

Reflection on Care and Symbolic Masculine Bonds Associated with Fatherhood Using Reborn Dolls

Reflexão Sobre Cuidado e Vínculos Simbólicos Masculinos Associado a Paternidade com Uso de Bonecos *Reborn*
Reflexión Sobre el Cuidado y Los Vínculos Simbólicos Masculinos Asociados a la Paternidad a Través de Muñecos *Reborn*

RESUMO

Objetivo: Refletir sobre o cuidado paterno simbólico-terapêutico com uso de bonecos reborn em contextos de ausência dos filhos, incluindo perdas gestacionais e lutos perinatais. **Métodos:** Trata-se uma reflexão teórico-analítica, ancorada em revisão da literatura além da Nota Técnica COREN-SP nº0001/2025. A análise seguiu critérios de relevância temática, atualidade e articulação com referenciais contemporâneos da Enfermagem. **Resultados:** Evidenciou-se que homens vêm desenvolvendo estratégias afetivas para fortalecer vínculos parentais, inclusive em contextos de perda e ausência dos filhos. O uso de bonecos reborn mostra-se um recurso terapêutico emergente, capaz de promover elaboração do luto, autocuidado e ressignificação da identidade paterna. **Considerações finais:** A Enfermagem possui papel central na legitimação dessas práticas e deve incorporar abordagens terapêuticas sensíveis ao sofrimento masculino, promovendo cuidado integral, livre de estigmas e baseado na equidade de gênero.

DESCRIPTORES: Apego a Objetos; Masculinidade; Paternidade; Relações Interpessoais; Saúde Mental

ABSTRACT

Objective: To reflect on symbolic-therapeutic paternal care using reborn dolls in contexts of child absence, including pregnancy loss and perinatal grief. **Methods:** This is a theoretical-analytical reflection, anchored in a literature review in addition to COREN-SP Technical Note No. 0001/2025. The analysis followed criteria of thematic relevance, timeliness, and articulation with contemporary nursing references. **Results:** It was evidenced that men have been developing effective strategies to strengthen parental bonds, including in contexts of loss and absence of children. The use of reborn dolls proves to be an emerging therapeutic resource, capable of promoting grief processing, self-care, and re-signification of paternal identity. **Final considerations:** Nursing has a central role in legitimizing these practices and should incorporate therapeutic approaches sensitive to male suffering, promoting comprehensive care, free from stigma and based on gender equity.

DESCRIPTORS: Attachment to Objects; Masculinity; Fatherhood; Interpersonal Relationships; Mental Health

RESUMEN

Objetivo: Reflexionar sobre el cuidado paterno simbólico-terapéutico utilizando muñecos reborn en contextos de ausencia de hijos, incluyendo pérdida gestacional y duelo perinatal. **Métodos:** Se trata de una reflexión teórico-analítica, anclada en una revisión de literatura además de la Nota Técnica COREN-SP No. 0001/2025. El análisis siguió criterios de relevancia temática, actualidad y articulación con referencias contemporáneas de enfermería. **Resultados:** Se evidenció que los hombres han desarrollado estrategias afectivas para fortalecer los vínculos parentales, incluso en contextos de pérdida y ausencia de hijos. El uso de muñecos reborn demuestra ser un recurso terapéutico emergente, capaz de promover el procesamiento del duelo, el autocuidado y la resignificación de la identidad paterna. **Consideraciones finales:** La enfermería tiene un papel central en la legitimación de estas prácticas y debe incorporar enfoques terapéuticos sensibles al sufrimiento masculino, promoviendo una atención integral, libre de estigma y basada en la equidad de género.

DESCRIPTORES: Apego a los objetos; Masculinidad; Paternidad; Relaciones interpersonales; Salud mental

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ORCID: <https://orcid.org/0000-0003-3465-2595>**INTRODUCTION**

The nature of fatherhood has undergone significant changes in recent decades, especially regarding fathers' roles in the direct care of children from early childhood. Fathers' involvement in infant care has been associated with positive effects on child development, as well as the strengthening of family emotional bonds. In the field of health, fathering—understood as the set of practices and emotional attitudes that a father develops in caring for his child—has proven to be a determining factor in building healthy bonds between fathers and infants¹.

