

“No Amount of Baths Is Gonna Make You Feel Better”: Seeking Balance, Wholeness, and Well-being in Everyday Self-Care

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ABSTRACT

Recently, the concept of “self-care” has shifted from the sphere of biomedicine into popular discourse; rather than indicating the practice of maintaining physical health, the term has come to represent a set of broader and more commonplace practices aimed at achieving balance, wholeness, and overall well-being. Drawing from interviews and participant observation with young adult respondents both in college and recently graduated, this study explores what it means to practice this type of “everyday self-care.” Those who practice everyday self-care do so to seek out a holistic sense of happiness and well-being; they value self-care that engages their “whole” self – one conceptualized as made up of both mind and body. They strive for balance in tensions between self-control and indulgence, long-term well-being and immediate gratification, and selfishness and community. Self-care cannot be summed up in a list of activities or practices; rather, it necessitates an ongoing production of moral, economic, and social meanings.

Keywords: self-care, health, healthism, well-being, wellness

accessibility to Goucher students), I began to wonder: how do Goucher students define and practice self-care?

Here, I argue that rather than a fixed set of practices or single mode of being, everyday self-care is instead an ongoing process by which people balance various tensions to achieve a sense of wholeness and, ultimately, well-being. People who engage in everyday self-care constantly negotiate and re-negotiate the meaning of self-care, personally and culturally. They grapple with the potential implications—both positive and negative—that practicing self-care can have on their bodies, their relationships, and their overall well-being. To practice self-care is a morally laden choice with both economic and social consequences that extend far beyond the scope of the practice itself.

Scholarly Approaches to Well-being

The social-scientific study of well-being is currently underdeveloped, and everyday self-care is a concept with the potential to expand this scholarly landscape. This study is situated in current sociological and anthropological discussions of well-being – engaging in what Fischer (2014) calls “positive anthropology,” which shifts the traditional focus in the social sciences from suffering to flourishing. This research also contributes to wider conversations in the social sciences about health and the body – in particular, discussions about dieting, fitness, cosmetics, and other areas of study that intersect with self-care – and the structural forces that shape how we interact and engage with both physical and mental health.

Striving for Wholeness

A central ontological tenet of the modern Western worldview is that mind and body are two separate entities fundamentally in opposition to one another (Scheper-Hughes and Lock 1987, 8). Within this paradigm, the mind is thought to control, monitor, and thus transform the body (Thompson and Hirschman 1995, 139). Because the mind is responsible for disciplining the body, the physical state of the body conveys something about the moral character of the mind that resides within it

In the medical industry, ‘self-care’ is defined as “the basic level of health care practiced by members of the public” (Fries 2013, 37). The term’s use, however, has spread beyond the context of biomedicine to encompass a vast array of bodily practices and emotion-work aimed not only at managing health but also achieving well-being. Commonplace and seemingly simple activities—like enjoying a good book, going to the spa or gym, creating art, or just taking time to relax—constitute this new conceptualization of ‘everyday’ self-care. Engaging in these practices can serve varying purposes, from addressing medical or mental health needs to simply relieving daily stress. At the time of writing, little sociological research has been published about this new widespread usage of self-care and the ways in which people engage with it, despite this phenomenon’s increasing relevance as an aspect of mainstream Western culture.

I first became aware of this language of self-care in the context of Goucher College, the small liberal arts school I attended during this study. The term has become popular on campus and is used frequently among students and in various activist circles. Some professors even advise students to practice self-care when subject matter is potentially upsetting or when students are going through difficult times. Moreover, ‘self-care’ and related terminology are explicitly institutionalized at the college: there is a “self-care station” located outside the Health and Counseling Center; during exam weeks, the Office of Student Engagement hosts various self-care activities and “relaxation stations” in the library where students can snack, color, and unwind; the spring semester of 2016 was “mindfulness-themed.” Prompted by the proliferation of self-care in the fabric of the college (and, of course, because of my own

(Foucault 1978). This ideology derives from the “Calvinist work ethic,” wherein physical pleasure is sacrificed for productivity and the acquisition of knowledge, privileging the endeavors of the mind over those of the body and constructing a parallel dualism of rationality versus irrationality (Thompson and Hirschman 1995).

This Cartesian legacy of mind-body dualism in medicine manifests in a “mechanistic” and purely functional conceptualization of the body that lacks psychosomaticism or any connection to the mind (Scheper-Hughes and Lock 1987). Only in recent history have experts in psychiatry and psychosomatic medicine attempted to reconnect mind and body in clinical fields, although illnesses and afflictions are still most often categorized “as if they were either wholly organic or wholly psychological in origin” (9). Self-care is one such attempt – both in clinical medicine and, more recently, in popular culture – at a more holistic conceptualization of the self that relies on a connection between the mind and body. This study, in part, explores how contemporary self-care is commonly defined, which is often situated in terms of overcoming this dualism (Fries 2013; Schure, J. Christopher, and S. Christopher 2008).

