon would get 'ere."*

Since the early 1950s, Alan had been a gay activist and was still very proactive in that field. When attending meetings he had used a pseudonym to avoid discovery. This was indicative of the attitude to homosexuality at the time.

**Alan:** *"The original one was the Homosexual Reform Society. That evolved into CHE - Campaign for Homosexual Equality. You put an assumed name in the book. Different. Well, I couldn't have let 'em know I were in Navy, you know, you just dare not get caught out."*

Alan's inner circle comprised a mix of relationships between relatives, longstanding friendships, and researchers he had shared details of his life experience with. Alan did not detail which members of his extended family were included in his inner category. Those who he had historical links with included founder members of a local LGBT 50+ group.

**Alan:** *“There is a core of people that is my relatives and some o' the closer people from the group. The ones that 'ave been there probably from the beginnin'. There are one or two who know me very well and there are also one or two other people, who I know from other things: Professor Plum - I'd met 'im through being in his research of elderly LGBT people.”*

One difference between solo-living older women and men was the former regularly invite friends into their home as a social network activity, whereas men tend not to. Moreover, widowed men in later life are more likely to be members of an informal group than partnered men (Perren et al., 2003). Both Alan and Raymond (see page 209-14) emphasised the importance of being able to socialise outside the home and the adverse effect of not being able to do so for any significant period. The support provided by LGBT 50+ support group has been significant in helping both Raymond and Alan mitigate the loss of their intimate life-partner.

**Alan:** *“I am a volunteer with Age UK, I'm involved with football, you know, member of Supporters' Club and go to things to do with that. I am 'eavily involved in things like the Lesbian & Gay Foundation and PRIDE. [...] I'm a member of the local Writers' Group and local BASE [group for LGBT youth]. [...] In fact, I'm on the Church Council, Parochial Council. [...] 'When it rained like it did yesterday - when I can't get out like that, then I'm stuck and you don't see anybody. [...] I'd become very, very morose and bored.”*



The importance of social activity was highlighted by the reaction of recent poor weather preventing Alan from attending a group meeting. His experience indicated the local environmental issues that may affect the day-to-day interactions that inform quality of life. The positive effect of support groups on Raymond and Alan's close and wider relationships was indicative of others' experience of support from outside family norms. Moreover, a strategic facility, such as the LGBT 50+ group, highlights that the interaction between structure, policy and individual agency. As with Alan and Raymond, accessing a group of people who had shared a similar experience had been important to both Edward and Lois.

**Edward:** *"I think it's very important because, you know, there is a bond, which is unspoken. We know that there is one thing, that we all share, and that is quite important. I think there is a little core; there is just a small number of couples, through More-to-Life, that we have become very close to and that's been very gratifying."*

The significance of the help that the support group gave was reflected in the membership of the inner circle of the participants' social networks. The ending of unsuccessful infertility treatment has been viewed as a form of complex bereavement and, as noted in Chapter Seven, Edward and Lois's infertility treatment led them to become involved with the More-to-Life support group. In addition to More-to-Life forming part of Edward's inner and wider circle, he also viewed his business as a conduit for social interaction.

**Edward:** *“My business now that I’ve set up - there are meetings to go to. [...] It is a social event 'cos, you know, you always start the meeting with a bit of chat and you finish it with a bit of chat. [...] Without interludes like that it would be a very depressing thing to be at home all the time, on one's own.”*

Edward ran his business from home and believed not having face-to-face social interaction would have been debilitating. In that regard, he reflected the opinions of both Alan and Raymond. In addition to the social capital that family and employment brought, voluntary work also added to the wider social network.

**Edward:** *“It is, sort of work, because I’m doing something for the benefit of somebody else, but it’s certainly a pleasure; I enjoy it very much. But it is leisure because I can say, “I’m not doing this anymore” whenever I want.”*

Not only had this enabled him to meet fellow volunteers and members of the public but it also linked to his architectural practice. Moreover, he was in control of his commitment and had the option to leave at a time of his choosing. With regard to wider social communities, John had observed how the evolutionary nature of groups had formed, adapted, and/or dissolved over time.

**John:** *“My circle was based on my local Labour Party. [...] It became defunct, you saw people less and less, you know, these groups always just break up, it’s normal. [...] I’ve asked people that I worked with to come over for a meal, for a drink, and that. None of them bloody reciprocated!”*

John's experience demonstrated the relationship between the evolution of social groups and concomitant fluidity in individual social networks. As with a number of the participants, John's ex-colleagues had not maintained contact, contradicting his expectation of relational mutuality. Furthermore, the social etiquette he expected when attempting to build social relationships was not shared and he had experienced a lack of reciprocity in social events. John's attempt at managing the transition from work to home based social activity had been unsuccessful, and had left him frustrated. Colin's management of loss of social contact associated with a terminal illness had a different outcome. One of the effects of Colin's condition was that if he became emotional or stressed, he would lose some degree of cognitive and/or motor functions. Consequently, he used email and Skype to keep in contact with others and, thus, manage any trigger events.

**Colin:** *"I have about 10-12 close friends and 30-40 casual friends. [...] I wouldn't describe myself as outgoing or particularly sociable. I socialise mainly by the internet, hospice, MND groups, and lunch meetings with family and friends. When I was younger, I made most of my friends through sport. [...] I see my partner and Facebook friend's daily, brother's weekly, art class weekly. Ex-work colleagues regularly but less often."*

Colin divided the inner and wider constituents of his social network between friends for the former and associates for the latter. Furthermore, the members of his 'social convoy' (Antonucci and Akiyama, 1987) were historical relationships drawn from work and sporting activities, and were spread geographically, locally and further afield. The MND support groups and activities associated with his

treatment, for example art classes, provided an additional form of social network and support. Although Colin held a Christian belief, he did not refer to any faith-based activity or support. The attitude to spiritual matters, by the majority of the men in the study, was vague and did not involve any commitment to any specific organisation or practice. Alan, David, and George did practise a faith and noted its effect on their close and wider networks. Research studies have indicated that once retired, spirituality and organised religions become an important element of older people's social network and sense of wellbeing. Alan had returned to the church following an absence of over 30 years, due to a homophobic encounter. However, he had found a place of worship where non-heterosexuals were welcome and this had positively affected his social network and given him a sense of inclusion.

**Alan:** *"I went back in a church again on the 11th September, two - three years ago. And I went to our local church 'ere. The Vicar at the time was a gay man. [...] A new family. I 'ave people I can talk to and go to if I need any help. Personally, I can do my little theatrical bit. I can read the lesson, can't I, on a Sunday. [...] I enjoy it."*

Alan's experience highlighted the change in attitude in some religious organisations, a historically deeply embedded social structure, and the effect it had on Alan's agency. David and George, and their partners, also held religious beliefs and were active participants in their respective churches. Both David and Alan had reflected on the sense that church provided a form of family. David positioned attending church as a minority activity, and this comment may reflect the decline in England and Wales of people who define themselves as Christian

(ONS, 2012a) and the reduction in Church attendance (Archbishops' Council, 2013) across the nation in the past few decades.

**David:** *“I am also a member of the church, which is always a small minority thing. [...] The churches I've been a member of provided a certain sense of familishness. [...] Quality of life involves, well for me, it is also about being a member of a church where you feel you can get together with like-minded people.”*

David's narrative indicated that being an active member of his faith positively affected his quality of life through giving a sense of family and compatible company but also had a positive effect on his social network. Alan, David, and George had held their beliefs from childhood and, although all referred to active involvement in their local churches, only David specifically included both his local vicar and family in his inner circle. The church community, generally, seemed to provide a pool of support that could be drawn on in times of need. However, not all experience of the church community had been unanimously positive. George had noted that, after moving to their present home four years previously, it had taken a few years for he and Joan to feel accepted in their local church. Moreover, the church had a school attached to it and he indicated that being childless might have affected people's attitude towards them. As such, George and Joan's social capital was reduced in an arena where parenthood and children were embedded into the institutional structure.

**George:** *“The secondary school choice is very tied in to church attendance. So, you get this rather skewed affect on the local church and*

*of course, we're out of that. There's a group of people who sort of, know each other through their children [...] we're not excluded from it, but we don't really belong. [...] Our experience, for nearly 2 years, was this is really hard work. [...] Sometimes we had people round for a meal and it wasn't reciprocated back."*

George's experience highlighted the geopolitical intersections through the interaction of parenthood, children, and the structural hegemony that reinforced the subordination of those without children.

The participants experienced loss not only through the death of a loved one but also infertility, social etiquette, and social hegemony. The consequence of their actual, or perceived, loss was the negotiation of social relationships at all levels. For example, shared experience support groups had filled not only the participants' wider social needs, but also the closest and inner requirements. However, access to, and acceptance within a new social community was not always easily negotiated but seen to take time and perseverance. This highlights the potential difficulties in forming friendships in later life. The importance of external social engagement was reflected in the participants who noted how not being able to access activities outside the home would have a negative effect on their disposition. As a result, a gamut of activities were viewed as sources of interaction, including business meetings and volunteer work. The participants drew on a diverse range of resources that were outside the familial norms typically associated with closest social networks. As such, the concept of fictive kin in the social networks of the participants was apparent. A different form of fictive kin - 'fictive grandfatherhood' - will be examined in the following section.

## 7.5 Fictive Grandfatherhood.

Studies into grandparenthood have, due to demographic factors, historically focussed on grandmothers. However, with the life expectancy of men in Western societies now predicted to reach the same level as women within the next two decades, there has been an increased focus on the role of grandfatherhood. Recent research has shown that the dominant perception of grandparenthood fails to account for the complexity in modern family relationships. Moreover, the nuances of the role of grandfatherhood had been misrepresented through the mutual construction of women as central kin keepers and men downplaying their role (Arber et al., 2003b; Mann, 2007; Tarrant, 2012b). The men in this study demonstrated a range of attitudes to grandfatherhood, from seeing it as something that naturally followed fatherhood, to those who actively sought a grandparent-type role.

The experience of fictive grandfatherhood for the men in this group ranged from the covert to the overt. The four participants who highlighted grandfatherhood were Raymond and Alan, who were non-partnered, and James and Martin, who were partnered. All four had members in the three inner, close, and wider network categories. In this section, I have followed the participants' attitudes developed in Chapter Six (page 151), to demonstrate how they both intersect, and vary within and between, the different phases. For those in the aspirational group (page 151) their attention was on becoming a father and, although grandfatherhood would be a natural consequence, it was not of importance.

**David:** *"Now? I don't really want to think of myself as a grandparent but a lot of people my age are grandparents."*

The disruption from the ideal life course trajectory of parenthood was reinforced by the difference between David and others of his birth cohort, who had conformed to the dominant pronatal age-related social norm. For the two men in the uncertain group, Michael reflected the aspirational attitude of the natural order of the primacy of biological fatherhood.

**Michael:** *"I cannot recall having any thoughts about being a Granddad because there was or is no possibility of it."*

The dominance of the importance of the father-child relationship leaves little or no room for consideration of alternative roles, in the present or the future. However, Russell was conscious of the connection between the two roles of father and grandfatherhood, and acceptance of the former led to the latter being viewed as a loss.

**Russell:** *"There's also a sudden realisation that I'm not gonna be a grandfather either."*

Of the nine men in the mediated group, reactions ranged from those who had not considered grandfatherhood, following their acceptance of involuntary childlessness, to those that actively pursued a grandparent-type role. The former group included Harry, John, and Colin. Harry's assumption of fatherhood had ended when he became a widower. Similarly, John did not consider grandparenthood following his partner's refusal to consider him as suitable father. Colin's acceptance of not becoming a father was the consequence of his then wife's medical history and his age.



**Colin:** *"No. I didn't get around to even thinking about missing out on being a grandfather. So no, I haven't missed it really. The only time I ever think about what I might have missed out on is when I see people putting comments or pictures of their grandchildren on Facebook."*

Colin's attitude followed the primacy of the genetic legacy, therefore accepting non-fatherhood, automatically dismissed any form of grandfatherhood. However, for Colin, there was awareness that his peers had a different experience to his.

Two of the participants, Edward and George, held different views on their roles within their family structure. Edward was the youngest of four children and his siblings were all grandparents. He enjoyed a close relationship with different generations, with the effect of balancing any regrets about not becoming a parent or grandparent.

**Edward:** *"So you know, all my siblings are grandparents. [...] I'm uncle and great uncle to youngsters and babies. So, that is a role that brings great joy. I relate pretty well to my nephews and nieces. [...] It doesn't fill me with any great sense of regret because I've always been quite an active uncle. [...] It is almost as good a way of engaging with the generation that, sort of, one beyond yourself, you know."*

Interestingly, Edward saw the intergenerational interaction as an opportunity to connect with future generations. This reflects the continuity of the strong family bonds. He went on to differentiate between the roles of grandfather and uncle,

with the latter viewed as the 'next in importance' to biological parenthood. Edward's testimony highlighted the primacy of the biological imperative in social roles in later life and the kudos that continued the masculine norm of virility proved by fertility.

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

Moreover, because of the inclusive family interaction, from their birth onwards, Edward believed his nieces and nephews recognised him as having high status within the family network. Edward's role of uncle was an important part of his biological family identity and reflected the primacy of the biological connectivity in many families.

**Edward:** *"I think they look up to me and accept me as a, sort of, senior member of the family, not like a dad [...] Being an uncle has never, sort of, had that role of, not a substitute parent - that would be far too grand - but as a, sort of, crutch in times of need."*

In locating his position in the familial infrastructure, he was careful to establish what the role of uncle entailed; he was not an ad-hoc parent but an available support when needed. George's interactions with younger generations were through Joan's extended family and with the children of friends.

**George:** *“On my side of the family, I only have my sister. [...] Although we have got nephews and nieces, it is through Joan’s side and not through my side. I do feel that increasingly there’s not many people left that I belong to as a blood relative.”*

Being conscious of his limited family network drew George’s attention to the importance of connectedness that blood relatives give. The awareness of ageing without children also highlighted an underlying mindfulness of the end of the familial line and an absence of future familial support.

**George:** *“I’m going to grow old without having children around or grandchildren. [...] You know, the family is not carrying on, I haven’t got that relationship. [...] There is nobody going to be around for me, as I get older. [...] I don’t think I would really want children in order in order to make me feel better when I got older. So you realise is all quite mixed.”*

The complexity of the issues surrounding a childless later life highlighted the common narratives of not being a ‘burden’ to one’s children and the need, not only for close relationships in later life, but for the reassurance of knowing one is not going to be alone. George’s reflections showed the caring roles he and Joan adopted in caring for his parents before their death.

**George:** *“I mean both my parents have died now but I and my sister were around as they got older and supported them and we are supporting my wife’s family now. [...] ‘Cos they’re now getting older. [...] We’re the main support and we don’t have children. The other two children, Joan’s brothers, have children.”*

The family dynamics surrounding the care of Joan's parents positioned Joan and George as available to care because care of parents was associated with daughters, they were geographically close, and free to attend because they had no child commitments. Thus, George and Joan's experience reflected the social norm that associated women with care, and the childless as free. However, George's narrative also revealed that caring for his ageing parents was part of his role as a son. George's position in the familial network seemed nebulous: although he took pleasure in the interactions with Joan's family, he did not refer to himself in terms of any familial role, for example, as an uncle. Moreover, he specifically saw one aspect of later life as missing both the parental and grandparental relationship.

The four remaining members of the mediated group all displayed a means of accessing intergenerational relationships. The experience of fictive grandfatherhood for the men in this group ranged from the covert to the overt. I have divided them into four categories: latent, adopted, surrogate, and proxy, to reflect the different dynamics of their experiences. Since Peter's death, Raymond had reflected on his reasons for wanting a grandparental relationship and questioned his own motives. Raymond reflected on the emotional and practical benefits an intergenerational familial relationship would help resolve.

**Raymond:** *"I've never totally sorted it out in me mind whether it's because Peter 'ad died and I were on my own 'cos I felt more lonely. [...] I could do with 'em comin' 'ere really, they could do all me things - when my computer doesn't work fo' me, and me television plays me up. They'd sort it out where I can't."*

Raymond's view of what a supportive family may offer reflected an 'ideal' portrayal of intergenerational familial relationships that did not acknowledge that some older people have estranged familial networks. Raymond had stated that he saw the children of his employer as his grandchildren. Raymond believed that being a gay man meant he could not declare his grandparental feelings or view of the children. His age, he felt, had prevented him considering a parental role.

**Raymond:** *"I wouldn't want, now, obviously, well at my age, no."*

In addition, the family had relocated and as the children had grown up his contact with them had reduced. As such, his role had been a latent one and one that does not appear to have been acknowledged by others.

**Raymond:** *"They don't live in the pub now. [...] But I always give them Christmas and birthday presents. [...] You know, they used to sit in pub and they'd read out o' their book, "Do you want me read yer a story?" I'd say, "Yeah, gu on then", things like that. I mean now they've grown up a bit, so there isn't really anybody, in that sense, I am particular close to, no."*

Raymond did not indicate if any of his gifts were reciprocated, and neither did it seem that his relationship with the family was acknowledged through any form of name such as 'uncle' or 'granddad Ray.' Moreover, the construction of his personal social networks meant there were no obvious means of obtaining the relationship Raymond wished for.

**Raymond:** *"Sometimes I sit 'ere when I'm in on me own, I think, "Ohh, bit fed up and I wish Peter were 'ere" and then I'd think, "You're lucky Raymond because you've got the group, you've got the pub, there's a lot of people don't 'ave as much company as you do." [...] That's why I'm always out."*

Raymond's main social network consisted of those in his workplace and an LGBT support group for people over 50. Those two arenas provided support and, in particular, a means to avoid being lonely, which he strongly associated with having to remain in his flat. Following the end of his relationship with his long-term partner, Carl, Alan moved from their home to a privately rented one-bedroomed ground floor flat. Local authority housing policy dictated that people over 70 had to be housed in sheltered accommodation, something he was not prepared to accept.

**Alan:** *"But he said, "We do not cover 70's on their own." I was a bit irate. [...] He said, "You might get some help with your rent." So I did. And I do. I get two-thirds of it paid. So they can't let me live in one of their places but they'll pay me two-thirds of this."*

Alan's experience highlighted the age-related gateways that are embedded in society. His encounter can be seen as an example of the tension between individual agency and social structure. Moreover, it demonstrated how age-based policy reflected the view of older people being at risk and in need of managing. During the transition into solo living and singledom, Alan was approached, at a local football match, by the father of two teenage boys to fill the role of 'adopted'

grandfather for a school project. Reflecting his experience of discrimination, Alan clarified that his homosexuality was not an issue.

**Alan:** *"They said, 'Will you be our granddad for this?' So I looked at the father, 'e said, 'It's all right, there's no problem.' And 'e knew I was gay. [...] I became their honorary granddad. And that lasted three years. [...] As I say, I'd do it again. [...] I've got lots of nieces and nephews, but, you know, grandkids I would've loved."*

The experience of grandfatherhood had expanded Alan's perception of potential roles in later life from just that of being an uncle. Alan located his role as being secondary and supportive, to the role of a father. He defined a 'dad' as someone who was available and supportive, whereas a 'father' represented authority. Alan viewed his position as one that supplied historical depth to issues but was aware of the primacy of the boys' father.

**Alan:** *"I think if you're a father then you're committed to being - especially father, not dad, in charge. [...] I thoroughly enjoyed it being there if they wanted it, but not committed to being there 100% of the time. [...] As I say, with grandkids, you can send them back to their parents."*

In exchange for his life narrative, Alan gained a sense of inclusion and a desire to repeat the role of grandfather. He also noted a major difference between the position of parent and grandparent: the fulltime responsibility and role of the former compared to the latter's negotiation of any contact. The contact between Alan and the two boys, now men, has continued but takes place on an informal

and ad-hoc basis.

**Alan:** *“But they still always talk; he always comes down, the young one that still goes [to the football match], Bert, he still comes down, or 'e waves, yells, and 'e always yells, “Granddad.”[...] That makes me feel belonged. Makes me feel I'm part of something.”*

The relationship between the 'boys' and Alan had formed a bond that lasted beyond the duration of the actual contact. Alan had been very clear in his attitude to not wanting to be a father when he was younger and entering middle age. However, as he got older, and events unfolded, he had negotiated the role of 'surrogate' fatherhood, and had accepted the role of 'adopted' grandfatherhood. The difference between the two roles, apart from how they originated, was related to the depth and mutuality of the relationship, and the suitability of contingency support. Moreover, the basis of the relationship was adult-adult for the former and adult-child for the latter.

**Alan:** *“The two young lads who, as I say, I became adopted granddad for, they don't do anything like Simon does. [...] Well the thing being, you see, it means I know at the other end of a phone, [...] I can ring up, if I've got a problem.”*

Both Raymond and Alan had to adapt their lives following different forms of loss: the former through bereavement and the latter through the end of an intimate relationship. For Alan, his experience of unsought grandparenthood provided a sense of intergenerational integration. James also experienced an



unasked-for grandparent role, although his was via his partner's children. James and his partner, Liz, have been in an intimate relationship for approximately 12 years. James's social network was mainly made up of friends, with some ties reaching back to his childhood and early working years. The people closest to him were his partner, followed by his older brother and two daughters, and then two childhood friends, of some 20 years standing, one female and one male. Contact with his nieces and nephew and their children was limited by their various and distant locations around the country. Likewise, his partner's two children lived quite a distance away: her daughter, Sonia, in South America, and her son, Tom, some 250 miles away. However, it was through Sonia's baby daughter, Myriam, that James became aware of not experiencing the parental relationship.

**James:** *"Her son's had a little boy and her daughter's had a little girl, you know, so they're all great, you know, and that's lovely. [...] Myriam, the little girl who's eighteen month now, like, and we interacted wi' her a lot. I have particularly I spent more time wi' her than, as a baby, than I even did with my nieces, funnily enough. And that's kinda re-awoken that, I thought, it would'a been nice, you know."*

Familial support for Sonia through the perinatal period was negotiated by each spending time in both countries. The logistics involved in complying with socio-cultural practices surrounding pregnancy demonstrated the tensions between traditional duties, roles, and transnational mobility. For James, this led to his experiencing the intricacy of family intergenerational practices at first hand.

**James:** *"It's complicated 'cos, Sonia and her partner, the parents of Myriam, live in South America. She was here for three months, so I was kinda around this pregnant woman a lot as well, which was interes'in' and strange. [...] Liz and I went out to South America when Myriam was seven months and we spent three weeks there."*

A combination of circumstances led James to experience a period caring for Myriam during their stay in South America. After hurting his ankle, James spent a significant amount of time with Myriam during which he formed a deep attachment to her.

**James:** *"I couldn't walk, so I was actually with the baby for most of the time, you know. They would go off and I just, you know, left with this baby, and she's lovely, you know. So, that was quite a bonding thing."*

In contemporary familial environments, fictive kin are often absorbed into the family network, using the dominant hierarchal kin structure.

**James:** *"We're tryin' to work this out: Liz's ex-husband, he's granddad, you know, and there's a South American granddad. [...] So, because we go to Greece a lot, I says, "Oh well I can be the Greek word for granddad, 'Pappous,' we'll just use that". So we just started to use that."*

James's increased involvement in Liz's family was legitimised, and recognised, as grandparental, through naming him 'Pappous,' from the Greek for grandfather.

As a result, both the hierarchy of the bloodline and the inclusion of James's role were acknowledged.

**James:** *"No. It's just recently, it's just like Liz's grandchildren appeared on the scene that I discovered what a pleasure that is, you know. [...] I'm keenly interested in them, as I would be if they were my genetic grandchildren, I think."*

The experience of 'grandfatherhood' had given James an insight into a role he had not been conscious of before Myriam was born. Furthermore, James equated the relationship with his 'grandchildren' to that of being biologically related. Moreover, James's status and experience as a proxy grandparent had an effect on his wider social relations.

**James:** *"I'm, sort of, much more aware of how they must feel now towards their grandchildren, yeah, which I just 'adn't thought about it really, you know? [...] I can, sort of, feel what's happenin' with them and how they must be feelin' toward their grandchildren now, yeah. [...] Yeah, we do talk now, yeah, sort of, a new topic 'as entered the conversational gambit, you know?"*

James's experiences and status as 'Pappous' affected him in a number of ways. Firstly, he was able to appreciate, and empathise, with the bond between parent-grandchild, and grandparent-parents. Secondly, his grandparent experience allowed him to engage on an equal level with the section of his peer group that

were grandparents. Finally, James had noticed that the experience he had gained had also influenced his behaviour in the wider social world.

**James:** *“A young woman along the street had a baby about three months ago. [...] I would see 'er pregnant, you know, in the streets, and have a good chat and so on. [...] And since then, she comes along sometimes and she'll say, “Oh yeah, come and see baby” or I'll call in. [...] This little baby's, sort of, she's lovely, you know. So yeah, I probably wouldn't 'a done that.”*

Noting a near neighbour was pregnant; he formed a relationship with her and her partner that had continued once the baby was born. The influence on James's social network, of a change in his fictive family, had affected relationships at all levels. James had rationalised that his and his partner's age meant that he would not be a father. Furthermore, he had not considered the consequential loss of any grandparental role; however, circumstances led to him experiencing a role similar to that of a genetic grandfather. James's experience reflects the fluidity in family formation and the flux in the boundaries between kin and fictive.

Whereas both Alan's and James's social experience of grandfatherhood was unlooked for, one participant actively pursued the role. Martin had accepted he was not going to be a father following the diagnosis of his infertility and subsequent withdrawal from donor insemination. It was through Pat's family that Martin had successfully pursued the role of surrogate grandfather. On finding out that one of Pat's nieces was pregnant, and in order to prevent anyone else claiming the role, he quickly sought permission to fulfil the role of grandfather.

Generally, fictive kin had been seen as a no-blood-relation individual who had been 'adopted', through mutual negotiation, into a family.

**Martin:** *"I said to the parents, because her father is dead, "You know, this, baby when it comes, hasn't got a paternal grandfather. Can I be a surrogate grandfather? Which I am. [...] We arrived at the hospital just after she was born and I they handed me this tiny little thing; it was, what, six hours old? And I was just smitten, and, I'd never understood the bond between a parent and a child, until that moment, you know that was, I just looked at her and said, well that, "If I had been a father, I can, you know, nurture you for the rest of your life"."*

Although, Martin was accepted as surrogate grandfather-in-waiting, it was through his efforts that the role was established. As with James, the interaction with Heidi, his surrogate granddaughter, had given Martin insight into the emotional bond between parent and child. Moreover, the experience also drew Martin's attention to not only the absences he associated with involuntary childlessness but also the disadvantages of having children.

**Martin:** *"But then I understood what the parenthood bit was, really. So, that's really, why she's so important to us. [...] But God, I can see what parents go through, suddenly this cute little thing starts to grow and have a mind of its own and a will of its own and, and, you're not allowed to hit 'em!"*

Martin's narrative reflected an awareness of change in the culture of raising children and what is and is not acceptable. However, the challenges in caring for an inquisitive child highlighted the change in culture from Martin's childhood to the present time. Therefore, the intergenerational connection between Martin and Heidi, although rewarding, also challenged the suitability of the resources available for Martin to draw on. Martin went on to draw on his experience, and appreciation of the emotional depth between the parents, to distinguish between men who were childless and those who were not.

**Martin:** *"And maybe that's what men who don't have children don't realise because you can see what you're missing physically. You know, social connections and all the rest of it, but you don't know what you're missing emotionally."*

Martin suggests the understanding of fatherhood is limited to the visible, external, and tangible elements of the parental relationship. However, the emotional element of the parent-child relationship was intangible and could only be appreciated through experience. The grandparental role undertaken by Martin and Joan had expanded their social network. The acceptance of Martin in the role of surrogate grandfather had led to the development of the role as one of support to the biological parents. Moreover, the role is equated to that of biological grandparents. Therefore, the inclusion of the role of surrogate grandfather had seen an adaption of the family structure, to accommodate the demands of the fictive kin member: an example of the fluidity within the family practices.

**Martin:** *“And particularly, I say, the surrogate grandchild, is a big part of the social thing. Because it’s convenient for her parents to leave her with us and do other things, ‘cos they’re in their early forties. So, we are acting as, as you would treat a grandparent really, in that respect.”*

The change in family structure to house Martin’s role also meant that, as with James, the demarcation between blood kin and fictive kin had to be acknowledged. In Martin’s case, the name was derived from the combining of the words ‘surrogate’ with ‘grandpa.’ However, his wife, Pat, retained her familial salutation, albeit with a slight alteration that acknowledged and reinforced her positional lineage to Heidi. The acknowledgement of the blood kinship therefore took precedence over fictive kin.

**Martin:** *“They call me ‘sgrampy’, which is an ‘orrible word, but its surrogate grandfather, surrogate grampy. Anyway, that’s the nearest we could get to - granddad wasn’t appropriate because it’s not a real relationship. Not a hereditary relationship, shall we say, so ‘sgrampy’. [...] It’s on a mug somewhere. [...] Pat is ‘Gruntie’ because she’s actually a great aunt.”*

Martin drew attention to one aspect of being a surrogate grandfather that had not previously been alluded to - an ambition to live to see Heidi become an adult. Martin acknowledged that the certainty of his death was counterbalanced against uncertainty of his health in later life.

**Martin:** *“To be quite erm, brutal, death is the future, I mean that’s its, I reckon I’ve got, if I’ve got fifteen years, that’ll be alright. [...] You don’t know what life’s gonna throw at you do you? I may not have a choice about that. [...] I’d like to see the, my surrogate granddaughter grow up, she’s three, 15 years will take her to 18. So, that’s about right, you can see them be an adult then, can’t you?”*

The men’s experience highlighted the flux and fluidity in the both the social, and relational, environments the men were surrounded by. Two of the men, Raymond and Martin, wished to be grandfathers but Raymond did not feel he could risk losing the latent fictive kin role he had developed. Martin, however, seized the opportunity to fulfil his wish, and this had given him an insight into the emotional and physical world of parenthood. Neither Alan nor James had sought grandfatherhood but had experienced it through association. Martin and James’s experience was directly connected to their partners’ extended family ties. Raymond and Alan’s experience was related to social environments and not connected to their family ties.

