

The 'Paternal body': Reviewing the corporeal impact of new fatherhood on employed men

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Abstract

This review proposes a new concept, the 'Paternal body', to illuminate the corporeal impact, on employed men, of new fatherhood. It explores literatures on fatherhood, employment and health to reveal how fathers experience pregnancy, birth and infant-care (infancy defined, here, as up to age two). In contrast to well-established notions regarding Maternal (pregnant and post-birth) bodies, there exists within management studies no similar concept to facilitate understanding of recent fatherhood, the body and employment. The proposed concept 'Paternal body' addresses this lack, offering a strategic platform for theorizing how fatherhood impacts men's lived, bodily experience of balancing paternity with paid work. Drawing upon interdisciplinary perspectives from sociology and health literatures, the paper reviews research on paternal corporeality in the context of employment in neo-liberal (market-oriented) economies (typified by the USA and UK). It identifies related and important health symptoms (such as sleep deprivation) that pose risks to paternal health and employment. Yet the review shows how expectant/recent fathers are pressured, at work, to live up to a mythical image of hegemonic masculinity that requires them to display strong work-orientation, denying ill-health and working long hours away from home. The paper coins the term: 'Absent warrior' to represent this illusion of a 'manly' father (warrior) who is absent from infant-care and from his home, but bodily present at work: a father who is supposed to deny the materiality of inhabiting a Paternal body. Recommendations are made for further exploration of fathers' embodied health needs through the concept of the lived 'Paternal body'.

INTRODUCTION

Within neo-liberal, market-led settings (typified by the USA and UK, Jones et al., 2005) employer views about paternity are characterised by stereotypical assumptions that recent fathers should have limited involvement with

the care of their infant children. Employed men are expected to be work-oriented, prioritizing breadwinning over family (Banister & Kerrane, 2024; Kelland et al., 2022; Ladge et al., 2015). Yet such presumptions fail to recognise how paternal engagement with infant-care, both ante- and post-natally, has increased over the years (Banister

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& Kerrane, 2024). This social shift towards more engaged fatherhood is due in part to women's increased labour market activity, yet it reflects also a growing desire among men to experience the physicality and materiality of nurturing their own babies—during their partner's pregnancy and throughout infancy (Beck & Beck-Gernsheim, 1995; Robertson, 2006a; Holter, 2007; Özbilgin et al., 2011; Gatrell et al., 2014; Coltrane et al., 2013; Ladge et al., 2015; Humberd et al., 2015; Doucet, 2018, 2020; Banister & Kerrane, 2024; Harrington, 2022; Kelland et al., 2022).

For employed fathers, combining paid work with the embodied aspects of nurturing dependent children can be demanding at all phases of their children's development (Burnett et al., 2013). However, health research indicates that the 'infant years' (defined as up to age two: Johnson & Blasco, 1997) take the greatest physical toll on paternal corporeal well-being (Montgomery-Downs et al., 2013). This is because, within market-centric economies, the intense and close physical labour of caring for infants corresponds often with a paternal life-stage when men are also main breadwinners, working longer hours than at any other time in their careers as they battle to maximize family income (Harris, 1994; Burnett et al., 2013; Rudman & Mescher, 2013; Humberd et al., 2015). Employed recent fathers who are involved with the care of infant children may be thus physically exhausted: struggling to manage the demanding and bodily demands of childcare whilst also performing to workplace targets (Harris, 1994; Cooklin et al., 2015; Humberd et al., 2015).

In its consideration of how paternity impacts the health of employed men, this review proposes a new concept, the 'Paternal body' for the purpose of illuminating and articulating fathers' corporeal experiences during pregnancy, birth and children's early years, a concept that is presently missing from management studies. Whilst 'maternal bodies' (the bodies of women who are pregnant or mothering infant children) are closely studied in relation to maternity and employment (Haynes, 2008; Gatrell, 2011; Greenberg et al., 2019; Greenhaus & Powell, 2017; Grandey et al., 2020) no such construct exists for men. The concept 'Paternal body' thus offers a strategic platform for theorizing how the materiality of embodied fatherhood impacts men's capacity to balance work and family, thereby facilitating much-needed explorations of recent fatherhood and paid work. Focusing specifically on the bodily impact of new paternity on employed men this review responds to calls within management debate to understand fatherhood from a 'whole person' perspective (Harrington, 2022, p. 210; Gatrell, 2005; Ladge et al., 2015; Humberd et al., 2015). In its analysis, the review takes a cross-disciplinary approach, blending the rich domains of health and sociology with management studies to facilitate understandings of the relationships between men's corporeal and mate-

rial experience of combining fatherhood and employment (Breslin & Gatrell, 2020; Alegre et al., 2023).

In developing the concept of the Paternal body, the review introduces to management studies important health and sociology research on fathers' bodies and men's wellbeing in relation to recent fatherhood (Versele et al., 2023; Saxbe et al., 2017). The review highlights the physiological relationships between fatherhood, pregnancy, birth and infant-care. It considers the potential impact, on fathers' paid work, of men's compromised health in situations where organizational and state support for recent paternity is limited, fathers' human frailty is denied and involved fathering is stigmatized at work (Tracy & Rivera, 2010; Mellor & St John, 2012; Humberd et al., 2015; Doucet, 2018; Kelland et al., 2022).

The review shows how, within neo-liberal settings, social and organizational norms regarding fatherhood and income provision reflect deeply-ingrained employer perceptions of how fatherhood should be performed; that is, in keeping with imagined notions of 'hegemonic masculinity' whereby men are expected to perpetuate dominance in employment markets through working long hours, presenting an apparently healthy countenance (McCarthy, 2003) and demonstrating 'high work-orientation, even if this does not reflect their true feelings' (Gatrell et al., 2022, p. 1206; Collinson & Hearn, 1994; Connell & Messerschmidt, 2005; Coltrane et al., 2013; Harrington et al., 2016). It is argued, here, that expectant/new fathers' embodied vulnerabilities (identified within health and social research, Kowlessar et al., 2015) are incompatible with organisational visions of the strong 'breadwinner' father (Kelland et al., 2022, p. 1580) who is expected often to transition to fatherhood with limited corporeal impact; enduring and overcoming ill-health in order to honour and prioritize work commitments (Holter, 2007; McCarthy, 2003; Gatrell, 2005). The review shows how employed, expectant/recent fathers are pressured to live up to a mythical image of hegemonic masculinity that requires them to display high work-orientation, denying ill-health and exhaustion and working long hours. The paper coins the term: 'Absent warrior' to represent this illusion of a 'manly' (Eränta & Moisander, 2011, p. 515), or what I term 'warrior' father, who is absent from infant-care and his home but bodily present at work: a father who is supposed to deny the materiality of inhabiting a body that might, in practice, be fatigued through combining child care with paid work.

The proposed concept 'Paternal body' challenges such constraining hegemonic organizational scripts and proposes novel possibilities for understanding expectant/new fatherhood and employment from the perspective of men's corporeal health, including concerns regarding workplace safety.

The paper first outlines the methods that inform the review. It then explores, from health, sociological and management perspectives, research on how (from a paternal perspective) pregnancy, birth and infant-care impact recent fathers' bodily experience in relation to employment (Mellor & St John, 2012; Doucet, 2018). The review shows how employers may make limited adjustments to support the physiological impact of recent fatherhood, either during pregnancy and birth, or in relation to the embodied impact of caring for infant children. By contrast, workplace narratives about expectant/recent fathers tend towards denying the lived experience of a paternal body that might experience ill-health or fatigue—rather, organizational scripts invoke mythical, hegemonic narratives of breadwinner fathering (Eräranta & Moisander, 2011). Expectant/recent fathers are required to appear strong and healthy at work, prioritizing employment and absenting themselves from infant-care as they fight to maximize family income (White, 1994; Ashman et al., 2022).

The discussion section then proposes the concept Paternal body as a new perspective on recent fatherhood and employment, for the purpose of facilitating novel theoretical perspectives that recognise and articulate fathers' corporeal experience and health needs in the contexts of paternity and work (Ladge et al., 2015; Wood et al., 2018). The impact of recent fatherhood on embodied paternal health is considered, with a view to informing policy (Cooklin et al., 2015).

METHOD

The purpose of this review is to explore the literatures on paternal corporeality, employment and fathers' physical health, thereby to generate new and more complete insights regarding the embodied impact of recent fatherhood on employed men. This review could be defined as a 'prospector' paper (Breslin and Gatrell, 2020) in that the idea of recent fathers inhabiting bodies that are vulnerable to ill-health is new to management studies. Presently, in contrast to the rich array of research on maternal bodies (Grandey et al., 2020) a focus on new/expectant paternity and health is missing from management debate, where men's transition to fatherhood is assumed to be almost body-neutral (Acker, 1990; Gatrell, 2005; Annandale & Clarke, 1996). At the same time, research on new paternity is flourishing in the arenas of sociology and health research (Kowlessar et al., 2015) though it is noted even in these rich areas that further research is needed to unpack sometimes one-dimensional perspectives on fatherhood, developing more nuanced perspectives on diversity and demographics among new fathers (Grau-Grau et al., 2022).