Additionally, it is necessary to recognize that the practice of active fatherhood is intrinsically linked to self-care. Fathers who practice self-care demonstrate a greater ability to cope with the emotional and physical demands of child. Such practices include seeking psychological support, attending prenatal appointments, and establishing supportive relationships with the mother and the social net-

work. The literature indicates that paternal self-care contributes to emotional balance, facilitating adaptation to parenthood².

In this regard, public policies aimed at promoting responsible fatherhood, such as the Partner Prenatal Program, represent significant advances. This initiative, implemented by the Brazilian Ministry of Health, encourages the father's presence at prenatal appointments, promoting involvement from the beginning of pregnancy and strengthening the emotional bond with the baby. An evaluation of this policy indicates benefits for fathers as well as for mothers and children, promoting gender equity in care³.

However, structural and cultural barriers still limit fathers' effective participation in caring for their children. Among the main obstacles are the lack of extended paternity leave, social stigmas surrounding masculinity, and the invisibility of fathers in healthcare practices. The social construction of fatherhood is still associated with the figure of the provider, which hinders the recognition of the

father as a legitimate caregiver⁴.

The Three-Dimensional Theory of Fatherhood, proposed by Lamb *et al.* (1987), structures the paternal experience into three interdependent dimensions: engagement, accessibility, and responsibility. This theory is widely used to understand paternal behavior in relationships with children and provides an important conceptual framework for reflecting on alternative and symbolic ways of exercising fatherhood. The theory contributes to a broader and more inclusive understanding of fatherhood, offering conceptual foundations to legitimize emerging practices of emotional care exercised by men⁵.

The interplay between symbolic actions, such as the use of reborn dolls, and concrete public health policies reveals possible pathways to shaping new meanings of masculinity, grounded in empathy, presence, and shared responsibility. Encouraging male presence in care processes— from pregnancy through childhood is not only a strategy for strengthening family bonds but also a political act of reproductive

and social justice. Thus, the objective of this study was to reflect on symbolic-therapeutic paternal care using *reborn* dolls in contexts of the absence of children, including pregnancy loss and perinatal bereavement.

METHOD

This is a theoretical-analytical reflection article, based on a qualitative approach, whose objective is to problematize and broaden the understanding of the strategies adopted by men to establish parental bonds in contexts of child absence, with an emphasis on the symbolic-therapeutic use of *reborn* dolls. The proposed reflection is grounded in the analysis of scientific literature, as well as technical and normative documents relevant to the topic, particularly in the fields of mental health, fatherhood, and nursing.

The argumentative framework was based on articles indexed in information sources, selected through a structured search, prioritizing empirical studies, reviews, and Technical Note No. 0001/2025 from the Regional Nursing Council of São Paulo (COREN-SP) as a normative reference supporting the ethical and professional analysis of the topic in the context of nursing. The selection of material followed criteria of thematic relevance, recency, relevance to the proposed objectives, and open access. The analysis was conducted through critical reading, thematic categorization, and articulation with contemporary theoretical frameworks, in order to allow for a broader understanding of the phenomenon of symbolic fatherhood and the emotional care provided by men in the face of parental loss or inability.

The search for studies was conducted considering the publication period between 2024 and 2025, with the aim of including contemporary works on fatherhood, men's mental health, and symbolic care strategies.

The temporal delimitation is justified by the need to analyze up-to-date evidence aligned with recent transformations in conceptions of men's mental health, masculinity, and parenthood. Materials published in Portuguese, English, and Spanish, available in full, that addressed the themes of fatherhood, men's mental health, perinatal grief, and symbolic care strategies were included.

As this is a reflective study with no direct involvement of human subjects, there was no need for submission to a research ethics committee, in accordance with the guidelines of National Health Council (CNS) Resolution No. 510/2016.

RESULTS AND DISCUSSION

Parental relationships, childlessness, and contemporary challenges of fatherhood

Changes in family structures and gender dynamics have reshaped the meanings of parenthood, particularly with regard to fatherhood. Currently, there is a growing movement to redefine the father's role beyond that of provider, expanding his function as a caregiver, a source of affection, and an active participant in his children's daily lives^{1,2}. However, the desire to exercise fatherhood often faces emotional, cultural, and institutional barriers. Some fathers face the pain of childlessness, the frustration of an interrupted parental project, and emotional isolation in the face of social expectations that cast them as supporting figures in the reproductive experience⁶.