## **7.6 Conclusion.**

The relationships and social networks discussed in this chapter highlighted how the different intersections between agency and structure over the life course are performed through roles; personal life; social networks; and relationship dynamics. Factors such as familial background; quality of family relations; socio-economics; personality; geographic location; relationship status; and desire to relate, all intersected in the creation and maintenance of the participants’ social networks. The biological imperative, prevalent in the ordering of family hierarchy,



was negotiated by the use of fictive kin to build vertically, as in the case of surrogate fatherhood and grandfatherhood, and social networks to build horizontally. Moreover, the actions of the participants highlighted the complexities in navigating between the closest, inner, and wider relational environments. Location was a significant factor in the construction of social networks, with the transnational participants highlighting the difficulties involved in maintaining and forming social communities. The majority of the men had changed location for employment reasons and had lived within commuting distance of their work. Change of circumstance, for example exiting employment, led to an examination of the character of an area and its suitability to fulfil the participants' needs. Moreover, workplace friendships tended to fall away once participants had exited the work environment. Some men went on to build new networks whilst others did not.

This chapter has supported a number of concepts relating to social networks over the life course. The impact of events linked to the life course, such as bereavement, retirement, and entry and exit of relationship were seen in the changes in individual social network structures. The size of vertical and horizontal ties was useful in highlighting those who would be seen at risk of social isolation and exclusion. Having no children automatically reduced the vertical structure, and for those whose parents had died, the vertical ties were further reduced. However, observing the size alone could not account for the quality of the relationship or the influences that shaped any given network. The configuration of the participants 'personal convoys' altered with Davidson's (2004, p.38) 'major determinants' of age, employment, gender, and relationship. The impact of major life course events and non-events had implications for how the participants

reflected and performed their social and self-identity. Personal social networks were seen to reflect the continuity of both positive and negative personal competencies that can affect all forms of relationship. Both positive and negative sibling relationships were seen in this study. The former have been viewed as an important resource giving a sense of connectedness and a barrier against loss of autonomy. The latter have been seen as contributing to social withdrawal, and avoidance, with a concomitant increase in the likelihood of social isolation (Connidis, 2001; Chambers et al., 2009; Machielse and Hortulanus, 2013). Continuity was seen in the membership of organisations that reflected work skills, sexual orientation, and IVF experience. All relationships involved negotiation of challenges such as family friction, health, and role loss or adaption across the life course. The participants' narratives supported the views of 'doing family' (Finch, 2007: p.66) and 'family practices' (Morgan, 1996: p.190). Consequently, the complexity and diversity involved in their 'personal community networks' (Wellman and Wortley, 1990: p.559) recognised the concepts of fictive kin and adapted family networks. The next chapter will explore the participants' view of the future and explore the different factors that affect that perception.

## **Chapter Eight:**

### **Ageing without children**

#### **8.1 Introduction.**

In this last findings chapter I address the research questions concerning the participants' quality of life and view of the future. Later life has often been viewed in the context of a loss of agency in all environments: economic, health, social, and identity. The age range of the participants covers the transition through the third age: commonly associated with competence before the decline associated with the fourth age (see Grenier 2012, Grenier and Phillipson 2013). The concept of the Laslett's (1989) third and fourth ages have been the source of much discussion with the latter associated with limitation, vulnerability, and loss of agency. A brief account of the participants' life history in the form of pen portraits are given in Appendix Fifteen. The framing of old age has moved from one of loss and decline to one of 'successful' ageing measured by objective indicators. However, older people with poor health have rated themselves as ageing successfully (Strawbridge et al., 2002). Moreover, older people have reported that, in addition to their own health, and that of kith and kin, finance was an important element to their quality of life (Gabriel and Bowling, 2004).

This study took place at a time when issues surrounding provision in later-life, such as pensions and the delivery of both health and social care, have been the subjects of much media attention. The key themes in this chapter relate to ageing and health. The first section links the critical gerontology element of economics and ageing, with older people reporting that finance was highly significant in the maintenance of independence and autonomy (Gabriel and Bowling, 2004: p. 29). Furthermore, the timing of the exit from employed to retired not only has fiscal

consequences but also connotations for social and personal identity (Phillipson, 1999; 2013). Although both 'Quality of Life' and 'Health' were covered separately in the interview, the analysis highlighted that the participants saw health as central to quality of life (see Table 5, page 252). The second section begins with a broad examination of the participants' economic environment and their views of the future. The following section explores the participant's experience of ageing and health in relation to involuntary childlessness. The men's concerns relating to access to care and health resources are also explored. The fourth section examines the participants' reflections on legacy and finitude. The final section provides a brief summary of the chapter.

## **8.2 Economics.**

Later life has often been viewed in the context of a loss of agency in all environments: economic, health and social care, and sense of self. The childless, whether voluntary or involuntary, have often been viewed as 'other', with one assumption being they are 'free' because they do not have the financial cost of parenthood (Connidis and McMullin, 1999; Kohli et al., 2005; Deindl and Brandt, 2013). However, fathers have been shown to have higher average incomes than their childless counterparts (Dykstra and Keizer, 2009). Table 4 (page 242) details the participant's self-defined occupational status and financial resource. This table is age ordered in order to account for the mandatory state retirement age, and highlights how the participants were subject to policy rooted in age and stage constructions surrounding functionality, productivity, contribution, and liability. Eight of the participants cited some form of pension as part of their main income, with five in receipt of both state and an employer's pension. None of

**Table 4:** The participants' occupational status and financial resource

Participant	Age	Occupational Status	Financial Resource
Alan	82	Retired, volunteer	State, armed services, and employer's pensions
Martin	70	Retired, volunteer	State and employer's pensions, and partner's income
Raymond	70	Retired, part-time employment	State and employer's pensions, part-time salary
James	65	Retired	State and employer's pensions
Harry	64	Not seeking employment	Own resource, widowers pension
Michael	63	Employed, full-time	Salary
George	60	Seeking employment, volunteer	Employer's pension, partner's income
David	60	Self employed, volunteer	Salary and employer's pension
Edward	60	Self employed, volunteer	Salary
John	59	Temporarily Unavailable for work due to illness	Disability Living Allowance, partners income
Colin	59	Retired	Employer's pension, partner's income
Frank	56	Seeking employment	State support
Russell	55	Seeking employment	Own resource
Stephen	49	Employed, full-time	Salary

those five men had exited employment at the statutory retirement age of 65 but had left due to ill health or as part of a severance scheme. Alan retired early with full pension as part of an industrial injury settlement.

**Alan:** *“I retired on me 60th birthday. [...] I got repetitive strain injury. Have you ever seen somethin' like that [holds up hands]? [...] Lost the use o' me thumbs. [...] They said, if I dropped any claims, they would pay me full pension at 60.”*

Table 4 (page 242) clearly highlights the influence that partners have on the financial resources available. Consequently, men whose partners were employed had ‘economic dividend’ to add to the ‘health caretaker’ associated with men in relationships (Davidson and Arber, 2004: p.131). The transition from fulltime employment to retirement indicated that there were occasions when the change was beneficial to the participant.

**David:** *“I also felt that if I was to leave the company I would be abandoning my final salary pension scheme. [...] The period of my career from 53 to escaping was quite uncomfortable and was mostly going downhill. [...] I stayed there until one day when they said, “Opportunity for voluntary redundancy”. ”*

David’s experience of the latter years of his career highlighted the intersection between individual needs and the wider economic environment. Early retirement from the workforce has been widely used in the last half century (Phillipson, 1982; 1999; 2013). It also necessitates negotiation of an expected life course

event. David's experience exemplified the tensions between an individual's future economic capital balanced against their everyday social capital.

Two of the eight men, Raymond and David, who were in receipt of pensions, described themselves being in part-time employment, while a third, George, described himself as looking for employment (see Table 4, page 242). As such, their narratives reinforced the fluidity and flux for those in the third age and challenged earlier concepts of mid-and later-life as being a period of reduced activity and control. However, of the three, Raymond was the only one who referred to his employment as an economic necessity as well as a social resource (page 209). Raymond's former occupation as a waiter was typical of low paid careers that many LGBT people held in order to 'pass' in a heteronormative society (Dunne, 1997; Rosenfeld, 2003; Heaphy, 2007). As a result, the only employer pension he had was from the few years he had spent working in the NHS before taking early retirement. Both David and Raymond had had their socio-economic status influenced by macro-structural institutions of the stock market and government policy.

**David:** *"It was not the time to be going looking for a new job in my field. [...] Now we were post-dotcom boom. [...] The need for the day was ruthless cost-cutting."*

**Raymond:** *"It was across the board, thousands went. [...] It was a mental hospital, and they'd got people out into the community."*

David and George both self-defined as having had a lower middle-class upbringing. Both had attended university followed by professional careers, respectively, in management and teaching. Both David and George, in discussing the transition from their careers, had only referred to their partner and no other downward or horizontal relational connection. The period between 50 and 60 had been one of great change for David: his career had peaked, declined, and ended, and he had married. Following the exit from his professional life, David now viewed his time as divided into four main areas of activity: part-time business consultant, voluntary, domestic, and hobbies such as running and sailing. As such, his lifestyle fitted the remit of 'successful ageing', although David had not been referred to any specific health programme or advice. George had left teaching after 26 years to pursue a PhD in his late 40s; however, the teacher's pension scheme had a strict policy of paying the pension on the contributor's 60<sup>th</sup> birthday. This had disturbed his sense of self and his perception of how he was viewed: he strongly resisted being labelled a pensioner. The structural nature of the transition had directly affected George's perception, and his viewpoint had reflected the normative discourse of decline surrounding the status of 'pensioner.' Moreover, he described the powers inherent in the structured transition of receiving a pension and their effect on available identities. Furthermore, the different timing of the transitional events of qualifying for the workplace or state pension heralded 'multiple transitions' (Fairhurst, 2003a; b) and challenged the participants' present and future identity.

**George:** *"I think it sends all the messages that you're moving into a different phase of life: you're getting older. [...] There is a sense of which the way the system works could easily shape me into seeing myself as a*



*retired person at 60 in a way that I wouldn't if I was in a different context. [...] Shaping me into someone who's getting older, less able to do what they were able to do, who is retired with all the connotations that that means. [...] That will happen again when the state pension kicks in at 65 [laughs]."*

The men's transition from fulltime employment involved a renegotiation of their identity, and involved an examination of the meaning of activities and their associated values. George expressed the view of many of the participants who considered themselves retired, either fulltime or part-time, regarding how pursuits that had previously occupied leisure time were now classed.

**George:** *"I enjoyed gardening but you could say that was work and sometimes it does feel like work when there is a task to be done and at other times, it feels relaxing."*

Although there have been changes in the gender profile of the UK workforce, typically it was women who disrupted their employment in order to care for children (Davidson, 1998; Arber et al., 2003a; Mayhew, 2006). Moreover, from 1997 to 2011 there has been a 25% increase in adults aged between 20 and 34 years living with their parent(s) (ONS, 2012b). The difference that children had on the finances of peers who were parents was noted by a number of the participants, particularly those in the mediated group.

**Martin:** *“If I’d had children I could have been in a position of having to fork out to buy properties and, as a lot of my friends have, have taken big lumps of their life savings to help kids out of situations.”*

Therefore, one aspect of childlessness for the partnered participants was the possibility of a household consisting of two fulltime-earning adults. In addition to the benefits of partnership highlighted in Chapter Seven, an additional facet of the partnered was that of financial contribution of the partner. Six of the seven-partnered men expressed the importance of the financial contribution their partner brought to the household economics. James was the only partnered participant who did not allude to any financial interaction in his LAT relationship with Liz. The maintenance and control of economic independence has been shown to be one of the attractions of the LAT-type relationships (Borell and Ghazanfareon Karlsson, 2003; Chambers et al., 2009). The nuances within John and Sue’s complex relationship were exemplified by his reflection that, although his benefits contributed to the household costs, Sue was the primary source of financial income. As noted in Chapter Five, John had considered the financial aspects of having children and summarised that, for both financial and personal preferences, he would have become the main provider of childcare.

**John:** *“That’s her indoors. [...] She earns a load o’ money. So, we don’t want for anything. [...] So in that sense I have a very good life.”*

The participants’ view of their future economic position was related to their assessment of their present position, contextualised by their past experience. The ‘childless’ have been viewed as economically advantaged (Connidis and

McMullin, 1999; Bulcroft and Teachman, 2004; Deindl and Brandt, 2013) and some of the participants acknowledged that they had, compared to their peers, possibly had greater material benefits. However, they also noted that did not compensate for the sense of loss associated with not being a father. Of the three aspirational participants, David, Stephen, and Frank, only David referred to the socio-economic difference a child would have made. Stephen and Frank did not refer to any future financial implications of becoming fathers, focussing instead on concerns regarding finding a partner (Chapter Six).

**David:** *“I think we would get by. [...] It doesn't need a big salary to take us back to reasonably comfortable financial position.”*

At the time the interviews took place, the government had applied a number of substantial reforms to the state pension provision. For example, the age of access to the state pension had changed from 65 years of age, to being raised progressively dependent on date of birth (DWP, 2014). The changes reflected issues surrounding the increase in life expectancy, the funding of pensions for the 'boomer' cohort, and employment in later life. As such, macro age-related strategies directly affected an individual's perception of the future. For example, Stephen's view of his future was influenced by the political discourse regarding provision in later life. As one of the aspirational men, Stephen's attitude did not account for any possible future family that may offer some level of care. Like the other participants, Stephen had resisted the view of children as duty-bound carers in later life.

**Stephen:** *“Yeah, it's scary in terms of, you know, not being able to rely on the state to necessarily meet your needs as an older person if you haven't already made provision for yourself.”*

Recent government policies had influenced Stephen's thoughts of his future existence, and he was aware of the impact of past economic choices on his future economic capital. Stephen's lifestyle and economic choices had not only affected his relationship status (page 122) but also his finances and, consequently, he expressed concern for his financial post-retirement future.

**Stephen:** *“I'm in shit street when it comes to retirement because I've never paid into a pension and I'm 49. So assuming I work 'til I'm 65, if I'm lucky enough to stay in work 'til I'm 65, I've got 16 years left to try and salvage something that'll mean I won't be on the breadline when I'm 65.”*

Stephen had not demonstrated any awareness of the actual and proposed change to either the single-tier state pension system or the increase in the age when he would become eligible for the state pension. Frank had been in receipt of state support for 12 years, and was in dispute with the Benefits Agency regarding his chronic fatigue syndrome (myalgic encephalomyelitis: ME). He supplemented his income through various cash-in-hand odd jobs. However, his ability to obtain permanent employment was also restricted by a chronic health issue of a bad back in addition to ME. The combination of solo living, poor health, and unemployment had led him to a stark assessment of his future.

**Frank:** *“If she died tomorrow, I’m not gonna suddenly be really well off; I’m only gonna get a third of the price of a small house, so it’s not gonna solve my financial problems in the future. So you know, things are quite bleak for the future. [...] There’s no money gonna come from anywhere.”*

Frank was the only participant to refer directly to his surviving parent as part of any future economic capital. The economic future for the participants reflected a complex negotiation of background; class; macroeconomics; policy; roles; relationships; and health across the life course. The actions of both commercial and governmental policy makers following global economic events, and the anticipated increased demand for social and health care related to demographic change, was shown to have a significant impact on the youngest participants' view of their financial resource in later life. Of the remaining men, most had exited their main career, with some considering themselves retired and others as available for work but in receipt of a pension. For those in relationships, there was the added benefit of their partner's financial resource. For the older men, there was a concern regarding the cost and provision of care in the future and the latter, along with other aspects of health, will be examined in the next section. The effect childlessness had on the men's decisions has not been identified to any extent. What can be said is that, had they become a father, any decisions would have had additional considerations depending on the individuals' economic, cultural, and social capitals.

### **8.3 Health.**

The increase of an ageing population and life expectancy, combined with medical advances and increased health and social care costs have led many

governments to advance policy promoting ways to age 'successfully' (Bowling and Dieppe, 2005: p.1548). 'Successful ageing' is measured by the absence of disease and/or disability, high cognitive and physical function, and with an active engagement with life (Rowe and Khan, 1997; Strawbridge et al., 2002). This approach uses objective scales to measure 'quality of life' and has been criticised for not representing older people's subjective experience of ageing. Older people have defined a good quality of life as including: good social relations, health, finance, and independence (Bowling et al., 2003). The importance of partner and adult children to the levels of personal satisfaction and quality of life in later life has been well established (see: Scott & Wenger 1995; Wenger 1998; 2007; Bowling et al., 2003; Read & Grundy 2011). In Chapter Seven, I showed the intricacies of the participants' social networks and the impact that it had on their identity, family practices, and personal communities. As people age, their social networks have been shown to reduce, with both older childless and solo-living people shown to have smaller social networks than parents and partnered older people. Moreover, within those networks the importance of sibling relationships was significantly increased (Wenger, 1992; Wenger et al., 2000; Kendig et al., 2007; Wenger, 2009; Grundy and Read, 2012).

Table 5 (page 252) shows the participants' view, and definition, of their quality of life and confirms the importance of both health and relationship in their lives. Those with partners, with the exception of John, rated their quality of life highly and all, including John, defined quality of life as good health and relationships. The single men mostly rated their quality of life negatively but they also defined it by health and relationships. For example, Harry's quality of life was determined by the death of his partner. The men's view of their quality of life reflects the

**Table 5:** The participants' rating and definition of their quality of life

<b>Name</b>	<b>Relationship status</b>	<b>How participant's rated their quality of life</b>	<b>How participant's defined quality of life</b>
George	Married	<i>"Pretty good."</i>	<i>"Being able to afford to live and do things together."</i>
John	Partnered	<i>"There isn't one."</i>	<i>"Good health, good relationships."</i>
David	Married	<i>"A lot of good stuff: I have freedom and flexibility."</i>	<i>"Good relationships: some sense of community. Health is important."</i>
Harry	Widower	<i>"I take pleasure in my garden and hobbies but nothing has the degree that it would have had, had she still been here."</i>	<i>"I don't have quality of life. You're dished out a hand of cards, this is what I got, I go with it."</i>
Martin	Married	<i>"Pretty well. A good partner and a good circle of friends."</i>	<i>"Basics to function: enough food, roof over your head, and health."</i>
Raymond	Widower	<i>"Good if I can get out, poor if I can't"</i>	<i>"Health: I take each day as it comes"</i>
Colin	Partnered	<i>"I have a great relationship with my partner and brothers."</i>	<i>"Being in a good, happy relationship and in good health."</i>
Frank	Single	<i>"Not very good"</i>	<i>"Health, having enough to get by and good relationships."</i>
Alan	Single	<i>"Good. I have time to do things."</i>	<i>"If I could throw this walking stick away"</i>
Michael	Single	<i>"I'm lucky but lack a social life."</i>	<i>"Friends and beauty."</i>
James	Partnered	<i>"Content: secure relationally and financially."</i>	<i>"It is health really."</i>
Edward	Partnered	<i>"Pretty happy and satisfied."</i>	<i>"Happiness and satisfaction. Health is important too"</i>
Russell	Single	<i>"Measure of contentment."</i>	<i>"Wellbeing: 'No aggro'"</i>
Stephen	Single	<i>"Not that positive."</i>	<i>"Good work-life balance"</i>

significance of people's subjective experience (Strawbridge, 2002, Bowling 2009). Health, at any age, is produced through a complex interaction between individual life history; and biological; behavioural, physical; psychological; economic; and social environments (Alley and Crimmins, 2010: p.91). Biological ageing reflects the changes in physiological functioning and physical structures that leads to increased risk of mortality and disease and disability (Alley and Crimmins, 2010: p.76). The perception of decline in function in later life was prevalent amongst the participants. However, these views could be ascribed to other people and not specifically associated with childlessness. Table 6 (page 254) shows both how the participants rated and defined their health status, and how they accessed health care. This highlights the intersection between subjective agency and objective social norms in which for men, ways of 'doing health' were linked to their subjective experience of control and functionality.

The participants strongly associated their quality of life with health issues; often highlighting an improvement in health would improve their quality of life. As a result, decline in mental and/or physical health was often cited as a disadvantage to ageing. The combination of personal bereavement, macro environment, care issues, and loss of independence were factors in Harry's concerns regarding later life. The death of Helen had a significant effect on Harry: his view was affected by bereavement and the media reports of abuse of older people in health and social care settings. Furthermore, Harry associated potential loss of autonomy to the loss of physical capacity and well being with age. Harry's opinions highlight the interaction between an individual's fears surrounding aging, and consequent loss of agency, with in the available public discourse. A distinct



**Table 6:** The participants' rating of their health status and management.

Name	Relationship	Health	Health status	Attitude to accessing health care
George	Married	Good	Decline in hearing & vision	Self refers: discusses with wife
John	Partnered	Poor	Diabetes, neuropathy, cardiomyopathy	Self refers: under treatment for all conditions.
David	Married	Good	Reduced libido	Self refers: Christian Scientist, discusses with wife.
Harry	Widower	Not available: Interview focussed on health and death of partner		
Martin	Married	Pretty good	Pacemaker, decline in hearing and vision	Self refers: discusses with wife
Raymond	Widower	OK	Foot, back, & finger issues, loss of libido	Self refers: under treatment for foot ulcers
Colin	Partnered	Terrible	Motor Neurone Disease	Self refers: treated for MND. Shares with family
Frank	Single	Not good	ME, work related back injury	Self refers: issues around ME treatment
Alan	Single	Not bad	Hearing loss, knee injury, loss of libido	Self refers: under treatment for knee injury
Michael	Single	Healthy	Ocular hyper tension, loss of libido	Self refers: 'The hypochondriac in me'
James	Partnered	Good	Angina	Self refers: informs partner. Rarely sees GP
Edward	Partnered	Pretty good	Gastric reflux, high cholesterol	Self refers: 'I'm a bit of a hypochondriac'
Russell	Single	Good	Hernia for 10 years, decline in eyesight	Self refers: rarely accesses GP services
Stephen	Single	Okay	High cholesterol related to acne treatment	Self refers: under treatment

theme in that discourse was the portrayal of the health and care structures as limiting and repressive.

**Harry:** *“The one concern I have in life is longevity. I don’t want to be old. [...] Old people that are laying in hospital beds being beaten up by people that don’t care for them. [...] I don’t want to be that man laying in that home, you know? While I can get out and drive and get about and do stuff. [...] Life as an invalid or in poor health – I don’t want any of that. [...] I don’t mind going tomorrow. I’m not looking for it or desiring.”*

The speculation on moving into residential accommodation included not only loss of identity through reduced autonomy but also the loss of material that helped form the participant’s identity. John linked a reduction in independence and autonomy would challenge the continuity of identity located in items of significance.

**John:** *“You know when you go in these sheltered bungalows there’s not room for six guitars. You know and the bloody computer and, you know, 1200, 1500 CDs. There ain’t room is there? So, something has to change. It’s all that stuff that kind of defines you – you end up in one room and a television. And I just think “No”.”*

Dignity for older people has been much in discussion in the media, academia, and practice settings (Neuberger, 2009; Scambler, 2009; Baars and Phillipson, 2013). All the participants expressed issues surrounding dignity in later life. Martin framed his view of later life through the experience of caring for his mother and the dementia she lived with in her later years. Martin’s experience highlighted the

issues surrounding 'who cares' in later life and reflected the opinions of many adults whose older relatives had dementia. Martin's narrative also revealed a sub-text alluding to not repeating the experience of his parents, but also his own experience as the only child of increasingly ill parents. Therefore, one legacy he would not be passing onto any children was one of 'duty of carer'.

**Martin:** *"My mother's last five years were of no value to her at all. [...] I think if you knew you were in that situation and you were still that mentally astute to plan it, it's not something I would rule out, particularly if I was impacting other people's lives to the point that was unacceptable to me."*

Martin reflected the views of other participants, who had ventured that there was a point when the decline-dependency balance would lead to them to take control of their death. Anxiety surrounding possible future illness was linked to social embeddedness. Michael raised the concern regarding how a solo living older person would access health and care services in later life.

**Michael:** *"My Swiss, single, fatherless, gay friend said to me, "Who's gonna take us to the hospital? Who's gonna push us, when we fall on the floor, who's gonna pick us up?" [...] So yes, I'm aware of that."*

The loss of control through failing health brought a number of scenarios from the participants regarding their fears and solutions. As noted in Chapter Eight, Alan had arranged a power of attorney and a notice of advance decision (formerly living will) regarding medical treatment. With regard to later life, Raymond had anxieties surrounding his capacity to care for himself and of being both injured and isolated.

Although Raymond had a strong relationship with his sister - she had power of attorney - he viewed residential care as preferable to being a burden to her. The drive to maintain an identity and autonomy was not so much disengagement but adaption and negotiation of self and being-in-the-world.

**Raymond:** *"I've accepted the fact that if I have to go into an old folks' home, I'll go. 'S'nothing else 'cos I certainly won't go and live with me sister or with anybody else 'cos, I don't think it's fair to put a burden like that on somebody else. [...] The only thing I worry about now is if I fall or anything like that."*

For those with no partner, or with a nominated power of attorney, there was also anxiety of loneliness in later life. For Michael, who was both geographically and emotionally distant from his family, end of life was an issue that was difficult to acknowledge. In referring to his solo status, Michael tacitly recognised the connection between the lack of close relationships, including childlessness, and isolation at the end of life.

**Michael:** *"I think it's a dilemma and I don't think there's an immediately easy answer to it. [...] And I'm sure there's a lot of people who don't need care but die alone. [...] Yes, it's something I think we put to the back of our mind, those of us who are single."*

The attitude the participants displayed to residential care in later life highlighted a difference between the heterosexual and non-heterosexual men. The former, as demonstrated by both Harry and John, did not refer to any anxieties regarding

their sexuality in accessing any form of residential setting in later-life. However, both Alan and Raymond raised concerns regarding discrimination against non-heterosexuals in residential settings.

**Raymond:** *“Housing associations now are certainly having to train their staff and open their doors to taking in gay people. Not just men, women too. [...] To be the only man sat in a room full of women is a bit daunting. [...], I’d feel really at a loss then, I wouldn’t know what to, how to join in. Where if I say, equally men and women, then it’s not so bad, you know.”*

Alan and Raymond’s concerns reflect an ongoing debate on housing options for older LGBT people, with the fear that their sexual orientation will result in inadequate treatment, discrimination, or isolation (see Cruz, 2003; Heaphy, 2007; Guasp, 2011).

Age and health affect sexual activity, with many studies highlighting the reduction in sexual behaviour in older age groups. A number of factors are seen to affect sexual activity: relationship satisfaction; physical and mental health; medication; self-image; diet; social network; social skills; moral values; and wellbeing. As noted in Chapter Six (page 167), the biological clock and social age appropriateness of parenthood, both usually associated to women, was also an issue for men. For example, Russell noted the link with the age of men’s sperm as a cause of birth defects.

**Russell:** *“I’ve become more aware that infertility increases with age and also that congenital abnormalities increase with conception, the sperm*

*degrade. [...] In that sense my biological clock is I'm more aware of it."*

Masculinities have often placed sexual performance as central to men's identity, and one challenge of ageing was the negotiation of reduced libido. Not all the participants referred to their sexual activity, with seven directly, or indirectly, mentioning an aspect of their libido. For example, Frank indirectly alluded to his ability to reproduce through viewing his sperm.

**Frank:** *"I bought a microscope a year or two back, and just out of interest, I looked at my semen, it was fascinating to see these sperm wriggling around. I've no idea, obviously an expert would know, what the quality was and how many are swimming in the right direction, fascinating, you know."*

The importance to older men of being in an intimate relationship has been shown in a number of areas including: health, social network, and wellbeing. However, as John's narrative suggests, the dynamics within a relationship are not always positive or healthy. The subtleties within a relationship were described by David, who had married Cathy, 23 years his junior. David initially labelled the decrease in his libido as a reduction in his health; consequently, an increased libido would have increased his quality of health. However, he also drew on both ageing and the maturing of his marriage relationship as affecting his libido. Whereas Michael had drawn on age and medicine to explain the change in his reduced libido, David had drawn on age and discourses drawn from the wider social network.

**David:** *"I don't think I'd quite have the level of libido that I used to when younger. I think my wife would be like to be jumped on more*

*enthusiastically for longer [laughs]. [...] So, that is an issue which, I assume, is to do with the mixture of ageing and marriage.”*

The decline, with age, of the men’s libido was often related to the question in the third section of the interview schedule regarding what had changed after the age of 50. The connection between health and sexual dysfunction was clearly demonstrated by John, who’s circulatory, heart, and diabetic conditions all contributed to his erectile dysfunction (ED). Both diabetes and hypertensive medication are known to cause impairment in sexual function. Moreover, John’s health and social profile fitted those that Weitoft et al., (2004) and Kendig et al., (2007) described in their studies (Chapter Two, pages 29 and 38). John linked his ill health to his reaction to being rejected as a suitable father by his partner (see Chapter Five, page 135) and subsequent poor health behaviour.

**John:** *“My neuropathia damaged nerves in my extremities, with my feet and my hands, erectile dysfunction I’ve had for a number of years, a common diabetic problem. [...] We ceased having sex, so, bloody hell, probably about 1988 or ‘89.”*

John’s experience demonstrated the link between illnesses, cognitive processing and sexual functioning. He also revealed the relational dynamics inherent within sexual relationships. The acceptance of a reduction in libido has usually been associated with older men, and as one of the elements in the transition of moving from the third age into the fourth age (Gott and Hinchliffe, 2003). Michael viewed the decline in his libido as a natural part of ageing. Moreover, a parallel was drawn with the menopause and, although not referred to, may indicate media attention

regarding a possible 'andropause'.

**Michael:** *"My libido has reduced, yes, I'm aware of that. [...] The hardness of one's erection does decrease, yeah, without feeling, interestingly, without feeling - it must be a natural flow because I don't wake up at night bitterly disappointed or do anything about it. Women apparently get very depressed about the menopause but men have a sliding and slow menopause."*

Michael had rationalised the change in his sexual identity; he also drew attention to the possible effect reduced sexual performance might have in a relationship. The nuances of later-life sexual identity involved the navigation between the physical, desire, individual preference and performance. Although Alan was 12 years older than Raymond, he located his response to his reduced libido within a framework that emphasised both choice and control.

