

BIROn - Birkbeck Institutional Research Online

Fieldsend, Megumi and Smith, Jonathan A. (2022) Exploring the experiences of four men living with involuntary childlessness in midlife. *Journal of Loss and Trauma* 27 (1), pp. 49-62. ISSN 1532-5024.

Downloaded from: <https://eprints.bbk.ac.uk/id/eprint/43088/>

Usage Guidelines:

Please refer to usage guidelines at <https://eprints.bbk.ac.uk/policies.html> or alternatively contact lib-eprints@bbk.ac.uk.

****ACCEPTED FOR PUBLICATION IN JOURNAL OF LOSS & TRAUMA.
PLEASE DO NOT QUOTE WITHOUT PERMISSION OF AUTHORS****

Exploring the Experiences of Four Men Living with Involuntary Childlessness in Midlife

Megumi Fieldsend and Jonathan A. Smith

Department of Psychological Sciences, Birkbeck University of London, UK

Correspondence regarding this article should be addressed to Megumi Fieldsend, Department of Psychological Sciences, Birkbeck University of London, Malet Street, London WC1E 7HX, UK. Email: megfieldsend@gmail.com

Megumi Fieldsend, PhD, is a member of the Interpretative Phenomenological Analysis Research Group, and currently an associate research fellow in the Department of Psychological Sciences at Birkbeck University of London. She completed her PhD exploring the lived experience of involuntary childlessness. Her research interests include meaning-making to involuntary childlessness, life-span development, loss and resilience, and grief processes, especially for those living with non-death losses. (ORCID ID: 0000-0003-3879-5753)

Jonathan A Smith is Professor of Psychology at Birkbeck University of London where he leads the Interpretative Phenomenological Analysis (IPA) Research Group and teaches qualitative methods. He has used IPA to examine a wide range of issues mainly though not exclusively to do with health and well-being. He is first author on the key book on IPA- Smith JA, Flowers P, Larkin M (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London, Sage. (ORCID ID: 0000-0002-3135-3111)

Exploring the Experiences of Four Men Living with Involuntary Childlessness in Midlife

While considerable research has focused on medicalized infertility for women living with involuntary childlessness, far less attention has been placed on men. This exploratory study focuses on four British men using data collected through semi-structured interviews. The data were analysed using interpretative phenomenological analysis, and four over-arching themes emerged: personal impact of loss; losing interpersonal connections; turning loss into inner strength; and reforming identity through nurturing relationships. The findings highlight the men's grief over their loss and the meaning-making to their everyday lives, adding experiential understanding helpful for health professionals and researchers.

Keywords: involuntary childlessness; men's grief experiences; loss of hope; meaning-making; qualitative

Having children is characterised as a natural progression in adult development, where family life creates a new direction and meanings in life. For involuntarily childless people the absence of children can have a multi-layered impact. Although research concerning childless people has been expanded, the prime focus has been on women (Hadley, 2021).

In order to gain an understanding of men's attitudes towards fertility, Hammarberg et al. (2017) reviewed 47 fertility related papers, and reported that men's desire for parenting their own children is similar to that of women. The authors also noted that the limited information available for men to gain knowledge on fertility issues may have a causal link to unattainable fatherhood. Furthermore, of the 47 papers reviewed, 22 were on men younger than 35, and 43 were quantitative studies, indicating the need for experiential studies on men in mid to later life who had lost their hope to be a father (Hadley, 2018; Parr, 2010).

The loss of a hoped-for child can induce grief responses at different levels. Beutel et al. (1996) examined experiences of miscarriage on 56 couples, of which 52 percent had not

yet had children. Using standardized questionnaires to measure couples' grief, the results showed that "contrary to commonly held beliefs, men do grieve" (p. 245). However, the paper also reported that when compared with women, men seem to "grieve less as they have not experienced the signs of pregnancy, and as a group, they were less likely to have formed an attachment to the unborn child" (p. 251).