Following Alegre et al. (2023) the intention here is to review research across these two domains, and to

introduce to the arena of management studies greater understandings of new fatherhood and the body in the context of employment. In so doing, the review extends research on work and family within management studies through illuminating the material effects on men's bodies of new parenthood (e.g., sleep deprivation) such that readers' (and employers') perspectives on recent fatherhood might change (Alegre et al., 2023).

The review is theoretically-oriented and is both interdisciplinary and integrative. The interpretation here of 'integrative' accords with Snyder's (2019, p. 335) definition in that it identifies, analyses and synthesizes literatures among and between the disciplines of management, health and sociology, facilitating the development of novel conceptual ideas that illuminate the embodied experience of paternity and employment.

The review was conducted according to Denyer and Tranfield's (2009) four tenets, namely transparency and inclusivity, with an explanatory and heuristic approach. Figure 1 summarizes interpretations of these tenets in relation to the literatures explored here.

In the context of developing an integrative review, a hybrid approach (as recommended by Mergen and Özbilgin, 2021; Wohlin et al., 2022) included taking a narrative route supported by literature searches and snowballing (Jones & Gatrell, 2014; Wohlin et al., 2022). As in Mergen and Özbilgin's review, I had prior understanding of literatures on fatherhood and employment (covering the period from 1977 to 2023: for example, Pleck, 1977; Ashman et al., 2022; Westerling, 2023). I adopted an iterative approach to exploring and re-reading in depth important texts (e.g., Beck and Beck-Gernsheim, 1995) then following up relevant citations.

At the same time, following Khan et al. (2023) and Ryan and Gatrell (2024) I expanded the scope of the review using two types of more formal, methodical search. Over a 3-year period (January 2018–December 2020) I undertook a digital search using Web of Science, Google and my University Library's extensive search engines. Over a 5-year period (January 2018–March 2024) I followed up citations within reference lists, embracing the arenas of men's health and sociology. I used this method to update literature searches up to the present date. Readings led me into the topic areas of family studies, reproduction, social policy and gender studies, enabling an interdisciplinary focus. I read widely and in-depth, crossing disciplinary boundaries.

In order to narrow down the focus of the review, I established a mentoring relationship with a colleague, holding monthly meetings in which I developed reading goals, choosing search terms in keeping with the integrative and hybrid approach of the review (Snyder, 2019; Wohlin et al., 2022; Ryan & Gatrell, 2024). Key areas where studies were rich and growing, that emerged from our discussions, were

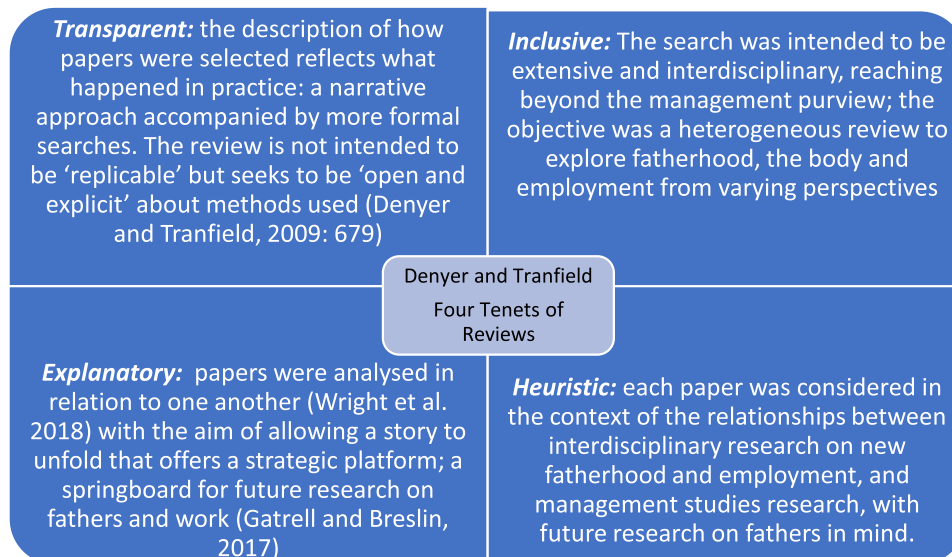


FIGURE 1 Adaptation of Denyer and Tranfield's four tenets for reviews.

TABLE 1 Summary of key search terms.

- fatherhood/fathers/fathering/paternity and employment
- fatherhood/fathers/fathering/paternity and work/work-life balance/flexible working
- fatherhood/fathers/fathering/paternity and health
- fatherhood/fathers/fathering/paternity and pregnancy/birth
- fatherhood/fathers/fathering/paternity and infant-care/involvement/new fatherhood
- fatherhood/fathers/fathering/paternity and the body

health and sociology literatures. The search terms utilized included those summarized in Table 1.

These literature searches led me to studies that were previously unknown to me—for example, the work of Draper (2003) that explores embodied paternal connections with pregnancy. A total of 269 papers and books were selected initially for in-depth reading. Of these, 198 were studies that were (at varying levels) familiar to me. However, these studies were revisited in greater depth as part of the reading programme. The above methodical literature searches produced a further 71 relevant papers to explore.

Ideas for the direction and scope of the review were developed through reading and writing concurrently—a process of 'writing as thinking' (Murray, 2019). Many papers crossed over a range of disciplines and themes. Due to the complexity and cross-over of themes, it proved most workable to classify papers in relation to the chronological progression of new fatherhood within three categories—pregnancy, birth and infancy/infant-care. Strong storylines emerged, some of which were common to all three categories (such as organizational idealization of breadwinning fatherhood: Kelland et al., 2022). These storylines formed the basis of my reflections on fatherhood, the body

and employment and led to the emergence of the concept 'Paternal body' that illuminates understandings regarding the corporeality and materiality of employed fathers' experiences.

Figure 2 illustrates how the chronological storylines emerged; these categories leading to the development of the concept Paternal body.

The following sections consider the relationship between fatherhood, the body and employment from pregnancy through infancy. The lack of integration between organisational and health/social research is illuminated. The impact on employed fathers of this lack is considered. The paper then explores how different perspectives on fatherhood facilitate new insights on recent fatherhood and employment.

FATHERS, PREGNANCY AND BIRTH

Within organizations, new fathers are pressured often to present themselves in the image of work-oriented breadwinners (Kelland et al., 2022) who are absent from the intense 'messiness' of pregnancy, birth and childcare (Gatrell, 2005). Such organizational scripts reflect what has been traditionally the approach within bio-medical representations of fatherhood: men's bodies are characterized as separate from the business of reproduction and infant-care (Acker, 1990; Gatrell et al., 2023). Culturally and historically, the event of childbirth and 'the entrenchment of women in their reproductive role' has led to bio-medical (and corresponding employer) assumptions that men's bodies are supposedly unchanged by childbirth (Annan-dale & Clark, 1996, p. 31; Nettleton, 2020; Witz, 2000).

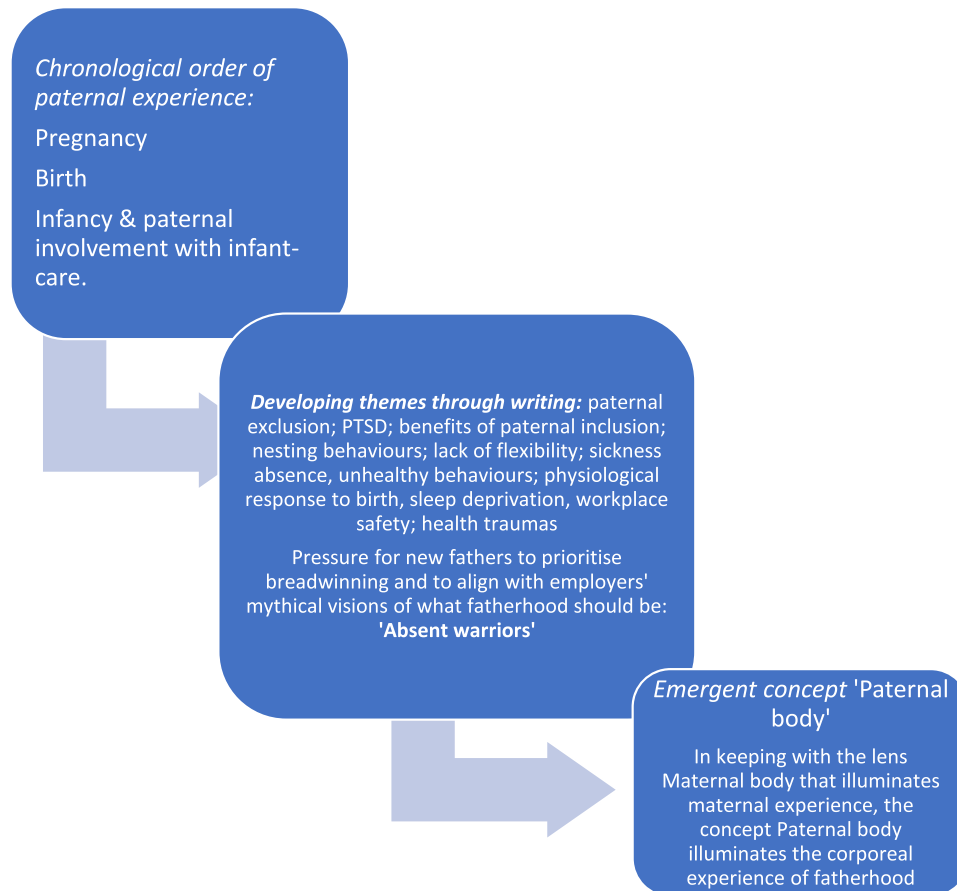


FIGURE 2 Key areas of concern and the emergence of the new proposed concept 'Paternal body'.