**Alan:** *"It doesn't disappear, no, no, no. I think you're more discerning in what you're looking for, you know. [...] I wouldn't want a younger man sexually, not much younger, but, you know what I'm sayin' when I say younger: under, say, 40, no way. [...] But that don't mean that I can't appreciate the beauty of a younger man under the age of 40 and say, "Ooh 'e's a nice lad," you know? Eye candy! [...] You can look at the menu but you don't 'ave to eat."*

The acknowledgement of the social clock as an element of identity performance was juxtaposed between the rationalisation of the lived self, duration, and



embodied effect. Moreover, Alan located himself in relation to his peers as younger, and highlighted the complex relationship between social identity, age and performance.

**Alan:** *“The thing is I 'ave always thought of age as a state of mind. [...] It's 'ow many years' experience you've got. It's not 'ow many years you've lived or 'ow many years your body's lived. [...] I know an awful lot o' people are a lot younger than me, who be'ave like 80 year olds. I don't think I be'ave like an 80 year old.”*

The narratives explored above show that the participants strongly associated their quality of life with health issues, often highlighting an improvement in health would improve their quality of life. The effects of biological ageing, and related health issues, interacted with the participants' social and psychological identities. In terms of hegemonic masculinities, men are constantly attempting to subordinate everyone else or avoid being dominated in order to fulfil the patriarchal ideal. One consequence of an aged identity was the sense of liberation of not having to conform to social hierarchy and, possibly, accepting childlessness.

**Stephen:** *“Being more settled in terms of accepting life conditions as being, as being it. Rather than always feeling you've got to make change and fight, you know, resisting all the time. I think, as you get older, you tend to resist less. [...] And that can be pleasurable somehow.”*

The advantages of growing older were also associated with sagacity, maturity, contentment and freedom. The identities of ‘wise man’ and ‘sage’ are traditional

patriarchal roles and connect with an 'ideal' masculine identity and, as seen in Chapter Seven (page 220), typified by the role of 'grandfather'. Associated with the role of grandparent is a socially sanctioned caring and nurturing facet of masculine identity. The criteria the participants used to formulate the 'sage' identity acknowledged their experience, knowledge, empathy, and fairness.

**Michael:** *"Advantages to ageing? It makes you a bit more patient. [...] You're more understanding. [...] You have, hopefully, the gift of wisdom and experience."*

Contrary to the widespread promotion of everything 'young', and denial of ageing, no participant indicated they wanted to return to their younger selves. Although liberation from both the previous self and social norms were acknowledged, there was a tension between the present and past selves. In Russell's narrative, there appeared a retrospective bereavement for his younger self.

**Russell:** *"With age comes some understanding. [...] It's the freedom aspect of it for me. I'm freer now to be who I am more than I've ever been and that's come about through age, I think. I wish I could've been who I am now when I was young 'cos I would've been much happier."*

The patriarchal ageing dividend that promoted sagacity and accepted nurturing, however, also demonstrated hegemonic tendencies with retrospective subordination of the younger self. Moreover, subordination also framed Edward's view of young people today and highlighted the link between view of self and view of other.

**Edward:** *“The knowledge and experience that I’ve built up, I do sometimes think that I wouldn’t want to exchange that for my young self. [...] I do sometimes think I actually would rather be older and not so silly, rather than being youthful but with all that, sort of, the callowness of youth, yeah.”*

Images of older people range from that of the obstreperous older individual, for example, from such programs as ‘Grumpy Old Men,’ to adverts that promote the freedom of retirement and ‘the good life’ that the purchase of the product would bring. Although the examples above seem separate, they do view being older as being different to the current domination of the beauty and non-aged agenda. Moreover, both are examples of the neo-liberal marketisation of the individual. The participants had noted that with age their attitude had changed. For example, Frank contended that he challenged the status quo rather than being compliant with the social norm. Furthermore, he compared the timing of his changed identity with peers who now fitted the heteronormative pronatal ideal.

**Frank:** *“They went from rebel to settled – I’ve gone the other way. [...] I was quiet and fairly timid then, and fairly conventional outwardly, and I’ve become more of a rebel as I’ve got older.”*

George, as with all the other participants, feared the loss of physical or mental capacity. His concern was founded on his experience of his parent’s dementia, and expressed a transformation from outward looking to an inward perspective.

**George:** *“I do fear – a stroke or cancer, dementia, both my parents had*

*dementia. [...] I fear that if restrictions of those sort come along - that I will become self-centred, obsessed with myself, and all the things that are wrong or afraid because I can't cope."*

Spirituality has been shown to have a positive effect in old age. Although the mechanism of how faith influences subjective wellbeing is not fully understood, the combination of social and emotional support, shared beliefs, community, safety and structure through ritual, thus provides coherence and meaning in a changing world. The three participants who were practiced a faith, George, David, and Alan, indicated that their faith would provide, in addition to social continuity and support, spiritual sustenance and way-of-being. David highlighted how faith was fundamental to his world and his actions in it, and consequently, he foresaw greater commitment to the spiritual aspect of his life.

**David:** *"I would like to improve my contribution to church and I would like to spend more time on my own spiritual growth and, actually, that probably ought to be the number one focus, because that naturally feeds through into improving the quality of everything else."*

George related the notion that the age-related reduction in external performance and health resource capacity would, ideally, be countered by an inversely proportional spiritual growth. George's 'ideal' transformation counters the fears he expressed regarding ill health and becoming 'self obsessed' in later life.

**George:** *"I would like to be able to age gracefully. [...] In terms of my health or my ability to do things, I hope I will make the adjustments as they*

*come along, to those, to that new space. And I can be as big, as large a person, even though my horizons might be coming in, there is a sense of which other things can open up. [...] I hope as, and when those come, I can make the adjustments, gracefully, and find an inner freedom even though I haven't gotten an outer of freedom. Or have less of an outer freedom."*

The participants' concerns regarding health and ageing ranged from those that were not specifically related to men, or involuntary childlessness, to those that were. Martin described the essential management of his heart condition juxtaposed against good health.

**Martin:** *"I've got a pacemaker. Had that for 20-odd years, doesn't do anything to me other than keep me alive. No, my health's pretty good, you know, for my age I suppose. I still dig gardens. [...] I comfort myself by looking at the average statistics and saying well for, for my height, I'm about the right weight."*

Martin drew on the available-to-all institutional health discourse of 'successful ageing' that promotes health as a personal issue to support his individual agency. The affect of age on health was often expressed by the decline in eyesight or hearing accompanied by an acknowledged that their health would worsen in the future.

**Russell:** *"I'm overdue for an eye test. I'm conscious that my eyesight is deteriorating. [...] I've had the hernia for ten years. I'm sure a doctor would say to me, I should get it fixed - it'll get worse."*

Russell's statement highlights two issues concerning health and ageing. Firstly, the physiological degeneration that applies to all and, secondly, an attitude to health that is mainly associated with men. Men are typically seen to have an ambivalent attitude to health and to accessing health services (Robertson, 2007; Davidson and Meadows, 2009; Williams, 2010). Men's health behaviours have often been linked with the hegemonic masculine ideal of stoicism and risk taking. The stereotypical constructions surrounding men and masculinity entail men being independent; virile; assertive; strong; emotionally restricted; and robust. Those 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. However, older partnered men are advantaged by their health being monitored by their partner, compared to lone older men (Arber et al., 2005; Davidson and Arber, 2006). As such, the stereotypical masculine ideal of 'independence' has been viewed as conflicting with the 'independence' and 'interdependence' of successful ageing (Arber et al., 2003a; Bowling and Dieppe, 2005; Smith et al., 2007). The participants' view of attending health services indicated a range of responses, from the stereotypical masculine espoused by Russell, to Edward who self-defined as a hypochondriac.

**Edward:** *"I am a bit of a hypochondriac, I will go and see him if, her, sorry, I should say, if something starts that worries me, or if I can't explain."*

Contrary to the widespread association of avoidance of the health services, most of the men viewed attendance at the GPs as common sense. With the exception of John, those men with partners would often discuss any issue with their partner, and therefore confirmed the wellbeing support dynamic of a relationship (see Table 6, page 254).

The maintenance and dominance of patriarchy, through the practice of hegemonic masculinities, has been much discussed in sociological and health research (see Chapter Three). However, recent studies have highlighted the complex dynamics in the relationship between the structure of health care institutions, and the agency of individuals. Studies of staff in health care settings show that male patients were viewed as not filling the traditional norms of invincibility and bravery associated with the masculine ideal (Watson, 2000; Gough and Robertson, 2010). For example, health care providers and receivers in IVF clinics have both performed hegemonic masculinities (Dolan, 2013). Consequently, health and care settings are locations where the performance of hegemonic masculinities are embedded within the structure of the institution and in the agency of the individual (Robertson, 2007; Williams, 2010). For example, James found his embodied experience was not acknowledged before being diagnosed with a chronic heart complaint.

**James:** *“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.”*

Interestingly, James also noted that not only did he have to negotiate the norms embedded within the social structure, but also the social norms he used that

framed his being-in-the-world. The stoicism James displayed was associated with a cohort value and reflected the ethic of his working class background. However, that value position conflated with his needs and highlighted an internal conflict between conforming to the normative social narrative and individual agency.

**James:** *"I don't like to bother the doctor, you know, I'm still of that generation. But, also I think, "Well I've only got this one chance" you know? And bugger 'im if he doesn't, you know, he doesn't wanna see me again. He can't not see me again."*

The overall view the participants had of their future was that of a fear of the deterioration in physical and mental health. As such, the views expressed were similar to ageing people generally, with the only difference being little discourse concerning children or grandchildren. The male body has often been referred to in a mechanistic fashion both by individuals and institutions. This reflected the Cartesian duality of body and mind, and provides the masculine discourse for men to see their bodies as controllable and controlled. Martin used the metaphor of a motor engine to describe the function of his pacemaker. In doing so, he drew on his background in engineering and interest in motorcycling, but also reflected a discourse that has been popular in the promotion of good health behaviour for men (Gough, 2010).

**Martin:** *"It's like putting an electric, electronic ignition on your engine."*

However, the body-as-machine forms a paradox with the knowledge of the decline of the body with age. Negotiating the transition from the 'body infallible' to the



'body fallible' challenged the perception of control and raised questions surrounding age and self. John summarised the effect his co-morbidities had on the reflexive gaze he now viewed himself in the context of his age.

**John:** *"So having the health stuff having gone a bit like this [points to leg], just makes you more vulnerable – because you're suddenly aware, you know, you're not, you're no longer invincible."*

One of the consequences of ill health had been to challenge John's sense of his body's indomitability with a resultant difficulty in rationalising the change in the mind – body dynamic. Although not many of the participants saw themselves as 'invincible', they certainly had not viewed their bodies as fallible. Colin highlighted an age-related change in perspective of later life: as a young man not only was he extremely athletic but he also viewed old age as something to be avoided. However, after being diagnosed with motor neurone disease (MND) in his early 50s, he now viewed his future health in terms of negotiating the desire to live as long as possible, against the increased need for care as he ages.

**Colin:** *"Before I had MND I saw the doctor very, very, rarely. [...] I wouldn't say invincible but I was a fast runner and super fit. When I was younger, I had no desire to live beyond 70. Now I do."*

All the participants associated later life with a decline in functionality, with the fear of loss of either physical or mental capacity evenly distributed among the sample. Studies that report differences between the health of parents and the 'childless' tends to be based on census, health, and mortality records, and have highlighted

that poor health outcomes for the former (see Weitoft et al., 2004 and Kendig et al., 2007). Only John conformed directly to that 'problem' typology. The other participants' concerns of ageing and involuntary childlessness were more nuanced.

**Martin:** *"I went to a 70<sup>th</sup> birthday party of a chap I went to school with. [...] Physically, he's, well, pretty well nearly crippled with back problems and knee problems. [...] It was quite stark for me then to look at that - I'm physically very well. [...] And he is opposite of that, but emotionally he's very rich: it was evident how much he was loved by all these daughters and granddaughters. And that was a bit painful."*

Martin reflected on the balance between the physical and emotional differences between himself and his long-time friend. Counterbalancing Martin's greater health capital was the relational depth between the father and his adult children and grandchildren.

#### **8.4 Finitude.**

Death is integral to the process of life, and the cessation of biological function is held within a wider social environment of relationships and rituals. Death in old age is viewed as 'normal' and part of the natural cycle of life, with the result that, in the period before clinical death, older people may be subject to a degree of social death. Social death has been associated with healthcare settings, where older patients received poorer care than other patients, by a process that progressively excluded them from their social environment. In doing so, the older person lost both functionality and social identity (Kellehear, 2007; 2008). Another element of

social death occurs when an individual disengages from their social world, by relinquishing their roles and withdraws in preparation for death. Death typically involves the social engagement of others: relatives, friends, health workers, administrators, morticians, funeral staff, and others, depending on the individual and their social and cultural heritage (Doka, 2002; Corr, 2004). Death has a wide social impact and has been described as becoming an environmental normative for older people. As people age, their experience of the morbidity and mortality of peers and contemporaries lead to death becoming more familiar (Phillips et al., 2010, p.67). For example, David described the funeral of a younger former colleague in pragmatic terms that demonstrated an acceptance of death and the dynamics of his wider social network.

**David:** *“And I went with other colleagues who live in the next town, I gave them a lift up to the service and back yesterday. Nice to be in touch but we don't see each other that significantly.”*

The change in the demographic profile of the UK is linked to the decline in fertility rates and the increased longevity of its population. Moreover, advances in treatment mean there are a greater number of older people with co-morbidities, with the result that there has been an increased demand for care. As a result, health and social care for older people has had a great deal of media attention, with many health and care institutions, national and local, being heavily criticised. The participants reflected that debate in responses regarding later and end of life. The economic and existential future were closely related and highlighted by the considerations regarding the participants' legacy. Martin noted that women live longer than men and saw the familial house and vehicles as assets that would be

used to secure health and care for both he and Pat in later life. Furthermore, the same assets would also secure Pat, economically, should he, as he anticipated, die first. Martin's strategy may be seen as a continuation of the 'provider' role. Martin's considerations may be typical of older people generally; however, he did not have to account for, positively or negatively, any vertical beneficiaries such as children or grandchildren.

**Martin:** *"What I can't do is not leave some provision. And again, the buffer at the end of it, if all the money's gone and we're struggling along and I die, she's got the house, so she's got the roof over your head and the buffer of the bikes, she can sell those off and that'll give her a bit of cash."*

As Martin previously had observed, many parents financially support (Foresight, 2007; 2010), and leave their estate, to their children and/or grandchildren. The majority of the participants nominated their partner, or biological next of kin, any legacy in the event of their death (Kohli, 1999; Kohli and Albertini, 2009). Legacy were not only a concern over the future but included the discontinuity that involuntary childlessness brought to other emblems of ancestry. The passing on of treasured material connects the familial culture from generation to generation. As such, the narrative of previous lives is inherited not only through the genes but also through physical items. David's narrative underlined that involuntary childlessness ended the passing on of the stories embedded in heirlooms.

**David:** *"I have a bit of a sense of the way values and experience has been passed down the family tree, as it were, and people to pass it on to and I don't. [...] My mother will eventually produce a large flood of mementos."*

*[...] Pity. There is a sort of richness of family history, which it's nice to pass on to people, again no one to pass it on to."*

The increasing number of childless older adults has been viewed as an emerging market and is of particular interest for charity legacy bequests (Foresight, 2010). On the one hand, the childless singleton does not have to negotiate kin dynamics; on the other, they do not have the blood-kin network to guide any decision. Both Harry and Martin (see page 189) were the only children in their respective families. Harry had arranged for his partner's nephews to be the beneficiaries of his will. Similarly, Martin and Pat had nominated her siblings' children as the beneficiaries of their estate. Many older adults, parents, grandparents, and other relatives often support younger generations financially (Foresight, 2007; 2010).

**Martin:** *"So, when the last of us dies, then the estate gets broken up and goes primarily, well, solely, to the generation after Pat's siblings. [...] So it skips a generation on the basis that if they haven't made it by that time, then they don't deserve to be given any help and the next generation is going to benefit more from it."*

Previously in this chapter, the men associated ageing with a decline of health and functionality. However, their speculations regarding later life and death were age-dependant. The two youngest men did not want to consider their mortality, while the older men expressed an awareness of the proximity of their demise. Common to both statements was the awareness of time limited by mortality, however, the future held significantly different meanings between the younger and older man.

**Stephen:** *"I prefer not to think about that, Robin. [...] I want it to be as long as possible."*

**Martin:** *"To be quite brutal death is the future. [...] Long term has suddenly become quite short."*

Government rhetoric over the past number of decades has emphasised the importance of the family in areas from childcare to ageing. In the past, care of parents and older relatives has fallen mainly on daughters, with many women in a 'care sandwich' of managing both children and parents. Changes in the ways family operate, older people's concerns regarding 'not being a burden', economics, and in the delivery of social care have led to a shift in the availability of care in later life. The participants, as noted in Chapter Five, conformed to the widely held view that children were not to be conceived in order to provide care in later life. The participants' attitudes concerning their childlessness related to their age and view of fatherhood or non-fatherhood. The 'aspirational' men believed becoming a parent would affect every aspect of life. The differences that fatherhood would bring were so fundamental to Stephen as to be unimaginable.

**Stephen:** *"I think if you've got children and family, then the way that you would view your life, and the end of your life, it's very different. I mean I don't know how different 'cos I'm not in that situation, but I would guess it would be very different."*

Both Stephen and Martin believed that having a genetic legacy, whatever the relational circumstances, would be qualitatively different between parents and the

childless. Martin reflected on the continuity of difference between those ageing with children, and those ageing without children. However, he saw the pragmatic reality of a childless old age, compared to an idealistic view that adult children would provide some level of support for parents in later life.

**Martin:** *“You plan your life on the basis there’s no one gonna look after you. Whereas, you could plan your life on the basis, I’ve got a couple of children who’ll be there for me, you know, when I’m old and dribbling. [...] Even as you come towards death, it does change your life. Yeah. Never thought about that, it’s quite profound isn’t it?”*

Children were viewed as a focal point and gave continuity to life, not only by being the recipients of experience, but also through the legacy material items of previous generations. Thus the acknowledgment of ancestry, through the passing on of treasured material, adds to the familial cultural and socio-economic capital. As such, the narrative of previous lives is inherited, not only through the genes, but also through physical items. The impact of not having children not only left David in limbo regarding what role he was to take in later life, but also had consequences for both hereditary possessions of both form and genetic substance. Therefore, having children liberated a way-of-being in the present and an acknowledgement-of-being in the future.

**David:** *“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. [...] It’s just the sense that you’ve contributed to their values and their formation and they carry on.”*

The rationalisation of not having any children was also negotiated through the meta-narrative of global warming and the environmental issues of overpopulation against loss of the parental dividend. The individual loss was set against the gain for the overall community.

**George:** *“I don’t have any children to look after me in my old age. [...] One way it feels like I’m doing the right thing for the planet but in another I’m missing out.”*

The acknowledgement of the finitude of life highlighted the intersection between individual agency, social context, economic status, and health. The majority of the men did not have to consider their imminent demise; however, John, like Colin, had co-morbidities that were life threatening. John had related the cause of his poor health to childlessness. However, in considering the future, neither referred to the loss of any potential parental or grand-parental relationship. Both had different views on end of life that highlighted the interaction between health, social context, and relationship.

**Colin:** *“I want to live as long as possible but that my partner and brothers outlast me. [...] Due to the MND, I will need more and more help but don’t want to be a heavy burden on my partner. [...] I have told my partner I will probably go into to a hospice to die to relieve some of my partner’s distress.”*



Quality of intimate and social relationships had a direct effect on the men's attitude to of end of life. Colin's attitude to his demise involved elements of both altruism and control; however, the position that John occupied contained a powerful controlling dynamic. Moreover, John did not acknowledge the effect of his possible death on either his partner or family network.

**John:** *"I've been an emergency admission to hospital on 18 occasions. Now, I keep getting this cellulitis problem and it has occurred to me that, you know, next time, you know, I just don't bother phoning the ambulance. You know, I think, "Why should I bother?" Because all I'm going to get is more abuse."*

Death and dying are often contextualised by biomedical and social meanings and the participants' narratives reflected the complex existential interdependence between individual agency and socio-cultural values. The participants' narratives indicated that planning for, and managing, ill health was agentic in itself. The relationship between social structure and agency in later-life was a complex interaction that reflected the individual's past and present experience. Future agency was of concern and dependent on how the participant identified himself. Therefore, the negotiation of agency in the transition between the third and fourth age was an ongoing element of the participants' lives and indicated that the fourth age was an agented environment.

Within the interviews were both a legacy and an ending: the legacy of the first transcript and the ending of the second meeting, the exception being Harry who declined the second interview. Our first meeting had focussed very much on the

grief Harry felt after the death of Helen. The intensity of his pain was palpable and it was with some relief on my part that he withdrew.

**Harry:** *"I don't think I have anything left to say that I haven't already said."*

The participants' treatment of their transcript fell into two camps, those who were going to destroy it and those who were going to keep it. One participant who viewed the interview as a legacy was Russell. And it seems appropriate to end this last of the findings chapters with his quote.

**Russell:** *"I'm glad I've done it, because I will have done it, so it's on record. But having taken the opportunity, you know, I'm pleased that I've done it. Sort of a legacy in the sense that we were discussing Hirschman's (1970) comment at the end of his book, saying he'd hoped that someone would benefit from it. [...] I don't know whether you've been aware of it, but I expect you are, there's also grief that this'll be the final session for us. You know, an awareness that it's ending."*

## **8.5 Conclusion.**

The participants' views on finitude reflected the complex interaction between age; economics; health; autonomy; lifestyle; location; view of the past; present and future; culture; sexual orientation; relationships' policies; state institutions; globalisation; and neo-liberal politics. All the men's views of ageing reflect how they relate to who they are in the present, and how, who, and what they would be in the future. The participants' attitude was dependent on the complex interaction between their individual agency and structural factors, including the dominant

socio-cultural narratives that formed their world-view and how they navigated their life-scape (Hadley, 2008). Economically, the two youngest men were most uncertain of the future and highlighted the relationship between an individual's economic history and government policy. Concerning attitudes to health, the men did not all conform to the masculine norm of stoicism and non-engagement with health services. Instead, a complex set of interactions between health and age challenged the construct of the constant chase of the hegemonic ideal. Moreover, with age came a sense of release from that way-of-being-a-man and the permission to find a form of nurturing through the performance of sagacity. Those with a faith had the social support of ritual and a model of how to manage the transition from physical decline and loss of capacity, to a spiritual worthiness. Approaching later-life and the decline narrative held many challenges for the participants: from the younger men not wanting to contemplate it to the older men's acute awareness of mortality. The ideation surrounding later life reflected a structural condition that associated ageing with decline and dependency and denied the potential enervating and enriching capital of older people.

## **Chapter Nine:**

### **Discussion and Conclusion**

#### **9.1 Introduction.**

This final chapter completes my thesis on the lived experiences of involuntarily childless older men. In this chapter, I draw together my empirical findings with my earlier critical review of the literature, and analysis of the fieldwork, into a discussion and conclusion. Here, I consider the findings in relation to the existing literature and knowledge base. This is followed by a conclusion that appraises and evaluates the study, by addressing its contribution to the knowledge base and offering guidance for future research. Finally, the thesis concludes with my final reflections on the study.

As discussed in the Introduction (Chapter One), this study arose from a combination of personal, academic, and professional interests. I have had the privilege to interview 14 older men about their experiences, thoughts and feelings regarding involuntary childlessness. The participants' narratives highlighted the complexity of their individual agency within social structures formed by social institutions, culture, class, economic and political contexts, and relationships. The key findings of the study supported the concept of a 'continuum of childlessness' (Monach, 1993: p.5) in the manner the men negotiated the heteronormative pronatalist ideal of fatherhood. I also contend that the patriarchal dividend further supports the pronatalist ideal types by both stigmatising and denying the existence of men who do not reproduce. The concept was extended to show how the men related to and managed non-fatherhood and the influence it had on their behaviours, attitudes, and identity at different times and locations. The timing of events such as relationship entry and exit was shown to be very significant in the

men's fertility intentions and history. Elements of complex bereavement and disenfranchised grief, both associated with infertility, were evident and can be extended to those not receiving treatment. Losses included the roles and social dividend associated with parenthood, family status, and grandparenthood. The social clock was significant in the participants' judgement of the appropriateness of actions, abilities, and behaviours with some men viewing themselves as too old to be a father. Consequently, I found there was a desire for, and significance to, different forms of relationships, from intimate to intergenerational, across the life course. This finding supports the view that social relations are adaptive, creative, complex and fluid. This study drew attention to the contexts surrounding ageing in general and the nuances of ageing without children. The findings supported the concept of ageing as a complex interaction between biological, economic, social, and chronological factors. The participants' subjective experience viewed health and relationships as the most important to quality of life with, broadly, the single men citing the former and the partnered men the latter. This finding demonstrated the importance of relationships across the life course. The positiveness of the continuity model was seen as not representing those whose poor formative experience affected their problem management and resolution across the life course. Consequently, a finding of this study was that involuntary childlessness brought a 'continuity of disruption' that fluctuated in importance relative to complex stimuli. I argue that the men adjust their ageing identity through utilising available social scripts and other social resources rather than blindly following the ideal of hegemonic masculinity. A significant finding was the fear expressed by all the participants of being seen as a threat to children. The absence of childless older people in policy was noted in Chapter One and, therefore, the findings support the criticism of policy based on chronological age. Central to the natural order of

biological reproduction is the transition to parenthood. Disruption to the expected continuity challenged people's resilience, sense of normalcy, and the expected trajectory of the 'package deal' (Townsend, 2002). This study supports Allen and Wiles (2013: p.206) contention that the '*pathways and meanings of childlessness vary so much that it is unwise to assume that people have similar experiences of non-parenthood, especially in later life*' (original italics).

Drawing on the evidence provided in Chapters One to Eight, I discuss below the extent to which the aims of the study are achieved and show how the research questions presented in Chapters One and Three were answered.

## **9.2 Discussion.**

### *Events affecting childlessness*

The paucity of research into involuntary childlessness was discussed in Chapter Two, where the vast majority of infertility literature had, until recently, reported that infertile women experienced greater distress than men (Fisher et al., 2010; Culley et al., 2013). My research demonstrates the diversity in, and intersection between, events that contributed to the participants' childlessness. For example, John and Sue's delay in trying for children was related to the rise in bank interest rates followed by Sue's change of mind. Furthermore, although frustrated in his expectation of fatherhood, John chose not to pursue another relationship, believing he could not risk *not* finding a willing partner. A major consequence of his reactions was the chronic co-morbidities caused by poor dietary and health behaviours. This highlights the interweaving of factors that have consequences that not only disrupt reproductive decision-making but also have a subsequent effect on relationships, health, behaviour, and identity. John's story adds to the

claims of existing literature that indicate that the quality and status of the intimate relationship has an effect on both the health and social behaviour of childless men (Weitoft et al., 2004; see, for example, Dykstra and Hagestad, 2007b; Kendig et al., 2007). Although not all the men responded in the same manner, John's story shows how not achieving the expected parental ideal, and subsequent identity and status, exposes the lack of alternative scripts. In addition, the relationship between national economic factors and reproductive disruption adds to studies that have highlighted men's attitude to money as a factor in childlessness (Parr, 2007; 2009). However, John's experience was contrary to life-course studies that indicated the timing of entry into relationship as a predictor of childlessness (Morgan, 2003; Hagestad and Call, 2007; Simpson, 2009). John's narrative highlighted how outside influences can affect intra-relational dynamics and any reproductive strategy.

The influence of the partners' views on fertility intentions and outcomes were very influential in some of the participants' procreative narrative. Partners delivered their views in different ways: Liz made it clear from the start of her relationship with James; she did not want children because of her fear of childbirth. John, also thought fear of childbirth was an unspoken reason behind his partner's change of view. Similarly, Martin indicated that his first wife had hidden her fears surrounding giving birth until the near the end of their marriage. Colin's second wife did not disclose that treatment prevented her from having more children until after they were married. The men's narratives exposed the dominance of the view that motherhood, and ergo childbirth, was central to the identity of women (Petchesky, 1980; Letherby, 1994; Franklin, 1997). Moreover, Earle and Letherby (2003: p.2) highlight that although reproduction is often assumed to be 'women's business',

the majority of women make their reproductive decisions not in isolation but frequently in the context of intimate and other relationships (Heaton et al., 1999; Cannold, 2000; King, 2003; McQuillan et al., 2003). The strength of the association between women and motherhood gave little resource or opportunity for the women to express their fears, or state their views, regarding not becoming mothers. This finding supports the argument put forward by Hofberg and Brockington (2000) that although fear of childbirth had been known since the mid 1800s (Marcé, 1858), the severity it had on women's health and well-being had not been acknowledged in the medical establishment (see also Scollato and Lampasona, 2013). The men's narratives also highlighted the effect of the dominant pronatalist normative, in denying any positive counter-narrative for women who did not want to become mothers. Moreover, this supports the view that voluntarily childless women are viewed negatively (Gillespie, 2000; Letherby, 2002b; Gillespie, 2003)

The findings in this study confirm the timing of events and attitudes as contributing towards the men's involuntary childlessness. The past influences the present and the future, and, consequently, influences a person's role within the wider social landscape. The actions and attitudes of the men as they negotiated the movement from an aspiring to a mediated stance towards fatherhood, demonstrated the different strategies each adapted in order to negotiate their procreative remit. This study has shown the combination of events that can affect reproductive outcomes. Therefore, it supports previous research that cites events such as early divorce, timing of exiting education and leaving home; marrying late; and employment history. In addition to the timing of formal and informal transitional events, men's attitude to family; health; leisure, money; women; and work have also been noted



as contributing to childlessness (Morgan, 2003; Dykstra, 2006; Hagestad and Call, 2007; Parr, 2009; 2010). Gender identity in particular shapes the trajectory of life-course transitions through the timing of events, such as intimate relationships, sexual activity, and parenthood (Connell, 1995; Forste, 2002; Dudgeon and Inhorn, 2003; Connell, 2009). Fertility potential is a significant component to the majority of people's wellbeing, and distress levels in individuals who have strong procreative intentions, increase for a period when they give up that desire (Heaton et al., 1999; Quesnel-Vallée and Morgan, 2003; White and McQuillan, 2006).