Peronace et al. (2007) considered the differences in medical causes associated with infertility, and conducted a longitudinal study on 256 infertile Danish men. They used a series of scale-based questionnaires to measure psychological and social stress, mental and physical health, social support, and ways of coping. The results showed, regardless of diagnoses, all men indicated emotional suffering and that being unable to have a child was a challenge. Further, the study found an increase in social and physical stress, and a decrease in mental health as time progressed.

The advancement of assisted reproductive technologies has given people experiencing difficulty in having a baby new hope. Existing research on involuntary childlessness, therefore, focused on infertility—"the biological condition" (Matthews & Matthews, 1986, p. 643), and typically used standardized measures to examine issues surrounding it.

Given this, though, researchers have started to look at men's experiences of infertility with more qualitative focuses. Hanna and Gough (2015), from a social science perspective, reviewed 19 qualitative research papers, and pointed out men's struggles around masculinity, difficulties in seeking emotional support, the stigma associated with men's infertility in society, and positive and negative relational outcomes of infertility. These illustrate the diverse and complicated challenges that men face. The authors emphasize the necessity of gaining insights into male infertility.

Despite this growing interest in male factor infertility, (Agarwal et al., 2015; Fisher & Hammarberg, 2012), however, as Throsby and Gill (2004) argue, men's experiences of "not

being a father [have] received so little attention” (p. 333). In order to get at men’s personal experiences, this study focuses on involuntarily childless men in midlife living beyond the period of trying for a child, and explores the impact the absence of children has on them and their everyday lives.

Method

Interpretative phenomenological analysis (IPA; Smith et al., 2009) was used to gain a deeper understanding of what childlessness means to men as it enables the researcher the opportunity for close analytical exploration. IPA is an idiographic approach which requires the in-depth analysis of each participant, case by case, prior to a cautious move to more general claims. In order to deliver this idiographic commitment the number of participants are usually small. Our focus was on the personal lived experience of childlessness rather than on medicalized infertility, which is an under-researched area, and collecting rich data for IPA research were crucial. For these reasons, we aimed to recruit three to five men who share the context of involuntary childlessness. In order to investigate individuals’ personal experiences in this particular context, and in line with the typical principle of IPA, purposive and homogenous sampling were used with the following criteria: men who wanted to be a dad, but were unable; were in a heterosexual relationship; and were living with their partner/wife whose age was between 45 and 55. (This age criterion was set as a specific time period in life where the women’s age overlapped with a post-reproductive age.)

Recruitment advertisements were distributed initially through three online childless support groups in the UK, with the aim of reaching out to potential male participants. This created a snowball effect in helping to recruit four British men.

Participants

Table 1 below gives the four participants’ characteristics and all names used throughout this paper are pseudonyms to ensure confidentiality. The study received ethical approval from

Birkbeck University of London, and each participant signed a consent form before taking part in the study.

----- Insert Table 1 Here -----

Data Collection

A semi-structured interview was conducted for each participant, asking about their present life (e.g., What sort of things do you usually do on weekends?), their goals and the future (e.g., Do you think of yourself as having goals that you are working towards?), and their past (e.g., Could you tell me about the biggest change that has ever happened in your life?). The interview schedule was used as a flexible guideline allowing the participants' narratives surrounding their personal experiences of childlessness to unfold naturally. The first author carried out the interviews, all of which lasted between 52 and 95 minutes, at Birkbeck University of London, and they were all recorded and transcribed verbatim.

Analysis

In each case, the data were analysed according to the rigorous processes of IPA (Smith et al., 2009), starting with reading the transcript several times, followed by notation of descriptive, linguistic, and conceptual features of importance, before developing emergent themes.

Following this the analysis moved to condense emergent themes and to construct a table of superordinate themes with sub-themes particular to each individual. Only after all four cases were completed, did the analysis then move to a cross-case study, considering convergences and divergences. From the analysis, a master table of themes highlighting the men's experiences was finally made. The first author took the lead, but the analytic processes and findings were discussed and audited by the second author.

Results

Four interrelated superordinate themes capturing intrapersonal and interpersonal features were identified, and are shown together with related sub-themes in Table 2.