The literature indicates that the forced absence from interaction with children can lead to emotional disorganization, feelings of helplessness, and the worsening of anxiety and depression, especially when there are no spaces for fathers to be heard and validated⁶. Although paternal presence has gained prominence in institutional health discourses, the prac-

tice still lacks effectiveness^{1,2}. Fathers' participation in health services, such as in their partner's prenatal care³, is still undervalued and poorly implemented. The behavior of healthcare professionals often reinforces gender stereotypes, hindering the effective inclusion of the male s as caregivers and partners in the pregnancy and postpartum cycle^{3,4}.

The literature also shows that the father's involvement in the mother-infant relationship does not occur spontaneously but is mediated by emotional bonds, family arrangements, and social conditions. The father figure can play an important role in supporting the mother, mediating care, and promoting the child's emotional development, provided that symbolic and material conditions are offered to him for this purpose^{1,2,4}.

Reflecting on absent or unfulfilled fatherhood also requires considering the structural dimensions that shape parenthood. Public policies, legal norms, and health and social services often operate with a mother-centric logic, hindering the recognition of the father as a caregiver^{4,5}. The development of more equitable policies that are sensitive to the diversity of parenting experiences is fundamental to guaranteeing the right to full fatherhood^{1,2,4,6}. For the development of parenting, it is important to reflect on the father's responsibility, given that it is now recognized that the baby plays an active role in family emotional relationships¹.

Fathers' strategies for bonding with and caring for their children and their associated benefits

With the transformation of conceptions of masculinity and parenthood in recent decades, many men have been developing strategies to engage more actively, emotionally, and participatively in raising their children. This movement, still in its early stages, challenges traditional models

of fatherhood marked by emotional rigidity and the centrality of the provider role, making room for the development of emotional bonds and daily involvement^{1,2,4}. Such strategies include active involvement in daily infant care, participation in the partner's prenatal care, learning parenting skills, and engaging in support networks, whether family-based or institutional³.

Among the most common strategies is investing in emotional communication with the child starting during pregnancy, through practices such as talking to the fetus, attending ultrasound appointments, and participating in childbirth preparation classes. Men who are involved during this initial period demonstrate greater confidence in interacting with the baby after birth and develop more consistent feelings of belonging to parenthood. In addition, participation in newborn care—such as bathing, feeding, diaper changing, and holding the baby—strengthens paternal self-esteem and increases fathers' empathy toward their partners and their own child¹⁻³.

The inclusion of men in health-care services, especially during prenatal care, has proven to be an effective strategy for strengthening the paternal bond. Fathers who attend their partner's prenatal appointments receive important information about fetal development, postpartum care, and infant care, and report feeling better prepared to face the challenges of parenthood³.

Other important strategies adopted by fathers include developing self-care as a way to sustain child-rearing. Fatherhood, especially during the child's early years, can be emotionally demanding, triggering feelings of insecurity, fear, and exhaustion⁷. Fathers who seek to maintain their mental health through therapeutic counseling, relaxation practices, physical activities, or participation in support groups demonstrate greater emotional

resilience and emotional availability for the child¹⁻³.

The benefits associated with fathers' emotional involvement with their children are extensive and well-documented: improved cognitive, emotional, and social development in children, strengthened family bonds, reduced stress in mothers, and greater subjective satisfaction among the men themselves regarding family life¹⁻³. Furthermore, involved fathers tend to develop greater awareness of gender inequalities, contributing to more equitable relationships within the home and in the upbringing of their children².

The legitimization of multiple forms of fatherhood and the institutional recognition of the father as a caregiver are fundamental to ensuring the continuity of these strategies and their positive effects. Government action, through public policies that promote gender equity in parenting—such as extended paternity leave, inclusion policies in health services, and educational initiatives—is a decisive step toward enabling men to fully and consciously exercise fatherhood⁴. To this end, health care teams should encourage the father's/partner's involvement and participation from the pregnancy test, through the postpartum period, to monitoring the child's overall development³. In this context, it can be inferred that health professionals involved in this scenario play an essential role as facilitators of this relationship between parents and children¹.