The majority of the participants' unquestioning assumption that parenthood would happen automatically, demonstrated the depth and sophistication of the social constructs that embedded the biological imperative within social structure. My research demonstrated that the men were all aware of the social clock that informed the criteria surrounding the 'acceptable' age for fatherhood. The men's reaction to, and negotiation of, the social criteria challenged the voluntary-involuntary binary found in infertility research literature. My findings supported research that shows childless men's fertility intentions change with age: financial circumstances and their partner's biological clock and attitude to parenthood increases in importance (Roberts et al., 2011). My research showed there was an age related change of attitude towards parenthood. Frank and Stephen only came to the realisation that they aspired to fatherhood in their 40's. Before that awareness, both Frank and Stephen had been ambivalent about fatherhood, with the latter being contemptuous of the 'package deal' norm (Townsend, 2002). The majority of the studies have shown heterosexual men hold a 'package deal' view of the order of the adult life course: work, marriage/partnership, home, and children (Townsend, 2002: p.30). The two gay participants highlighted how in their

teenage years they decided that the possibility of them becoming a father was not achievable. My findings support that individuals relate to their childlessness in different ways at different times dependent on their unique circumstances (Morgan, 1991; Letherby, 2002b; Kemkes-Grottenhaler, 2003; Keizer et al., 2008). Sandberg (2009: p. 71-2) postulated that there is a 'reproductive script' that determines the performance of masculinity in earlier life. Men with and without partners may feel lost, excluded or isolated with the loss of the script structure. Men in intimate relationships in later life may position themselves outside of that script, and therefore, are free from the pressure to conform.

### *Social practices and networks*

There is a large body of literature that reports on the social networks of older people from the influential work of Townsend (1957; 1962) through to the longitudinal study of Wenger (1984; 1995; 2000; 2009). One finding of my research was that all the men demonstrated a hierarchy of relationship in which intimate adult relationship was desired more than the parental relationship. The social networks of the participants contradicted some of the established notions regarding personal communities. For example, the two oldest participants had larger social networks than the two youngest: all those men were single and solo living. Social networks are seen to reduce with age and people's ability to travel. Typically, older people with children have larger social networks than those without. Children, stereotypically daughters, are often both the main social contact and deliverer of care to parents (Wenger, 1984; Burholt and Wenger, 1998; Wenger, 2009). Later-life families are characterised by having a child nearby; being in frequent contact with at least one of their children; having strong family care obligations; and regular exchange of help-in-kind from parents to children

(Dykstra and Fokkema, 2010; Phillipson, 2013). Couples tend to have larger networks than solo-living or single people, while childless women tend to have smaller networks than women with children. Childless men have smaller social networks than childless women. A common theme emerging from research work was the difference in the shape and size of social networks between men and women, those with children, and the childless. In other ways, the data conformed to previous research, with the majority of the partnered men having the greater size of social network overall (Arber et al., 2005; Davidson et al., 2005). The quality and size of social networks in later life are viewed as important factors in wellbeing, by providing support and helping prevent exclusion and isolation (Victor and Scharf, 2005; Bernard and Scharf, 2007).

The continuity model (Atchley, 1989; 1999) is often drawn on in gerontological studies, to demonstrate how older people positively negotiate change, for example illness, by drawing on their experience of successfully managing previous disruptions. Two men with small social networks illustrate the dynamics of continuity theory in action. John's experience highlighted how the quality of the interpersonal and familial relationships affected social networks. His experience of an 'aversive' upbringing, and issues in his relationship (see Chapter Five, page 127), led to ambivalent relationships with his family and his partner. As a result, he had little support with his health problems, for example, attending appointments. An example of the positive exploitation of existing resources was Russell's utilisation of his wider social network when seeking accommodation. He had accepted lodging from two older women, sisters, with whom he had a very informal connection. Consequently, the two sisters had come to mean a great deal to him and, as he placed them in his 'inner circle' with his mother and birth sister, were, in

effect, fictive kin (Finch and Mason, 1993; Allen et al., 2011; Heslin et al., 2011; May, 2011a; Morgan, 2011a). The findings in this study point towards a more nuanced negotiation of problems than the positive approach widely associated with the continuity model. Some with negative early experiences, or who have limited resources to draw on, challenge the positiveness of the theory (Grenier, 2012, p.140). Others, however, highlight the creativity and adaptivity that people use in forming supportive relationships. This supports the literature that points to the fluid, complex, and contradictory dynamics of both social relations and networks.

Research into formations of family and social networks has evolved from the post–World War Two theoretical functionalists, for example, Parson’s (1951) much quoted ‘nuclear family’, to a more nuanced understanding (See, for example, Finch and Mason, 1993; Morgan, 1999; Bengtson, 2001; Phillipson et al., 2004b; Smart, 2007; Morgan, 2011b). Morgan’s work (2011b) has shown the complexity in the flux and fluidity between, and across, kith and kin and other social relationships. The change in demographics following the fall in fertility and mortality are seen in the intergenerational structures that are more pronounced at the top than at the bottom. Vertical (grandparent-parent-grandchild) ties are increased and horizontal (cousins, siblings) ties are reduced (Phillipson, 2013: p.112). Furthermore, the increase in the number of grandparents, and the role they occupy, may mean a sense of difference by those who are not grandparents. Although not all the participants were ‘vertically deprived’ (Dykstra, 2010) meaning they had no children, surviving parents or grandparents, those who had a surviving parent were, I suggest, ‘vertically truncated’. The majority of participants did not have a surviving father while five of the men had a surviving mother.

The majority of the participants had small convoys: typically one or two friends from their teenage years. Those that had exited their main career followed the established pattern of having little contact with former colleagues, except on occasions such as attending funerals (Davidson et al., 2003a; Fennell and Davidson, 2003; Davidson et al., 2005). The interpersonal contacts that form personal communities networks (Wellman and Wortley, 1990: p.559) are often referred to as an individual's social network, or their social capital. Through an array of practices and strategies, this collection of contacts provides them with access to emotional, practical, economic, health, and social support. The nature of the support available is dependent on the network ties with others and the quality of the relationship, availability, shared values, and trustworthiness. The ties may be with biological or fictive kin, partners/spouses, colleagues, friends, neighbours, or those who hold similar interests. Sexual orientation, gender, class, location, and type of relationship may affect the social support that ties within a social network provide. Within social networks there may be significant others who support an individual over the life course. These convoys of social support vary with the individual and their circumstance may change over time, as demonstrated by Russell earlier in the chapter (Antonucci and Akiyama, 1987; Davidson et al., 2005; Gray, 2009a; Litwin and Stoeckel, 2013).

As Letherby (1997) has argued, following Monach (1993), there is a continuum encompassing the voluntarily and involuntarily childless that people may locate themselves on at different points in their life, dependent on their situation (Letherby and Williams, 1999; Exley and Letherby, 2001; Letherby, 2012). The concept that events affect one's positioning on the continuum relates directly to the fluidity in social networks that has become widely acknowledged in sociology, for

example, in familial dynamics following relationships ending and new relationships forming. The findings of this study point to the extension of that continuum to encompass later-life intergenerational relationships, for example, grandparenthood. Noting that some of the participants held firmly to the primacy of biological lineage and, having rationalised they were not going to become biological fathers, dismissed any thought of grandfatherhood. Increased longevity in conjunction with diminished fertility rates has, as seen in Chapter Three (page 63), led to there being an increased number of grandparents and a decreased number of grandchildren (Mann, 2007; van Bavel et al., 2010; Timonen and Arber, 2012). Moreover, the majority of participants had noted the effect grandparenthood had on the lives of peers and family members. This was seen by some as another form of difference between themselves and contemporaries who were grandparents.

This study demonstrated that some participants negotiated a 'grandparental' identity through various routes that I termed: latent, adopted, proxy, surrogate. The first two categories applied to the thoughts and behaviours of Raymond and Alan, respectively. As gay men, they had, at an early age, reacted to the dominant homophobic normative of the time. The intergenerational roles were generated from different sources and this highlights the relationship between agency and structure. Raymond's fear in revealing his role was another example of continuity – that of his experience of 'passing'. In contrast, Alan's experience of 'adoptive grandfatherhood' can be viewed, initially, as the continuity of his activism. However, that he saw the ending of that arrangement as a loss indicates the importance intergenerational relationships may have in later-life. For James and Martin, the proxy and surrogate grandfather roles, were directly accessed through

the familial structure of their partner. As such, their experience underlines the notion of the flux and fluidity in the boundaries between kin and non-kin. In order to acknowledge both their role in relation to their non-biological position in the familial infrastructure, names were adopted: 'Sgrampy' and 'Pappous'. This indicates the normative of the biological imperative being structured into the hegemony of the family. Overall, the grandfather role was seen as one of being a provider of nurturing and mentoring through the passing of knowledge and experience, thereby linking the past to the present and to the future. The four participants' experience not only reflected the literature on the role of grandfatherhood, but also drew attention to a change in masculine identity with age: from provider of resource external to the home, to emotional, family, and associational ties (Davidson et al., 2003b; a; Mann, 2007). This finding not only adds to the small but increasingly researched role of grandfatherhood, it also highlights the different ways that relationships may be negotiated across the mid and later life course. Significantly, the study shows that some older childless men have a strong desire for intergenerational relationships that, for some, underscored a sense of loss and difference, while others attempted to fulfil that wish. This study highlights the importance of relationships to men throughout the life course and highlights the significance of social networks.

The participants' narratives reflected the criteria of ageing capital (Simpson, 2013: p.285): all gave accounts of feeling that with age they were freer to express themselves. However, the men's view of their future was one strongly associated with reduced activity, and predicted decline in functionality. This indicates that the participants' views on later life had absorbed ageist social constructs that model old age as a period of decline, dependency and loss of dignity. The men's

perspective also accentuated concerns for later life regarding further reduction in physical and/or mental capacity (Gabriel and Bowling, 2004; Hussain et al., 2005). Specifically, Michael related a concern regarding how to access support if he fell ill or needed support in later life (pages 194, 256). Although none of the men viewed children as 'insurance' for later life, children often provide support for older parents. Some cultures place the intergenerational care of older people into the societal structure (Moriarty and Butt, 2006; Phillips, 2007). The mid-life period is often been reported as negotiating individual and structural transitions: the acknowledgement of loss of youth and the inevitability of structural constructs, such as eligibility for state pension that positions them closer to death - social or actual (Gilleard and Higgs, 2000: p.135). Furthermore, this period is typically shown as, on the one hand, a freedom, usually related to the end of parenthood (Gutmann, 1987; Karp, 2000; Dykstra and Hagestad, 2007b), and on the other hand, the negotiation of social and inner identity through the adaption of available structural and existing individual scripts (Biggs, 1993; 1999; Estes et al., 2003; Simpson, 2013).

My study demonstrated that although health was a significant element in quality of life it was not the sole influence, and its inter-relationship with other matters should be appreciated. For example, the variety of responses surrounding the experience of ageing without children ranged from the shared to the uniquely individual. Three men agreed that health was an issue in later life but placed other sources as being the causes of improvement. David indicated that becoming a father would be the one improvement in his quality of life; Stephen nominated an intimate relationship; and Frank believed improved treatment would enable him to have increased social and economic status. A fourth participant, Harry, found his thoughts and feelings



around quality of life were dominated by the death of his partner. Widowerhood has been shown to have a significant effect on the health and wellbeing of men (Bennett, 2007; van Den Hoonaard, 2010), as both Raymond's and Harry's respective experiences demonstrated (Chapter Seven, pages 206-210). Quality of life research has been criticised for using quantitative instruments that have not accurately reflected people's experiences. This study shows the range and complexity of factors that individuals see as affecting their quality of life (Gabriel and Bowling, 2004; Bowling, 2009).

My findings indicated that the majority of men in this study did not conform to the stereotype of stoicism. Those in the poorest health felt older than their chronological age, whereas the other men rated themselves as younger than their chronological age. Matters surrounding felt age and health influenced all levels of relationships across the social network as illustrated by the difference between Colin and John (see Chapters Seven and Eight). Moreover, issues surrounding the appropriate age and ability to perform a parental type role were measured by both the social clock and sense of self. This highlights the subjective experience of ageing and the interconnection between chronology, physiology and social relationships (Arber and Ginn, 1995; Simpson, 2011). It draws attention to the contexts of ageing in general and the nuances surrounding ageing without children. There was little difference in attitude between the partnered and the single men and most accessed health services without being prompted. Older men and their health behaviour has received relatively little attention, with the stereotypical persistence that men do not access health services until forced to do so by their partner (Davidson and Arber, 2004; Davidson and Meadows, 2009). However, James found that healthcare professionals did not take his heart

condition seriously. His experience gave some support for the case that the stoic stereotype of men was embedded in the delivery of health services. Research has shown male patients that do not conform to masculine stereotypes can be viewed negatively by health professionals (Seymour-Smith et al., 2002; Robertson, 2007; Dolan, 2013). This highlights the relationship between individual agency and the institutionalisation of ideal gender norms. The institutional embeddedness of ageism was highlighted in Alan's experience of attempting to access local authority accommodation. The local policy was that those over 65 years old had to be housed in sheltered accommodation. This finding shows how the association of ageing and decline are absorbed into the policy and practice of social establishments. Moreover, it supports the claim that basing policy on chronological age is limited and, rather than aid autonomy, it may steer older people into structured dependency. This highlights a well-established criticism of ageing policy generally rather than ageing without children (Phillipson, 1982; Townsend, 2010; Phillipson, 2013).

### *'Outsiderness'*

My study also followed other research that indicated that involuntarily childless men also had a sense of 'outsiderness.' Alan and Raymond, who were both gay, had to negotiate the dominant socio-cultural heterosexual normative that dominated their formative and adult years, resulting in the unavailability of biological or any other form of fatherhood. Their experience highlighted how the political structure inherent in social pathways can determine personal agency. Both men's narratives supported the 'passing' concept that Rosenfeld (2003) described LGBT people adopting to avoid criminalisation and discrimination. Dalzell's (2007) study indicated that her participants had struggled with an

'outsider' status in both heterosexual and non-heterosexual social interactions. The results demonstrated a form of double subordination that resulted in a sense of outsidership. In this study, Raymond had indicated that he did not feel able to raise his paternal feelings with his partner or wider social contacts. Furthermore, he did not feel he could express his desire for a grand-parental role. How individuals view themselves is related to their experience of self; their upbringing; how they feel they are viewed by others in their community of relationships; and the socio-cultural setting they operate in. This sense of outsidership has been related to being an individual who is both part of, and yet outside, a group (Wolff, 1950; Letherby and Williams, 1999; Exley and Letherby, 2001). As a result, people are connected in a range of networks where, in some, they will be central to the group, and in others; they will be on the outside and only partial to the shared experience of the group. Therefore, they may be seen as a 'othered,' 'scapegoated' or otherwise stigmatised or excluded in the event of change within the group (Letherby, 1999: p.369). Stigma is defined by Goffman (1963: p.15) as: 'undesired differentness from what we have anticipated.'

The men in this study reported very few instances of direct discrimination related to their childlessness. George indicated that not being a parent may have affected his career but could not indicate a specific instance, and Stephen noted that his living arrangements led to him being viewed as gay (Chapter Seven, page 203). Other participants noted that they felt excluded from conversations and from the social opportunities that parenthood may supply. However, I would argue that as parenthood is seen as 'natural' for women and 'learned' for men (Blyth and Moore, 2001; Letherby, 2010), the social scripts that the men have access to are limited. Moreover, the men may view their childlessness as a 'secret stigma' (Whiteford

and Gonzalez, 1995: p.28) and something that may be viewed as a discreditable attribute to the 'master status' of fatherhood – a prestigious status that 'overrides all other statuses' (Becker, 1963: p.33). The voluntary and involuntarily childless are seen as stigmatised, and subject to social disapproval, both medically and socially because they challenge dominant traditional cultural norms of pronatalist societies. In addition, many infertility studies have demonstrated that both men and women experience stigmatisation, exclusion, and isolation from others (Veevers, 1972; 1980; Miall, 1986; Blyth and Moore, 2001; Throsby and Gill, 2004). As such, the findings give limited support to the view that men were overtly stigmatised because of their childlessness.

All the participants in this study reported concerns regarding being viewed as a paedophile and this was strongest amongst the single men. The awareness of the subject ranged from Alan, who remarked on the automatic labelling of gay men as paedophiles, to Harry and Raymond, who both feared being viewed as a danger to children (pages 169 and 179, respectively). This awareness of the identification of older men as a threat may have been related to the wide media coverage at the time of the study of the paedophile Jimmy Saville (British Broadcasting Corporation, 2014). Moreover, during the period of the fieldwork there was a widely reported case of a missing child in Wales (BBC, 2012). However, the negative portrayal of older people has been long established with, critically, lone older men particularly viewed as 'dirty old men' (Scrutton, 1996: p.147; Byetheway, 1997; Walz, 2002). In addition, media campaigns such as that run by the *News of the World* in 2000 of 'naming and shaming' sex offenders multiplied the stereotype of the 'dirty old man' and reinforced the view of men as sexual predators (Gutmann, 2009: p.21). The ensuing 'moral panic' included riots, arson,

violence (Cavanagh, 2007; Critcher, 2009; Marsh and Melville, 2011), and an attack on a paediatrician because of her job title (BBC, 2000).

### *Reproduction and the 'social clock'*

My research demonstrated men's awareness of the social clock with regard to the social morès surrounding the appropriate age of becoming a father (Hadley and Hanley, 2011; Roberts et al., 2011). The social clock describes the societal expectations of the timing of formal and informal rites and roles and has been strongly linked to women's biological clock (Neugarten, 1976; Cannold, 2000). Women's fertility intentions are often viewed in the context of a biological imperative driven by 'their maternal instincts/drives/hormones or biological clock', (Cannold, 2000: p.15). However, Cannold (2000: p.15) suggests that construct does not account for the effect the social clock has on reproductive decisions such as familial attitudes; partner selection; education; ethnic and religious beliefs; economics; the behaviour of friends and peer groups. Furthermore, Cannold (2000: p.10) suggests that childless-by-circumstance women divide into three sub-categories: childless-by-relationship, thwarted mothers, and watchers and waiters (see Chapter Two, page 23). The sub-categories are not all completely applicable to the experiences of the participants in this study. In no small part is this due to the age range of Cannold's participants of 28 to 42 years (Cannold, 2000: p.1). Moreover, Cannold's (2000: p.15) categorisation is dependent on the baseline orientation (Gerson, 1985: p.21) towards parenting established in early life. Cannold's taxonomy, to a limited degree, applies to this study. However, it does not account for other factors that intersect with childlessness. For example, health matters, relationship dynamics, and economics issues. These factors may apply in different intensities, at different times, either singly or in combination, and can be

seen by the different routes to childlessness that the men in this study have described. The temporal contexts of events have been seen to be critical of the participants' accounts of their thoughts, feelings, behaviours and actions. Letherby (1997; 1999) notes that the choice for women is not when to have children but when not to, and she argues the importance of societal expectations in influencing women's reproductive decisions. Men, do not have the same choice as women, although they may face similar socio-cultural and relational accords.

Much of the literature has pointed to the importance of the on-and-off time of the social clock, and the participants have shown the significance of time and timing in their attitude to becoming or achieving parenthood. The participants in this study demonstrated a range of positions on the social clock from those, like Martin, who were conscious of being viewed as an 'old' father, to Frank who did not view his age as an issue for any future child. Martin also believed an aged parent would be a source of embarrassment to any teenage child. David, who saw his role in pragmatic terms, took an alternative view: when the child was young either he or his wife would work and the other care for the baby. As the child aged then his role would become one of financial provider. David's narrative followed the 'New Man' discourse that has been widely portrayed in the media and is under increasing academic scrutiny (Lupton and Barclay, 1997; 1999; Wall and Arnold, 2007; Miller, 2011). Within the discourse surrounding infertility is the commonly held view that men are fertile from puberty until death. A few of the men were aware of the decline in sperm efficacy from the age 35 onwards, and the correlation between older fathers and babies born with genetic issues (Bray et al., 2006; Sartorius and Nieschlag, 2010; Povey et al., 2012). Alan and Raymond had responded to the homophobic norms that surrounded their youth, by rationalising they would

not/could not, be biological fathers. The changes in equality legislation in the UK and advances in ART have seen a rise in LGBT people becoming biological or adoptive parents. For example, both Alan and Raymond referred to Elton John and David Furnish becoming fathers through surrogacy. They both commented that if they were young now they would consider the options now available for a form of parenthood. Their reflections demonstrate how, across the life course, change in different fields i.e. technology such as IVF, political and social policy, and increased media exposure of reproductive diversity, can affect an individual's sense of being-in-the-world. Consequently, the re-occurrence of random reminders may bring with them feelings of loss, difference, and outsidership.

Psychological studies into infertility are mostly based on those who have sought treatment and focussed on the early stages of adjustment to infertility (see Chapter Two, page 26). However, they do offer some insight into, and variability of, the adjustment process involved with infertility and, therefore, with involuntary childlessness. Part of that process of adjustment is the negotiation of the different options to parenthood, both medical and non-medical. The amount of resource used in that adjustment depends on the individual's attitudes towards parenthood, and their socio-cultural environment. Moulet (2005) suggests that couples, following unsuccessful fertility treatment, negotiated the transition after crossing a threshold between disengaging from fertility treatment and accepting non-parenthood (Moulet, 2005: p.109). She suggested her participants experienced the transition in three ways: prompt acceptors, movers-on, and battlers. This form of categorisation would only apply to the 'mediated' men in my study. Moulet's typology is limited because it only applies to those who self-defined as involuntarily childless and were not seeking parenthood (Moulet, 2005: p.66). Even so, none of

my participants fully fitted her typology - particularly Alan and Raymond. Because of the change in equality legislation and policy, they were aware that as gay men they would be able to adopt. However, they held the view that their age would prevent them from managing children for any extended period. George would have initially fitted the 'prompt acceptors' category, however, a decade after 'accepting' non-parenthood he showed a growing awareness of both loss and difference regarding his involuntary childlessness. This highlights an important finding in my study and a limit of the transitional model. Two of my participants who had experienced infertility were certainly 'battlers.' However, Martin's experience demonstrated, the feelings, thoughts and behaviours surrounding involuntary childlessness are complicated and life-long. Moulet (2005) argued that the effects of unsuccessful of infertility treatment do not end with the complete acceptance of involuntarily childlessness but there is a continued, if mediated, bereavement. My study supports Moulet's (2005) contention that although a rational 'acceptance' of childlessness may have been negotiated, the reminders of not being a parent are ever-present and necessitates the continued negotiation of a complex discontinuity: a continuity of discontinuity. Therefore, the complex bereavement and distress reported in infertility studies (Moulet, 2005; Lechner et al., 2007) was apparent in some of the participants' narratives.

### *Loss*

The men in this study all indicate, to varying degrees, some form of loss associated with not being a parent or grandparent. Two of the three men whose partners had been through infertility treatment referred to the counselling each couple had both received. Interestingly, both those men found that therapy was more useful for their partners than it was for them. Those men's attitude may



reflect the stoic and unemotional 'ideal' forms of masculinity absorbed through the male socialisation process that values detachment, disconnection from feelings, and risk associated with expressing emotions (Fischer and Good, 1997; Wong and Rochlen, 2005; Wong et al., 2006; Evans and Wallace, 2008). It also could indicate that counselling favours the communication style of women (Pleck, 1987; Boivin, 2003; Wong and Rochlen, 2005; Malik and Coulson, 2008). The acceptance of non-parenthood is viewed as a complicated form of grief, as it involves negotiating issues surrounding loss; existential meaning; substantial emotional and biographical processing; and relational dynamics (Mahlstedt, 1985; Daniluk, 1988; 2001; Exley and Letherby, 2001; Lechner et al., 2007; Greil et al., 2010). There are a number of stage models of grief developed from Kübler-Ross's (1970) original theory. However, these have been criticised for being limited, by not reflecting the open-ended experiences, and not accounting for broader socio-cultural context. Doka's (2002) concept of disenfranchised grief acknowledges how social and cultural norms may deny support, ritual, legitimisation, public and private recognition of a person's loss (Corr, 2004: p.40). A significant element in complicated grief, for both men and women, is the lack of social support.

One of the biggest losses was that of the potential relationship and role, not only of fatherhood, but also grandfatherhood. This was demonstrated by Alan's experience of being 'adopted' as a grandfather for three years. Other losses relate to exclusion from the intimate parent-child-family bond, social scripts, and wider social relationships and communities (Letherby, 1997; 1999; 2012). Two men defined themselves as widowers however, contrary to general findings, neither saw domestic tasks as 'women's work' but referred to them in pragmatic terms. Moreover, although one man was still in deep mourning, the other had broadened

his social network through taking a part-time job and joining an LGBT over-50s social group. The importance of groups based on a shared identity was noteworthy for Alan, Raymond, and Edward in influencing the membership of their closest and inner social networks (Davidson, 1998; Davidson and Arber, 2004; Bennett, 2007; van Den Hoonaard, 2010). Although Harry had been well supported by his neighbours, he saw Helen's death as being 'off-time' and against the natural order. This may relate to the concept of masculine control and the 'norm' of widowhood in later life, reflecting the expectation of earlier male mortality has been absorbed into social and cultural discourse.

### *Masculinities*

My findings highlight that the participants of this study follow recent challenges to the model of hegemonic masculinity, and adapt their way-of-being via the resources available from their health, economic, social, and emotional resources developed over the life-course. The application of Connell's (1995) concept of hegemonic masculinity has become standard in both health and social science research. In the course of this research, I have come to the view that health researchers use Connell's (1995) hegemonic masculinity as a framework to expose the structure of the relationship between the individual and the institution (see for example Seymour-Smith 2002; Dolan, 2011, Inhorn, 2012). Those in social sciences and anthropology have recently assumed a more nuanced understanding of the relational element of men's experience. Gerontological researchers and theorists now suggest that masculinity is not fixed but fluid and adaptive over the life course. Such a perspective, following feminisms, reflects the intersection of personal, social, and cultural differences leading masculinity to now be viewed as 'masculinities' (Connell, 1995; Hearn, 2000; Spector-Mersel, 2006;

Coles, 2009). There is a growing weight of evidence from anthropological studies that men are challenging the concepts inherent within hegemonic masculinity in their day-to-day interactions (Dudgeon and Inhorn, 2004; Inhorn, 2007; Wentzell and Inhorn, 2011; Ranson, 2012). For example, Inhorn (2012: p.59) points to studies from across the globe that report young men are challenging the dominant hegemonic masculinities through emergent masculinities (Inhorn, 2012: p.225). She highlights Middle Eastern men as engaging with assisted reproductive and pharmaceutical technologies related to infertility and erectile dysfunction, in order to fulfil the pronatalist social agenda. In doing so, they are rejecting traditional practices. Inhorn (2012: p.60) states that 'Whereas hegemony emphasizes the dominant and ideal, emergence highlights the novel and transformative.' As a result, emergent masculinities encapsulate not only social history but also change over the life course, as social processes adapt to the local realities in the context of global forces.

### *Constructing invisible men*

The lack of recognition of the diversity and variety of the life experiences of older childless people by social science researchers was noted by Dykstra and Hagestad (2007a). The scarcity of research into both older men and men's reproductive lives has been increasingly recognised. With regard to ageing research, Leontowitsch (2013: p.227) notes that older men's lives are still largely absent, despite their invisibility being highlighted from the mid-1990s (Thompson, 1994; Davidson and Arber, 2006; Suen, 2011; Tarrant, 2012b). This absence is due partly to the political economy approach that concentrated on the disadvantage and marginalisation of older women compared to older men (Calasanti, 2004; Davidson et al., 2005; Leontowitsch, 2013). Other influences

include the sampling of participants from settings such as nursing homes that have a high female population and, as men die at an earlier age than women, there has been a smaller population to sample. In addition, older men's smaller social networks and style of socialising make them hard to reach (Russell, 2007; Suen, 2010). However, as the recording and screening of people's lives gets evermore widespread and acceptable, more men may make themselves available for research.

This study shows that men are interested in reproductive matters, and supports Inhorn's (2009b; 2012) argument that men have become the second sex in all areas of the scholarship of reproduction (2012: p.7). This form of marginalisation has been related to the vast bulk of socio-cultural significance surrounding reproduction placed on women (Culley et al., 2013; Marsiglio et al., 2013). Inhorn (2012) emphasises that, as a result, there has been an erasure of men's procreative remit in both scholarship and policy arenas. This is based on a 'widely held but largely untested assumption' (Inhorn, 2012: p.6) by those in anthropology; the social sciences; sociology; demography; health; gender studies; the media; and non-academia that men are not interested in reproductive matters. Daniels (2006: p.153) highlights that the assumption that men are distant from their children is a social construct that serves to reinforce gender stereotypes. Furthermore, Culley et al., (2013), Inhorn (2009, 2012), and Marsiglio et al., (2013) suggest that feminist scholarship has retained the theoretical and experiential spotlight on women's reproductive issues. Consequently, the meanings of male reproduction remain unexplored. Morgan (1981: p.96) highlighted the 'taken-for-grantedness' of embedded gendered social relations in sociological research. As a result, he suggested that men's gendered experience was hidden in plain view and

recommended: 'Thus 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' (Morgan, 1981: p.95).