----- Insert Table 2 Here -----

Given that all the themes are supported by quotes from at least three participants in this study, meeting the recommended sampling criteria given by Smith (2011), due to space limitations only key quotes will be presented.

The personal impact of loss

All four men showed internal suffering caused by the loss of hope to have children. Three men, George, David, and Victor talked about their deep-seated experiences ascribed to the journey as their wives pursued medical interventions in the hope of having a baby. George described his struggle:

it just sort of felt more like you were just sort of...at...you raising your own hopes, kind of, you know, falsely every month, [] it was sort of increasingly it felt like a, kind of you know, er...er...sort of hopeless task, really.

George's increasing sense of loss of hope appears in the extract above, and is depicted as distress that comes back 'every month'. His perceived sense of a 'hopeless task' may point to grief which is similar to that of women having the embodied reproductive loss through their monthly menstruation.

David is concerned with how infertility treatments 'affect men, too' and emphasized the point that 'the treatment should have a massive health warning'. Victor, in contrast, rather calmly outlined his 'history' of how his intended family life ended up as 'living with not being able to have children', showing his sense of the loss of his envisioned life course.

For Alan, who did not go through the experience of infertility treatments with his wife, the loss of fatherhood was manifested in anger:

when I feel out of control...of, of situations and that, that can manifest in, in anger and frustration. erm...I'm not very good with...not...not feeling that I'm in control of...what's happening to me, or what er...you know, what I...want to do.

While he cannot control his childless situation, which in turn ‘manifest[s] in anger and frustration’, the loss of hope to have children is a loss of sense of self and self-direction as he goes on to comment ‘what’s happening to me’ and ‘what I...want to do’ suggest. There is a sense of uncertainty in these expressions and the sadness of childlessness emerges as grief, and these feelings were common among the participants as they revealed the hardships they face in finding a solution for their loss.

For the participants, making sense of childlessness is a great struggle; their internal suffering is built upon the groundlessness of understanding their childlessness. David spoke of the impact of the outcome of his IVF:

If you’ve suffered...any kind of trauma, your head is ever quite the same. It...everything sort of gets shaken up in the air...and I don’t have the religious faith that I used to have, because of what happened. [] It didn’t...life doesn’t make sense in those terms in the way that it did, because of the way things happened.

The world that David used to believe in had a reason for his part in it. However, as the loss has violated his belief, ‘everything gets shaken up in the air’. If his life had no ground upon which to build new meaning, David would struggle to ‘make sense of life’. His distress has taken over this ground, causing the loss of his ‘religious faith’. For George, his loss of belief in trying for a baby has brought him a sense of regret:

We should’ve just...[little laugh] carried on and got on with our lives anyhow [] rather than... yeah, just feel, yeah, a lot of time I think about it, it was just this...it was a lot of trauma and pain, and for no reason ultimately.

George’s sense of remorse over the wasted years appears as his internal suffering clashes with the childless situation in which he ‘should’ve just carried on’, and his ‘trauma and pain’ are re-lived ‘a lot of time’ as he ruminates on his loss. His account further suggests the difficulties he faces in finding a solid reason to live for.

Losing interpersonal connections

For involuntarily childless people living in a family-oriented world, the absence of children can impact on relational connections at multiple levels. Alan talked about his concern over ‘friends who’ve got children’:

I think people do...you know, friends who’ve got children do kind of drift out of it a bit, because they’re doing things with their family or they kind of do things with families with other children...[] cos, the children like to play with other children, things like that, not that, you know, so we do see friends who’ve got children as well, we don’t avoid them.

Children bring connections with the people around them and as a consequence family life enables people to develop relational connections socially as well as personally through normative activities. Although Alan ‘see[s] friends’, they ‘drift out’ of his social life against his wishes. His sense of isolation from his friends leaves him feeling cast out.