Male grief

Fathers' involvement in the care of newborns has gained prominence in the international scientific literature, especially in contexts that have historically marginalized the father as a primary caregiver. In many cultures, fathers express a desire to be present and involved with their children from the prenatal period onward, seeking to develop emotional bonds and fulfill

roles of care and protection¹⁻³.

However, for example, when a pregnancy loss, miscarriage, or neonatal death occurs, many fathers experience a silenced grief. Although they also suffer intensely, men are often relegated to secondary roles in the caregiving process and in the acknowledgment of the pain of loss. In general, male suffering is socially invisible, and fathers tend to suppress their emotions to support their partners, which can intensify psychological distress and hinder healthy coping with grief⁶.

Perinatal loss can cause fathers to experience symptoms of post-traumatic stress, depression, and anxiety, often equivalent to those experienced by mothers. However, due to social constructs of masculinity that associate men with strength and emotional control, many fathers do not feel permitted to publicly express their pain. A systematic review published in 2022 reinforces that this emotional repression can lead to prolonged or unresolved grief, increasing the risk of chronic psychological distress where many feel neglected in the grieving process and have greater difficulty seeking help, which can lead to complicated or chronic grief^{8,9}.

Reborn dolls as a therapeutic tool for men: grief, bonding, and the development of affection

In recent decades, a quiet but profoundly significant movement has emerged among men who turn to reborn dolls—hyper-realistic replicas of human babies—as a means of self-care, emotional bonding, and processing losses related to parenthood. Far from representing merely an aesthetic fetish or eccentricity, the use of these dolls by fathers or men who wish to be fathers expresses a legitimate search for affection, a symbolization of the parental bond, and a way to cope with the psychological suffering caused by the absence or loss of children.

In Brazil, this practice has begun

to attract attention not only from civil society but also from healthcare professionals. In May 2025, the Regional Nursing Council of São Paulo (COREN-SP) published Technical Note No. 0001/2025, which officially recognizes the use of *reborn* dolls as a therapeutic tool in the context of nursing care in mental health, psychosocial care, palliative care, and grief counseling. The note states that: “the handling of *reborn* dolls can be incorporated into care practices as a way to symbolize emotional bonds and promote emotional expression among patients experiencing psychological distress, including males”¹⁰.

Furthermore, the literature on perinatal grief and early loss has emphasized the importance of acknowledging the suffering of fathers—often overlooked in care protocols centered on women—and offering them concrete strategies for emotional processing. Therapeutic models centered on men’s experiences demonstrate that symbolic resources such as *reborn* dolls can promote significant therapeutic effects: reduction of anxiety symptoms, reorganization of grief, strengthening of paternal self-image, and a decrease in feelings of emptiness^{8,9}.

Men’s incorporation of this resource breaks with the stigma that only women are culturally permitted to express affection for *reborn* dolls, challenging symbolic gender barriers and promoting the right to full emotional expression. These movements, often spontaneous or facilitated by healthcare professionals, demonstrate that there are multiple ways of experiencing fatherhood, including those that occur in the concrete absence of a child. In support groups and therapeutic listening spaces, the dolls have been used to simulate interactions, perform symbolic farewell rituals, or even to initiate processes of reframing¹⁰.

The introduction of *reborn* babies

into clinical and therapeutic contexts raises relevant discussions about the boundaries between the symbolic and the concrete in the realm of healthcare. These babies, produced using hyper-realistic techniques, possess visual and tactile characteristics that resemble newborns, which can evoke intense emotional responses, particularly in parents experiencing grief, social isolation, or psychological distress. In this context, the use of these dolls requires healthcare professionals to adopt an approach grounded in clinical sensitivity and technical expertise, in order to recognize their symbolic value without diverting the focus from person-centered care^{1,8,9}.