Historically, the experience of women was given prominence in feminist research, in order to explore the sexist bias generated through distortions, misrepresentations, and women's invisibility within traditional malestream research (Haraway, 1988; Earle and Letherby, 2003; Finch, 2004; Woodward and Woodward, 2009). Analogous arguments have been raised within feminisms regarding men's experiences that have led the way in examining the multi-layered meaning and socio-cultural intersections concerning reproduction for men (Earle and Letherby, 2003; Letherby, 2003). Furthermore, as part of the patriarchal dividend that controls, and de-powers, women through hegemonic masculinity, the non-recognition of men that do not fit the virility-proved-by-fertility mandate would seem logical. For example, by only collecting female fertility intention and/or history data, the relationship between womanhood and reproduction is reinforced and the masculine ideal of virility unchallenged. The embeddedness of an essentialist dividend in structural institutions is demonstrated by Daniels' (2006: p.109-156) analysis of the US Government's unwillingness to fund studies into the effect of toxins on sperm, compared to similar studies on women's fertility. Tong (2009: p.2-4) notes all feminist perspectives hold a view on reproduction: from those who view reproductive technology as a means of liberation and control, to those who see 'biological mother-hood is the ultimate source of women's power' (Tong, 2009: p.4). This reflects the wide-ranging debate in the feminisms regarding assistive reproductive technologies, family, motherhood, and non-motherhood (Woollett, 1985; Franklin, 1990; 1997; Oakley, 2005). Research in the masculinities has

concentrated on younger men in education, crime, employment, the body and fatherhood (Arber et al., 2003a; Inhorn et al., 2009b). Although there has been an increase in material on fatherhood in recent years, infertility seldom features in masculinities' research, including Connell's (1995) pivotal book. However, studies have shown that 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 and Daniluk, 1999; Throsby and Gill, 2004; Fisher et al., 2010). It could be argued that the two approaches parallel the dominant social heteronormative with feminisms encapsulating the gamut of reproductive narrative, while the masculinities have only recently looked at fatherhood. However, that argument does not do justice to the ongoing debates in the feminisms concerning the relationships between equality and difference, the status and representations of bodies and embodiment, and the continuing invisibility and visibility of women (Woodward and Woodward, 2009).

The men in this research study were born at a time when the package deal (Townsend, 2002) of education; employment; relationship; and children was the ideal for heterosexual men. However, the last 40 years have seen a vast change in global economics; health, education, equal rights, reproductive technology, the welfare state, and much more. Consequently, the participants have lived through a period of great change, from a social world that was very structured to one where the personal is now a site for neo-liberal marketisation. The normative roles of men as the breadwinner and women as the nurturer have been seriously confronted, although gender inequality is still very much an issue in home and work environments (Connell, 2009; Martinengo et al., 2010; Gabb and Silva, 2011; Kluwer and Mikula, 2013). Additionally, research shows that young men are aware

of their own emotional, relational, and caring characteristics, although they expect to follow some elements of the package deal (Townsend, 2002) of becoming fathers by their mid-30s (Koropeckyj-Cox and Pendell, 2007a; Thompson and Lee, 2011). Therefore, later cohorts experience a different social context, with different pressures and different narratives available to them than the men in this study.

### **9.3 Conclusion.**

In this section, I evaluate and comment on the thesis and my learning more widely. First, I return to my research questions to briefly summarise my findings. Second, I consider what difference the findings have made to knowledge base. In the third section, I highlight areas of possible further research in this field. Fourth, I offer considerations for future researchers followed by suggestions for future studies. The penultimate piece appraises the study as a whole and I finish this section noting the limitations of the study.

#### *Reprise of the research questions*

**Research question one:** *What are men's attitudes and behaviours in relation to their experience of involuntary childlessness?*

The men's attitudes and behaviours depended on a complex negotiation of gender; sexual orientation; embedded social expectations; economics; relationship skills; class; health, social network; relationship status; and location. A framework was developed that indicated that the social clock was significant in the men's decision to 'accept' they were not going to be a father. There was a theme of grief in negotiating the 'loss' of the fatherhood role and the father/child relationship. The

majority of the men who had considered adoption had rejected the notion for a number of reasons. These included reports of other people's poor experience of social parenting, and anxieties concerning any poor relational or social issues, any child may have. One couple had withdrawn from the adoption process because of the stress of the assessment procedure. Two men classed themselves as widowers and one participant associated the loss of his partner as the end of any fatherhood ambition. The other participant reflected on what could have been, and thus the bereavement was layered with the loss of a possible role and relationship. 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 this did not compensate for not being a parent. Moreover, the majority of men noted a concern in respect of being seen as a paedophile.

**Research question two:** *How do men describe the influence of involuntary childlessness in their quality of life and relationships with close, familial, and wider social networks?*

The participants described a wide range of responses as to the effect involuntary childlessness has had on their quality of life, relationships, and social networks. Quality of life was heavily influenced by the participants' health, with those with chronic co-morbidities feeling older than their chronological age. Intimate relationships had been affected by involuntary childlessness in a wide range of ways: from not at all, to very strained. Generally, men with partners had a larger social network than single men. Partnered men who were from 'only' child families were shown to be dependent on their partner's familial network. However, against



the general pattern of smaller networks in later life, the two gay participants had strong closer and inner social networks. This was due in no small part to their membership of a LGBT 50-plus group. Four men described themselves as having a grandparental role. One man enacted the role without telling the family involved for fear of being castigated. Another had been 'adopted' as part of a school project and now the project had ended it was a role and relationship he missed. The two other men had become 'grandparents' through their partner's family: one had requested to be a surrogate grandfather and the other had become one by proxy. Both received great pleasure from the relationship. There was a sense of outsidership that varied in depth and duration from those who were parents. Moreover, there was evidence of a separation from friends who became parents. Friendships were resumed once the children had matured but were then disrupted when grandparenthood arrived.

**Research question three:** *What are involuntarily childless men's expectations of the future?*

The majority of the participants' view of the future was one that associated old age with decline in health and functionality. The two youngest men were concerned with socio-economic concerns such as relationship forming and funding future pension entitlement. The older men's view related to their economic circumstances, with those in secure financial states concerned with fulfilling a variety of roles. For example, supporting their partner's career, volunteering or finding part-time employment. Their view of old age was one of concern at losing mental or physical capacity, with subsequent loss of dignity.

**Research question four:** *What are the policy and service implications of the findings in relation to the above?*

The single men tended to have smaller social networks than those with partners. Lack of social embeddedness is an indicator of social isolation in later life. Moreover, those men that lack social skills or draw on stereotypical masculinity scripts, may also be vulnerable to social isolation and exclusion in later-life. When considering social inclusion for minority groups, policy has an important place on the agenda. It is important for policy makers to take note of the differentiation of older men and not treat them as a homogenous group (Davidson et al., 2005: p.90). This is especially important as it is predicted there will be an increase in the number of older people living alone, the majority of whom will be men (Smith et al., 2005; Jamieson et al., 2009).

Research into healthcare settings has highlighted that the performance of stereotypical masculine ideals is performed not only by users but are also embedded in the provider's attitudes and policies. Men who do not conform to the assumed and expected gendered construction may be negatively labelled or not have their concerns acknowledged. It is important for academics, policy makers, professionals and other stakeholders to be aware of how the socio-cultural standards surrounding masculinity may contribute to the exclusion, isolation and stigmatisation of men who do not conform to those ideals.

*Contributions to knowledge*

My research has contributed to the current literature on ageing in a number of ways. Firstly, the study identified that involuntary childlessness will affect the

individual agency of men as they age and their interactions in intimate, local, and wider social relationships. Moreover, the study was unique in taking a life-course approach to examine the lives of involuntarily childless older men, and the findings highlight the different factors that influence reproductive decisions. Secondly, my research also contributes to the knowledge of how to conduct research with hard-to-reach groups, by recommending the use of adaptive and flexible methods. Thirdly, my research utilised a pluralistic qualitative method that incorporated feminist, biographical, social gerontological, and life-course perspectives (see Chambers, 2002, 2005). By taking such an approach, the wide range of factors that contributed to the participants' childlessness, and the impact of childlessness on their lives, was revealed. The men's negotiation of the embedded social construction of the 'ideal' of fatherhood was demonstrated. Finally, through a British Sociological Association press release (Hadley, 2013a; Trueman, 2013), this research has been widely disseminated through various media channels (Bingham, 2013; Hadley, 2013b; Hodgekiss, 2013; Kafcaloudes, 2013; Zevallos, 2014).

This research adds to the debate surrounding ageing and quality of life, by adding to the call for research instruments to absorb data from people's experience into measurement items. Using a qualitative method of collecting data on quality of life and health, it provided findings grounded in lived experience. My study supported the concept that quality of life is a complex intersection between multiple factors including: health, age, socio-economics, and relationships. The impact of health on economic activity and the participants' sense of wellbeing, and hence quality of life, was seen in Frank's negotiation of chronic co-morbidities and the health and benefit agencies. The findings of my study have corresponded to existing

research, and followed recent criticisms of traditional quality of life research instruments that have been based on quantitative measurement of health and functionality derived from theoretical concepts (Gabriel and Bowling, 2004; Bowling, 2009). My study also gave support for the continuity theory (Atchley, 1989; 1999). The importance of experience in successfully managing disruption that challenged the participant was shared. However, Atchley's (1989; 1999) theory has been criticised (Grenier, 2012, Phillipson, 2013) for not accounting for negative experience, which then may stop people from moving beyond the disruption. Therefore, I suggest in this study there was a 'continuity of discontinuity' across the life course concerning childlessness. This is related to the factors that influenced the men's childlessness. For example: infertility, partner selection, and timing of relationship formation and/or dissolution.

This thesis has demonstrated that, contrary to a 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. Furthermore, disclosure-surrounding relationships revealed that, although father-child relationship was valued, an intimate adult relationship was most sought after and/or appreciated. The four oldest participants negotiated different forms of performing 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 older men. The importance of the social clock was central to reproductive decision-making and the study exposed the complex interaction that affected the participants' reproductive actions. The participants in this research were all negotiating their reproductive decisions alongside other transitions and disruptions

common to older people: retirement, ill health, and bereavement. Quality of life was strongly related to health, with those in poorest health indicating their 'felt age' greater than their chronological age. The nuances of class advantage across the life course were apparent and the changing financial environment, for example pension provision, was a source of consternation for the younger participants. My research findings provide insight into how the participants managed change in their status, health, finance, relationships, and roles as they aged. It adds to the existing literature in terms of methods of recruitment, men interviewing men, and findings. However, there is room for improvement, and potential for further research, and these are examined as part of the following section.

#### *Considerations for future researchers*

This thesis has highlighted the lack of research on involuntarily childless older men. There were a number of challenges encountered during the fieldwork, and I offer the following for consideration when undertaking research in hard-to-reach groups. What accounted for the sample size? Butera (2006: p.1274) suggests that difficulties in recruiting men into sensitive research are linked to men viewing such studies as a challenge to 'successful masculinity'. The 'snowball' method of recruitment sampling is highly recommended for generating respondents from hard-to-reach groups (Merrill and West, 2009: p.109). However, feedback from both participants and third party recruiters highlighted that they had great difficulty in broaching the sensitive subject of someone's fertility history. For example, a fellow PhD student informed me that, although he knew three potential participants, asking them face-to-face would overstep a boundary of their relationship. Another third-party recruiter recounted another issue: they contacted the partner of a suitable candidate, which led to a personal disclosure that may

have had a long-term effect on their relationship. This highlighted the difficulty in knowing the tensions and dynamics in the relationship between third-party recruiters and participants. One other factor in my recruitment difficulty was that I had no established links with any individuals or organisations that would have enabled me to access to potential participants. In attempting to promote the academic worthiness of the study, the original wording of recruitment material was not engaging (see Appendix Seventeen for examples of the two different leaflet covers).

Awareness of the power of language and symbols was a significant learning point. To aid recruitment, I had contacted relevant people and organisations, such as The Beth Johnson Foundation and AgeUK before commencement of fieldwork. However, their responses were not encouraging. One must be aware that some form of reciprocal endeavour such as volunteering; giving a talk; or a regular commitment may be required (Adler and Adler, 1987; Sixsmith et al., 2003). A flexible recruitment strategy needs to be built into the structure of the research design, with regular assessments of which approaches are working and which are not. A social media presence is, I believe, going to be the default practice in the future and should be taken into account on any research design. A further lesson relates to this study's website; a series of issues meant it has been difficult to update. Incorporating the cost of creating a basic website that can easily be maintained and updated into the research project is strongly recommended. A simple website that gives a clear summary of the research and contact details is very important, not only for recruitment but also for dissemination of results. Participants, academics, and the media all visited the study's website. Although, the use of 'snowballing' provided four participants, I did have some concerns

regarding this method. These included: not knowing how the research would be presented to the participants; if the participants were complying because of the dynamics of their existing relationship; and how voluntary was their participation. Whilst I do not consider this meaningfully compromises the study, it identified an opportunity to reflect on and learn from the subtleties involved in the identification, approach, and enlisting of participants. The findings of my research suggest that the gathering of data on men's reproductive history would be of great benefit to policy makers, practitioners, service providers, and stakeholders.

### *Suggestions for future studies*

I earlier demonstrated the lack of response to calls for more research into the experience of men in the respective fields of gerontology and reproduction. Therefore, proposals for further research are crucial. I suggest a number of projects that would help further develop this area, based on my experience of the work I have undertaken. I was very intrigued by Frank's question 'How is a man supposed to be a man?' (page, 160). This led me to wonder if there was an existential difference between men and women and what other factors affect one's view of one's existence. The participants in this research project indicated that ageing gave a sense of liberation from social expectations. Thus a study that examined the attitudes and experiences of men and women in mid-life would show any impact of ageing on self-identity. A study that explored the circumstances and experiences of men who occupy a fictive 'grandfather' role and include the views of those of their kith and kin network would reflect the changing dynamics of 'family practices' (Morgan, 1996; 1999; Smart, 2007; Morgan, 2011b). An alternative project would be to explore the reproductive intentions and behaviours of individuals and couples without biological children aged between 30 and 50

years. This would capture the effect of the social clock and the processes surrounding the decision to have children or not. A theoretical area worth further development would be the application of Bourdieu's (1986) concept of capital to reproduction. Bourdieu's (1986) research explored the generational retention of power and wealth in the honour culture of the Kabyle (Nye, 2013). Consequently, examining parenting potential and dividend (Letherby, 2010: p.31); ageing (Simpson, 2013); health; lineage; and legacy using this perspective would give new insight into the social and cultural implications of reproduction.

### *Appraisal*

The main aim of my study was to explore the effect that childlessness had on older men. I did not intend to focus on only the factors in their childlessness but also explore the wider influences on the men's attitudes, beliefs, and behaviours. As such, the study highlights the relationship between the participants' agency and social institutions in many of its forms. My findings demonstrated the myriad elements that influenced the participants' negotiation of the continuum of childlessness: from their awareness of fatherhood to non-fatherhood. The literature review, methodology, methods, and findings chapters provide the material to support the attainment of the research aims. To investigate the influences on how older men became involuntarily childless my study aims were:

- To explore the participants' attitudes and behaviours in relation to the experience of involuntary childlessness;
- To examine the influences on the participants' quality of life;
- To suggest policy recommendations relating to the needs of involuntarily childless men as they age.



My research design, use of semi-structured interviews, and using a broad thematic analysis resulted in all the aims being achieved, and my experience as a counsellor helped the collection of rich deep data. The participants' narratives were sometimes very emotional. Nonetheless, much of the material they spoke about reflected the findings of other life course, gerontological and infertility research. The forming of the main themes from the data analysis facilitated developing an understanding of the interaction between formal, and informal events, in the social context of the participants' lives. For example, recognising the influence the dominant pronatalist heteronormative had on all the men's reproductive decision making. From the themes that emerged resulting from the analysis of the data, it became evident that childlessness for older men was a complex intersection between age, socialisation, relational, economic, personal, and health, over time.

The evaluation of findings is critical in any research project and for any researcher, and both quantitative and qualitative approaches have established criteria to ensure plausibility. The former draws on generalisability, reliability, and validity, to evidence means of repeatability and verification (Creswell, 2003; Punch, 2005). The subjective perspective of qualitative studies has been criticised for not matching the rigor and repeatability of the quantitative criteria: 'mere idiosyncratic impressions of one or two cases that cannot provide solid foundations for rigorous scientific analysis' (Hammersley and Atkinson, 2007: p.7). Moreover, Lincoln and Guba (1985) claim that it is not possible for those practising qualitative research to show more than 'credibility' for their research findings. The literature on thematic analysis does not offer specific guidelines (Boyatzis, 1998; Braun and Clarke,

2006; Guest et al., 2012; Braun et al., 2013); therefore, I drew on the texts that had guided previous research (Strauss and Corbin, 1998; Creswell, 2003; Denzin and Lincoln, 2005c; Silverman, 2005; Denscombe, 2007).

In order to show plausibility and 'truth value' (trustworthiness) in qualitative research alternative means are used (Patton, 2002, p.93). The latter employs a range of techniques including audit trails, triangulation, thick description (Geertz, 1973), trustworthiness and reflexivity (Lincoln and Guba, 1985; Miles and Huberman, 1994; Patton, 2002). Letherby (2004: p.175) stresses the importance of demonstrating the 'process and the product, between doing and knowing.' Furthermore, the feminist approach views all classes of data as biased and reinforcing patriarchy with 'malestream' methods and values. Reflexivity is strongly associated with fulfilling validity in feminist research, as is the recognition of power. Examples of power in this study include the judgement of the reader (Morgan, 1981). In addition, I, as analyst, have control in how and who are represented (Oakley, 1981; Cotterill, 1992). As a method of mitigating the inherent power dynamics, I tried to locate myself in a number of ways that support the trustworthiness (Webb, 1970; Lincoln and Guba, 1985) of the thesis.

Corbin and Strauss (1998) introduce the concept of reproducibility as a replacement for replication when evaluating qualitative research. The transparency and detail in reporting the stages of the research process adds weight to my belief that this study fulfils the reproducibility criteria. The thesis reports the details of the research design, the procedures undertaken, and a thorough account of the data analysis. Chapter Four examined the choice, design, testing and delivery of the research methodology. That chapter also highlighted the issues and challenges of

conducting an ethically appropriate research into a sensitive subject with a hard-to-access population. The absorption of ethics into the design of the study adds to its trustworthiness and credibility (Davies and Dodd, 2002). I have addressed these in my study through the inclusion of an audit trail, expressed by the accounts of data collection and analysis, and the use of a research diary. Moreover, interview extracts illustrate not only technique, but also the quality of the interactions between the participant and me. Consequently, the 'trustworthiness' criteria also reflected the breadth and depth of my engagement in the research and my immersion in the research process. Similarly, by acknowledging my presence in the research process I have attempted to fulfil the reflexivity criteria. All participants were supplied with verbatim transcripts of the first interview to ensure they agreed that they had been accurately represented (they all did). Flick (2009: p.389) suggests this is a form of 'communicative validation'. However, he notes that it does not go much beyond the participant's agreement. However, the interviewees were not involved in the analysis, interpretation, or presentation of the data. I sought out the participants and, although they had their own motivations for being involved in the study, none were asked, or asked, to approve my interpretations of their material. The participants did not agree to judge an analysis of themselves and it has been considered unethical for researchers to take such a position (Kvale, 1999; Fox, 2009). The use of a two-interview strategy gave a form of member checking, as the participant was able to check that they were being accurately represented. The participant who did not want a second interview was satisfied that he had been accurately represented and agreed for his material to be included in the study. Chapter Four highlighted the phases of a broad thematic analysis, demonstrating the techniques of familiarisation with the data, memos, generation of initial codes, searching and reviewing themes, and

then defining, and naming themes (Braun and Clarke, 2006). Nvivo9 was used to store and aid organisation of the data, and enabled the production of a graphic model that highlighted the relationships and links between codes, themes, and memos.

I have produced a thesis that examines male involuntary childlessness in the context of the life course and shows the complexity and diversity in the lives of older men. Nevertheless, as with any study, there are limits to the research and these are acknowledged in the following section.

#### *Limitations of the study*

I believe the design and execution of the study to be detailed, thorough, and coherent with its aims. However, the study is based on a small 'fortuitous sample' (Davidson, 1998: p.235) and therefore the findings are not generalisable to the population as a whole. The men I interviewed cannot be considered a representative sample of the involuntarily childless male population of the UK. I only interviewed one person from a non- White-British background and no one in residential or nursing home accommodation. Also, none of the men identified themselves as disabled, although most reported some form of health-related issue. This was not a problem as the intention was to gain understanding of the experience of older involuntarily childless men. A significant part of the participants' narratives contained in this study are based on their retrospective accounts of their relationships over their life course. As with other social constructionist concepts, the men's subjective accounts are considered valid representations on how they constructed their social world (Lieblich et al., 1998; McAdams et al., 2006; Kvale and Brinkman, 2009; Allen and Wiles, 2013).

The findings have been constructed from the biographical narratives of 14 men. These accounts are set in the context of when two individuals meet at a particular moment in time, at a particular place, with a particular agenda. Furthermore, the participants were born and grew up in a time of great change in the United Kingdom and, as noted earlier in this chapter, later cohorts will be situated in and experience different historical and social contexts. With regards to the thematic analysis, West (2001) has pointed out that there must be some loss of essence and meaning in the deconstruction and re-forming of data. Thomas and James (2006) believe that this type of analysis is not as valid as quantitative methods and others suggest there are underlying post-positivist components (Charmaz, 2006). I acknowledge and appreciate that these are my interpretations and constructions and others would have produced different elucidations. I acknowledge my study cannot be said to be representative, but I do believe that the findings and discussion I have presented are useful for understanding the experiences both of male involuntary childlessness and ageing.

Qualitative inquiry, particularly biographical interviews, are known for the volume of material generated (Patton, 2002) and, as Chambers (2002: p.384) noted 'the storyteller cannot possibly 'tell all', the story'. Therefore, this narrative of the participants' stories is limited. I acknowledge that selection was carried out at each stage of the research process: how I presented myself, in recruitment material, in every interaction with the participant, the analysis, and in this thesis (Riessman, 1993; Lieblich et al., 1998; Nunkoosing, 2005). Moreover, the attachment that I formed with the participants through meeting them and re-meeting them, through analysing their stories, led to much angst in the choice of material utilised. I acknowledge that my background as a White-British, heterosexual, born working

class, now, possibly, middle-class, hard of hearing male, is one of privilege, and that my interpretations are therefore both limited and partial (Pease, 2013). My background and life experience inform my subjectivity, and as I am integral to the research, the study is affected by those influences. As it is impossible for me to be fully aware of its influence, I cannot be fully objective about my subjectivity. However, by acknowledging the patriarchal dividend, I have attempted to be transparent about its influence through incorporating reflexivity into my study.

In Chapter Four, I outlined the foundations, structures, and processes; I used to examine the lives of involuntarily childless men. In that chapter, I described how Chambers (2002; 2005) 'feminist life-course perspective' demonstrated that no single perspective would allow an in-depth understanding of later-life experience. I also acknowledged the great influence of feminisms on qualitative research generally and, in Chapters Two and Three, on reproductive and gerontological perspectives in particular. Consequently, I drew on aspects of the 'profeminist' approach to research (Letherby, 2003; Pease, 2013; Pini and Pease, 2013). Hearn (2000: p.352) emphasises that men cannot be feminists but that they can be profeminist. Pease (2000; 2013) suggests that profeminist researchers recognise patriarchy, research by men using feminist theoretical insights and methodology, and acknowledge their male privilege and experience (Pease, 2000: p.6). It is with that in mind that I now look at 'me in the research.'

#### **9.4 Concluding the study.**

The aim of this study was to gain an in-depth understanding of older men's experience of involuntary childlessness. Support from my wife, supervisors, counsellor, family, friends, and fellow students all helped me in the endeavour of

this research. The research community is very sympathetic to those going 'through the mill' and I was often moved by the empathy of strangers, for example, at conferences. The other inspiration in this work has been my desire to make men's experience of involuntary childlessness visible. The question that initiated my research journey (Hadley, 2008) reflected the lack of narrative regarding male procreative consciousness (Marsiglio, 1991; Marsiglio et al., 2013), "Was I the only man who felt so broody in their mid 30's?" I now recognise the complexity of the social constructs that promote the pronatalist ideal for women and mothering, and against men for nurturing. My own involuntary childlessness has been the inspiration for this study. Undertaking the research has taken a great deal of emotional effort, and the call of my working class roots and feelings of unworthiness have surfaced (Ballinger, 2012). Qualitative researchers sometimes describe themselves as a researcher a '*bricoleur*', a makeshift artisan (Crotty, 1998: p.51), in order to convey the eclectic nature of their research (West, 2001; Denzin and Lincoln, 2005a; Moulet, 2005). I adapt that description and view myself as a '*Bateleur*': a tightrope walker, juggler, acrobat, tumbler, and buffoon. I feel this reflects the personal as well as the practical processes that completing a study of this type involves. When I started this research I did not fundamentally appreciate how, as a man, that feminist research was not just another approach. Now, I believe I have an increased appreciation of feminists, and feminisms, with the understanding that I have privilege and power that I was not fully conscious of before this study.

In Chapter Four, I described, and argued, that a pluralistic framework that drew on the life course, biographical, and critical gerontology approaches would be best suited for this study of the experiences of involuntarily childless older men. I

outlined my method of fieldwork and depicted the use of an interview technique that would reach out and help the participants voice their experience. Feminist research literature stresses the collaborative nature of biographical research, but also draws attention to the power issues that influence the interaction and the reflections that both interviewer and interviewee may experience. Feminist research highlights the issues surrounding power in the research process and the interview is one of the most powerful sites of power. Feminist researchers have evolved an extremely nuanced appreciation of the dynamics within the interview process since Oakley's (1981) important treatise. Feminist research promotes the explicit use of reflexivity in the research process, to reflect the researchers awareness (Cotterill, 1992; Letherby, 2003). Reflexivity means an attempt '...to make explicit the power relations and the exercise of power in the research process', (Ramazanoglu and Holland, 2002: p.118), by turning 'the mirror on the researcher's gaze' (Lohan, 2000: p.173). Moreover, Cotterill (1992) suggests that power probably shifts between the participant and the researcher but once the interaction has ended, the latter is in control (Letherby, 2003: p.85).

In this research I am an 'insider' and my status has received careful attention throughout the study. Concerns mainly centred on the consequences of self-disclosure to potential respondents and actual participants. The former may be discouraged from applying and the latter's responses influenced by my disclosure (see Reinharz, 1992: p. 33 for an example). I chose not to self-disclose on any of the recruitment material. I was not adverse to self-disclosure but there is a need for sensitivity and care in doing so as there can be 'competitive, or comparative, dynamics' within the interview rather than mutuality and facilitation (Smith et al., 2009: p.66). However, in our initial exchanges all the interviewees enquired if I



was 'childless'. At the time, I sensed that it was important for them to know my status and I feel it helped build rapport in the research interview. For example, I noted on the respondent sheet, 'Russell seemed concerned to find out if I was Involuntarily childless and I think his agreement to participate hinged on that'. The need of the participants to know of my reproductive status links to 'insider-outsider' issues previously alluded to in Chapter Four (page 89). Being aware that the participants may present themselves as being powerful and autonomous (Schwalbe and Wolkomir, 2001: p.91), I adopted a number of strategies within the research design that were discussed in Chapter Four (pages 96-7). I was aware of the power of being a PhD researcher from a university and tried to minimise the power differentials within the interview (Oliffe and Mróz, 2005: p.258). For example, I was careful not to use jargon, to defer to the participants' wishes, and for them to choose the time and location of our meeting.

The subject of my thesis is a sensitive one and the men in my study may have been considering its implications for different durations at various points in their lives. I am a trained counsellor and brought with me related skills of the core conditions: congruence, empathy, genuineness, and respect (Rogers, 1951; 1957; 1961). Nevertheless, I have not been in practise for at least four years and it was important that the interview did not become a counselling session (McLeod, 1999; 2001; 2006). Etherington (1996; 2004) described her disquiet in negotiating the pull-push affect of her counselling background in her research interviews. One particular incident directly related to my counselling background. I was interviewing Russell and he referred to suicide (see dialogue box 1, page 328). Immediately my counsellor training kicked in and I started to engage in his narrative. I then realised that I could not fully recall the standard procedure for managing clients who

referred to suicide. At that point I realised I had moved away from being a researcher and decided to be genuine in admitting I was out of my depth. However, Russell went on to give his views on life after death and the interview continued for another one and a half hours. I reflected on this in a memo and believe it was a reflection of the rapport Russell and I had built up.

### *Final reflections on the study*

In this final chapter, I have examined the key findings of this study and discussed the implications in context with issues raised in the material discussed in Chapters Two, Three, and Four. Subsequent to the discussion, I offered the contribution my findings have made to the current evidence and knowledge base. I concluded the chapter by suggesting possible areas of further research and suggestions for policy and practice. This study has highlighted how the participants' relationship with the ideal of fatherhood was negotiated, over time, through a diverse number of strategies that were unique to each individual and their circumstances. The scant attention paid to men's procreative scripts leads me to believe that future

**Dialogue box 1:** The influence of my counselling background in the interview setting.

**Interviewer:** *“And what has changed or stayed the same since the age of 50 with regards to life quality?”*

**Russell:** *“I am much happier. I mean I thought about suicide, erm, a great deal in my life, erm, and indeed attempted it, erm, on several occasions, but what's changed since 50, now is acceptance. Erm, it doesn't bother me now. Erm, I...I'm happier than I've ever been...”*

**Interviewer:** *“Hmm, hmm, hmm. And you're happier because you're not held to death or...?”*

**Russell:** *“What do you mean? You'll have to elaborate a bit more.”*

**Interviewer:** *“Erm, I'm digging myself a big hole here...”*

**Russell:** *“No, that's okay.”*

**Interviewer:** *“No, erm, just, er, with regards to suicide, taking your own life is a way of taking control of your life by taking control of your death.”*

**Russell:** *“Erm, sort of...”*

**Interviewer:** *“Sort of...”*

**Russell:** *“... but I need to explain perhaps that, erm, to me when you die, that's it...”*

studies of men must appreciate their reproductive ideation, intention, and history; otherwise they help maintain the inequalities of patriarchy. By raising the importance of both the social and personal implications of reproduction for men, I have contributed to the larger enterprises of social gerontology, social science, and sociology.

I have been on this leg of my research journey for nearly four years - nine years if I return to the start of my Masters in Counselling. Over that period, I have not only been on an academic journey but also one of personal development. I knew that this research would be difficult and so it proved to be. The words of one of my counselling tutors have supported me through this piece, 'It's OK to struggle'. My engagement with the men in this study has given me the chance to reflect in a different way about *my* life and *my* future. My understanding of men, and my attitude towards them, has grown and I am now more aware of my social network and other social and biographical assets. I have developed more confidence in my abilities to engage people in my field of interest – the fascinating world of men, and in particular, how the reproductive domain is negotiated. In this thesis, I have been concerned to give voice to the lived experiences of men who wanted to fulfil a biological and sociological imperative. I hope I have done them justice.