David talked about his sense of ‘isolation’ over the fact that he could not tell his parents about his and his wife’s IVF journey:

We haven’t shared even with my parents. [little laugh]. [] they may have guessed, but, er... it’s not something we can even share really within the family. so, you know...there’s a certain sort of isolation. [] ...my brother knows, which is good. But again, he can’t ...he hasn’t had the same experience...

David’s feeling of isolation extends to his relationship with his brother, who ‘knows’ but is unable to have a close understanding, as he ‘hasn’t had the same experience’ of what it is like to be childless. His account characterizes a marginalized sense of self within his own family. David further illustrated his relational concerns for the future:

Last year when my dad ended up in hospital [] I rushed up there just be with him []. Because I...I like my dad very much. All I could do was sit with him, and just hold his hand [] But... that won’t be happening. [] perhaps the scariest thing of all actually being alone. I think for me...being alone would be perhaps the...you know.

Temporal, spatial and corporeal senses of isolation are powerfully illustrated here. David describes a loving father-son bonding through caring for his father. Knowing that this connection ‘won’t be happening’ for him, he is concerned about his own future, where no such relationship can be developed. For David, therefore, ‘being alone’, without having developed any bonding with his longed-for children, is the ‘scariest thing’ in his life.

Isolation and detachment also occur in relationships with people at work. George described his experience:

There was a, you know, you’d feel like, kind of people at work were sort of falling pregnant left, right and centre, while we were...failing...erm, and that was very hard.

George seems to have a sense of inferiority because of ‘failing’ to have children where pregnancy is a reoccurring phenomena in his work environment. His use of the words ‘left, right and centre’ amplify his sense of being unable to escape from his surroundings where people at work are ‘falling pregnant’, further bringing him a deeper sense of detachment from his social world.

The absence of one’s own children prevents the biological continuation of subsequent generations. Alan expressed his concerns on this point:

the genes that’ve been passed down to me...have been gone on for like centuries and thousands of years, and they kind of end with me... so that’s, that’s a big thought.

And David described what this would mean to him:

I suppose I imagined that there’s a sort of er...[sigh] there’s a great sort of void really where...telling your own children about all that would’ve been, you know, there’s no one to tell about that, to tell them that you remembered your grandparent and he or she did this and they were like this, and all of that. There’s no one to pass these memories onto, you know. It’s almost like the history sort of end with you really.

David’s description portrays the loss of the continuation of his family line – the ‘history’ – which ‘ends with’ him. For David, childlessness appears to entail emptiness where there is

‘no one to pass memories onto’. This illustrates his sense that no one will ‘remember’ his existence, pointing further to his sense of full closure rather than continuation of his own life.

Victor talked about biological discontinuation, which was slightly different from those of David and Alan; for Victor, this was connected to the influence of his father, whom he lost when he was younger:

I didn’t have many...male role models when I was younger, cos my dad died when I was 20.

[] so, there’s a massive loss there, losing him, erm...as someone to help me through my life.

The presence of Victor’s father would have given him a meaningful relational continuity, not just as a biological continuation, but also as a way for him to have a guiding hand for his identity development as a man. Noticing the subtlety that emerges in the passage above, it appears that Victor is describing a relational loss with his father. However, what he points to seems to be about his own situation, where he needs someone to ‘help [him] through’ his life and his childlessness. Victor is lost in the world of childlessness, which may result in an ongoing search for his own identity as a man in the normative family-oriented world.

Turning the loss into inner strength

Although participants’ broken dreams are unmendable, all the men in this study have started to try to understand the meaning of their hopes, and of their loss as a whole by re-evaluating their journeys with involuntary childlessness. George expressed the following:

I just frankly was just depressed about everything...and having kind of come through that, and survived it [] I feel yeah, brighter and sharper and more like...I did when I was young before all these difficult things happened [] I feel more conscious of how valuable it is to have that sense of having you know experience that’s kind of taught me to not take it for granted, and also experience has given me a better set of tools to do something with it, I think.

