

Queering Self-Care: Reimagining The Radical Possibilities of Self-Care In Healing From Sexual Assault

Self-care is an umbrella term for personal strategies, activities and routines used by survivors to manage the trauma of sexual assault. Because they are individually chosen and adopted, self-care practices offer survivors valuable space to exercise agency and self-determination in their healing process. Self-care also offers an avenue for individuals to refute neoliberal approaches to healing, which place survivors under the control of medical, psychological, and legal professionals who have been vested with the state's authority to guide survivors through a pathologized healing process. However, the radical potential of self-care practices has been undermined and commodified within the contemporary North American neoliberal context through victim-blaming 'risk-management' and 'prevention' discourses. In this paper, I will trace the impact of neoliberal politics on the feminist anti-violence agenda and on self-care narratives particularly. Against this background, I will consider the potential of a politicized reclamation of self-care by developing the concept of 'queer self-care'.

In order to analyze contemporary self-care narratives, it is necessary to begin with a consideration of the emergence of neoliberal politics. It is especially relevant to reflect on the political shifts between the 1960s and late 1970s, and how these impacted the perception and subsequent treatment of sexual assault. The 1960s were characterized by grassroots 'radical' feminist campaigns that broke the silence surrounding sexual violence, politicized women's individual experiences of sexual assault and put pressure on both society and the government to take action against this social issue (Gotell 210). Many second-wave feminists saw self-care as a valuable mechanism for healing the trauma of sexual assault outside of the confines of the legal and medical systems (Bumiller 2). Self-care was viewed as a politicized practice of resisting

sexism and radically reaffirming self-directed healing –a sentiment articulated by Audre Lorde when she reflected that in her battle with cancer: “caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare” (Lorde 132).

Ronald Reagan’s election as President in 1980 marked a political shift in North America towards neoliberal politics centered on a commitment to “less restraint on free-market policies, pro-corporatism, privatization, [and] the transfer of public services to private organizations” (Bumiller 5). The growth of neoliberalism gravely impacted women’s shelters and rape crisis centers, which began to move away from their grassroots frameworks, embrace more bureaucratic structures, and develop a greater dependence on the state to secure funding (4). This growing relationship with the state brought legitimacy to the existence of sexual assault centers, and fostered feminist-inspired law reform, for example, the creation of the affirmative “only yes means yes” (Gotell 219) consent standard in Canada. However, state-funded sexual assault services distanced themselves from feminist ideology and reframed sexual assault as an individual experience; a move which indivisibilized second-wave feminist efforts to expose the gendered systems of power that underpin sexual violence (Murphy 69).

The growth of neoliberalism, and the expanding “role of the state as a manager of personal lives” (Bumiller 6) shaped the forms of support accessible to individuals. Survivors began to be increasingly overseen by doctors and psychologists, and pathologically, coercively and administratively managed (6). During this time there was also a shift in language whereby survivors began to be identified by the state as ‘victims’ rather than ‘survivors’—a language change that emphasized survivor vulnerability, fragility and dependence. This attitude was also reflected in the creation of a state endorsed “victim-centered public health approach” (95) to sexual assault, which stressed the use of the penal system, welfare structures, and programs

structured around ‘victim’ identities to address sexual assault (64). This ‘victim-centered’ discourse silenced women’s personal coping mechanisms by creating a hierarchy of authority, where ‘professional’ voices were positioned as the most qualified to understand sexual assault and to guide survivors’ through the process of psychological recovery. At this same time, survivor support from health and legal professionals began to be framed as a task of “‘retraining’ women to protect themselves from future violence” (64) Arguably, this commitment to educating women is an expression of neoliberal ‘risk management’ discourse, which is founded on the ethics of personal responsibility and places pressure on women to become experts in prevention strategies, and to recognize the necessity for professional help if already victimized. (95). Rhetoric of ‘retraining’ also aligns with the neoliberal investment in the creation and maintenance of ‘productive’, self-reliant humans capable of engaging in the free-market capitalist economy. This downloading of responsibility onto individual women to take steps to minimize the possibility of sexual violence also fosters the creation of “normative sexual subjects” (Gotell 209) who are taught to actively manage the risk of sexual assault, and are held accountable for violence inflicted upon them. Within this neoliberal ‘risk-management’ discourse, taking active steps to prevent sexual assault is often masked as proper self-care.