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## Appendices

### Appendix One: MTL Newsletter Winter 2008: This Man's Story.

(Hadley, 2008b)

I know MTL members want to know what childlessness is like from a man's point of view and I'll attempt to give some idea. The only caveat is that is about me and some men might be similar and some not. Concerning relationships I have not attributed blame – I was at least 50% responsible and the women have no opportunity to give their side. So here's a potted history of my life, I hope it gives some insight.

My name is Rob and I'm 48, divorced and re-married with no children of my own or step father to. I am 7<sup>th</sup> youngest of eight children: four boys and four girls, money was tight in our family. As a child I'd been aware of other kids getting what they wanted at Christmas etc. and our family being different from others. I was made aware of the consequences of not having a job. As I look back I see the family and societal pressure to be married and to have a family.

I was brought up with the expectation to find a "safe" job and to get married and have children. At that time I fully bought into that agenda. I still have the safe job. In my early twenties I was desperate to meet and marry, as all my peers seemed to be doing. I met my first wife, very quickly got engaged and married when I was 26 and she was 20. As soon as we were married people would ask when were going to start a family. My reply at that time was to laugh it off and say, "I'm too much of a child myself". I remember that I took her three young nephews to the cinema and feeling really proud when asked about my sons. I didn't refute the assumption but basked in it. It made me feel good, an adult and responsible. Acknowledgment perhaps?

After about two years we decided to try for a baby. I was aware of the momentous decision that was, I was going to put this woman I love through pain and yet create another life. Baby Making Sex (BMS) was for me, one of the most intensely moving and emotional times of my life. I can still touch that feeling of 'completeness'. I believe at this time I became aware of all things baby and became broody myself. My then wife said I'd be a great Dad. I did have concerns, how would we afford the mortgage, baby clothes and would I be a good Dad? I wanted to be better than mine, who I had seen as a dispenser of justice, unemotional and distant. I wanted to give everything I hadn't had as a child. I don't recall how long we tried (not long though) but at some point we put having a baby on hold. Four years after getting married, we were getting divorced. During this time we/I attended marriage guidance and it was through counselling I began to start to look at myself and examine my beliefs.

At that time my peers all seem to have children and when a friend and colleague's wife gave birth, I was very jealous. I ran around work collecting for the baby and got as many people as possible to sign a card. I was saying all the right things, "Isn't it wonderful etc.". Inside I was really churning. When he did return there was an atmosphere between us – we eventually acknowledged it and he said how he was aware of my feelings and didn't know what to do. I remember saying how jealous I was of him - he had everything I wanted. I think that's probably quite rare

between men, I think men would avoid the issue and bluff and bluster about 'safe' subjects –anything but their feelings.

Through my thirties I had a few relationships and one that sparks this memory: my lover suddenly took my face in her hands and said, "I want to have your baby, you'll be a great Dad." I was overjoyed at this but then part of me again returned to the doubt: would I be a good Dad? What if dropped the baby? I'd been brought up to believe I was clumsy – what if I broke the baby? Soon after we split up.

In my late thirties I met my wife, who is older than me. We became close and married in 1999. We discussed children and I made the decision that it was too late for me to be a father. I remember a supervisor who had become a 'late' Dad in his forties, regretting that as his sons were growing up he couldn't do the things he felt he should be doing with them e.g. playing football.

So what's it been like for me? I've not been through infertility treatment so I don't know if I'm infertile or not. Have I thought of being tested? Yes, but only in my early forties, but I reckoned if I was infertile then it would be so devastating to my ego that I truly would not know how to carry on. So best to live with the possibility that I have just been unlucky. Deflection and avoidance, anyone recognise that behaviour?

So when faced with the possibility that I may be the source of my own problem where can I go? I go where it is safe and that's inside, or in effect head for the high ground where I can be distant and see the overall picture. There I can get a sense of objectivity and direction. Yes, I go into my head and detach from my feelings. Emotions make you vulnerable and can be uncomfortable and I'm not sure about what I'm supposed to do when I'm in that state.

Like so many, I thought being a father would just happen. It didn't and that at times has made me broody and yearn for a child to hold, love and cherish. It has also made me lie, cry, be deceptive, depressed, sad, withdrawn, isolated, jealous and angry. How many have seen this side to me? A few, probably more than I'm aware of.

As I write this I'm aware of the mixed feelings about becoming a Dad that, I feel, touch on what men expect of themselves: to be all things. By that I mean to be loving, nurturing, rational, in control, provider, strong, problem solver, and virile. Not only that, but to be excellent in all those. The fear of failure and of showing weakness have been strong factors for this man. When I was going through divorce I threw myself into my work – at the time I didn't want anyone to see that I'd been affected. I now see I didn't want to acknowledge my own pain. Perhaps I would have been a good dad, when people say that it still hurts. Of course now I'm older they say, 'You would have been...'.

I'm now completing a MA in Counselling and about to start my dissertation on broodiness and the desire to be a father in childless men. In doing so I have revisited familiar emotions: I have cried for the child I'll never hold and for the father-me that is never to be. I have silently raged at the projected screen saver of a lecturer's seven-month old daughter and the 'oohs' and 'arrhs' from fellow students. I hope this has been of interest and maybe you will have seen something that connects with your own experience

## Appendix Two: Office for National Statistics email regarding non-collection of male fertility data



Robin Hadley <r.a.hadley@keele.ac.uk>

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### Childless men, age of first birth fathers

---

Fertility@ons.gsi.gov.uk <Fertility@ons.gsi.gov.uk>

21 January 2014 12:32

To: r.a.hadley@keele.ac.uk

Cc: Fertility <Fertility@ons.gsi.gov.uk>

Thank you for your query,

Unfortunately we are not able to produce statistics on the proportion of men who remain childless, as the information pulled from the Cohort Fertility background notes explains.

*The methods used to create cohort fertility require use of data collected at birth registration from women on the number of previous children they have had. The birth registration system does not collect information on the number of previous children a man has had. Without this information it is not possible to produce estimates of the proportion of men who have not fathered a child.*

*It is also important to note that a man's reproductive span is not as well defined as a woman's, in terms of the upper age at which a man can father a child and so this means we would need a longer time series to calculate cohort measures. Male period fertility rates can be found in another release from the ONS - [Further Parental Characteristics](#). Measures of male fertility are estimated. The age of the father is not collected for births that are registered solely by the mother (5.7% in 2012), therefore these ages are estimated.*

Apologies that I can't be more helpful

---

Demographic Analysis Unit  
Population and Demography Division  
Office for National Statistics  
[01329 444644](tel:01329444644)

We welcome feedback on the content, format and relevance of the data provided. Please send feedback to:  
[fertility@ons.gsi.gov.uk](mailto:fertility@ons.gsi.gov.uk)

## Appendix Three: First interview guide



Title of Project: 'Not being a father: the experiences of involuntarily childless men as they age'

Primary researcher: Robin Hadley

### FACE-TO-FACE FIRST INTERVIEW GUIDE

#### Introduction

My name is Robin Hadley and I am a researcher from Keele University, Staffordshire. I am conducting interviews as part of my PhD study exploring the experiences of involuntarily childless men aged over 50. This involves listening to your experiences, in relation to involuntary childlessness, and the impact that may have on your life, for example on your relationships with friends and relations, how you see yourself, and your health.

You are being invited to help in this research because there are very few studies on the actual experiences of involuntarily childless men. By recounting your experiences you will be helping increase the knowledge of the issues facing older involuntarily childless men. The findings from the study will be used to raise awareness of the issues faced by older involuntarily childless men to relevant organisations and other interested parties. On completion of the study I would be delighted to send you a summary of the findings should you want them.

#### **Researcher: Ethics**

- Talk through the information sheet and ensure that participant understands what the research involves, including steps for anonymising data, confidential storage etc.
- Talk through and invite participant to sign consent forms
- Choose pseudonym – if participant wishes to use one.

#### **THE INTERVIEW IS DIVIDED INTO THREE SECTIONS:**

1. INVOLUNTARY CHILDLESSNESS
2. QoL, HEALTH, SOCIAL NETWORKS, AGEING, AND DEMOGRAPHIC MATERIAL
3. THE NEXT STAGE AND CHECKLIST

#### **SECTION 1: Involuntary childlessness**

**Researcher running order:**

*I'll describe the main steps involved in the interview. After starting the audio recorder, I will confirm the name you have chosen and use throughout the transcript. I will then ask you about your experiences as an involuntarily childless man. Following that, I would be grateful if you could give me some information about quality of life, and your health. This will help demonstrate how this study fits in with other research. At the end of the interview I will then ask how you found the meeting and that you still want to participate in the study. We will then discuss the details of contacting you and the arrangements regarding the next interview. Finally I will go through a checklist to ensure that I have covered everything. Is that acceptable – have you any questions or anything you want raise? As I said before if there is anything you find difficult then please let me know and we'll move on. Have I been clear? I'm about to start audio recording – is that alright?*

- 1. We are now recording and I'm just confirming that you are happy to be known as XXXXX.*
- 2. Can I just check you would have liked children, but you have never had any?*
- 3. Tell me a little about yourself? Prompt: For example; if you were describing yourself to some one for the first time over the phone or to a pen pal.*

**Researcher:** *Thank you. That's that bit done. Move to SECTION 1a*

**SECTION 1a: Involuntary childlessness**

*Are you happy to continue? In telling me about how involuntary childlessness has affected your life it may be helpful to think of when you very first became aware of the idea of fatherhood and what affect that had on what you thought and did? As time went by perhaps certain events occurred that impacted on your opportunity to become a father? As you recall different occasions it would be good to know how you saw yourself in relation to your colleagues, friends, and family? As we talk, and move from the past to the present, it would be good to know how you see yourself now, and in the future. So, does that feel all right? Are you happy to talk along these lines?*

- 1. I would be grateful if you could just tell me about when you first became aware of fatherhood – of being a father?*

**Researcher:**

Follow the participant's the events as he describes them:

It is important to allow the participant to express their views and allow time to develop his response. However the following prompts may be used to aid participant responses.

**Prompts:**

1. What would being a Father have meant to you?

2. So having a child would mean...
3. How important do you think being a Father is?
4. So you saw yourself as...
5. How do you think others saw you...
6. What do you feel has been the biggest challenge to you in not being a Father? And as you age?
7. What do you feel are the greatest challenges facing older people without children?
8. How do you think older people overcome, if they do, these challenges?
9. What would you see as the particular issues for men who wanted to be a Father but aren't?
10. Do these issues change as with age?
11. Are there advantages to not being a father?
12. Are there disadvantages to not being a father?
13. And in the future?

**Finally: *is there anything else you would like to add or make clear?***

**Researcher: *Thank you. That's that bit done. Move to SECTION 2***

## **SECTION 2: QoL & HEALTH, SOCIAL NETWORK, AGEING, AND DEMOGRAPHIC MATERIAL**

### **SECTION 2a: QoL & Health**

**Now I would like to ask some questions your quality of life and your health.**

**Generally speaking, what would you say defines a good quality of life?<sup>1</sup>**

**How would you describe your own quality of life?**

*What parts of your life **right now** give your life quality?*

*What parts of your life **right now** reduce your life quality (what things limit it)?*

**2.3** *Which of those is the most important to you?*

**2.4** *What has changed or stayed the same since the age of 50?*

**2.5** *If you could change **one** thing what would it be?*

**In general, how would you describe your health?**

**What is important to you about your health?<sup>2</sup>**

*What aspects of your health **right now** give your life quality?*

*What aspects of your health **right now** reduce your life quality?*

*Which of those is the most important to you?*

---

<sup>1</sup> Wenger, C. (1984: p.206)

<sup>2</sup> Smith, J. A., Braunack-Mayer, A., Wittert, G. & Warin, M. (2007).

*What has changed or stayed the same since the age of 50?*

*If you could change **one** thing what would it be?*

*How often do you see your GP? (Prompts: Do you organise that? Have you always done that?)*

## **SECTION 2b: Social Networks**

**Researcher:**

***The people we have relationships with are important, so I just want to ask you a few questions about your family and friends, if that would be all right?<sup>3</sup> :***

- 1. How do you relax?**
- 2. What would you say is your main way of socialising?** *Prompts: Do you attend meetings, social groups, and hobbies? Prompts: How many roughly (large >8, medium 4-7, small 0-3)<sup>4</sup>. Do you feel you are treated differently because of not being a father?*
- 3. Who do you socialise with?** *Prompts: equal numbers of friends and family or more one than the other?*
- 4. Who you are in touch with regularly?** *Prompts: More friends than family? Weekly? By phone?*
- 5. And you know them from...?** *Prompts: family, friends, work. How long have you known them? Do they live far away?*
- 6. Who of these are important to you?<sup>5</sup>** *Prompts: if you had something to share/had a problem who you would contact<sup>6</sup>?*
- 7. Who are you closest too?**
- 8. Do you feel that your relationships are equal?** *Prompts: That you give equally or one or other gives more<sup>3</sup>? Has it always been like that? Has your IC ever affected relationships?*
- 9. Are there ever occasions when you feel isolated?** *Prompts: tell me more; has it always been like that? Do you feel you are understood<sup>7</sup>? Or perhaps you may feel not considered<sup>8</sup>? Do you believe that childlessness has affected relationships?*

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<sup>3</sup> Wenger, G. C., Scott, A. & Patterson, N. (2000)

<sup>4</sup> Amieva, H., et al (2010)

<sup>5</sup> De Jong Gierveld, J. (2003).

<sup>6</sup> Crystal, S., et al (2003)

<sup>7</sup> Amieva, H., et al (2010)

<sup>8</sup> From pilot study.



10. If there were one thing you could change in your relationships with others, what would it be?

### **SECTION 2c: Ageing**

Researcher:

*I just want to ask you a few questions about the future if that would be all right?*

1. What would you say the advantages to ageing were?
2. What are the disadvantages?
3. Do you feel you see changes in how you think about your self since 50?
4. Do you feel you are treated differently because of your age?
5. What do you look forward to in the future?
6. What are your doubts about the future?
7. Have you made a will or a living will?
8. My friend used to say he would like to die at 90 being shot by a jealous boyfriend of a younger lover...and you?

Now I'd like to ask you about your working life.

1. How would you describe yourself as: *employed, not working, volunteer, retired, carer? Other?*<sup>9</sup>
2. How many hours a week do you do that?
3. (If working) How would you describe your main occupation at this present time?

I'd just like to remind you that everything you say is confidential and you do not have to answer if you don't want to. I'm saying that because I'm about to ask a question about your income<sup>10</sup>:

4. How would you describe your main source of income? (*Prompts: salary, state pension, work pension, benefits, private means*)

### **SECTION 2d: Demographic material**

We are nearly finished now. I'd like to confirm a few details about you:

1. You were born in? That makes you ... years old?
2. Where were you born?
3. How long have you lived in this area?
4. What form of transport do you use?

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<sup>9</sup> Wenger, G. C., (1984)

<sup>10</sup> Wenger, G. C., (1984)

5. **How would you describe your ethnicity?** *Prompts: I am a White-British...*
6. **How would you describe your present relationship status?** *Prompts: Married, in a relationship, single, widower, living alone, divorced, or separated.*
7. **What is your highest qualification?**
8. **Do you hold a faith?**
9. Interviewer: if there is a message you would like to put out to the world in general about being an involuntary childless man will that be?

**Finally: *Is there anything else you would like to add or make clear?***

**Researcher: *Thank you. That's that bit done. Move to SECTION 3***

### **SECTION 3: Ending**

**Researcher: De-briefing/ending:  
*How did you find taking part in this research?***

- Check participant is OK and is satisfied with the meeting.
  - Give list of support organisations and explain why you are doing so.
  - Remind the participant that the contact details are on the information sheet and that they should not hesitate to get in touch if they have any queries or concerns.
1. Outline next stage of research and check that the participant is happy to receive the transcript.
  2. Agree the most suitable way of doing this, and how they would like to be addressed in letters, email, or on the phone. If phoning, what would be a convenient time (between what hours: in the morning/afternoon/evening).
- Mention possible reactions to typed transcript & re-assure.
  - Confirm informed consent, permission to use quotes etc.,
  - Collect equipment.

### **THANK PARTICIPANT FOR TAKING PART IN THE STUDY**

**Researcher: Post interview:**

- After leaving the interview location write field notes
- Contact supervisors confirming safety.

## Appendix Four: Second interview guide



Keele University

Keele, Staffordshire, ST5 5BG, UK

Title of Project: 'Not being a father: the experiences of involuntarily  
childless men as they age'

Primary researcher: Robin Hadley

### FACE-TO-FACE SECOND INTERVIEW GUIDE

#### Sheet 1: Introduction

#### Second Interview

##### Researcher: Ethics

- Ensure that participant understands what the research involves.
- Clarify any issues that are outstanding from the previous interview
- Invite participant to re-confirm their consent to participate.

##### THE INTERVIEW IS DIVIDED INTO THREE SECTIONS:

1. TRANSCRIPT DISCUSSION
2. DATA ANALYSIS OUTCOMES
3. ENDING & WHAT HAPPENS NEXT

##### Researcher:

*Thank you. That's that bit done.*

#### Move to SECTION 1

#### SECTION 1: TRANSCRIPT DISCUSSION

##### Researcher running order:

*Thank you for participating so far. To begin with I will confirm the name you chose last time, and once again we use this name throughout the transcript. Following that we will discuss the transcript of the previous interview. For example, you may have something to discuss, clarify, add, change or remove. Finally, we will discuss the next stages of the research: what happens next, contact arrangements, permissions and so on. I will go through a checklist to ensure that I have covered everything. Is that acceptable – have you any questions or anything you want to raise? As I said before if there is anything you find difficult then please let me and we'll move on. I'm about to start audio recording – is that all right?*

1. *We are now recording and I'm just confirming that you are still happy to be known as XXXXX.*
2. *How did you find reading the transcript of our last interview?*
3. *Was there anything in particular that struck you about it?*

**Researcher:**

Use prompts to draw out the issues the participant has referred to:

**Prompts:**

1. Is there anything in there that you would like to say more on?
2. Anything you wish to remove?
3. So being a father would have made what sort of difference...
4. Having a child at that time would have...
5. That particular moment stood out because...
6. Tell me a little more about...
7. Anything further to add?

**Researcher:**

*Thank you. That's that bit done.*

**Move to SECTION 2**

## **SECTION 2: DATA ANALYSIS OUTCOMES**

**Researcher:**

Bring in any issues that are being realised in the data analysis.

1. What is your reaction to...?
2. Others have mentioned...?
3. Have you experienced...?

**Researcher:**

*Thank you. That's that bit done.*

**Move to SECTION 3**

## **SECTION 3: ENDING AND WHAT HAPPENS NEXT**

**Researcher:**

*Is there anything else you would like to add or make clear?*

*We are nearly finished now, so if there was one message that you would like me to pass on about men in your situation what would that be?*

**Researcher: De-briefing/ending**

Check participant is OK and is satisfied with the meeting:

1. *How did you find taking part in this research?*

- Remind the participant that the contact details are on the information sheet and that they should not hesitate to get in touch if they have any queries or concerns at all.

Clarify that participant agrees to next stage in the research:

1. Confirm informed consent, permission to use quotes.
2. Check the participant wants a summary of findings and what format would be most suitable e.g. email, printed etc.
3. Confirm that when contacted they will be asked to confirm informed consent and their continued participation in the study.
4. Confirm details regarding how he would like to be addressed in letters, email, or on the phone. If phoning, what would be a convenient time (between what hours: in the morning/afternoon/evening).
5. As the study draws to a close in 2013 he will be contacted regarding the key points summary sheet. At that time confirmation of informed consent and for the use of direct quotations will be checked.
6. Thank participant for taking part.
7. Collect equipment.

### **THANK PARTICIPANT FOR TAKING PART IN THE STUDY**

**Researcher: Post interview:**

- After leaving the interview location write field notes.
- Contact supervisor(s) confirming safety.

---

### **In the event of the participant not being satisfied with meeting.**

Acknowledge the participant's concerns.

Define the participant's concerns and ascertain the participant's preferred outcome. Depending on the cause of the concern, discuss the support options the participant has including contacting the organisations on the support sheet.

Acknowledge the right for the participant to withdraw from the research.

Highlight the complaints procedure.

**Researcher: Post interview:**

- Contact supervisor immediately after leaving the interview location. Confirm own safety and participant's dissatisfaction.
- Organise urgent meeting with supervisor(s) to discuss the situation.
- Write field notes.
-

## Appendix Five: Invitation to participate letter



Keele University

Keele, Staffordshire, ST5 5BG, UK

30 September 2015

[Participant name]  
[Participant address 1]  
[Participant address 2]  
[Participant address 3, postcode]

Dear Mr. [participant name],

Thank you for your interest in the research study 'Not being a father: the experiences of involuntarily childless men as they age.'

I am keen to hear the experiences of men aged between 50 and 70 years old who don't have children, but who now, or in the past, wanted to be a father.

Your participation in this study is completely voluntary. The enclosed information leaflet details the reasons why this research is being carried out and what it will involve. Before you decide whether or not you want to take part, please take time to read it and discuss it with friends and relatives if you wish. If you do decide to take part the next step is for you to contact me (details below). We can then discuss in detail how we may proceed in a manner that is most convenient for you.

If you have any queries, please do not hesitate to contact me. If I am not available please leave a message and I will contact you as soon as possible. If you decide not to take part please accept my thanks for your interest.

Thank you for your time and co-operation.

Yours sincerely,

Robin Hadley  
The Postgraduate Office,  
Claus Moser Research Centre,  
Keele University, Keele, Staffordshire ST5 5BG  
Tel: 0784 217 9785 (dedicated study-only mobile)  
Email: r.a.hadley@ilcs.keele.ac.uk

## **Appendix Six: Participant Information Sheet**



**Keele University**

### **Information Sheet**

#### **'Not being a father: the experiences of involuntarily childless men as they age'**

#### **Information for participants**

##### **Background**

Population statistics show that there is a falling birth rate, with more women deciding to have children at an older age, fewer men becoming fathers, and smaller sizes of families. The statistics also indicate people are living longer with the oldest ages increasing in number the fastest. This has drawn the attention of both individuals and authorities to the future impact of these trends on both the economic (pensions) and social (health and care) provision. Most research on the experience of childlessness has focussed on women and couples in infertility treatment. Likewise, studies into ageing and later life have mostly concentrated on women, families, and couples. As a result there is little known about the impact of involuntarily childlessness on men as they age and any effects this may have on how they see themselves, how they feel others see and treat them, their relationships, social life, health, care, and wellbeing.

##### **Aims of the Research**

New research on older men who are involuntarily childless is important not only because of actual and projected demographic change but also because the very small evidence base relating to the effects of involuntary childlessness on men as they age. This study aims to record the life experiences of men aged 50 and over who don't have children, but who, now or in the past, wanted to be a father.

The aims of this study are:

- To examine different dimensions of disadvantage faced by older men who are involuntarily childless.
- To investigate men's attitudes and behaviours in relation to the experience of involuntary childlessness, highlighting perceived impacts on health, identity, and wellbeing.
- To develop policy recommendations relating to the needs of involuntarily childless men as they age.

The findings from this study will add substantially to the material on older involuntarily childless men. In doing so this study will bring to the attention the needs of involuntarily childless men to those in the voluntary and public health, education, and social care sectors.

##### **Who is the researcher?**

My name is Robin Hadley and I am a doctoral researcher from Keele University, Staffordshire. I am conducting a PhD study exploring the experiences of involuntary childless men aged between 50 and 70 years old.

### **Why I am being invited to participate in the study?**

You have expressed an interest in participating in research and are now being invited to consider taking part in the research study 'Not being a father: the experiences of involuntarily childless men as they age.'

To take part in this study you must consider yourself to be involuntarily childless and fulfil **all** the following criteria:

- You are a man aged between 50 and 70 years old who does not have children.
- You have been aware of a desire to be a father, either now or in the past.
- You are not a biological father.
- You are not about to become a father.
- You have never defined yourself as being in a father role to adopted, foster, step-children or children of a partner.

Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully and discuss it with friends and relatives if you wish. Please contact me if there is anything that is unclear or if you would like more information. Contact details can be found at the end of this information sheet.

### **What will happen if I take part?**

Taking part involves two interviews, which, with your permission, will be audio-recorded. The first interview will give you the chance to talk about your experiences and will probably last about an hour and a half. Before the recording starts I will describe the interview process and ask your permission to record and also use quotes. After the interview, I will transcribe the recording and, with your agreement, I will send a typed copy to you. Included with the transcript will be the details for arranging, at your convenience, the second interview. I will then contact you to confirm your receipt of the transcript and the details of our second meeting. The second meeting, which will probably take less time than the first, will give you the opportunity to focus on the experiences you described in the original interview. This allows you to verify that your experiences have been recorded as accurately, vividly, and comprehensively as possible. You will be encouraged to make any changes you wish, including adding or removing any material. It also confirms that your experiences and thoughts have been accurately recorded.

Your contribution to the study will be used to form part of my thesis for the degree of Doctor of Philosophy (PhD) at Keele University. The outcomes of this study are likely to be used in academic journals, conference and policy papers, and presentations. On completion of the study I would be delighted to send you a summary of the findings should you wish to receive a copy.

### **Do I have to take part?**

You do not have to take part and, should you decide to participate, you are free to withdraw from the study at any time and without giving any reason whatsoever. If you do decide to take part you will be asked to sign two forms. The first form confirms that:

- You have read and understood this information sheet.



- You have been given the opportunity to ask questions.
- Your participation is voluntary.
- You understand that you are free to withdraw from the study at any time.
- That all information about you will be anonymised, as will any quotes used from the interviews.
- You agree, or not, to the audio recording of the interview.
- You agree to take part in the study.

The second form concerns the use of quotes and confirms that:

- You agree to quotes being used.

You will be given one copy of each of the forms and I will also retain a copy of each form. To protect your identity you will be invited to select fictional first and/or family names, should you wish to do so. Other details, such as people or place names, will also be disguised. The quotes will be used in the final thesis and material referred to earlier. Following the interview process, and whenever I contact you, I will check that you are still in agreement for your quotes to be included in the study.

**What are the benefits (if any) of taking part?**

I hope that participating in this research will be an interesting and stimulating experience for you. I also hope that you will gain satisfaction in knowing that by reflecting on, and giving voice to, your experiences, you help highlight key issues in the lives of men who are involuntarily childless.

**What are the risks (if any) of taking part?**

I hope you do not experience any stress in taking part in this study. However, I appreciate that sharing personal thoughts and feelings can sometimes be difficult. In light of that I would like to emphasise that you do not have to answer any questions should you prefer not to do so. You can have the audio recorder switched off at any point and, furthermore, you have the right to withdraw all or part of your contribution at any time during the study. At the end of the interview, you will be provided with information about sources of support.

If you have a concern about any aspect of this study, please do not hesitate to contact myself and I will try my best to address your concerns. You can contact me on 0784 217 9785 (dedicated study-only mobile) or [r.a.hadley@ilcs.keele.ac.uk](mailto:r.a.hadley@ilcs.keele.ac.uk). You can also write to me at the following address:

Mr Robin Hadley,  
The Postgraduate Office,  
Claus Moser Research Centre,  
Keele University,  
Staffordshire ST5 5BG

If you continue to have a concern and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please contact Dr Mo Ray, my research supervisor at:

Dr M. G. Ray  
School of Public Policy and Professional Practice,  
Keele University,

Staffordshire, ST5 5BG  
E-mail: m.g.ray@appsoc.keele.ac.uk  
Tel: 0178 273 3757 (office)

Alternatively, you may contact Nicola Leighton, who is the University's contact for complaints regarding research, at the following address:

Nicola Leighton  
Research Governance Officer  
Research & Enterprise Services  
Dorothy Hodgkin Building  
Keele University  
Staffordshire, ST5 5BG  
E-mail: n.leighton@uso.keele.ac.uk  
Tel: 0178 273 3306 (office)

### **How will information about me be used?**

Your experience of involuntary childlessness will be used to write a research thesis for the degree of Doctor of Philosophy (PhD) at Keele University. The results of this study are likely to be used in the future to inform publications, conference papers, presentations, policy documents, and training events. Should the study material be used in future studies strict ethical guidelines will be followed. A copy of the final thesis will be lodged at Keele University library and is, therefore, in the public realm.

### **Who will have access to information about me?**

The protection of your confidentiality is of great importance to both Keele University and myself. The study will adhere to the Data Protection Act (1998) and the policies of Keele University.

All the information you share with me will be treated with the upmost respect and every effort will be made to ensure you cannot be identified i.e. all identifying material will be anonymised or removed. You will be invited to choose a fictional first and/or family name and those details will be used when I am writing the interview and in any subsequent material. Other details, such as people or place names, will be disguised. In order to safeguard your confidentiality all material, including all personal information and the recordings of our meetings, will be securely stored. Electronic material will be stored on a password-protected computer. All written material will be stored separately in a locked filing cabinet. These facilities are solely accessible by the primary researcher, Robin Hadley. Following University policy I will retain all written data for at least five years. However, your personal details (address etc.) and any recorded material will be destroyed when the final copy of the thesis is submitted to Keele University library.

### **Who is funding and organising the research?**

Keele University is funding and organising this study.

### **I have decided I *want* to take part, what do I do now?**

The next step is for you to contact me by telephone, post, or email (contact details are given at the end of the sheet). I will then give you more information about the study and what it involves. You can ask any further questions about taking part in the study. We will then arrange a time and location where, at your convenience,

we can meet and discuss your experiences. The preferred venue will be somewhere where our conversation cannot be overheard or interrupted. If it is more convenient for you, I am happy to visit you where you live. If you live with other people, I will ensure that I do not let them know why I am visiting you.

Unfortunately, there will be no remuneration for travel expenses, as there is no budget allowance for this.

**I have decided I *do not* want to take part, what do I do now?**

Thank you for taking the time to consider participating and if you contact me (details below) I will ensure your details are deleted. I would be grateful if you would consider passing this information sheet on to anyone you may think might be interested in taking part in the study.