George shows a sense of revival as he has ‘come through’ a dark tunnel of ‘depression’. He has turned the ‘difficult things [that] happened’ around childlessness into ‘conscious[ness]’. George evaluates his struggle inwardly placing value on the effort he has made towards his

dream, meaning his journey becomes a positively perceived experience. His survival experiences are reconstructed as ‘a better set of tools to do something with’. George is establishing a positive belief out of adversity, which directs him towards his future.

In contrast, Alan seems to retain his longing to have children as part of his way of understanding his circumstances:

I thought about it [becoming a sperm donor] seriously, erm...but I didn’t do it [] and then, I now I kind of thought, I almost feel, well, it’s slightly different in that, if I had done that, it would be quite good. The thought that someone of mine to come to find me [little laugh] kind of thing, but then, I don’t know...it’s all pie in the sky, yeah.

Alan’s reflective account indicates that his embodied sense of yearning remains. He talks about imagined stories to counterbalance his regret over not becoming a sperm donor, which he ‘seriously’ thought about but ‘didn’t do’. However, it is important to note that re-evaluation of this is consciously presented in his words ‘it’s all pie in the sky’. Through self-explanation Alan understands that what he fantasized about is not going to happen.

While each participant has shown a unique strategy for dealing with childlessness, all have started to acknowledge changes and work towards finding what is absent for their inner needs. Victor saw himself in a changing world:

This world’s changing, but...it always changes through time, doesn’t it? But, it’s more of an understanding now of erm...that’s important, I think, really...to be finally settled...the past is moving on quite a lot, and try new things.

Victor acknowledges life as ever-changing as he says, ‘the past is moving on’; he seems to be able to turn his internal pain into an inner motivational force to ‘try new things’. This inwardness seems to provide him with an inner-confidence, hence, ‘exploring’ the loss becomes possible. He continued:

So...exploring it...I...for me, the loss of not having...a child or children erm...well that the loss only started when it didn't work, and before there was always the hope, or the right timing.

This exploration of loss has enabled Victor to open up ways of finding new possibilities. He finds what he needs now is a new hope – a new beginning.

Reforming identity through nurturing relationships

All participants have set out a new phase in their lives through which they have started to regain positive identities and foster relationships with others. While Alan has found meaning in 'entertaining' engagement with his parents and family, the other three men, David, George, and Victor, reported their sense of fulfilment in caring for others. David said:

It's helping people. Just, silly small things...really.

Caring for other people matters considerably in reconstructing self and identity. It is through caring that David can establish new relationships and try to feel fulfilment despite the absence of children; he now has a fundamental need to steer and develop his life. In George's case, fulfilment was found in caring for his music students:

A little part of helping the students to sort of progress and get through their degree and start off their career, is...really satisfying.

And Victor, though he has created a connection with his niece by looking after her from time to time, he has also a community engagement where he supports younger men by 'getting on the right track, stop[ping] them going into the criminal system, or helping them when they come out of prison'. This responsibility now bridges the relational connection between himself and society. Victor said:

This work with the young men, it's a new world for me to be in working within a social world, which is really, really exciting. I can see that it's leading to somewhere.

This curiosity for involvement in society has sparked his desire to explore his new world.

In partnerships with their wives, all participants talked of their deepening reciprocal relationships. George revealed his sense of wholeness with his wife, Lily:

We're actually, a couple without children and that's what we are. [] the thing we've really done erm the real kind of step forward we've taken from there, actually, is to stop even think of ourselves as, we're a childless couple [] we're not defined by whether or not we've got children, and in the end we're just us.

The importance of George's togetherness with Lily is strongly projected through his repeated use of 'we'. The hardship of the infertility journey has advanced as a unified experience, and this seems to provide the couple with the strength to face their involuntary childlessness. It is notable that George does not say who we are, but 'what we are', which seems to point to the wholeness of a married couple living without children rather than their state as a couple who do not have children. The power of this relational wholeness then works as a way of breaking through social judgement, in which they are 'not defined by' childlessness. Victor talked about the emotional bonds with his wife, Helen:

it, it...as every day, there will be a time at some point when that [feeling around the loss] comes up again, for both of us separately or together...but it's it is about us, erm myself and Helen, to spend the time, when helping each other. And er...yeah we do that very well now.