Men's health status in relation to pregnancy, birth and infant-care has been 'glossed over', with related paternal health problems ignored (Annandale & Clark, 1996, p. 32). Employed men are expected to interpret fatherhood as mandating absence from home settings whilst paid work takes precedence: '... it is the man's body, [with] its ... minimal responsibility in procreation ... that pervades work and organizational processes' (Acker, 1990, p. 152; see also White, 1994). Whilst women's maternal bodies may be inaccurately envisioned at work to be often fragile and subject to ill-health (Witz, 2000) fathers' bodies are treated within bio-medical science as strong and normally healthy, with a propensity for endurance (Annandale & Clark, 1996; Höpfl, 2000).

Compared with health and social perspectives, research on the impact of pregnancy and new fatherhood on men's embodied health is limited within management studies. Health and social research studies, therefore, offer to management studies alternative perspectives on employed fathers' embodied health during pregnancy, birth and infancy. The blending of these literatures within a management context offers opportunities for management studies to invoke new ways of thinking about fathers from theoretical and policy perspectives.

Paternal health in pregnancy

Within health and social studies, a growing array of research has flourished regarding the impact of pregnancy on the male body. Richman (1982), for example, explores 'pregnant fathers' in relation to birth attendance whilst Draper (2002) explores men's experience of ante-natal care and Kowlessar et al. (2015) analyse experiences of pregnancy among first-time fathers. It is easy to underestimate paternal health needs during pregnancy and research demonstrates how for some fathers, embodied paternal health is severely compromised. For example (although further research is needed to develop and quantify such findings) it is observed how 'pregnant fathers' can experience 'Couvade syndrome' whereby fathers-to-be experience medical complaints similar to those affecting pregnant women (Richman, 1982; Grau-Grau et al., 2022). In a qualitative exploration of Couvade syndrome, Brennan et al. (2007a,b) observe how fathers experience classic pregnancy symptoms including morning sickness (some men 'throwing up' each day alongside their female partners Brennan et al. 2007a, p. 29), urinary tract infections, fatigue, food cravings and appetite disturbances. The international incidence of Couvade syndrome appears variable,

with symptoms rarely reported in Australia, whilst in the UK and USA incidence is reported to range from 11% to 52% (one study, albeit apparently an outlier, claiming an incidence rate of 97%; Brennan et al. 2007b). Evidence is limited regarding why the incidence of Couvade seems so varied: speculative answers suggest male reluctance to report symptoms and/or medical propensity to ignore/decline to treat symptoms (Brennan et al. 2007b). The only consistent finding appears to be that (within the USA) rates among black men appear higher than for other demographics, though no clear explanation behind this discovery is offered (Brennan et al. 2007a,b).

An enhanced health and social research focus on fatherhood, pregnancy and birth has developed partly due to changes in how pregnancy and birth are managed by healthcare agencies (Draper, 2003). Contemporary healthcare practices encourage fathers to engage pro-actively and in-person in the processes of pregnancy, labour and birth—where previously, men could have been excluded from such spaces (May, 1978, 1982; Richman, 1982; Jordan, 1990a,b; Chapman, 1991; Henderson & Brouse, 1991; Lupton & Barclay, 1997; Vehviläinen-Julkunen & Liukkonen, 1998 and Pollock, 1999).

Close paternal involvement in antenatal care is known to reduce paternal stress and to prevent incidence of ill-health among fathers (Bronte-Tinkew et al., 2007; Draper, 2003). Fathers are encouraged to be physically present during antenatal stages, sharing in the visceral milestones of serum screening tests, ultrasound scanning and diagnostic appointments (or baby 'scans') in which the image of the baby is made visible to parents (Sandelowski, 1994). The experience of baby scans gives fathers the opportunity to engage in what Draper (2002, p. 568) describes as 'body-mediated moments', offering paternal entry into a 'physical dimension' of pregnancy that would be otherwise inaccessible to men (Sandelowski, 1994, p. 232; Rothman, 1993): The body-mediated moment of the ultrasound scan enables men to understand their babies as being part of themselves (Draper, 2002; see also Cox et al., 1987). Antenatal visits and parenting classes further enable men to transition into fatherhood and to feel corporeal closeness with their baby (Layne, 2000).

More broadly, in relation to the impact of pregnancy on fathers' wellbeing, health and social research has established that men who are fully included during antenatal care experience better health during pregnancy than do men who are excluded (Hallgreen et al., 1999; Cooklin et al., 2015). This is partly because those men who are informed and involved in the antenatal process take better care of their own physique, for example eating more healthily, and drinking and smoking less (Grau-Grau et al., 2022; Brennan et al., 2007b). It is suggested that such paternal wellbeing translates into enhanced workplace

performance among prospective fathers, because men who are taking better care of themselves are more likely to feel healthy and less likely to require sick leave from work (Finnbogadóttir et al., 2003). Conversely, expectant men who are excluded from antenatal care (and associated health information) might express their disconnection with pregnancy through unhealthy behaviours such as increased cigarette and alcohol consumption (Brennan et al. 2007a,b). Within health research, given evidence that embodied paternal health is enhanced when fathers are involved with the antenatal experience (even if men are not resident with the mother: Cramer, 2018) it is argued that fathers should be embraced within pregnancy care programmes (Habib & Lancaster, 2006; Brennan et al., 2007a; see Table 3; Figure 3).

Birth and its after-effects

Post-birth, health and social research affirms that paternal ill-health is most problematic among fathers who were excluded from involvement with pregnancy-care milestones. Paternal lack of preparedness for birth invokes for some men, both during and post-birth, strong physiological responses including tears, shaking and subsequent trauma such as nausea (Draper, 2003). In the longer term, paternal exclusion from health-care in pregnancy can contribute to long-term post-traumatic stress disorders (PTSD; Finnbogadóttir et al., 2003, see also Condon et al., 2004; Boyce et al., 2007; Fenwick et al., 2012; Draper, 2003). Whilst PTSD might be usually categorized as a mental health issue, such classification underplays its intense physical symptoms that manifest as breathlessness; raised heartbeat, perspiration and sleep disturbance. Webb et al. (2021) suggest that 26% of men who are present at the birth of their infant's experience PTSD (as opposed to 7% of women)—this implying that the present level of paternal inclusion in ante-natal care is inadequate. The corporeal symptoms of PTSD lead some men to self-medicate through drinking and smoking to calm severe bodily reactions. This combination of PTSD and unhealthy life-styles can lead to sickness absence that may jeopardize men's employment prospects, at all job levels (Cooklin et al., 2015).

Men who lack information about pregnancy and who experience trauma during birth are likely to experience difficulties coping with new infants, which has further negative impacts on paternal health (Kim & Swain, 2007). In such circumstances, male post-natal depression (that may be multi-causal) can increase by 15% among fathers who were not part of pregnancy care (Matthey et al., 2003). Post-natal depression among men presents often with physical symptoms including slothfulness, fatigue,

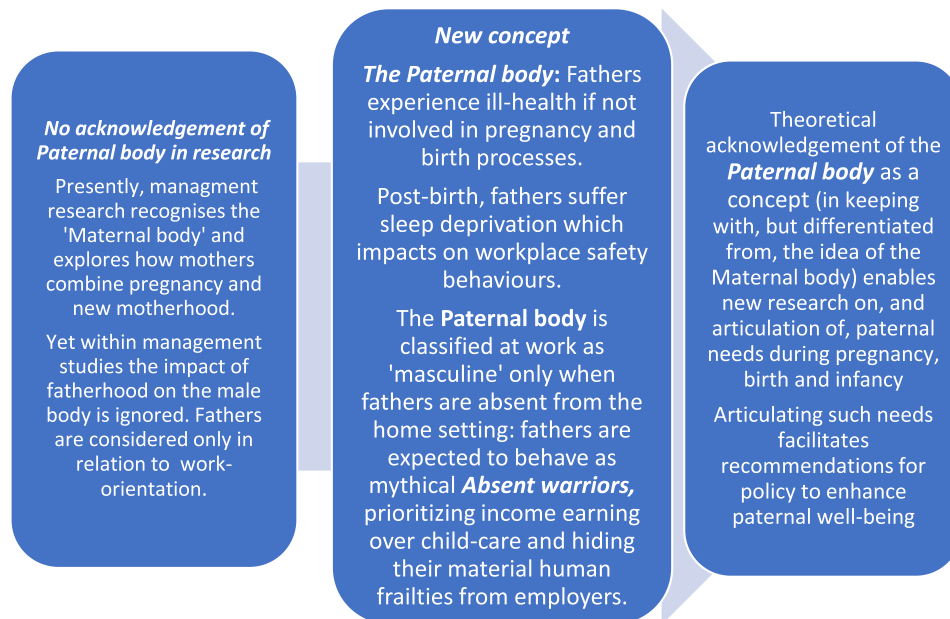


FIGURE 3 The new concept of the Paternal body.

night-time insomnia and/or increased day-time somnolence (Matthey et al., 2003). Significantly, the exclusion of fathers from ante-natal care may be both classed and racialised—the Joint Center for Political and Economic Studies (n.d.) identifies lack of paternal involvement in pregnancy as endemic and particularly serious among black and minority ethnic men in the USA (see also Gatrell et al., 2022).