**Contact details:**

<b>Primary researcher:</b> Robin Hadley	<b>Research supervisor:</b> Dr. M. G. Ray
<b>Postal address:</b>	
The Postgraduate Office, Claus Moser Building, Keele University, Keele, Staffordshire ST5 5BG	School of Public Policy and Professional Practice, Keele University, Keele, Staffordshire ST5 5BG
<b>Email:</b>	
r.a.hadley@ilcs.keele.ac.uk	m.g.ray@appsoc.keele.ac.uk
<b>Telephone numbers:</b>	
0784 217 9785 (study-only mobile)	0178 273 3757 (office)

## Appendix Seven: Support organisations



### Support organisations

**Title of Project:** 'Not being a father: the experiences of involuntarily childless men as they age'

**Primary researcher:** Robin Hadley

Thank you for taking part in this study on the experiences of involuntarily childless men. Talking about very personal issues can raise emotions and it is natural that you might feel concerned, worried or upset after thinking and talking about your experience. Below is a list of organisations that you may consider contacting if you decide you need further support. The first, *More-to-Life*, is a charity that specialises in offering support for the involuntarily childless. The second, *Mensfe*, is a charity that offers support specifically for men that have had or are having issues with fertility. The last organisation, *The British Association of Counsellors and Psychotherapists*, provides details of professional counsellors and therapists.

**More-to-Life**. Part of the 'National Infertility Network' charity, specifically for the involuntarily childless.

**Telephone:** 0800 008 7464

**Email:** admin@infertilitynetworkuk.com

**Website:** <http://www.infertilitynetworkuk.com/MoreToLife/>

**Postal address:** Charter House, 43 St Leonards Road, Bexhill on Sea,  
East Sussex, TN40 1JA

**Mensfe**. A web-based national charity that offers online advice and support for men with fertility issues.

**Telephone:** 0190 823 3137 (Monday evening between 7-30 and 9-00 pm)

**Email:** info@mensfe.net

**Website:** <http://www.mensfe.net>

**BACP:** The British Association of Counsellors and Psychotherapists has details of qualified counselling and psychotherapy professionals.

**Telephone:** 0145 588 3316

**Website:** <http://www.bacp.co.uk>

**Postal address:** BACP House, 15 St John's Business Park, Lutterworth,  
Leicestershire LE17 4HB

I am very grateful to for you participating in the study and wish to offer my sincere thanks for your valuable contribution. If you have any queries or concerns about any aspect of this study, please do not hesitate to contact me (details below) and I will try my best to address your concerns. If you have any concerns and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please refer to the information sheet. If you need a replacement copy of the information sheet please contact me and I will arrange for a new copy to be sent to you.

**Contact details:**

Telephone: 0784 217 9785 (study-only mobile)

Email: [r.a.hadley@ilcs.keele.ac.uk](mailto:r.a.hadley@ilcs.keele.ac.uk)

Mr Robin Hadley,  
The Postgraduate Office,  
Claus Moser Research Centre,  
Keele University,  
Staffordshire ST5 5BG

## Appendix Eight: Transcript letter



Keele University

Keele, Staffordshire, ST5 5BG, UK

30 September 2015

[Participant name]

[Participant address 1]

[Participant address 2]

[Participant address 3, postcode]

Dear [name/title following protocol set by participant],

Thank you for meeting with me on [insert date] at [insert location]. It was a privilege to meet you and to hear your experiences.

I am pleased to enclose a typed copy of our recent conversation. As you may remember, I mentioned that people often find seeing their spoken words typed-out a little strange or disconcerting. For this reason I suggest you read my spoken words, where you will find a few pauses, and several 'em's' and 'er's'. These are left in as, not only do they give credence to the study, but they also indicate where we have both given consideration to what we wanted to say. As such there is no need to correct the grammar of the transcript. However, in order to accurately represent your life-story fully it is important that you feel your experiences are described as vividly and comprehensively as possible. I would be grateful, therefore, if you would read it carefully and note any changes you wish to the content, by detailing anything you want added, clarified, or removed.

To ensure you have received the transcript I will, as we agreed, contact you in one week's time, by phone, during the early evening. At that time I will check that you are happy to continue taking part, and if you are, make arrangements regarding a time most convenient for our follow-up interview.

In the meantime I wish you well. If you have any queries, please do not hesitate to contact me. If I am not available please leave a message and I will contact you at the earliest opportunity.

Yours sincerely,

Robin Hadley

Tel: 0784 217 9785 (study-only mobile)

Email: r.a.hadley@ilcs.keele.ac.uk

## Appendix Nine: Ethical approval email

31 October 2011

Mr Robin Hadley  
The Postgraduate Office  
Claus Moser Research Centre  
Keele University

Dear Robin

**Re: 'Not being a father: the experiences of involuntarily childless men as they age'**

Thank you for submitting your revised project for review.

I am pleased to inform you that your project has been approved by the Ethics Review Panel.

Amendments to your project after a favourable ethical opinion has been given or if the fieldwork goes beyond the date stated in your application (September 2012) you must notify the Ethical Review Panel via Michele Dawson.

If you have any queries, please do not hesitate to contact Michele Dawson in writing to [m.dawson@uso.keele.ac.uk](mailto:m.dawson@uso.keele.ac.uk)

Yours sincerely



PP Dr Nicky Edelstyn  
Chair – Ethical Review Panel

CC RI Manager, Supervisor

## Appendix Ten: Consent form



### CONSENT FORM

**Title of Project:** 'Not being a father: the experiences of involuntarily childless men as they age'

**Primary researcher:** Robin Hadley

**Please delete as appropriate**

1. I Confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. **YES – NO**
2. I understand that my participation is voluntary and that I am free to withdraw at any time. **YES – NO**
3. I understand that information collected about me during this study will be anonymised before it is submitted for publication. **YES – NO**
4. I agree to the interview being audio recorded. **YES – NO**
5. I agree to take part in this study. **YES – NO**

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Appendix Eleven: Quote consent form



Keele University

### CONSENT FORM FOR THE USE OF QUOTES

**Title of Project:** 'Not being a father: the experiences of involuntarily childless men as they age'

**Primary researcher:** Robin Hadley

**Please delete as appropriate**

1. I agree to the use of any of my quotes

**YES – NO**

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Appendix Twelve: Extract from research journal**

### **03/05/2012 2nd Interview with George**

Came away feeling that I had disappointed him, that at times he was frustrated by my questions and said on one or two questions what was their point? I remember from the 1<sup>st</sup> interview thinking I had annoyed with one of my 'on-the-fly' questions – although wasn't able to find it on the tape I'm sure there was a tone. Something about not being on his script? Maybe it was the same thing – perhaps he doesn't want to reveal or face something. Perhaps I worded things poorly or was unclear. Perhaps its masculinity or class? Perhaps its me being too naïve in the interview.

I wonder how much that he is already a PhD and was interested in the methodology and background to the study linked to my general anxieties about being not good enough and not being academic enough. Perhaps I should have asked about his PhD and field of study more?

Good to get the second interview done and he did say I could contact him if there was anything needed clearing up. So maybe I'm being too harsh.

## Appendix Thirteen: Respondent ‘fact sheet’

### Respondent Fact Sheet:

<b>Name:</b>	<b>Source:</b>	<b>Pseudonym</b>	<b>Contact details</b>	<b>Age</b>

<b>Initial contact details</b>					
<b>Invitation letter date &amp; method</b>					
<b>Information sheet sent</b>					
<b>First interview date &amp; details</b>		<b>Location:</b>	<b>Time:</b>	<b>Consent obtained?</b>	
<b>1<sup>st</sup> Transcript completed</b>		<b>Details:</b>			<b>Sent:</b>
<b>Date of confirmation of receipt &amp; next stage discussed</b>					
<b>Second interview details</b>		<b>Location:</b>	<b>Time:</b>	<b>Consent confirmed?</b>	
<b>2nd Transcript completed</b>		<b>Details:</b>			
<b>Summary wanted</b>		<b>Sent:</b>			
<b>Further contact</b>					
<b>Notes</b>	<p><b><u>Field notes:</u></b></p> <p><b><u>Post interview notes:</u></b></p> <p><u>1: What themes struck you?</u></p> <p><u>2: Summarise the information you got or failed to get</u></p> <p><u>3: What went well and what could be improved on:</u></p> <p><b><u>Field notes:</u></b></p>				

## Appendix Fourteen: First and second interview running order and schedule

Running order	First interview	Second interview
1 <sup>st</sup> Stage: Introduction	Study background described; Information Sheet discussed; consent and permission to record forms signed.	Summary of background and information sheet. Consents gained.
2 <sup>nd</sup> Stage: Background question:	<i>'Tell me a little about yourself'</i>	Discussion on participant's exploration of 1 <sup>st</sup> interview transcript. Introduction of new material.
3 <sup>rd</sup> Stage: Storyboard item	<i>'When did you first become aware of fatherhood?'</i>	
4 <sup>th</sup> Stage: Locating items	Health, quality of life, social network and demographic items.	
5 <sup>th</sup> Stage: End and exit	Debrief, support sheet and future process discussed, consent confirmed, check list, leave location, complete field notes	Debrief, support sheet and, future process discussed, consent confirmed, check list, leave location, complete field notes

## Appendix Fifteen: Pen portraits, in interview order, and interview summary

### George.

Contacted me by email after reading a leaflet. George is 60 years old, slim, tanned, fit looking, slightly taller than my 5'6", silver-grey haired, very articulate, and well spoken. Since his teenage years, he had loved the outdoors including activities such as walking and sailing and has done since his late teenage years. He has held, and been active in, the Christian faith for a similar period. He was born in a peninsula town in North-West England where his father worked in the family business and his mother gave up work to look after George and his younger sister by three years. He had a very happy childhood and went to boarding school at age 13, at his father's insistence, and left at age 18 to attend teacher training college. He taught mainly in schools in the South East for 26 years before making a small number of moves northwards back to the North West. He left the teaching profession in his late forties, successfully pursued a research doctorate and now has a career as a researcher. He was forced to take his teacher's pension on his 60th birthday but does not view himself as retired. He and his wife have lived in their present location in a small city for the past four years for her career – she has a high status, full-time position in higher education. They live in a modernised house in the middle of a small row of stone fronted Victorian terraced houses. He, following his parents, married late – in his early forties. His wife is ten years younger and he loves her very much. Although there were times he thought he was going to become a father in his mid to late forties they, after along discussion, decided not to pursue full medical intervention but let nature take its course. Although this decision meant they could have a more 'artistic' and flexible lifestyle, he has become increasingly aware of the relationship he has missed as a father and grandfather. Similarly, he became aware, during his career, of not being part of his 'childed' colleagues peer group and not fitting with younger 'childless' colleagues. He is aware of a gradual decline in his hearing and sight and this leads to frustration regarding his performance and another 'gap' between himself and others. However, his, and his wife's, interest in environmental issues has led them to rationalise the 'green' advantage of not having children. He is conscious of his health and accesses the doctor when necessary. Both his parents had dementia. His wish is to age gracefully. His closest blood relatives apart from his sister are his cousins with whom he keeps in contact with via email and Skype. His wife and his sister are his closest relationships, followed by his wife's family, and his cousins.

*It was George's fate to be the first interviewee and my nerves and unsureness permeate my notes. I am in awe of his use and ease with language and sense he feels my unease: I noted that I feel I had disappointed him and that he had been annoyed by some of my 'on-the-fly' enquiries. Moreover, he does become emotional but quickly regains control and I my intervention suggesting we could stop recording sounds scratchy and tentative.*

### John

All contact was by telephone, recruited through first 'Oldie' advertisement. Later it became apparent this was so his partner did not know of his participation and to this end he would shred the transcript and all written communication. John is 59, in a long-term relationship, an obese, tall man, dressed in loose fitting jumper and leggings, who is temporarily using a walking frame. The house is a large and

detached on estate that was built in the 1970's and bought to accommodate the children they were planning to have. He was born in a working class area of a large city in the South East England and has lived in Central East England since his mid-twenties when he moved for both his, and his partners, employment opportunities. His childhood was one of 'aversive' treatment by both parents. He was boarded at a specialist school at age nine, where he was bullied, and returned home at age 13. His father was a skilled workshop engineer and both his parents were local councillors that meant he was denied the attention he felt a child needed when young. He is the oldest of three boys and has two nephews to the middle brother but has little contact with them. He has chronic health conditions including type 2 diabetes, cellulitis, erectile dysfunction, venous hypertension, atrial fibrillation, dilated cardiomyopathy, and neuropathia (damaged nerves) in his hands and feet. These he links directly to heavy drinking following his partner's decision not have children with him in their mid-thirties (they are the same age). They had delayed trying for children because of the interest rate rise meant they both had to work to cover the mortgage. They met, through friends, in their early twenties and initially agreed on a common desire to become parents, however, he now believes his partners fear of pain, and the pain of childbirth was the reason for not being a father. Fear of not being wanted or unable to find another partner stopped him leaving the relationship although, once in his mid-forties, he did leave for another woman and her children. However, she decided against living with him and he returned, the same day, to his home. His partner is a leading professional in her field and works for high profile national companies and her focus on her work angers him. He qualified as an electronics technician and worked for a local company that closed down when the company switched operations overseas about 5 years ago and where his size was a subject of discrimination. He had been a political activist but re-organisation and change of political direction led him to leave. As a result, he has little social contact with former colleagues or activists. His wellbeing is merged with his health and he acknowledged that a substantial loss of weight would reduce all other conditions. However, he refuses to have a gastric band because food and drink are the only two things he has in common with his partner. Moreover, the one thing he would change to would improve the quality of his life is 'himself' by having some self-confidence and self-esteem. John notes that as a young man, he was invincible but now he is vulnerable. He has contemplated suicide in the past and would prefer to control his own demise rather than lose further functionality – in particular loss of sight. He sets great store by his CD music collection (2000 discs) and six guitars and cites space as a reason against sheltered accommodation in later life.

*I felt I performed better in these interviews and although there was a lot of anger, I did not feel it was directed at me. However, I did have an escape strategy planned as a precaution. The ambiguity & ambivalence that surrounded John also settled in my view of him: I wasn't quite sure how or what to make of him.*

## **David**

David was recruited through my personal network and all contact was through email. David is 60 years old, had been married five and half years, thin, lightly tanned, dressed in slacks and a shirt, he has quick brown eyes and is well spoken. He was a Christian Scientist, as was his mother, and has taken an active role in church and lives by its principles. He was born in Central East England, the eldest of three children (brother and sister followed) but the family moved to South East England when he was aged around ten. His career path has led him to move

around the South East before settling a large detached house in a commuter town. The industry he worked in had many female employees but he had a strong sense of not risking his position to form a relationship with an employee. Since leaving full-time employment, and with his wife working from home, he feels they are 'rootless' due to the difficulty in building social connections in a transitory population. He attained a high position in the telecommunications industry before regime change led him to retire at 58. His father was schoolmaster, his mother was a full time homemaker, and he had a very good childhood. He noted how his sister had, from an early age, a large circle of friends and vibrant social life compared to him and his brother. In his teenage years, he was aware of being sensitive about the subject of girlfriends and did 'not see the point in having one until after University and starting a career'. His brother and sister both had two boys each, although since his sister's death the link with those nephews has withered. David has had a number of intense relationships but has suffered from what he terms 'girlfriend phobia'. Here a pattern was painted where having becoming involved in a relationship to the extent of thinking of marriage he had what may be described as an intense anxiety attack that led him to end the relationship. This happened with his wife but he rectified the situation by talking to a friend. He met his wife through work; she is now 37, has many relatives and now runs her own company from their home. Although they both agreed that, they would have children she has focussed on her business and David acknowledged time is running out. He described his present occupation as split between part time business consultancy, volunteer work, church, and hobbies such as sailing and motorcycling.

*I enjoyed talking with David but had the feeling I was missing something, that I had not gone deep enough. Moreover, I had the impression that he did not see the point in the second interview. Interestingly he gave me the transcript back at the start of the second interview to correct some items.*

## **Harry**

Harry was recruited through my personal network and was contacted through email and telephone message. Harry lives in the suburbs of a city in the South East of England; he was born in the poorer area of the city and moved to his present address about 30 years ago. He lives in one of row artisan cottages in a picture postcard location with three old dogs. The room we sit in is full of brass and wooden antiques and there are many clocks that 'tick-tock' and randomly strike. Harry half sits and half lies in the centre of a settee, while I perch on the edge an armchair that is about a metre and half from, and diagonally facing, him. He is a widower of two years, large, tall man with a strong local accent, and slightly dazed demeanour. He was the only child to working class parents and describes himself as firmly working class; he left school at 15 with no qualifications and worked in various jobs before getting married at 24. As a married man, he felt he had to have a 'proper' job and so became a bus driver and worked his way to a management role before taking voluntary redundancy at 44 to pay off the mortgage. He divorced when he was 30 and started dating L (now deceased), who worked for the same company, and in the same location. He then worked in the prison service until recently when he retired due to issues surrounding his ongoing bereavement. L and he had tried for children but it seems she had a gynaecological problem, although too he did not enquire what that was. They went through the adoption procedure but withdrew because of the focus on their different religious practices. He always believed he would die first and set up financial devices for that

eventuality. Her death, and battle with cancer, has left Harry bereft in many ways not least that having children would have been a connection with her. Moreover, he fears being viewed as a paedophile and will not let the local children visit his dogs as they used when 'L' was alive. He has a lot of support from his neighbours but feels a gap when any of 'L's large family calls. He has two old male friends he would call if he had any problems and knows many people from walking the dogs and his interest in antiques. Life is 'passable' but not what he would have chosen. Financially he has three pensions, including a widow's allowance from 'L's' pension, which he was granted after contacting the chief executive of the company.

*I saw Harry the evening of the day I held the second interview with John. My overriding feeling after the interview was of a man lost in grief. When I contacted him to arrange the second interview, I was not surprised when he said he had said all he wanted to. Moreover, I was a relieved at not having to witness his pain, bereavement, and bewilderment.*

### **Martin**

Martin, 70, responded by email to the first advert in the 'Oldie' magazine. He is tall and slim, with a slight South-eastern accent; he has grey hair, and lively eyes. He and his second wife, 'A', have lived in an 1820's farmhouse in rural Wales for the past three years. He and 'A' run a vintage marque motorcycle club and he restores and maintains that make of motorcycles. They both take an active volunteer role locally and both are learning Welsh. The house is whitewashed and set back from the road; inside the ceilings are low with dark beams, the walls white with the wooden furniture a warm biscuit colour. He is the only son to working class parents, both of whom worked; his father was an engineer and his mother a telephone operator. He does feel that being an only child he is self-sufficient and not in need of anybody else: he has been shy most of his life and has to work not to fade into the background. He was born and raised in a large city in the South East and he speaks fondly of a childhood in a supportive community with strong family connections. In his early teens, the family moved to one of the post war new towns and he left school at 16 with three GCE's. He completed an engineering apprenticeship and worked his way from the shop floor via the design office to management. That company closed in the mid '90's and he took early retirement to both pay off the mortgage and have some income. He then started his own consultancy business, despite some reservations surrounding becoming self-employed and having to push himself forward. He retired three years ago and now describes himself as retired and volunteering. He married for the first time at age 26 and divorced in the mid 1980's, although his first wife was scared of childbirth he does not believe that not having children was a reason for the divorce. In his 20's and 30's he felt a duty to carry on the family name but eventually accepted that wasn't possible. In their later years, Martin supported his parents as a matter of repayment for what they had done for him. He married his wife, 'A', in 1990 and it was while trying for a baby in the following few years when he found out, he was infertile and had been from his mid-teens. In order not to deny 'A' the experience of motherhood, and after some period of reflection on his part regarding donor sperm, they tried donor insemination. However, they ended the treatment after two cycles because of the physical and emotional affect to 'A'. Due to their age, treatment was not available on the NHS. 'A' has a large family and it is through her niece that Martin has become a 'Sgrampy': a surrogate grandfather. This is a role he was determined to fill: as soon as he had knowledge of the pregnancy, he



talked with 'A' and then contacted the niece 'Before anyone else got there.' He would like to see the granddaughter's 18 birthday (she is presently aged 3). His health is 'very good' although he has had a pacemaker for the past 20 years and has age related deterioration in sight and hearing. His felt age is physically is 55 and mentally 35.

*I enjoyed interviewing Martin, there was a lot of laughter, and he came across as very calm and grounded. He also returned the transcript with corrections to be made and, interestingly, 'A' had read it and said she only went through the infertility treatment for him to experience fatherhood.*

### **Raymond**

Raymond, 69, was recruited through a 50+ LGBT group in the North West. He is the same height as me, slightly plumper, he is wearing dark trousers, a plain shirt, and sees himself as widower since his partner 'P' died some eight years ago. He has a soft Lancashire accent and the dialect permeates his speech. He shuffles as he walks due to an ongoing foot problem that is being treated at a local out patient's clinic. He lives in a ground floor flat of a housing association property in a leafy suburb of a North West town. The room we sit in is neat and tidy has a small display case of ornaments to one side. He was born in a village, not far from his present address, in a working class family where his Dad was a gas engineer and his mother cleaned for 'the big houses in the village'. He has a sister seven years younger and his sexuality has been issue for some of her partners: it is only relatively recently that he has seen her children. His partner 'P' had a large family and he has maintained contact with some of them. From his mid-twenties he travelled the country with 'P' in their role as waiters in hotels and restaurants. They passed themselves as stepbrothers and this was never questioned in any situation. This strategy allowed him and his long-term relationship to 'pass' as staff often shared quarters: the unsocial working hours suited their relationship. In the late 1980's Raymond and 'P' opened, their own business in a city in the North West but following a series of robberies they lost both the business and a house they had bought together. As a result, the local council housed them before they moved to the present accommodation. They returned to 'waiting on' before working for the catering section of a local NHS facility. They worked there for about eight years before the facilities were closed and they were offered early retirement. He knew he was gay at 15 and, with the societal norms of the time insisting on marriage before children, at that time put all thoughts of fatherhood aside. However, he has always enjoyed meeting and interacting with children and would enjoy a grandparental relationship where he could pass on knowledge and experience. As a result he feels his missing that father type role is not due to recent events but has always been there but not consciously acknowledged. However, he is wary of being seen as a paedophile and is wary of voicing his wish to be in a grandparental role. Raymond's income comprises the state pension and a small NHS pension. He works in the pub as a way of 'making ends meet' since 'P's' death. It also serves as a point of social contact. Due to his foot problem, his social life has been reduced: he sometimes travels on public transport to hear people's voices and has a low mood if he has to stay in for more than few days. In this respect, the LGBT group has been of great support. His felt age is physically and mentally is no different.

*The two strands that dominated thoughts and feelings following my meetings with Raymond were a sense of loneliness and the change in society that has shifted*

*from marriage being the only route to parenthood to gay men having surrogate babies.*

### **Colin**

Colin, 61, diagnosed with MND at age 51, was recruited through my personal network. The interview was conducted via email because of Colin's concern that his MND affects him in various ways when emotional. MND is a huge factor in his life: he cannot walk without a frame and has breathing difficulties. As a result, we agreed that we would use one document with individual questions, replies, follow up questions, and replies following sequentially. Colin has lived within 20 miles of his hometown Central Southern England all his life. He has been married twice and has lived with his female partner, who has grown up children, for the past seven years. Colin is a retired mechanical design engineer who was very good at sport. He holds a Christian faith and believes marriage is for the purpose of having children. He had a very happy childhood in a working class area, the youngest of three brothers. From a young age he was conscious of the desire to get married, have and continue the family name but not the structure of job, house etc., He married his 'childhood sweetheart' at 26, he had wanted to have children but she had wanted to concentrate on her career. They divorced when he was 33 and, he waited 12 years before having another relationship and meeting his next wife (who had three children already) whom he married when aged 48. Only when married did she tell him she had had surgery to prevent having any more children. It was at this point he accepted he would not be becoming a father. As the children of his partners were adult, Colin did not feel he was in a father role with them but had noted that there seemed to be a deeper bond between sibling and parent. His health he rated as terrible and his felt age as 80. If he could change one thing, it would be his MND and he has planned for hospice care when his condition worsens. Colin's core social tiers are his partner, brothers, and half a dozen or so close friends with an outer circle of 40 or so.

*I was aware of the affect my questions might have on not only Colin but also those who support him and this made me wary of pushing for too much detail. Interviewing by email was difficult, there are no non-verbal cues, and even 'open' questions were subject to yes/no answers. Therefore, in the follow-up questions I highlighted the experiences of others e.g. 'Some men say...what is your experience?' However, these also often drew a single reply.*

### **Frank**

All contact with Frank, 56, was through email and he found out about the study through reading a friend's copy of the first 'Oldie' advert. He has lived in the present location of a large village in Wales for approximately 30 years. Originally from Central England, he is articulate with a strong midlands accent, is tall, slightly stooped, with light brown hair and a thin face and lives in a two bed roomed, single story miners cottage. The cottage had a high ceiling, small windows, and consequently was dark. The second interview took place in a friend's house with a view overlooking a picturesque bay: he could not see why anyone would live in that location. Frank is the youngest of three children, his eldest brother has no children and his sister has two adult sons, the younger of which he gets on with very well. However, he does not feel close to anyone in particular and his social life is restricted by his financial and health situation. Raised in a lower middle class family he reports his childhood as nothing special and having to entertain himself.

His father died suddenly when Frank was 17 and, although shy and quiet, he assumed the role of man of the house. His mother, now 87, moved to a coastal town 15 miles from Frank about 12 years ago and they see each other regularly. He is not in a caring role but is her first point of contact. This situation has caused some conflict regarding money and inheritance and he no longer speaks with his sister. Frank left the Midlands in his late 20's after completing an arts degree. He undertook various jobs including care assistant, driver, and manual work such as building and gardening. However, in his 40's he suffered a back injury and, in addition, for the past ten years has lived with ME which he struggled to be diagnosed due to his rural location. He supplements his benefits allowance by doing odd jobs for people. However, the nature of his ailments means he cannot find regular work and he is in dispute with the benefits agency. Frank had his first serious, and intimate, relationship when he was 34, which lasted 10 years. His ex-partner was 10 years his junior and, due to trust issues, he took control of contraception. He has not had a relationship since they split up and there is an ongoing dispute regarding the property. Frank has strong environmental concerns and supports local efforts and groups; however, he believes that his education and intelligence separates him from local men. He is actively seeking a partner but believes his health, economics, and location do not aid his quest. Moreover, he uses free online dating agencies and is not interested in the older women who contact him: he would prefer someone younger who he could father a child with or be in a father role to an existing child. He does realise his age may count against him but does not account for how old he would be when the child is older.

*I found Frank both fascinating and frustrating: the former because of his statement of 'how is a man supposed to be a man' and the latter because of his constant ambivalence. This last point was particularly frustrating during the coding. I have struggled to pinpoint what it is that Frank says that exasperated me: unless it is at some subliminal level of recognition of self. Moreover, Frank's attempts to 'move' in any direction, work, relationship, and health all seem to be frustrated.*

## **Alan**

Alan, 82, was recruited through a 50+ LGBT group in North West England. Initially he telephoned to see if he was suitable for the study: he made it very clear that he never wanted to be a father but had been 'adopted' as a grandfather. Alan lives in the suburbs of a large conurbation on a road that has a wide range of housing from Victorian terraces to new build and with residential homes. This is not far from where he was born and baptised. Both interviews took place in his ground floor flat of a two-story building probably built in the 1970's. He has lived in the flat for approximately eight years; it was rented from a private landlord. He is a small, trim man, close-cropped grey and white beard to match his close-cropped grey and white hair. He wears spectacles, his hearing had deteriorated and he needed to lip read. He is a wit, raconteur, and enjoys speaking: he has a broad local accent. He is very active in a LGBT group, church, and voluntary work for various charities including those for young and older LGBT people. Furthermore, he suffers from a low mood if he cannot get out. He uses a cane – temporarily, he says, after falling a few months previously. He had an industrial injury to his thumbs in his late 50's that forced him to take retirement through ill health: he now struggles to grip things in either hand. He had taken part in research previously and had another researcher visiting soon. He handed me a sheet containing his early life story that had been used in a local paper on resident's histories. Alan relates his being born out of wedlock and subsequent adoption to a widow with

three children, the nearest in age to him being some 15 years. As a gay man he had no sexual interest in women: to become a father marriage was a prerequisite therefore it was dismissed absolutely. His working life had consisted of a number of roles; 25-year stint in the Royal Navy; industrial librarian; licensee; and stores personnel for a heating manufacturer. Apart from the RN, he had lived in a port in Eastern Central England and moved back to his hometown with his then partner in the 2000's. He had taken an active role in various G.A.Y. organisations from the 1950's until the present day. He split from his long-time partner some ten years ago and he is not in a romantic relationship. However, he has a very strong bond with 'B', a man in his mid-forties, who he has known for some 15 years. He and 'B' call each other 'dad' and 'son' with 'B' having power of attorney. Alan does not fear losing physical functionality but does fear losing his mental capacity. Alan had a keen interest in sports, he had run marathons and only stopped a few years ago. He was also a season ticket holder for his local football club. It was at a match that another supporter approached him to ask if he would be an 'adopted' grandfather to the man's twin sons, aged 12, for a school project. The role lasted about three years and ended about five years ago and it gave Alan a sense of belonging. This was reinforced recently when of his 'boys' shouted 'Hello granddad!' to him at a match.