Victor's feelings towards his wife are captured in the above passage. There appears to be a secure attachment between them. Victor is aware of his own need for emotional support from Helen, at the same time understands Helen's need for help from him, and therefore, they can help 'each other' through their shared understanding. The strong emotional bonds with his wife appear to empower their life and have developed an authentic marital dyad.

Discussion

The men in this study have revealed their sense of uncertainty caused by their loss of hope to have children. The unresolved outcome of childlessness, therefore, throws them into groundlessness in which childlessness seems to be perceived as a loss without closure. Boss

(2006) presented the concept of ambiguous loss, explaining it as unclear, traumatic, and uncanny with two forms that people may experience: “physical absence with psychological presence; and physical presence with psychological absence” (p. 7). Because this type of loss lacks clarity of what or who has been lost, “it freezes the grief process and defies resolution” (p. 11). This notion is helpful in understanding the participants’ loss experiences, in that, because the grief the men experience is not over the death of a person, there is ambiguity over corporeality, and also there is the psychological presence ascribed to the absence of their hoped-for children. The findings from the current study indeed highlight this, and point out that involuntarily childless men may suffer from physically absent, and psychologically present ambiguous loss; a similarity found with involuntarily childless women (see Fieldsend & Smith, 2020).

Further, in contrast to Beutel et al. (1996), the participants have shown their embodied sense towards the loss, and this suggests that although men physically cannot experience “the signs of pregnancy” (p. 251), involuntarily childless men can form “an attachment to the unborn child” (p. 251). The men’s felt sense of loss seems to develop as reproductive trauma (Jaffe & Diamond, 2011).

Having a child produces a family unit and creates family-based social connections where reproductive stories develop. Childless women’s stigmatized sense of self or exclusion from norms have been well documented in existing literature (Letherby, 1999; Loftus & Andriot, 2012). This current study has added to our understanding of how the unshared, gendered status of childlessness impacts not only on women but similarly on men living a normative life course.

However, while the participants revealed their suffering, they have also illustrated ways of understanding their own childless situations and have acknowledged changes in order to move on. Becoming conscious of the self means to live with involuntary

childlessness, thus it is ongoing, rather than a single event or a “non-event transition” (Koropatnick et al., 1993, p. 164). All four men described coping strategies to deal with this, where they have found new meanings in caring relational connections. Caring connects to generativity, forming nurturing and guiding relationships for the next generation (Erikson 1950/1995). Being generative, therefore, can maintain the balance between hegemonic and nonhegemonic masculinities. There are many forms of generativity that can “absorb [] parental drive” (Erikson, 1968/1994, p. 138), in that one can choose meaningful roles “beyond the sphere of one’s Family” (Snarey et al., 1987, p. 602). This in turn bridges relational disconnections between the self and society.

Existing literature often reports some degree of gender difference in the ways of understanding a partner’s supportive attitudes (Throsby & Gill, 2004) and the closeness in partner relationships (Hammarberg et al., 2010). However, the current study highlights the men’s perceived sense towards their partners as a process experienced together. Infertility, therefore, becomes a shared experience, and childlessness becomes, as George quite clearly stated, a unified whole: ‘we’re a couple without children that’s just what we are’. The authentic mode of care (Heidegger, 1988/1999) also contributes to establishing emotional bonds with a partner, supporting each other, and considering the difference in times of need ‘for both of us separately or together’ (Victor).

This paper offers experiential insights into men’s involuntary childlessness which are overlooked in existing literature. We understand that the findings presented from this small homogenous sampling study cannot be generalizable, though, what participants in this study reveal are actual experiences and their voices need to be experientially acknowledged. By applying a homogeneous sampling to focus on the particularity of the study, which is a feature of IPA, we believe this paper has provided micro-level psychological explorations of individual men living in their midlife with involuntary childlessness.