Alongside the emergence of ‘risk-management’ discourse came ‘prevention’ discourse (Murphy 80). By the late 1980s schools and universities had begun offering preventative education centered on strategies for girls and women to avoid sexual assault (80). This focus on prescribing ‘safe’ practices to women in an attempt to decrease their likelihood of being sexually assaulted paints a portrait of women as culpable for provoking sexual violence. This preventative rhetoric is evident in sexual assault self-help narratives, such as Cheryl Coppin’s text from 2000, *Everything You Need to Know About Healing From Rape Trauma*, which offers self-help tips

related to sexual assault. Coppin suggests: “never wal[k] in a hesitant and unsure way (...) it makes you look like an easy victim” (Coppin 24); “do not open the door under any circumstances when you are home alone” (25); “stay away from situations where you might experience pressure to have sex. Go on group dates with friends rather than pairing off” (26); “don’t drink alcohol or do drugs” (26); and, “get trained in self-defense” (30). By directing women to focus on self-policing, self-protection and self-defense these tips sustain victim-blaming rape myths and locate the cause of sexual assault in the bodies and actions of women.

In her text, Coppin frames recovering from sexual assault through a three-phased model: phase one, ‘Acute Anxiety’, where ‘victims’ commonly experience guilt, fear and anxiety (Coppin 47); phase two, ‘Reorganization’, where ‘victims’ appear normal on the outside but still suffer from anger, guilt and depression internally (50); and the final stage, ‘From Victim to Survivor’, where “the person *changes* from victim to survivor (...) [and] decides every day not to let the past control the future” (51). Arguably, this structuralist understanding of recovery is a simplified version of Rape Trauma Syndrome (RTS), a subset of PTSD introduced in 1947 as a way to medically describe survivors’ reactions to sexual assault (Murray 1633). Some feminists have praised Rape Trauma Syndrome, crediting it for securing convictions in sexual assault cases and validating survivors’ supposedly ‘counterintuitive’ actions, such as “a victim’s failure to report her rape, lying to the police about her attack, refusing to name her attacker, exhibiting emotional ‘flatness’ [or] returning to the scene after the assault” (Murray 1634). On the other hand, by labeling certain responses as ‘counterintuitive’, Rape Trauma Syndrome fails to disrupt the stigma and disbelief that surround survivor’s testimony, and critically interrogate constructions of ‘normal’ and ‘abnormal’ responses to sexual assault. Moreover, the language used in Rape Trauma Syndrome and Coppin’s text negatively frame the trauma of sexual assault

as a diagnosable ‘syndrome’ and pathologize survivors as “sufferers of a mental disorder” (Murray 1650). While these healing models may provide a helpful framework for *some* survivors, they depend on preconceived notions of survivors’ needs, struggles, and recovery, and promote healing as a rigid ritual that follows a medicalized script. These models also exclude survivors’ who experience self-care in unique ways and by their own definition.

Dominant self-care narratives also carry similarly troubling messages. Although support services and individual promoters of self-care often emphasize that “it can look different for everyone” (“Adult Survivors of Child Sexual Abuse”), typical self-care suggestions promote a narrow window of activities. These include: taking a walk, drinking tea, getting a massage, resting, reading, meditating, taking a bubble bath, or practicing yoga (“Adult Survivors of Child Sexual Abuse”). These recommendations all suggest that self-care is merely an exercise of calming yourself down (Traven 3). While these calming activities are undeniably helpful for some survivors, they are monolithic in their presentation of what acceptable caring for the self looks like. These practices allow survivors the façade of composure, coping and autonomy—performances that are rewarded by a neoliberal society that values self-control, hard work, stoic emotionality, and the maintenance of the illusion of ‘health’ and well being (27).