*My impression was being in the presence of a professional performer. My interventions were tolerated and then used to link back to his script. For all that, I had the feeling Alan wanted to tell his story and I was left with a sense of Alan and loneliness. I noted that I would like to have a beer and a chat with him but would be wary of always being the audience. Afterwards, as I wrote my notes in the car, two men and a little van were sweeping the pavements: they were collecting the fallen leaves and so was I.*

### **Michael**

Michael was recruited from my online response to an article in the Telegraph online and was conducted via Skype. Technical issues mean that there are no clear images of Michael, 63. He was erudite, well spoken with a deprecating sense of humour and referred to himself as 'eccentric' and 'an artsy-fartsy drama teacher'. He liked beautiful things, fashion 'I like Paul Smith,' theatre, and art, and expensive treats. He calls himself a cultural Christian but does not believe in god or a spiritual being: known in the Asia-Pacific region as a 'free thinker'. He was employed as a drama teacher where he had worked for approximately two years. He lived in a rented villa in its own grounds with a swimming pool. He had previously worked in Japan and had a 10-year relationship with a Japanese woman and mother of teenage daughter. Michael always expected he would be a father with a desire that had 'bubbled along' with no particular peak. As he aged he had noted the change of his self-reflection from 'when will I get married and have children' of earlier years to 'When will I die'. He was born in a small 'idyllic' town in South West England where he and he have a sister, who is six years older, had a 'very happy' childhood. His upbringing was very middle class. In his teens, he played in a rock band and was very extrovert in public but very self-conscious and shy in his personal life. After meeting his godparent's children, he found children fascinating. He trained in education and drama and taught in this country for a few years before, at 30, flying off to teach overseas in various countries. However, he feels this is his last post before retiring. He became emotional when describing teaching year 7: how 'lovely' they are and how jealous of the parents he, at times, was. The one thing in his life he would change would to

be a parent. Similarly he related how he sobbed 'with envy' on a flight when watching the film Kokowääh, the story of man faced with suddenly having to look after his unknown daughter. Michael feels has little in common with male colleagues and sometimes feels isolated not only in the staff room but also in the evenings and weekends. However, he feels single 'childless' men have to work harder to form, and maintain, social contacts. He noted how he now felt he had to say not only he wasn't married but also he wasn't gay in social situations. His inner social circle consists of five friends but his outer circle is quite large and he has kept in touch with friends in his hometown and the various countries he has worked in. He described himself as healthy, but not fit; he takes tablets for high blood pressure and eye-drops for ocular hypertension and initiates regular check-ups with the doctors and dentist. He had no firm plans about retiring as he gets so much from his job; however, he thought he might return to his hometown when he does retire.

*I found Michael very easy to talk to and very open about his thoughts and feelings and he reminded me of David. The technical issues meant that the video feed often failed; however, I felt that having a poor image distracted from the interview. I was moved when he described becoming emotional about the year 7 children and the film Kokowääh.*

### **Edward**

Edward, 60, contacted me after reading my piece in the MTL newsletter. He was about 5'10" and well-built but not fat. He has short dark, curly hair that is receding away from his forehead. He was well spoken, with the hint of a South West accent and an easy-going manner. He and his partner had lived for over 30 years in their 1920's semi-detached house in a large commuter in the South East. He had fairly recently become self-employed after spending most of his working life as a salaried architect. For the past few years he has been a volunteer guide at a local historical building. He had a very good childhood being the youngest of four children and the family remain close. He enjoys his role of Uncle is particularly close to the son of the brother he is closest to. All his siblings are now grandparents and he was aware of not only *not* enjoying the grandchild - grandparent relationship. He was very aware of his father's strict Edwardian values and grew up appreciating the role of a father in a family: he feels he is becoming more like his father, as he grows older. He was shy at school and still has difficulty in broaching conversation with strangers. He said he was not ambitious and happy to be a 'backroom boy'. He went to grammar before going to University in the East Midlands to qualify as an architect. The duration (7 years) and choice of course, meant he did not have much contact with women and he was in his late 20's when he had his first intimate relationship with his current partner 'M'. They delayed trying for children until she had retrained at which point she was mid 30's and he in his early 40's. He had not been worried about their age as his parents were in their 40's when he was born. A few years later, they tried IVF but stopped, as the process was stressful particularly for 'M'. Although they discussed adoption and fostering, they were not happy to pursue it. The details of the IVF treatment had not been widely shared with friends and family. He believed that people should know that they did want a family. It was because of the IVF treatment that he and 'M' joined MTL and he believed that had been of great benefit in supporting them. He had noted that as friends and peers had children then their relationship would fade away. However, he had found himself being particularly jealous of one friend who had children that Edward had avoided

him for a number of years. 25 years ago, Edward set up a pension plan but the economic situation has meant he has to keep working. Furthermore, over the past decade he had been made redundant twice before becoming self-employed. Although he likes the freedom of choice available with being self-employed, he would prefer to have the freedom of being retired. He rates his quality of life as good and formed by 'simple pleasures': citing his deep love for 'M', having a close circle of friends and family nearby, and owning his own home. Edward is in good health but takes tablets for high cholesterol and gastric reflux and also saw himself as a 'bit of a hypochondriac'. Edward hopes to retire to his birth town and live near brother. However, he had not really considered issues surrounding late-life or end-of-life.

*I found talking to Edward very easy and he was very open about IVF, I think because of his connection with MTL. However, he did say that I had teased the information about his retirement out of him and I had the feeling that he did not see the point of the second interview.*

### **James**

James, 65, was recruited via a flyer handed to a fellow PhD student from another University. Both interviews are held at his partner's home. The house is on a narrow twisty road between a town and a village, there is no front garden and was one of a row of Victorian terraces that had been extended and modernised. The front door opens directly into a wooden floored square living room with a door directly facing the one we'd just entered. To the right is a long low pine table faced at either end by light colours settee and I sit on a low sofa that backs onto the front room window. James has a soft northeast accent, moreover he sits with his head back with his chin pointing to the ceiling. I am concerned that the microphone will not pick it up clearly. He has white hair and a lightly tanned face with sparkling blue eyes. He is slim and about 5'8". He was raised in a small working class town in the Northeast and is seven years younger than his brother. He regarded himself, now, as bridging the gap between working and middle class. His father, a signalman, died he was young and he had helped care for his mother, and had lived near her, before she died. He attended mixed primary and grammar school but left at 15, before any exams, because he 'knocked around' with the lads from the local pit village and they had started work. However, he never wanted to be a pitman. He trained as a printer and was one until retiring five years ago. He refers to his early adulthood as quite boozy and 'quite an incestuous crowd' many of whom he is still friends with. However, the drinking culture of the environment helped with his shyness and he had his first intimate relationship at 18. From his mid-30's he had planned to retire when he was 60. He now draws his final salary pension and the state pension. James had a strong relationship with his brother and that extended to his brothers two daughters when they were younger. He is at home with children as he is with adults. James says there were three relationships of significant length in his life of three, ten, and his current partner of twelve, years. The first was in late twenties and the second in his late thirties. It is this relationship when his thoughts turned to fatherhood. However, his then partner made it very clear that she did not want children because of her fear of childbirth. When they split up he felt he was too old to become father because of the parent-child age gap. James met his current partner through a newspaper the singles column and they have 'Lived Apart Together' for over a decade. However, he believes that he will soon move to live with his partner. He is confident in his ability to socialise and not worry about change. Quality of life for James was related to

health, the best thing being not working and being financially secure. His health was good and he had become fitter after retiring through taking up cycling. He stopped smoking when he was forty and had been a vegetarian for a long time. His partner has a daughter 'A', who lives overseas, and son and both have one young child each. It was while visiting 'A' that he spent a lot of time caring for her baby. As a result, he had a role as a grandfather and called 'Pappous' – the Greek for grandfather.

*James had a laidback air and it was easy to see why he had no difficulty in fitting in different social environments. My feeling was he was a man who could hold a conversation with someone with completely different views and not lose his temper.*

## **Russell**

Russell, 55, was recruited via a flyer in one location close to the University. He lives in the area of the University as a lodger with two older spinster sisters with whom he has a very close friendship. He has lived in the area for approximately 8 years and in the UK for around 25 years. He is very protective of them and values the relationship very much becoming emotional when he talks about them. Initial conversations were by telephone and involved me phoning a telephone box. Following communications were mainly by email. From very early on it was apparent from Russell's use of language and authority in his voice he had been in a role of an academic supervisor. Our first conversations were centred on the study and the rationale behind it and this was very clearly due to his interest in the subject. The interviews took place on campus. Russell is a wiry, about my height, lightly tanned with short light, receding hair. He speaks quickly, and succinctly, and with a slight Australian accent. Occasionally he uses Australian colloquiums. He is very aware of the tape and often states his actions and emotions for its, and my, benefit. For example, he often cites why he is avoiding eye contact. He is quick witted, intelligent, knowledgeable, self-effacing, and open. He was dressed casually on both interviews. His was a turbulent upbringing: leaving Australia when very young and, when, in England, being placed in foster care followed by an orphanage. From age 9 to 11, he lived with his birth father, who was both violent and very loving, and Russell stated several times a wariness of possibly being genetically and/or socialised in that behaviour. However, he does link his strong sense of duty to be a provider as an attribute from his birth father. He was then reunited with his birth mother and they returned to Australia. When he was in his mid-teens Russell suffered a breakdown and had been admitted to various psychiatric establishments. Here he had many traumas and was treated with different psychotropic drugs. Following his discharge at around age 20, Russell worked in the voluntary sector before coming to England to re-connect with his father. It was here he met his wife and got a job in the finance-business sector. He was very successful in that sector; however, in his forties he left it and completed an MBA. He then took a teaching qualification and changed career to the higher education sector. He has held a handful of academic posts. Presently he has been between posts for about nine months. His marriage lasted about ten years and although both wanted to have children, they regularly bought baby items; they both agreed that everything, such as finance, accommodation would have to be in place. A number of factors meant that they divorced before trying for a baby. Although he assumed he would be a father Russell was very aware of contraception and, during the marriage, used the Billings method. He was also conscientious in the use of contraception in the two serious relationships

subsequent to his divorce. A younger junior colleague had initiated one relationship. This relationship partner offered to have his child but the relationship broke up soon after he had fully committed to it. He has not had an intimate relationship for the past ten years. He said that he was coming to terms with not becoming a father. In the second interview; he acknowledged the loss of not becoming a grandfather. In forming relationships Russell states that he is often seduced and not the seducer. Moreover, that although he has socialised well at parties etc., his shyness has been a factor in forming intimate relationships. He was conscious of not being the typical 'rigger-bugger' Australian and liked art, drama, ballet, and musicals. He sees himself as in 'disgustingly good health' although he has had a hernia. He is aware of deterioration in his eyesight but compares himself favourably against peers and family, stating he had a felt age in his thirties. He measured his quality of life by the contentment of being able to choose what he wants to do. He missed the intimate closeness of a relationship and that was one thing that parenthood would bring him. Both his birth mother and father divorced and had subsequent relationships. Russell has 13 assorted half, and step, siblings. However, he is only in contact with his birth mother and birth sister, who live in Australia.

*Although our interviews lasted a long time, I found that, in fact, the time flew when listening to Russell. He is an intense man who is very self-aware. For example, he mentioned how the second interview was a time of grief because we would not meet again. I was very touched by his story and more than a little in awe of his knowledge. He mentioned, at one point, suicide and ideation and my initial reaction was to try and remember what the protocol was when counselling. However, I quickly recovered my position.*

### **Steven**

Steven, 49, was recruited through my personal network. The interviews both took place over the telephone: email would take too long to type and face-to-face difficult to find a suitable and convenient location. Steven presently lives in a one bedroom flat that he, and his elderly mother, with whom he shares it, bought from the council. They have lived there nearly thirty years. One of the reasons for using email and telephone conversations was to avoid his mother finding out the interview. He was born and raised in working class council estate in a small village in Central Eastern England, a single child he has never known his father. His early childhood, he believed, was not very positive due in some part to his mother's alcohol and mental health issues and no positive role model. His mother left him with his grandmother in his late childhood and moved to a large city in the South East where he joined her in his late teens. Although not one of the most popular boys in school, he does not believe he was especially shy. The most significant factor in his life has been his severe acne which started 'nice and early and has been central to his view of himself. Only in the past five years has he found a treatment that clears it completely and this is a source of some frustration as the treatment has been available for decades. Moving to the anonymity of the city also meant that being working class did not have same impact as it did in his birth village. During his degree at 19, he spent 6 months in America and had his first serious and intimate relationship. Although the relationship ended badly his confidence grew with regard to meeting and forming relationships. However, after just passing his degree, work was hard to find and he became a gardener in a park in a select area for a few years before moving into the social sector. At the park, a hedonistic culture included a heteronormative predatory male sexual



lifestyle that he adopted. As a result, he spent the time between his mid-twenties to early forties drinking and having short-term sexual relationships with women who were only visiting the country for a week. His attitude to fatherhood, and any norm of traditional family life was very dismissive then. He worked to live and paid no attention to future financial or career issues. However, in his early forties he realised that, as a lot of his behaviour was centred on the consumption of alcohol, his body could not sustain the 'reckless' lifestyle. Because of the 'AIDS' scare he was very careful to use condoms and so is positive there are no offspring as a result of his relationships. During that period he purposefully avoided relationships with women resident in the UK, however, having decided that he had to change, he noted two relationships which he would have liked to develop. In both case the women had rejected his offer citing they didn't want a long-term relationship with him. Although one of the women had wanted children he, at 42, was too old, as she wanted a partner her own age (35) or younger. In the period, since Steven reflected that that lifestyle had consequences not only with regards to his relationships. For example, he has little pension provision having opted out of several schemes. He feels he will therefore have to work until he is 70 or older. Moreover, by focussing on his social life, his career had not developed and he is now trying to retrain to further his career opportunities. He is also aware that his job is seen as being on 'the frontline of social care' and that is usually the preserve of younger people. As such he feels he is treated differently and that his sector of the profession is quite ageist. Furthermore because of his living arrangements colleagues have believed he was gay or to be avoided. His present job he describes as a low-grade middle manager. He has two good friends and is happy with his own company, describing himself as interested in art and sport but a solitary individual. However, he does not get lonely or understand why people say they do but he does believe that an older single man as being vulnerable to discrimination. He says he now travels to venues that commuters use because of incidents in the past where, as a solo man, he has been subject to unwanted or warranted attention from groups of people. Steven contacts his only uncle, who is also childless, regularly and is concerned that he may be singled out because of that status. Steven acknowledged the opportunity for a meaningful relationship that would produce children was receding and that he had spent the last few years regretting his previous lifestyle. Moreover, he felt that rejection of his offer of a deeper committed relationship was a form of 'payback' for his earlier lifestyle, and he now has deep regrets about his earlier lifestyle. Looking to the future, he would prefer to have a relationship and then children but the priority would be to be in a relationship. He rates his quality of life low, believing a QoL consists of work-life balance, a good relationship, and a family. The best thing about his life at present are swimming and reading and the worst are the work-life balance and the stress of work. Although he doesn't get lonely, he wishes he had someone to share 'the ups and downs' with and go on holiday with. The disadvantage to ageing for Steven is the limitations it is putting on his chance of forming a relationship and becoming a father. He spoke of an emerging spirituality and, related to that, preferred not to think of the future.

*I found it quite puzzling interviewing Steven not least because he insisted on walking as we spoke. Thus, there was a soundscape wherever he went including when he went into a shop to enquire about some shoes. There was an air of recovery about Steven: he had described himself as addicted, at one point, to that hedonistic lifestyle.*

## Appendix Sixteen: Study poster



### **'Not being a father: the experiences of involuntary childless men as they age'**



#### **Are you an childless man ? Are you aged between 50 and 70 years old?**

Volunteers are invited to take part in a PhD research study looking at men's experience of involuntary childlessness.

I would like to interview childless men aged between 50 and 70 years old, whatever their background, who have been aware of a desire to be a father, either now or in the past. All interviews will be held at a location convenient to you.

If you are interested in taking part and would like an information pack, please contact me (details below). The pack contains all the information you need to decide if you would like to participate in the study. Your enquiry will be treated in strict confidence and you will be under no obligation to take part.

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## Appendix Seventeen: Example of the early (January 2012) and later (May 2012) leaflets



## Appendix Eighteen: Excerpt from research diary listing recruitment activities

### 04/2012 Participant recruitment:

Spoke to 5 older people at Woodhouse Park Community Centre (3 females, 2 males) they took leaflets but all had kids.

Spoke to workers at 'A grand day out' initiative at Wythenshawe Forum (for the over 55's) left leaflets & flyers. No suitable folk there.

Flyer put up by Forum building manager: he very keen on study.

Placed flyers in the Forum's Dr & community health services waiting area.

[Advert in The Oldie appeared.](#)

#### **5<sup>th</sup> April**

Contacted Manchester University Morgan Centre, re use of distribution lists. Not possible.

Contacted Manchester Allotment's

Contacted Manchester Social Services

Contacted Men Matter Appeal: local charity focussing on mens health esp., prostate cancer

Contacted by a member of Hyde Rotary with suggestions for participants.

[Email Participant \(P7\) contact: sent leaflet & information sheet](#)

#### **7<sup>th</sup> April**

Contacted S. B. (consultant urologist) he replied and will pass on details of the study. Contacted ICA-UK a charity that promotes training in local charities, Contacted local agencies for the homeless and vulnerable: Barnabus, Mustard tree, Booth Centre ([Replied: cannot cater for research studies](#))

Contacted local social housing agencies: Methodists Housing Association, Anchor Housing, Northern Counties, Co-operative Housing, Salvation Army

#### **9<sup>th</sup> April**

Contacted Shelter, Manchester Ramblers, Giddylimits on-line magazine for the 50+

#### **10<sup>th</sup> April:**

Delivered leaflets to hairdressers in Northenden.

Placed advert in The Sentinel

Enquired re advert in M/Cr Evening News

Contacted Hyde Patients Group Practice

Flyers in Withington Golf Club, Sale Moor Conservative Club, Sale Moor Cricket, Hockey & Tennis Club, Sale working Men's Club, Sale Leisure Centre, Timperley Sports Club, Leaflets and flyers at YMCA in Manchester

## Appendix Nineteen: Interview data showing date and length of recording

Order	Name	1 <sup>st</sup> interview	2 <sup>nd</sup> interview	1 <sup>st</sup> recording time	2 <sup>nd</sup> recording time	Total time
1	George	26/03/2012	03/05/2012	1:01:00	1:29:15	2:30:15
2	John	19/04/2012	14/06/2012	2:59:17	2:42:38	5:41:55
3	David	02/05/2012	15/06/2012	3:13:10	1:16:15	4:29:25
4	Harry	14/06/2012	<b>DECLINED</b>	1:57:19	<b>N/A</b>	1:57:19
5	Martin	26/06/2012	10/08/2012	1:52:56	1:08:26	3:01:22
6	Raymond	03/07/2012	21/08/2012	1:10:48	1:14:38	2:25:26
7*	Colin	11/08/2012	25/08/2012	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
8	Frank	14/08/2012	01/10/2012	2:37:19	2:01:37	4:38:56
9	Alan	16/08/2012	18/10/2012	4:19:38	3:18:17	7:37:55
10**	Michael	28/08/2012	13/10/2012	2:46:19	2:32:22	5:18:41
11	Edward	27/09/2012	26/10/2012	3:00:25	1:41:14	4:41:39
12	James	29/09/2012	29/10/2012	1:27:57	1:31:44	2:59:41
13	Russell	05/10/2012	02/11/2012	4:48:12	3:09:48	7:58:00
14***	Steven	21/10/2012	11/11/2012	1:26:47	59:54	2:26:41
* Interviews conducted by email						
** Skype to Skype interviews						
*** Skype to mobile telephone interviews						

## Appendix Twenty: Example of a memo and links.

**Name:** Memos\\Capacity for flux & fluidity in later & family life (2)

**Created On:** 22/01/2013 20:18:42

**Created By:** RAH

**Modified On:** 22/01/2013 23:49:42

**Modified By:** RAH

**Size:** 3 KB

### **FLUX & FLUIDITY IN LATER-LIFE & IN RELATIONSHIPS & FAMILY**

As I was reading the paragraph below it struck me that Morgan & lots of people have stated the fluidity & flux that form/inform/present in (typically) family relations. I wondered about the 'FLUX CAPACITOR' beloved of sci-fi films and then the capacity for flux (and ergo fluidity) in people's lives and whether this also is part of 'drawing in' of resource that is sometimes alluded to by older people: 'I don't do that - I could but' 'I don't go there' etc. Franks frustration at not being acknowledged or reproducing himself in different fields through lack of capital is increasing as his capacity to 'fluxidity' (merging flux [check what flux actually means] & fluidity: fluidity of flux or the fluxivity of fluid). Moreover could this be a Cartesian split as<sup>ii</sup> this is a cognitive prediction that his capacity will reduce year on year - it is **my** analysis he means by decline in physical function (he has a bad back & ME). It possibly also includes not moving from his economic status (unemployed) and social status (different from others) and relationship (single).<sup>i</sup>

Again does this then move towards an intersection of existential planes consisting of the relationship between agency and the various constituent parts of structure: moving from & between 'world view' and an individual 'becoming-in-the world' - 'being-in-the-world' and 'belonging-in-the (and their) world.' Additionally there is the theme of **activity** of being acknowledged as existing by deed: relates to my theory that men have to be known (or know they exist) by the actions where as women in their menses are constantly in process of being one and a potential other<sup>iii</sup>.

<sup>iv</sup> **Interviewer:** And so what are your feelings about getting older and end of life?

**Frank:** Frustration in not having achieved things. I'm quite a... people think high achievers are people who have high powered jobs and lots of money, but I'm increasingly aware I want to make a difference; I want to do things. And I'm... I'm very frustrated. It gets me down quite a lot. It's not... it's not the idea of dying really. Well it is, of course it is, it's the idea of dying (3sec pause) it's not because I want to leave something behind that makes me important, it's because I physical... I actually actively want to be involved in things and I'm finding every year goes by I think there's less likelihood of me being able to do this or that.

### **See Also Links**

<sup>i</sup> Memos\\Emotional v physical resource

<sup>ii</sup> Memos\\Cartesian split childlessness v childed, age as a state of mind

<sup>iii</sup> Memos\\ACTIVITY

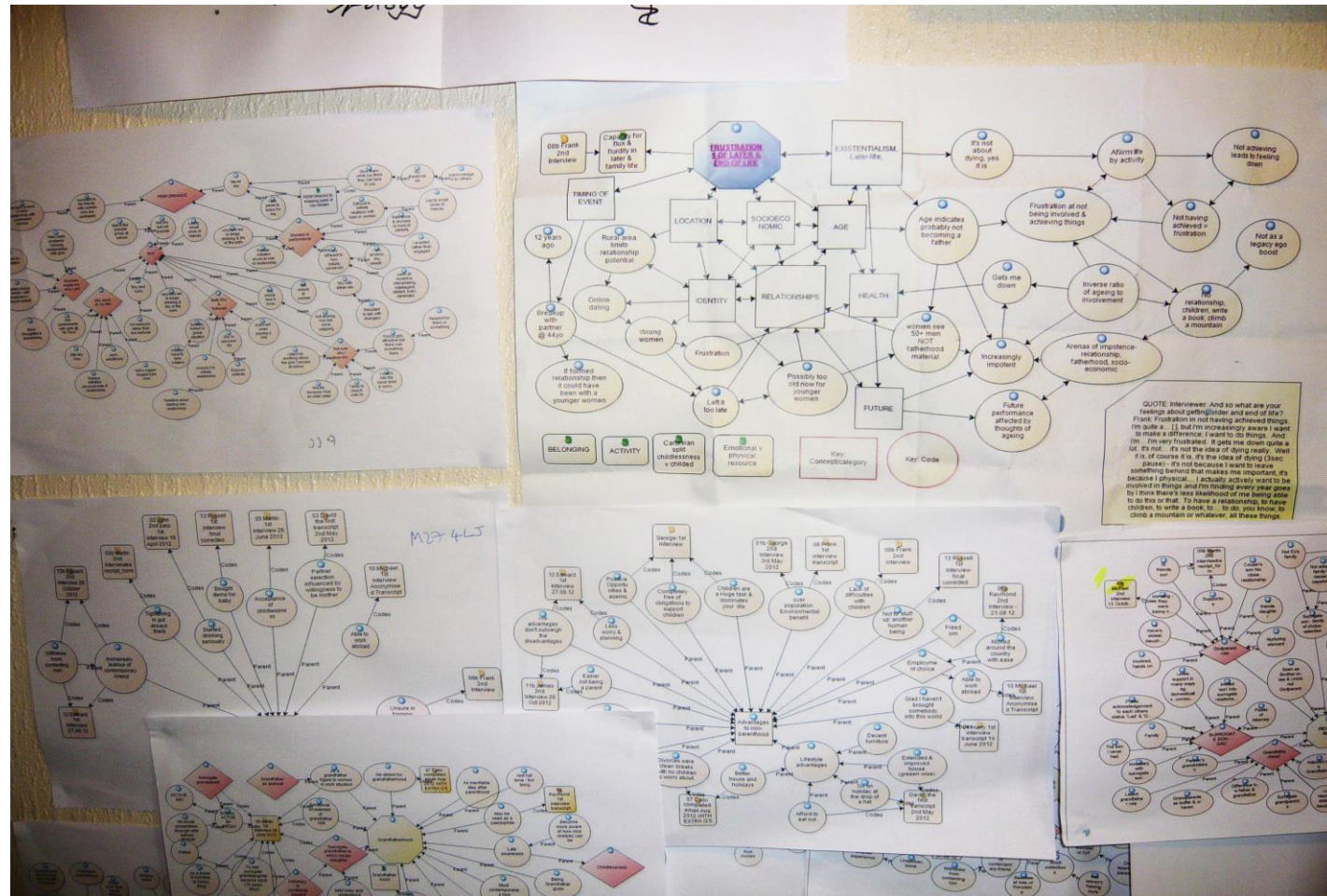
<sup>iv</sup> Memos\\BELONGING

**Linked Item:** Nodes\\Thematic NEW\\Identity\\View of self\\Future\\Frustration at not being involved & achieving things

## Appendix Twenty-one: The interface showing coded text, link to a memo node, and coding density stripe.

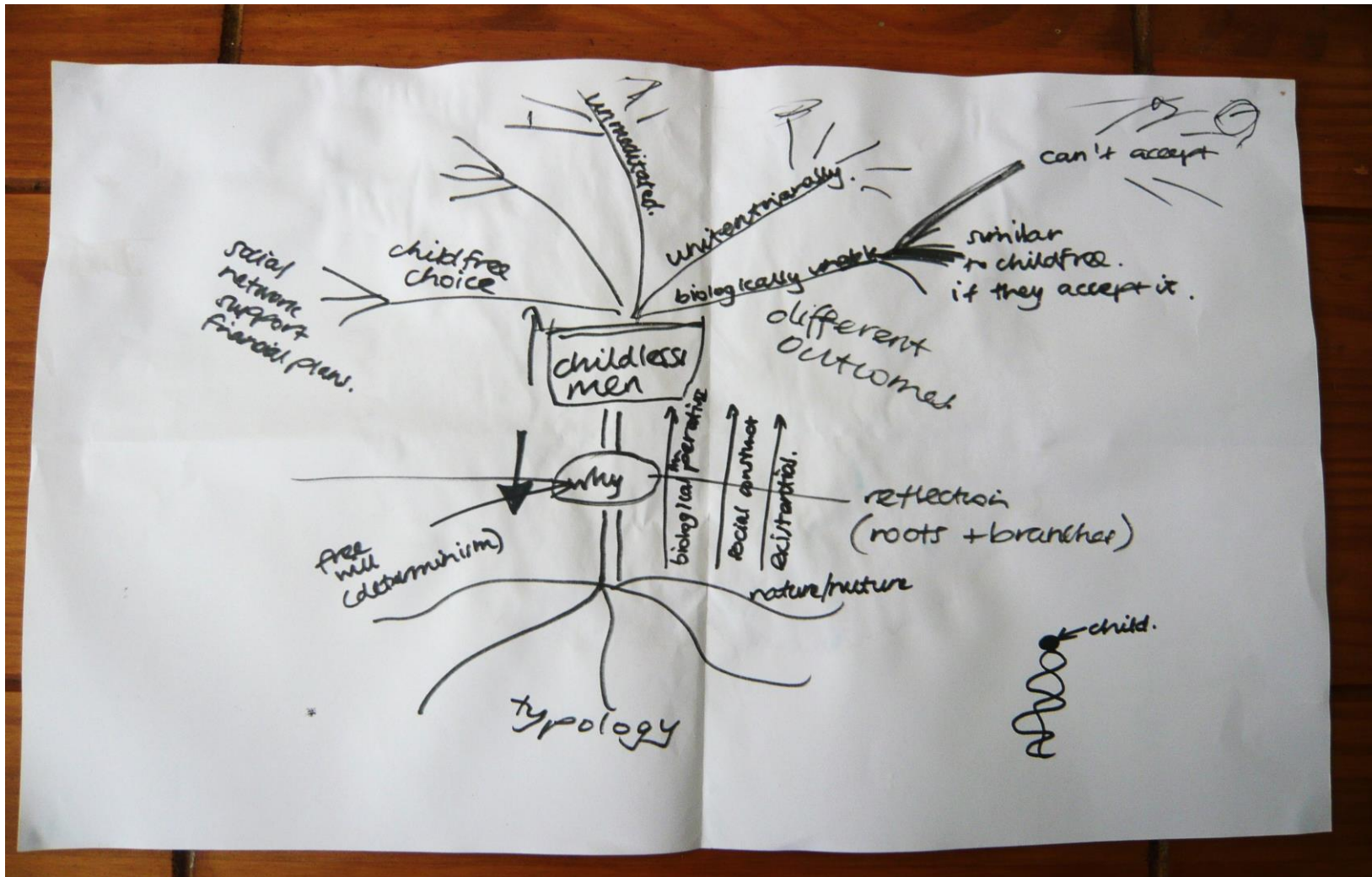
The screenshot displays the NVivo 12 software interface. The top menu bar includes File, Home, Create, External Data, Analyze, Explore, Layout, and View. The left sidebar shows the 'Sources' panel with a tree view of project files, including Internals, Externals, Framework Matrices, Sources, Nodes, Classifications, Collections, Queries, Reports, and Models. The main workspace is divided into three panes. The left pane, titled 'Interviews', lists various interview transcripts. The middle pane displays a transcript titled '08 Frank 1st interview transcript' with several lines of text highlighted in yellow. The right pane shows a 'Coding Density' stripe, which is a vertical bar with a color gradient indicating the density of codes. Below the transcript, there is a table with columns 'Item', 'To Name', and 'To Folder'. The table contains one row with the value '12' in the 'Item' column, 'How is a man supposed to be a man MEMO' in the 'To Name' column, and 'Memos' in the 'To Folder' column. The bottom status bar shows 'RAH 15 Items Linked Nodes: 662 References: 807 Editable Line: 641 Column: 0' and a zoom level of '100%'. The Windows taskbar at the bottom shows various application icons and the system clock indicating 23:16 on 07/10/2014.







## Appendix Twenty-three: Examples of 'freehand' graphics used in the analysis.



## Appendix Twenty-four: Distribution of interviews throughout the fieldwork period