By contrast, in-person paternal participation in pregnancy care is shown to reduce the incidence of paternal sickness post-birth (Bronte-Tinkew et al., 2007; Draper, 2003). Paternal involvement in antenatal care promotes enhanced bodily health among prospective and recent fathers: they are motivated towards purposeful self-care to ensure they are in good physical shape when babies arrive (e.g., eating sensibly and reducing alcohol intake: Bronte-Tinkew et al., 2007; Robertson, 2006b). 'Included' fathers are thus placed in a better position to balance work and family post-birth.

The beneficial effects of early paternal engagement in pregnancy are important for family as well as for fathers themselves. Fathers who are engaged and informed during pregnancy have a better understanding of maternal needs and this is especially pertinent among low-income fathers who rely on pregnancy-care teams for information (see Cramer's, 2018 survey among 186 first-time US fathers; also Greenhill & Volmer, 2019). Close paternal engagement with pregnancy care from the outset has wide-ranging benefits for the child including: infant health and diet (Walsh et al., 2015); increased infant physical activity levels (Lloyd et al., 2015) and reduced risk of childhood obesity (Freeman et al., 2012). A qualitative, New

Zealand-based study (Gage & Kirk, 2016) demonstrates how men who are involved in antenatal preparations pay greater attention to the bodily health needs of partners and infant children (Gage & Kirk, 2016; see also Robertson, 2006b). Fathers with female co-parents, at all income levels, demonstrate enhanced interest in maternal nutrition and well-being during pregnancy. Men who are involved in pregnancy are more willing to take personal responsibility for the embodied aspects of household labour and cooking, where previously they might have left such chores to women partners (Gage & Kirk, 2016). Significantly, men who engage physically with housework during pregnancy often continue with this physical activity following birth. Paternal support with domestic chores encourages enhanced breastfeeding duration among new mothers which is important not just for the public health but also for employers, as breastfeeding reduces incidences of infant sickness, thereby facilitating both parents in balancing family with paid-work (Cramer, 2018; Carr & Springer, 2010).

Further, men who feel included during pregnancy prepare pro-actively for fatherhood through bodily 'nesting' activities, undertaking manual labour such as preparing the nursery, painting, cleaning and building baby paraphernalia (Fenwick et al., 2012; Jordan, 1990a, p. 14; Bettany et al., 2014). However, men's nesting activities might also include tasks more in keeping with traditional notions of hegemonic masculinity—such as ensuring the car is in good condition for trips to hospital (Fenwick et al., 2012) and enhancing televisual provision so parents can be entertained at home post-birth (Shahvisi, 2020). 'Nesting' fathers are shown also to treat their own bodies with

greater care when partners are pregnant, thinking strategically about personal safety and, for example, driving with greater caution (Mellor & St John, 2012). In response to strong evidence that in-person and corporeal paternal engagement with pregnancy enhances paternal and family health, medical and nursing staff are guided to treat fathers as important members of the birthing team (Habib & Lancaster, 2006) including antenatal appointments and parenting classes, culminating in men's presence during labour and delivery (Draper, 2002, 2003).

The range and scope of evidence regarding the benefits for fathers' health of paternal engagement with pregnancy and birth suggests that employers should offer flexibility to expectant fathers so men can engage with pregnancy both antenatally and post-natally, taking greater responsibility for their own and family health, thus enhancing paternal wellbeing and reducing sickness absence at work (Plantin et al., 2011).

Yet in practice, organizational and state support for expectant and recent fathers is limited. Men may be dissuaded by employers from attending antenatal appointments (Holter, 2007) and made to feel unwelcome by health services if they do attend (Burgess and Goldman, 2018). Lack of organizational flexibility and the prospect of stigmatization (Kelland et al., 2022) means that employed fathers in neo-liberal economies may feel discouraged from attending antenatal appointments and classes, with detrimental effects on paternal health (Alio et al., 2011; Alio et al., 2013) that can lead to paternal sickness absence (Hallgreen et al., 1999). It is acknowledged here that employed men in the UK are entitled, at least in theory, to attend two ante-natal visits (Gov UK., n.d.). However, this entitlement should be understood in the context that pregnant women might expect to attend up to 10 antenatal appointments for a first baby, and seven or more for subsequent births (NHS, 2023).

Notably, during the Covid-19 pandemic, fathers were routinely excluded from maternity care both pre and post-natally. Such exclusion is shown already to have had a negative effect on these men's capacity to bond with their children because they were excluded from the body-mediated moments enabled through ultra-sound scans and did not experience the touch and scent of their newborn babies (Andrews et al., 2022). Concern is noted by Menzel (2022) that barring fathers from maternity care during the Covid crisis could hinder health strategies to involve men in the birth process.

INFANCY, PATERNITY AND WORKPLACE PRESSURES

An abundance of research exists within management and organization studies (as well as health and social stud-

ies) regarding the maternal body post-birth. These include research on breastfeeding (Libbus & Bullock, 2002) and the challenges of balancing new motherhood with employment (Bai et al., 2015; Rouse et al., 2021). Recognizing that employment conditions for mothers still require improvement (Stumbitz et al., 2018; Rouse et al., 2021), nevertheless opportunities for fathers are limited by comparison. Men may be offered inadequate support by employers and, if they are evaluated against mythical images of masculine hegemonic breadwinners, might be stigmatized for accessing supposedly gender-neutral family policies (Dermott, 2008; Coltrane et al., 2013; Banister & Kerrane, 2022; Kelland et al., 2022).

Infant-care

It is acknowledged that men's embodied experience of new parenthood is different from that of women—men do not birth or breastfeed their babies. Yet a rich and growing array of health and social research on new fatherhood highlights how the corporeal impact on men of new fatherhood is substantial (Crespi & Rusin, 2015). In these literatures, the impact of infant-care on the paternal body and the importance of close, embodied paternal involvement with childcare from post-birth through infancy is emphasised (Feldman et al., 2010; Gage & Kirk, 2016). Within management studies however (in contrast to the contemporary focus on the maternal body) limited attention is paid to the corporeal impact of the intimacies of infant-care on fathers' wellbeing (Doucet, 2018, 2020).

Within health and social research regarding bodily changes experienced by fathers post-birth, three areas of concern predominate, namely: hormonal changes; sleep deprivation; and weight gain (known as the 'Dad Bod'). These prominent themes are, here, brought within the domain of management studies (Breslin & Gatrell, 2020) to illuminate relationships between infant-care, fathers' bodies and employment. Each of these themes is considered in the context of the need for employers to support paternal flexible working.

First, the physiological changes experienced among men who establish close, embodied post-birth relationships with their infant children are examined. Second, paternal involvement in infant's night-time care is considered. The prospect and implication of paternal sleep-deprivation, invoked by overnight infant-care-work, is emphasised as a key reason for employers to re-examine attitudes to fathers and flexible working. Finally, a decline in paternal health-status among many new fathers is spotlighted, focusing on weight-gain and the phenomenon of the 'Dad-Bod' (Grau-Grau et al., 2022) to illuminate the impact on new fathers of long-hours working with limited organizational support. Put together, it is argued that these three examples

combine to provide, theoretically, a new strategic platform for thinking differently about men's bodily experience of combining employment with infant-care (Alegre et al., 2023).

New paternity and hormonal changes

In the weeks and months post-birth, it is important that men are facilitated in close physical engagement with their children because father-child bonding develops most strongly when embodied contact occurs between the paternal and the infant body. New fathers tend to experience a reduction in testosterone from pregnancy onwards (Feldman et al., 2010; Saxbe et al., 2017). However, men who are directly involved in the physical aspects of childcare experience the sharpest decline in this hormone, indicating how paternal hormones evolve iteratively in response to men's corporeal interaction with their babies (Gettler et al., 2011; Saxbe et al., 2017). Consistent paternal closeness with children predicts continuously lowered testosterone levels, such lowered levels predicting greater long-term commitment and investment in both childcare and in intimate partner relationships (Saxbe et al., 2017).