To conclude, because men's grief may not often openly be discussed, clinicians' and health professionals' awareness of the need to process their grief, and of the times when support is needed as their lives progress, is vital. Future research considering these points, looking also into individuals in wider contexts, representing, for example, cultural differences, or a later phase in life, can contribute to our understanding of men's meaning-making to their non-fatherhood, and further to promoting *well-living* for people facing the challenge of involuntary childlessness.

Acknowledgements

The authors would like to thank all the participants for their courage in coming forward and sharing their experiences.

Disclosure statement

The authors have no conflicts of interest to declare.

References

- Agarwal, A., Mulgund, A., Hamada, A., & Chyatte, M. R. (2015). A unique view on male infertility around the globe. *Reproductive Biology and Endocrinology*, *13*, 1-9. <https://doi.org/10.1186/s12958-015-0032-1>
- Beutel, M., Willner, H., Deckardt, R., Von Rad, M., & Weiner, H. (1996). Similarities and differences in couples' grief reactions following a miscarriage: Results from a longitudinal study. *Journal of Psychosomatic Research*, *40*, 245-253. [https://doi.org/10.1016/0022-3999\(95\)00520-X](https://doi.org/10.1016/0022-3999(95)00520-X)
- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York, NY: Norton.
- Erikson, E. H. (1994). *Identity: Youth and crisis*. New York: Norton.
- Erikson, E. H. (1995). *Childhood and society*. London. Vintage.
- Fieldsend, M., & Smith, J. A. (2020). "Either stay grieving, or deal with it": The psychological impact of involuntary childlessness for women living in midlife. *Human Reproduction*, *35*, 876-885. <https://doi.org/10.1093/humrep/deaa033>
- Fisher, J. R. W., & Hammarberg, K. (2012). Psychological and social aspects of infertility in men: An overview of the evidence and implications for psychologically informed clinical care and future research. *Asian Journal of Andrology*, *14*, 121-129.

<https://doi.org/10.1038/aja.2011.72>

Hadley, R. A. (2018). “I’m missing out and I think I have something to give”: Experiences of older involuntarily childless men. *Working with Older People*, 22, 83-92.

<https://doi.org/10.1108/WWOP-09-2017-0025>

Hadley, R. A. (2021). “It’s most of my life – going to the pub or the group’: The social networks of involuntarily childless older men. *Ageing and Society*, 41, 51-76.

<https://doi.org/10.1017/S0144686X19000837>

Hammarberg, K., Collins, V., Holden, C., Young, K., & McLachlan, R. (2017). Men’s knowledge, attitudes and behaviours relating to fertility. *Human Reproduction Update*, 23, 458-480.

<https://doi.org/10.1093/humupd/dmx005>

Hammarberg, K., Baker, H. W. G., & Fisher, J. R. W. (2010). Men’s experiences of infertility and infertility treatment 5 years after diagnosis of male factor infertility: A retrospective cohort study. *Human Reproduction*, 25, 2815-2820.

<https://doi.org/10.1093/humrep/deq259>

Hanna, E., & Gough, B. (2015). Experiencing Male Infertility. *SAGE Open*, 5,

215824401561031. <https://doi.org/10.1177/2158244015610319>

Heidegger, M. (1999). *Ontology: The hermeneutics of facticity*. (J. van Buren, Trans.).

Indiana: Indiana University Press. (Original lecture 1923).

Jaffe, J., & Diamond, M. O. (2011). *Reproductive trauma: Psychotherapy with*

infertility and pregnancy loss clients. Washington, DC: American Psychological Association.

Koropatnick, S., Daniluk, J., & Pattinson, H. A. (1993). Infertility: A non-event transition. *Fertility and Sterility*, 59, 163–171.