In the field of nursing, it is essential that professionals know how to distinguish between the dimensions of empathetic care and symbolic validation, understanding that skilled listening—a central element of ethical and humanized practice—involves considering the subjective meanings attributed by the individual to the object in question. However, this recognition must not exceed the technical and ethical boundaries of the profession, attributing to the *reborn* doll a role that does not belong to it. Thus, care must remain focused on the subject’s actual biopsychosocial needs, aiming to promote health, autonomy, and a healthy coping with their condition, without reinforcing mechanisms of denial of reality or symbolic alienation^{1,6,8,10}.

From an ethical standpoint, it is essential that healthcare professionals, especially nurses, be sensitized and trained to address these needs, understanding that the use of *reborn* dolls by men does not represent a pathology, but rather an alternative, symbolic, and legitimate way of providing care, expressing love, and processing loss. Such a practice should be encouraged, especially in contexts of non-verbalizable psychological distress, such as: pregnancy losses and traumatic paren-

tal separations.¹⁰

It is even necessary for us to reinvent ourselves, considering that we were neither raised under the banner of diversity nor trained as professionals based on a critical examination of the divisions between father/mother, sex/gender, and so many other certainties that do not always help us promote health initiatives.² This phenomenon takes on special relevance in contexts of pregnancy loss, abortion, infertility, family separation, or grief over neonatal or infant death. For many of these men, *reborn* dolls offer a symbolic way to maintain contact with an absent figure, functioning as an emotional extension of interrupted fatherhood. Interaction with the doll allows for the concrete expression of care, attention, and affection, facilitating the emotional processing of grief and the acknowledgment of feelings often repressed by traditional norms of masculinity.

There is a scarcity of specific scientific research that thoroughly investigates this practice among the male population, with most studies focusing on the use of *reborn* dolls in geriatric care facilities. Another relevant limitation concerns the social stigma associated with men who express affection through symbolic objects such as dolls, which further reinforces gender stereotypes that discourage male emotional expression. This scenario hinders the visibility of these individuals and reduces the likelihood of their acceptance in healthcare services or therapeutic settings. Added to this is the lack of technical preparation and sensitivity on the part of healthcare professionals, who often interpret these practices as eccentricity, psychological regression, or behavioral deviation, rather than recognizing them as legitimate coping strategies for dealing with suffering.

Nursing, due to its interdisciplinary nature and focus on comprehensive care, finds in this topic an

opportunity to expand the ways of listening, welcoming, and intervening with men experiencing interrupted fatherhood. The use of reborn dolls can be incorporated as a therapeutic resource in contexts of perinatal grief, pre- and postnatal care, and also as a tool for fostering emotional bonding in situations of separation from children. However, significant challenges remain, such as overcoming the social stigma surrounding men who express affection in unconventional ways, the scarcity of scientific studies focused on the male experience of caregiving, and the absence of specific clinical guidelines that incorporate these resources into healthcare services. This topic invites the nursing profession to invest in qualitative research and clinical interventions that assess the impact of this type of resource on the psychological well-being of men experiencing parental distress.

CONCLUSION

The discussion on fatherhood and fathering has been gaining prominence, especially when linked to shifts in models of masculinity and new forms of expressing paternal care. Men's involvement in the processes of pregnancy, birth, child-rearing, and even parental grief reveals a need to expand social and institutional recognition of the father figure as an agent of affection, bonding, and care. Furthermore, it is necessary to recognize that the social construction of masculinity still imposes significant barriers to men's emotional expression, especially in contexts of pain and loss. The internalization of cultural norms that associate masculinity with emotional restraint and affective detachment hinders men's access to legitimate forms of care and support. The introduction of symbolic therapeutic

practices, such as the use of reborn dolls, can serve as a catalyst to break these patterns, fostering spaces for listening, validation, and reframing the male parenting experience.

Broadening the perspective of nursing and other health professionals toward these experiences also means assuming an ethical commitment to the humanization of care, recognizing the diversity of trajectories and ways of experiencing fatherhood. The incorporation of innovative strategies in the field of men's mental health requires sensitivity, adequate training, and active listening, allowing new models of care to be legitimized both in the scientific sphere and in public health services. Thus, this contributes to a more inclusive, empathetic society committed to the holistic well-being of all individuals involved in the parenting process.

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