Like the maternal body, fathers' bodies are shown to be physiologically affected by the touch, sight and scent of their infant children. Clinical research on paternal health post-birth challenges previous hypotheses that maternal levels of oxytocin are 'naturally' higher than paternal oxytocin levels (oxytocin is a neurotransmitter linked to parent–infant bonding). In contrast to these suppositions, oxytocin levels are shown to rise specifically in relation to the level of embodied baby-parent contact, *irrespective of gender*. Bio-medical experiments show how paternal oxytocin levels (tested through saliva when men are in close physical contact with their infants) rise at a rate similar to maternal levels. Raised oxytocin among and between parents and their infant children is key because oxytocin enhances bonding not only post-birth but 'throughout life' meaning that men who are corporeally close with infants are more likely to maintain close paternal-child bonds (Feldman et al., 2010; Koslowski & O'Brien, 2022). Achieving a level of 'embodied' presence between fathers and their babies in the post-birth weeks is crucial for the public health (Feldman et al., 2010; Gage & Kirk, 2016) because paternal engagement with the physicality of infant-care improves infant/family wellbeing. Infant-paternal contact enhances children's cognitive skills (Bronte-Tinkew et al., 2008), reduces infant weight-gain, augments child development (Coleman & Garfield, 2004) and improves child access to health-care (Gorman & Braverman, 2008). Relatedly, and of significant relevance to employers, improved infant health increases paternal workplace performance

because fewer sick days are taken by parents covering for infant ailments (Stremmler et al., 2014). (Fathers are known sometimes to take sick days themselves if they need to stay home with children and their workplaces are inflexible: Gallacher, 2020).

The need for fathers to bond with children implies that, in the weeks and months post-birth, new fathers require workplace flexibility so they can be at home with their infants at least for some of the time (Burnett et al., 2013). Acknowledging the health benefits of close paternal physical contact with infant children, research recommends that fathers require enhanced access to paternity leave and flexible working during the infant years because close father/infant involvement predicts improved paternal health, reduced sickness absence and enhanced productivity (Alio et al., 2011; Banister & Kerrane, 2022; Beck & Beck-Gernsheim, 1995; Greenhaus & Powell, 2017; Gatrell et al., 2022; Matthey et al., 2003; Catalyst, 2019).

Yet often, employers within neo-liberal economies offer the reverse. In contrast to ideas about fewer working hours and greater flexibility, recent fathers are expected to demonstrate high job commitment through organizational and embodied presenteeism: employers reward men for maintaining a physical presence at work (Tracy & Rivera, 2010; Harrington et al., 2016; Kelland et al., 2022; Banister & Kerrane, 2022). Mothers in heterosexual couples (partly due to neo-liberal expectations that women should be primary child carers: Gatrell et al., 2022) are often working part-time with consequent pressure on male partners to be lead earners (Burnett et al., 2013; Ladge & Humberd, 2022). Within market-centric economies, such gendered divisions of labour align with what Gatrell (2005) terms a 'Parsonian' style labour-market (based on the ideas of American sociologist Talcott Parsons) where fathers are encouraged to follow hegemonic masculine scripts, taking the role of main breadwinner (Kelland et al., 2022) whilst mothers prioritize infant-care. Consequently, fathers of infant children often work longer hours than at any other time in their lives (Tanaka & Waldfogel, 2007; Burnett et al., 2013) as couples fall back into gendered divisions of labour (Miller, 2010, 2011). Studies of employer attitudes towards paternity demonstrate limited change since the 1990s, when fathers were perceived not to be 'parents in their own right' and were treated as 'irrelevant' to the care of infant children (Jordan, 1990a, p. 14; Ives, 2014; Ladge & Humberd, 2022; Kelland et al., 2022). In the minds of many employers, men's bodies remain connected with paid work and with workplace presence, whilst the physical intimacy of infant-care is treated still as the province of mothers (Burnett et al., 2013; Koslowski & O'Brien, 2022). Work-life balance policies in neo-liberal economies remain gendered, failing to recognize involved paternal roles (Banister & Kerrane, 2022). Men may be blocked

from family-friendly policies that are advertised as gender-neutral because employers presume that men neither need (nor want) to access these, taking the view that men who use family policies are uncommitted to their jobs (Burnett et al., 2013; Maume, 2016; Kelland et al., 2022).

Paternal sleep deprivation

Employer failure, within neo-liberal contexts, to accommodate paternal need for flexible working occurs in part due to employer misconceptions regarding the level of physical engagement required to care for babies and infant children, an obligation that many men desire to undertake (Banister & Kerrane, 2022; Gage & Kirk, 2016). The daily and extensive bodily work required to nurture infant children is intense, comprising frequent feeding (every 3–4 hours over a 24-hours period); holding and comforting crying infants; changing and bathing (Catalyst, 2019; Koslowski & O'Brien, 2022).

Yet employers often underestimate the extent of both paternal requirement and preference to share in such deeply physical aspects of infant-care, based on assumptions that mothers (but not fathers) should undertake the corporeal work of sustaining and nourishing infant children (Banister & Kerrane, 2024; Maume, 2016). Within management studies, men's involvement in the intimate, bodily aspects of child-care is under-recognized and under-reported (Burnett et al., 2013). Lack of organizational support for new fatherhood affects men's health in ways that negatively impact on workplace performance both in the short and longer term, particularly in relation to sleep deprivation, a phenomenon that is highlighted in health research yet which, whilst it must inevitably impact men's workplace performance, is barely recognised within management studies, for which reason it is considered here.

Despite exclusion from family policies, fathers who work long day-time hours are often involved in night-time infant-care (Gage & Kirk, 2016). Babies up to age two are consistently wakeful because they need regular feeding and comforting (sometimes every 2 hours: Gatrell, 2005). Qualitative studies by Bretherton et al. (2005) and Rempel and Rempel (2011) suggest that fathers may work as a 'team' with breastfeeding partners. Fathers who share night-feeds bond closely with children through feeding bottled breastmilk/formula milk at night, developing close, corporeal father-child relationships as a result.

Fathers may also provide night-time care to children suffering from childhood ailments that require intensive physical support. Infants who are otherwise healthy may experience 8–12 colds per year with additionally 2–3 episodes of vomiting/diarrhoea; some ailments lasting

up to 2 weeks (Mody, 2023; University of Utah Health, 2023; Mayo Clinic, 2022; Babybuffer, 2021). Babies with no underlying health condition could nevertheless experience minor ailments that require demanding nursing care for over 20 weeks during the first 2 years of life.

The benefits of fathers sharing night-time care during infancy are well documented. Notably, infants for whom fathers share overnight care are less wakeful than those where care is provided mainly by mothers, benefitting both parents (Tikotzy et al., 2010). Further, men involved with night-time infant-care, whether as part of an intact relationship or post-separation, develop better parenting skills and better relationships with children (Fabricious & Suh, 2017; West et al., 2009). Infants themselves respond well to paternal involvement in overnight care during infancy, exhibiting better health on reaching school age (Fabricious & Suh, 2017) this suggests that paternal involvement in the physical aspects of night-time infant-care might reduce the need to take time away from work to care for sick children.

Among fathers whose children are chronically and/or seriously ill (i.e., beyond the extent of 'normal' infant ailments: Mody, 2023) the corporeal pressures of combining fathering and employment are intensified (May, 1992) especially as regards overnight care. Inevitably, the requirement to attend to infant needs at night, especially if access to family-friendly policies is denied, leads to paternal exhaustion due to sleep deprivation over extended periods of time (Stremmer et al., 2014). The embodied impact of paternal sleep deprivation inevitably affects men's workplace performance, a serious problem that receives limited attention in management studies, and that is considered below.

Paternal sleep deprivation, even when children's health is normal, impacts cumulatively on men's health (Bergström, 2013; Shorey et al., 2017; Coles et al., 2022; Ragni et al., 2020; Montgomery-Downs et al., 2013). It is an important focus for this review because, as noted earlier, fathers are often full-time main earners during children's infancy. Infant-care-related sleep deprivation is relevant to management studies because it causes bodily exhaustion that exerts a negative effect on fathers' labour market performance (Cooklin et al., 2015; Shorey et al., 2017; Montgomery-Downs et al., 2013). A qualitative study among Australian parents (Giallo et al., 2013, p. 31) demonstrates how fathers of infant children experience 'unrelenting physical and cognitive symptoms of fatigue, and its (detrimental) impact on daily functioning (and) well-being'. Similarly, a quantitative, longitudinal study based on data drawn from the German Socio-Economic Panel (Richter et al., 2019) concludes that paternal sleep patterns may be disrupted for up to 6 years following the birth of a first child. Importantly for employers, sleep deprivation, combined with inflexible work pro-

grammes, threatens paternal health and compromises men's workplace performance (Elek et al., 2002; Gay et al., 2004).

At the gravest level, the physiological effect of sleep deprivation, combined with employer anticipation that fathers of infant children should prioritize breadwinning, threatens to compromise men's workplace safety behaviours (Mellor & St John, 2012). The consistent loss even of 1 h of sleep per night can negatively affect men's performance during the working day (Shorey et al., 2017). A disturbing picture of male sleep deprivation is given within the *American Journal of Men's Health*, showing how recent fathers struggle with increasing and worsening exhaustion over the first 12 weeks of their baby's life, 'unrelieved by poor and interrupted sleep, and with potential consequences to their work safety' (Mellor & St John, 2012, p. 86; see also Mellor & Van Vorst, 2015). Among the general working population in the USA, rates of extreme fatigue average between 20% and 30%. Yet among the new fathers who were the subjects of Mellor and St John's (2012) research, rates of exhaustion were dramatically higher, with 65% of fathers fatigued 6 weeks post-birth and 75% suffering exceptional tiredness after 12 weeks (see also Montgomery-Downs et al., 2013). During the first 3 months of fatherhood, men are significantly more susceptible to exhaustion than the rest of the working population due to consistently broken nights, presenting a 'disturbing picture of fathers with babies undergoing worsening fatigue over the first 12 weeks of their baby's life' and with potential 'consequences for workplace safety' (Mellor & St John, 2012, p. 86). Most fathers within neo-liberal economies are entitled only to limited paternity leave, perhaps 2 weeks or less and not always paid (Gatrell et al., 2022). This is problematic in both health and employment terms.