[https://doi.org/10.1016/S0015-0282\(16\)55633-7](https://doi.org/10.1016/S0015-0282(16)55633-7)

Letherby, G. (1999). Other than mother and mothers as others: The experience of

- motherhood and non-motherhood in relation to “infertility” and “involuntary childlessness.” *Women’s Studies International Forum*, 22, 359-372.
[https://doi.org/10.1016/S0277-5395\(99\)00028-X](https://doi.org/10.1016/S0277-5395(99)00028-X)
- Loftus, J., & Andriot, A. L. (2012). That’s what makes a woman: Infertility and coping with a failed life course transition. *Sociological Spectrum*, 32, 226-243. <https://doi.org/10.1080/02732173.2012.663711>
- Matthews, R., & Matthews, A. M. (1986). Infertility and involuntary childlessness: The transition to nonparenthood. *Journal of Marriage and Family*, 48, 641-649.
<https://doi.org/10.2307/352050>
- Parr, N. (2010). Childlessness among men in Australia. *Population Research and Policy Review*, 29, 319-338. <https://doi.org/10.1007/s11113-009-9142-9>
- Peronace, L. A., Boivin, J., & Schmidt, L. (2007). Patterns of suffering and social interactions in infertile men: 12 Months after unsuccessful treatment. *Journal of Psychosomatic Obstetrics and Gynecology*, 28, 105-114.
<https://doi.org/10.1080/01674820701410049>
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5, 9-27.
<https://doi.org/10.1080/17437199.2010.510659>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, UK: Sage.
- Snarey, J., Kuehne, V. S., Son, L., Hauser, S., & Vaillant, G. (1987). The role of parenting in men’s psychosocial development: A longitudinal study of early adulthood infertility and midlife generativity. *Developmental Psychology*, 23, 593-603. <https://doi.org/10.1037/0012-1649.23.4.593>
- Throsby, K., & Gill, R. (2004). “It’s different for men.” *Men and Masculinities*, 6,

Table 1

Participant characteristics

| Name Pseudonym | Age | Marital status (Years in relationship) | Wife's Name Pseudonym (Age) | Recency ^a | Fertility treatment / miscarriage experiences ^b |
|-------------------|-----|--|-----------------------------------|----------------------|--|
| Alan | 47 | Married (8 years) | Mary (45) | 4-5 | No / - ^c |
| David | 44 | Married (22 years) | Rose (46) | 8-9 | Yes / Yes |
| George | 46 | Married (11 years) | Lily (49) | 4-5 | Yes / - |
| Victor | 46 | Married (13 years) | Helen (50) | 10+ | Yes / Yes |

^a Number of years since stopped trying for a baby, 10+ = more than 10 years.^b The experience of a participant going through fertility treatments with his wife (mainly IVF) / the wife getting pregnant through treatments but miscarrying.^c - Indicates unknown, miscarriage not being mentioned.

Table 2

Summary and prevalence of themes

| Superordinate themes • Sub-themes | Prevalence of themes | | | |
|--|----------------------|-------|--------|------|
| | George | David | Victor | Alan |
| 1. The personal impact of loss | | | | |
| • Despair and anger | ✓ | ✓ | ✓ | ✓ |
| • Living with profound grief | ✓ | ✓ | ✓ | ✓ |
| • Groundlessness | ✓ | ✓ | ✓ | ✓ |
| 2. Losing interpersonal connections | | | | |
| • Being a social outcast | ✓ | ✓ | | ✓ |
| • Feeling alienated | ✓ | ✓ | | ✓ |
| • Grieving the biological discontinuation | | | | |

| | | | | |
|--|---|---|---|---|
| | | ✓ | ✓ | ✓ |
| 3. Turning the loss into inner strength | | | | |
| • Trying to understand: re-evaluation & explanation | ✓ | ✓ | ✓ | ✓ |
| • Finding ways to deal with emotional pain | ✓ | ✓ | ✓ | ✓ |
| • Self-actualization: acknowledging changes & moving on | ✓ | ✓ | ✓ | ✓ |
| 4. Reforming identity through nurturing relationships | | | | |
| • Reclaiming the self through relational connections | ✓ | ✓ | ✓ | ✓ |
| • Discovering fulfilment in caring for others | ✓ | ✓ | ✓ | ✓ |
| • Developing a deep marital dyad | ✓ | ✓ | ✓ | ✓ |