Despite the shortcomings of current narratives surrounding self-care, I believe that reworked understandings and applications of this concept have the potential to redefine sexual assault recovery. For this potential to be fully realized, self-care needs to be redefined in a way that reserves space for ‘non-normative’ coping techniques—something that is possible through a ‘queering’ of self-care. ‘Queering’, with its roots in queer theory, is an anti-pathologizing process of destabilizing normative categorizations of gender and sexuality. Following this definition, queering self-care would mean rejecting normative assumptions about what healing

and self-care look like (Johnson 48). This is only possible by disengaging ourselves from the socially engrained ‘givens’ of healing which equate ‘healing’ with the presence of ‘positive affects’ (such as, happiness, joy and excitement), the capacity to care for others, and the ability to turn one’s attention away from the self (Coppin 51). Distancing ourselves from these beliefs leaves space for recognition that ‘healthy’ practices and ‘positive’ feelings are culturally constructed notions that shift over time. This understanding also reveals how structures like the ‘Rape Trauma Syndrome’ and sexual assault self-help literature, which urge survivors to strive towards being “healthy” are repressive sites of power that work to “achiev[e] the subjugation of bodies and the control of populations” (Foucault 140). It is for this reason that a reharnessing of self-care which intervenes into neoliberal notions of ‘health’, ‘healing’ and self-sustaining subjecthood has the potential to be as Audre Lorde argued in the 1980s, an “act of political warfare” (Lorde 132) against the neoliberal state.

By recognizing that ‘negatively’ coded affects and practices can play important roles in healing, it is possible to create a construction of self-care that prompts survivors to explore both their positive and negative emotions. Jennifer Lutzenberger exemplifies this in her piece “Cutting, Craving & The Self I Was Saving” where she speaks about her own experience of using cutting, or self-mutilation, as a “perverse site of self-care” (Lutzenberger 113) for managing the emotional trauma of being in a physically abusive relationship. For her, cutting and its magnification of pain acts as a means to feel active and resistant, to “tak[e] charge of [her] body’s sensation and circumstances [and to] transfor[m] pain into pleasure” (122). By taking up a practice that society understands as ‘abnormal’ as a means of caring for herself, Lutzenberger queers self-care and challenges binaries of normal/abnormal, and healthy/unhealthy in her negotiation of trauma. Cutting allowed Lutzenberger to physically express her emotions, care for

herself, and experience resiliency in a situation where she felt largely powerless (122).

Lutzenberger demonstrates that self-care is not always about health or healing, but sometimes means doing dangerous and destructive things simply to find the will to keep surviving.

Drawing from Lutzenberger's experience, queering self-care involves challenging the false notion that healing from trauma is a linear process of subduing negative affects (such as, shame, denial, guilt and depression) and transforming from a 'victim' to a 'survivor' (Coppin 51). By disrupting the perception of self-care as a goal-oriented 'means to an end', queer self-care acknowledges that some days self-care means doing the tough work of processing one's experiences and emotionally engaging with one's trauma; and other days self-care is merely about surviving. In addition, queering self-care discards the belief that beneath the trauma of sexual assault lays a capable 'true self' that can be recovered with medicalized guidance and the use of effective self-help techniques.

We must not understand self-care as a means for survivors to simply pacify their emotions and master the performance of coping, calmness and healthy healing. Instead, self-care should be understood as a tool to help survivor's to engage with both their strengths and resiliencies as well as their struggles and inner-chaos as they navigate their trauma (Traven 3). Recognizing the fluidity of self-care also means avoiding a hierarchical categorization of coping techniques, and acknowledging that while self-care might look like "lighting candles, putting on a Nina Simone album, and rereading ~~Randall Jarrell's~~ The Animal Family, it could also mean BDSM, intense performance art, mixed martial arts fighting, smashing bank windows or calling out a person who abused you" (Traven 3). Self-care might look calm, relaxed, and happy; or it might look like deep depression, sadness, or failing to function at all.

While it is clear that a queered understanding of self-care offers a valuable disruption to

neoliberal politics and restructures how healing from trauma can be thought about, I am left with a few questions, which I plan to investigate further. Is it contradictory for self-care to be self-destructive? Should there be a line between caring for one's self and harming one's self? If cutting worked as self-care for one person, is it ethical to suggest that someone else engage in this practice? Is it ever ethical to suggest or instruct in self-care, or is it something survivors must arrive at themselves? And, is there a limit to queer self-care, are there some practices we simply cannot include in this category? While these questions merit further investigation, I believe that queer self-care offers potential for survivors to heal in their own way at their own pace, and promotes survivor agency in the healing process. And this, I believe, offers a truly radical possibility.

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