Among men who are driving to and from work, and among male workers in manual roles involving safety risks, such physical exhaustion is concerning (Mellor & St John, 2012). It is known that men in jobs where safety is paramount under-report safety breaches due to fear that admitting to mistakes might result in demotion or job-loss (Collinson, 1999). In the months post-birth, fathers feel often overwhelmed due to lack of sleep and exhaustion, yet are expected to continue working as normal, regardless of whether their jobs involve risk and with often no acknowledgement of the impact of recent infant-hood on their corporeal health (Mellor & St John, 2012). Within management research, fathers have described how recognition by employers regarding their newly paternal status is insufficient. As an example, scientist Charles was required to perform at work as if the birth of his child had not occurred, even though he felt exhausted (Gatrell, 2005). Influenced by narratives of masculine hegemony, employed fathers like Charles might be reluctant to take

time off sick (Tanquerel and Grau-Grau, 2020) which could compromise safety.

For fathers' wellbeing and with regard to workplace safety, it seems imperative that new management research perspectives are developed to evaluate the impact of fatigue on recent fathers (Burnett et al., 2013). For example, paternal sleep deprivation could be explored in relation to better understanding the normative stages of fatherhood and infant-care, with organizational policies developed accordingly (Montgomery-Downs et al., 2013).

Yet presently, whilst the impact of disrupted sleep patterns on paternal employment is explored with urgency in health and sociological research (Mellor & Van Vorst, 2015; Coles et al., 2022; Ragni et al., 2020; Montgomery-Downs et al., 2013) as well as in the media (Foreman, 2015) debate within management studies regarding health among new fathers is negligible. If the bodily impacts of paternity on men's health are not considered within management research, then opportunities for influencing management policy to support fathers are inevitably constrained. Policy changes are needed to recognise the impact on employed fathers of night-time infant-care—and should be implemented without men fearing stigmatization or punishment (Kelland et al., 2022).

Paternal weight-gain: The 'Dad Bod'

Alongside sleep deprivation, recent fatherhood may be accompanied by a longer-term decline in paternal health status. Employed men with infant children are known to reduce the amount of exercise they undertake, combined with the consumption of unhealthy foods (often due to long-hours working) this resulting in what health and cultural literatures term the 'Dad Bod' (Ingraham, 2015; Clay & Brickell, 2021).

Over time, the combination of long-hours working and paternal fatigue correlates with metabolic changes that unite to increase men's hunger and appetite, this raising the risk of weight-gain and obesity among recent fathers, as well as increased propensity to chronic disease such as diabetes (Beccuti & Pannain, 2011). The notion 'Dad Bod' describes the phenomenon whereby some 'dads show marked changes in their physique, including weight-gain and reduced muscle tone' (McPherson et al., 2018, p. 4), becoming 'softly round' once they have children (Lecovin, n.d., p. 1). Weight-gain and lowered fitness among recent fathers are increasingly a site of investigation and concern within sociological and health research (McIntyre et al., 2021; Scheibling & Marsiglio, 2021; Clay & Brickell, 2021; Saxbe et al., 2018; McPherson et al., 2018). Clinical studies on recent fathers demonstrate how weight-gain relates not only to physiological changes regarding testosterone

levels (reduced among fathers who are involved in care-giving, as noted above) but also to a lack of opportunity for exercise among fathers who combine paid work with infant-care (Lecovin, *n.d.*; Wingfield et al., 1990). There are links also between sleep deprivation and paternal obesity, indicating a range of factors that increase the propensity for recent fathers to gain weight, suggesting the need for men to find time to work-out and ‘potentially reverse the Dad Bod Phenomenon’ Lecovin, *n.d.*, p. 1). Interestingly, one study suggests that fathers who experience weight gain and lowered fitness levels may be regarded as attractive by women who view this group as home-oriented, and more likely to be invested in child-care (Sacco et al., 2020). Paternal health is a priority among health researchers and some fathers are themselves keen to avoid being identified as overweight, out-of-shape ‘Dad Bods’ (McPherson et al., 2018). Sociological research shows how men worry about the prospect of becoming unfit ‘wheezy dads’ who, due to lack of time for exercise and self-care, cannot keep up with their children (Shirani, 2013). Such paternal concerns are understandable given workplace tendencies to mock men who experience personal changes relating to fatherhood (Kelland et al., 2022). Evidence suggests that, for employed fathers, finding time to invest in personal fitness is important—yet opportunities to work flexibly are often lacking in workplace situations where limited attention is paid to the impact of new fatherhood on men’s bodies (Shirani, 2013).

The above discussion suggests that paternal-child bonding and health outcomes are influenced by the opportunity for physical closeness between fathers and their infants from pregnancy onwards, which may be compromised among fathers who work long hours with limited flexibility. Sleep-deprived fatherhood is linked with impaired workplace performance, imperilled workplace safety and the prospect of obesity and diabetes. Such evidence supports the case that employed fathers require better workplace support through the infant years, allowing for sleep deprivation and the associated physiological changes that occur during new fatherhood, offering men greater flexibility to engage in childcare and time for self-care and exercise (McPherson et al., 2018; Lecovin, *n.d.*). These findings within health research require better integration within management debate and policy, with employers requiring to better accommodate new fatherhood (Coltrane et al., 2013).

Whilst maternity remains under-provided for (Stumbitz et al., 2018), the Maternal body is nevertheless a legitimate topic of concern within management research. Yet explorations regarding the bodies of recent fathers continue to be located within health and social research; theorizing about the impact of fatherhood on the body is limited within management studies and this is a serious omis-

sion. Organizations continue, often, to value fatherhood only in so much as it induces men to work longer hours, assuming that men are not corporeally impacted by new fatherhood and expecting that fathers should—in keeping with notions of hegemonic masculinities—value breadwinning above infant-care (Coltrane et al., 2013; Ladge and Humberd, 2022). Greater focus on the bodily impact on men of new fatherhood is thus required.

THE MYTH OF FATHERS AS ‘ABSENT WARRIORS’

The challenges of combining fatherhood and employment extend beyond deficient father-friendly offerings at work. Within neo-liberal economies, research and policy responses to changing family structures are slow in coming (Wood et al., 2018; Jaskiewicz et al., 2017; Banister & Kerrane, 2024). It is time to question the organizational positioning of breadwinning and caring fatherhood as binary opposites (with employed fathers stigmatized for displaying home-orientation: Coltrane et al., 2013; Doucet, 2020; Kelland et al., 2022).

As Roberts (2005, p. 506) has suggested, whilst breadwinning is regarded within organizations as a suitable endeavour for fathers, it remains the case that ‘*care-work... is most assuredly not*’ (Roberts, 2005, p. 506, see also Coltrane et al., 2013; Gatrell et al., 2022). Within market-centric economies, notions of expectant/recent fatherhood remain in accordance with deeply ingrained organizational beliefs that (especially during children’s infancy) fathers should foreground breadwinning, exiting their households in the quest to provide for their family (Acker, 1990; Holter, 2007; Doucet, 2018; Kangas et al., 2019; Humberd et al., 2015). Nurturer fathers who prioritize the time-consuming, corporeal work of infant-care may be treated as failing to perform fatherhood in keeping with hegemonic employer expectations about paternal work-orientation (Cunningham-Parmeter, 2012; Humberd et al., 2015; Holter, 2007; Coltrane et al., 2013). Employers assume that expectant/new fathers will ‘go out’ to work; embracing long-hours working and absenting themselves from family obligations (White, 1994, p. 121; Roberts, 2005; Bierema, 2016; Burnett et al., 2013; Gatrell et al., 2024; Harrington et al., 2016).

Mythical, hegemonic visions of recent fathers as healthy, strong, work-oriented ‘organization men’ hold great appeal for employers (Ladge et al., 2015; see also Gatrell et al., 2024; Höpfl, 2000; Höpfl & Hornby Atkinson, 2000; Williams et al., 2013). This is because, despite changes in family structures (Wood et al., 2018) including women’s increased labour market participation (Scherer & Pavolini, 2023), rising family breakdown (Benson, 2010) and increas-

ing numbers of single-sex couples with children (Biblarz & Savci, 2010) employers persist in presuming infant-care to be a maternal responsibility on the basis that fathers are expected to be primarily concerned with breadwinning (Kelland et al., 2022; Burnett et al., 2013; Kelland et al. 2022).

Such assumptions are perpetuated in the event of divorce, when responsibility for financial provision is often imposed explicitly on non-resident fathers (Roberts, 2005; Beck & Beck-Gernsheim, 1995; Philip, 2013) this imposition strengthening wider notions of fathers as breadwinners with limited responsibility for the bodily nurturing of infant children including feeding, bathing, night-time care. Men who prioritize childcare over paid work may be stigmatized and derided, with fathers who make time for infant-care treated as failures, employers presuming that such men are prioritizing infant-care only because they are unable to hold down a full-time job (Doucet, 2018; Coltrane et al., 2013; Kelland et al., 2022). By contrast, work-oriented fathers at all levels tend to be esteemed at work and given preference for job advancement (Tracy & Rivera, 2010; Acker, 1990).

Within neo-liberal contexts a 'good father' is thus seen by many employers, still, to be one who *absents* himself from the bodily processes of parenthood, so that he can 'go out' and join the fight to maximise family income (White, 1994; Doucet, 2018; Humberd et al., 2015, my italics). Notably, even during the Covid-19 'lockdown', employed fathers' virtual working arrangements were expected to take precedence at home, whilst employed mothers were positioned as lead child-carers. Women were thanked by Rishi Sunak, the then UK Chancellor of the Exchequer, for 'juggling' childcare and home schooling with employment (Topping, 2021; Ashman et al., 2022) whilst fathers took possession of private space within the home, and were expected to be seen on-line as prioritizing paid work (Petts et al., 2020; Ellen, 2021; Ashman et al., 2022). Visions of fathers as corporeally absent from the site of infant-care are echoed by social economist, Catherine Hakim (2010), whose Preference Theory presents a narrow vision of parenting and work in the context of heterosexual coupledom, with fathers positioned as work-oriented, prioritising employment over child-care.

Metaphorically, recent fathers are encouraged to present themselves at work in the masculine image of economic 'warrior' (Johnston, 2000, p. 18; McCarthy, 2003; Tallman, 2003; Ashcraft & Flores, 2003; see also Hidaka, 2010 in relation to Japan). Here, this paper coins the phrase 'Absent warrior' to describe the image of mythical hegemonic, work-oriented masculinity that expectant/new fathers are expected to emulate, absenting themselves from the home and infant-care, presenting themselves at work as fighting fit 'warriors' (even when they are ill). Faced with the illu-

TABLE 2 Characteristics of absent warrior fatherhood (adapted from McCarthy, 2003).

The mythical figure of Absent warrior father aligns with long-standing notions of masculinity; he is employment-oriented and absent from home for long hours; as a matter of **honour** he is expected to prioritize embodied presence at work, fighting to maximise family income to protect partners and infant children.

Absent warriors are expected to show **strength** and to present themselves to employers as in good health (a challenge for recent fathers).

Absent warriors are expected by employers to demonstrate **endurance and courage**, through embracing long-hours working even when unwell.

sory image of super-fit Absent warrior, men who are sleep deprived, exhausted and traumatized (Gatrell, 2005) feel obliged to hide the materiality of their weary corporeality from the organizational purview (Ashman et al., 2022; Gatrell et al., 2024). Rather than acknowledge the materiality of their vulnerable bodies, recent fathers may seek to align themselves with the mythical image of strong 'Absent warriors' who supposedly absent themselves from the physicality of infant-care and are consequently esteemed by employers (Acker, 1990).

The mythical figure of 'Absent warrior' is closely intertwined with conventional norms of hegemonic masculinity. Social psychologist Barry McCarthy (2003) observes how in non-military, neo-liberal economies, men are under pressure to demonstrate civilian forms of masculinity through appearing to demonstrate at work 'warrior' traits of courage, strength and endurance (i.e., in the case of expectant/new fathers, ignoring exhaustion and other symptoms of ill-health) as well as demonstrating honour through prioritising breadwinning, thereby protecting partners and children. Such mythical hegemonic 'warrior' imagery may be especially challenging for employed new fathers, pressured to embody the illusory persona of 'Absent warrior', when in practice they may be struggling corporeally with the material symptoms of stress, sleeplessness and lack of exercise. McCarthy's interpretations of warrior behaviours are adapted above, in Table 2, to illuminate the mythical figure of Absent warrior that new fathers are (unrealistically) expected to live up to.

Trying to conform to the mythical role of Absent warrior comes at a cost to contemporary fathers who might desire to be involved with infant children, yet feel obliged to exhibit high work-orientation, perhaps hiding material involvement with child-care. Research suggests that men who prioritise the Absent warrior path over infant-care may later regret this, feeling estranged from children and spouses (assuming relationships survive) and resenting latterly the focus on breadwinning at the expense of

close paternal involvement with their infants (Holter, 2007; Hidaka, 2010).

DISCUSSION: PROPOSING A NEW CONCEPT, THE PATERNAL BODY

This review of the material, bodily aspects of recent fatherhood, in relation to employment, offers a new theoretical springboard for imaginative ways of thinking about the corporeal impact of recent fatherhood, facilitating the integration of health and social research about fatherhood and the body into management debate. The paper raises concerns about how expectant and recent fathers are stigmatized and unsupported in their quest to balance pregnancy and infant-care alongside their employment (Kelland et al., 2022; Koslowski & O'Brien, 2022) when fathers' corporeal needs are ignored at work.

Concerning procreation and infant-care, the paper observes how men are encouraged to behave as if they are mythical 'Absent warriors' at work, such illusions failing to acknowledge men's material and bodily involvement in the physical nurturing of infant children through pregnancy and beyond (Burnett et al., 2013; Banister & Kerrane, 2022; Kelland et al., 2022). By contrast, fathers are expected by employers to acknowledge their paternity only in the abstract, demonstrating limited involvement with the physicality of childcare and prioritizing wage-earning above infant need (Humberd et al., 2015; Ladge et al., 2015). The evidence reviewed above, regarding paternal experience during pregnancy, birth and their children's infancy, indicates a requirement within management research to recognise that new fathers inhabit a material 'Paternal body' that is vulnerable to human frailty and is counter to the myth of men as consistently healthy and strong.

This paper thus proposes a new concept, the Paternal body, as a lens that enables the illumination of the situation of new fathers—during the stages of pregnancy, birth and infancy—when bodily and material paternal responses to infant child-care are at their most acute. The concept 'Paternal body' facilitates theoretical exploration of the corporeal impact of recent fatherhood in the context of management research, where understandings of new paternity and the related needs of new fathers remain insufficient.

The characteristics of the Paternal body: human, material and vulnerable sometimes to ill-health, are defined below in Table 3. These include the body-mediated moments of pregnancy milestones; the negative impact on paternal health of exclusion from ante-natal processes; and the material effect on the paternal body of the touch, sight and scent of infant children (meaning that fathers need flexible options so they may spend time with new-borns

and infants). In a manner that reflects the notion of the maternal body, the material Paternal body, in contrast to the mythical image of Absent warrior, enables recognition of the materiality of corporeal paternal health struggles, including exhaustion caused by sleep interruption and the tendency for paternal weight-gain during infancy.

It has been observed how employers valorize fathers who are able to align themselves with the image of 'Absent warrior'. Conversely, the more that child-care and its associated embodied challenges intrude upon their paid-work, the more deficient such fathers are perceived to be by line-managers and co-workers (Doucet, 2018; Kelland et al., 2022). Fathers who present themselves as visibly and corporeally engaged in infant-care may be stigmatized and their needs ignored (Coltrane et al., 2013; Doucet, 2020; Kelland et al., 2022; Koslowski & O'Brien, 2022).

The proposed new concept 'Paternal body' opens-up possibilities for articulating, within work-family research, paternal needs during pregnancy, birth and children's infancy (see Figure 3). The enhancement within management studies of understandings regarding paternal health in relation to men's paid work is essential if research is to influence policy for the purpose of improving the situation of employed fathers (St John et al., 2005; Berdahl & Moon, 2013).

Acknowledging fathers' corporeality through the concept 'Paternal body' will enable management research to challenge presumptions among some employers that the health and bodily strength of new fathers is unaffected by childbirth and infant-care (Kelland et al., 2022). The concept 'Paternal body' opens-up future opportunities for exploring how men manage expectations that they should present themselves at work as normally in good health (and absent from pregnancy, birth and infant-care)—yet present in relation to breadwinning. For example, urgent research is needed within management studies to address the impact on the Paternal body of sleep deprivation. How far does the requirement among fathers to be viscerally involved with infant-care, combined with fear of stigmatization and long-hours working, impact on men's workplace performance? And what might be the detrimental consequences for health and safety at work if recent fathers are present at work when experiencing exhaustion? (Cooklin et al., 2015; see also Figure 3).

The paper thus urges management research to utilize and further explore the concept of the Paternal Body, as summarized in Table 3, to facilitate and articulate the development of new theoretical perspectives regarding what it means to become a new father. As a case in point, if paternal sleep deprivation and physical exhaustion (especially if children are unwell: Stremmler et al., 2014) invoke ill health among fathers (Fletcher et al., 2006; Finnbogadóttir et al., 2003) an argument exists for more research on rela-

TABLE 3 The concept Paternal body: Key characteristics.**The concept Paternal body recognises (and facilitates articulation of) the materiality of the corporeal impact on fathers of pregnancy, birth and infant-care***Pregnancy, birth and the Paternal body:*

- Paternal sharing in the visceral milestones of serum screening tests, ultrasound scanning, antenatal examinations and classes enables 'body-mediated moments', offering men entry into a 'physical dimension' of pregnancy. Such inclusion is beneficial for the 'Paternal body' as it enables men to experience better health during pregnancy and birth (Draper, 2003)—men who are excluded from such sharing can experience health problems as a result (Fenwick et al., 2012)
- Men may experience embodied ill-health during pregnancy ('Couvade Syndrome').
- Men who are involved in pregnancy take personal responsibility for the bodily aspects of household labour and cooking, engaging in the physicality of 'nesting' activities such as cleaning (Jordan, 1990a) though some such activities may be tasks also associated with masculinity (Shahvisi, 2020).
- Expectant fathers value their own, Paternal bodies differently when partners are pregnant, thinking strategically about personal safety, for example, when driving (Mellor & St John, 2012).
- Men who are excluded during antenatal care can experience long-term health trauma, e.g. PTSD including raised heart-rate, sweating and a sense of impending death (Finnbogadóttir et al., 2003), this indicating a need for health/social/organizational research to recognise the materiality of a Paternal body that is impacted by pregnancy, birth and infancy
- Health and social research affirms that paternal ill-health post-birth is most problematic among fathers who have been prevented from being bodily present and engaging in pregnancy care (Draper 2003), organizational policy should encourage men to attend antenatal appointments—the materiality of the Paternal body requires to be included in flexible working arrangements without stigmatization.

The Paternal body post-birth:

- Paternal bodies are materially affected by the touch, sight and scent of infant children in the same way as are mothers' bodies. Paternal oxytocin levels rise at a rate similar to maternal levels when men are in close physical contact with their infants (Feldman et al., 2010) this indicating the need for better paternity provision in neo-liberal economies (with Nordic settings providing a motivational example of how such provision might work successfully: Kvande, 2022).
- Post-birth, fathers experience a reduction in testosterone. Men who are directly involved in the physical aspects of child-care experience the sharpest decline in this hormone, indicating how hormones within the Paternal body evolve in response to embodied closeness with their baby (Saxbe et al., 2017).
- Fathers are likely to be involved in the 'Paternal body work' required to nurture new infants, including nutrition, comforting crying babies, changing, bathing and night-time duties assisting with breast-feeding etc., this is under-recognised at work (Kosłowski & O'Brien, 2022; Banister & Kerrane, 2024) so further research is needed to evidence this point and to influence organizational policy.
- Fathers experience often paternal exhaustion due to sleep deprivation over extended periods of time (Mellor & St John, 2012), the physical impact on the Paternal body of night-time infant-care requires further research not just from health but also from organizational perspectives.
- The 'Dad Bod': the combination of long-hours working and paternal fatigue correlates with metabolic changes that combine to increase men's hunger and appetite, this raising the risk of weight-gain and obesity among new fathers, as well as increased propensity to chronic disease such as diabetes (Beccuti & Pannain, 2011); organizational and health research is needed to explore what forms of flexibility might best support new fathers in managing commitments to work, family and their own wellbeing.
- The mythical image of Absent warrior, valorized by employers, is an unrealistic role model for human, expectant/recent fathers

tionships between Paternal bodies, employment and men's health (Cox et al., 1987; Condon, 2006; Fletcher et al., 2006).

In relation to policy and the Paternal body, fathers are acutely aware that organizational notions of 'warrior' masculinity are not associated, by employers, with child-care and the home (Holter, 2007; Humberd et al., 2015; Doucet, 2018, 2020; Kelland et al., 2022). Organizational policy lags behind wider social contexts and fails to reflect corporeal paternal involvement among today's fathers who may be nurturing children during the infant years (Ladge et al., 2015). Such failure is challenging for all families

raising children and can be acutely problematic among fathers who are not in heterosexual couples—there is wider scope for exploring the situation of men who are lone or non-resident fathers, as well as the increasing number of men fathering children in gay relationships where two male parents may strive to combine employment and infant-care, yet struggle to access family policy (Sawyer et al., 2017; Burnett et al., 2013). Family policies that acknowledge the Paternal body, with fathers increasingly involved in pregnancy and the nurturing of infant children, are essential. Recognizing the concept of the

TABLE 4 Suggestions for how research and policy can improve the workplace for expectant/recent fathers; recognizing the materiality of a 'Paternal body'.

Further research and policy is needed that recognises the bodily needs of expectant/new fathers as well as new mothers so organizations can design and deliver family friendly policies that embrace fathers as well as mothers.

1. Additional research is needed regarding stigmatization of fathers who seek flexibility for infant-care with organizational policies established to normalize and encourage paternal flexible working.
2. More research is needed (across the arenas of health, social and management research) to explore in greater depth the situation of specific demographics such as class and ethnicity—organizational policy is then needed to meet individual requirements and specific paternal needs.
3. There is a need to explore the situation of men who are lone or non-resident fathers, as well as the increasing number of men fathering children in gay relationships where two male parents may strive to combine employment and infant-care, yet struggle to access family policy.
4. Additional research on paternal post-birth fatigue is needed, with flexibility and support from organizations required as a priority.
5. Research is also needed regarding paternal post-natal depression—workplaces could be proactive in encouraging men to seek help at an early stage so preventive steps may be taken.
6. Consideration of mandated paternal 'quota' days that men are encouraged to take (though without disadvantaging mothers) would be beneficial, with men supported in accessing these days (Kvande, 2022).

Paternal Body within research has potential for influencing policies that will benefit men in their relationships not only with children and partners, but also with employers (Petts et al., 2019) which can only be beneficial for organizations. Further research is also needed regarding relationships between paternal bodies and depressive illness among employed men (Cameron et al., 2021). Studies show how the combination of new fatherhood and work stress (or conversely unemployment) can cause mental health problems among fathers (Ansari et al., 2021) particularly among black men and especially regarding those with lower levels of education (Doyle et al., 2012). As noted earlier, male depression is known to trigger unhealthy embodied responses such as increased alcohol consumption and smoking. It is indicated in both the above studies that encouraging men to seek support at an early stage can improve outcomes. This is an area where workplaces could be proactive. Suggestions for research on how organizations can improve the workplace for expectant/recent fathers are made in Table 4.

LIMITATIONS

Arguably, the review has two limitations. First, it is centred on research that reflects specifically the situation in market-led economies, typified by the UK and the USA where state and organizational policy that supports fathers is often limited and hard for fathers to access. Even in circumstances where men wish to take up family-friendly policy such as shared parental leave, stigmatization and lack of organizational encouragement can prevent new fathers from easily accessing such initiatives (Machin, 2015; Banister and Kerrane, 2022; Grau Grau et al., 2022). It is acknowledged that in Nordic countries such as Swe-

den, Norway and Iceland, provision is more generous with parental leave of between 9 and 12 months offered to mothers and fathers, a proportion of this time being offered specifically to fathers (Duvander, 2014; Duvander et al., 2010; Eydal et al., 2015; Haas and Hwang, 2009). In Sweden, extending parental leave improves paternal health especially in relation to reducing heavy alcohol consumption (Honkaniemi and Juárez, 2024) and Kvande (2022) observes how imposition of paternal 'quota' days supports men in taking such leave, this mandate reducing the likelihood that men who access such policies will be 'frowned upon' (Kvande, 2022, p. 158).

Nevertheless, it is important to recognize how, even when state policies reflect commitment to gender equalities, social and gendered norms remain powerful (Westerling, 2023)—even in Nordic countries fathers take only 30% of leave on offer (Duvander et al., 2017; Banister & Kerrane, 2022; Ahlberg et al., 2008) and working-class men find it harder to access family policies than men in professional roles (Savage, 2024).

Secondly, whilst some research offers information regarding specific demographics (e.g., Gatrell et al., 2022 note how the exclusion of fathers from antenatal care may be both classed and racialised) many extant studies are general in approach and do not give details about the variation in different men's situations. This is an important area for future research.

CONCLUSION: WHAT FUTURE FOR THE PATERNAL BODY?

Through proposing and articulating the concept 'Paternal body' this review illuminates how fathers, like mothers, inhabit material bodies that may be vulnerable to

ill-health and human frailties. It underlines the requirement for research and policy perspectives to reflect social change, legitimating paternal engagement in infant-care and acknowledging the impact on men's health and wellbeing regarding pregnancy, birth and infant-care.

In conclusion this paper develops, from the perspective of the body, further understanding about how employed fathers are judged within neo-liberal economies, that is not in relation to their capacities as nurturing parents, but rather in terms of the 'level of economic security they provide for partners and families' (White, 1994, p. 129). It has been shown how fathers are rewarded (or not) in the workplace depending on how far they meet the hegemonic image of the mythical 'Absent warrior', an illusory 'manly' man who is bodily present at work, who engages in long hours working and is often absent from his home and infant-care agendas (White, 1994; Doucet, 2018).

The paper has argued that fathers have bodies which are impacted by the process of pregnancy, childbirth and infant-care. The proposed concept 'Paternal body' opens up possibilities for new research that recognizes the threat to paternal well-being if fathers are balancing work and caring responsibilities in the absence of organizational support—potentially to the point of compromising their performance and workplace safety. The concept 'Paternal body' has potential to act as a springboard, articulating and contributing to the legitimization of fathers' requirements and desires to engage in care of their own children.

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