Rejecting Institutionalized Reductionism

The adaptation of self-care from a purely medical term to a more holistic one represents a similar trend of rejecting or challenging normative biomedical practices and medicines in favor of more holistic care practices. Many of these practices take the shape of CAMs, or complementary and alternative medicines. Indeed, the use of CAM therapies is increasing (Fries 2013) and emerges in a consumer context characterized by industries of self-care focused on the body, such as dieting, fitness, cosmetic surgeries, etc. (Thompson and Hirschman 1995). People who engage in CAM therapies do so within “a network of binary oppositions to biomedical treatment,” constructing clinical science in opposition to tradition, reductionism in opposition to holism, and control in opposition to naturalism (Fries 2013, 41). Davis, Maurstad, and Dean (2014) criticize the medical field for overlooking a more inclusive definition of CAMs as “folk healing systems situated within the domain of the common people that resist the hierarchical and bureaucratic patterns of biomedicine” (302).

Biomedicine is not the only institution self-care resists or challenges; those who practice contemporary self-care also deviate from the norms of other institutions of care or body work, including fitness, dieting, and cosmetic surgery. Women participate in “fun” or holistic exercise, such as Zumba or Hybrid, that focus on the process itself – integrating emotions and the mind – rather than solely emphasizing the bodily outcomes of dominant exercise practices (Nieri and Hughes 2016; Markula 2004). “Healthy” dieting practices are constructed as positive, empowering choices, and “mindful eating” is advocated as a way to resist conventional norms of restriction and the injunction to attain thinness (Cairns and Johnston 2015; Vogel and Mol 2014). “Body love” is embraced as a rejection of dominant body norms and the industries that perpetuate those norms (Shipley 2015). Like the use of CAMs to reject biomedicine and embrace holism, engaging in these practices of self-care constitute a rejection of “institutionalized reductionism” (Fries 2013, 44). The goal in these practices of self-care is similarly to incorporate a perspective that integrates the “whole” person and the experience of self-care rather than just the physical outcomes and results.

Discipline and Pleasure: The Neoliberal Body Project

In addition to a rejection of traditional institutional reductionism, shifting socioeconomic contexts have also played a part in the increasing popularity of self-care. Neoliberal policies and regulations implemented in the 1980s – including reduced government spending, privatization, and free-market economics – have produced pervasive ideologies of individualism, efficiency, and rationality (Sirna 2016, 231). The “trickle-down effects of neoliberal ‘reform’” (Bourgois and Schonberg 2009, 235) force the individual to take accountability for their own health and well-being – shifting the “burden of care” from the state onto individuals and absolving the state of responsibility for the governance of public health (Nash 2016, 220). This individualist approach is limiting in that it neglects social and structural inequalities that factor into either cultivating or constraining individuals’ opportunities for exercising agency. Nevertheless, the ethos of “healthism” (Sirna 2016, 231) has become pervasive and has

strengthened the Western societal focus on disciplining and monitoring the body (Thompson and Hirschman 1995).

The moral imperative toward self-control is positioned in fundamental opposition to pleasure; a healthy, successful lifestyle requires that one refrain from excessive indulgence of any kind. This “control vs. excess” paradigm is especially relevant in discourses surrounding dieting and fitness – two major self-care industries, as demonstrated by Thompson and Hirschman (1995) and Fries (2013). Those who practice self-care through dieting and fitness must engage in “calibration” – a “balancing act” between the polar extremes of self-control and indulgence (Cairns and Johnston 2015, 154). This tension is gendered as well, as postfeminist values of choice and empowerment have coalesced with neoliberal values of autonomy and agency to create a discourse wherein women must avoid being perceived as out-of-control and overindulgent, but also must steer away from being pathologized as “health nut [s]” (154). These values are inscribed on individuals’ bodies, which are coded as either “fat” or “fit,” depending on one’s ostensible success or failure in negotiating this project (165).

There are obvious connections between the control vs. pleasure paradigm and mind-body dualism, returning to Thompson and Hirschman’s (1995) argument that Christian asceticism has informed an ideal of delaying immediate (bodily) gratification and pleasure in order to pursue “rational,” productive ends with the promise of a later reward in the afterlife. Pleasure is constructed in direct opposition to capitalist productivity, and stigma is attached to those who pursue “unproductive” indulgence (Foucault 1978). Because of this Western “anti-hedonist” bias, “pleasure can no longer exist for pleasure’s sake” (Davis, Maurstad and Dean 2014). In this denial of pleasure, the mind is once again privileged over bodily enterprises. Thus, the goal of contemporary self-care is to remediate the tension between discipline and pleasure in the pursuit of wholeness and mind-body connectedness – avoiding either “extreme” by mindfully engaging in physical pleasure through taking care of the body rather than simply disciplining it. Exploring the extent

to which this goal is lived out in the actual practice of self-care – and the ease with which it is accomplished – is a central aim of this study.

There are many obstacles to achieving this desired holistic and authentic definition of self-care. Consumer industries co-opt and sell the rhetoric of self-care and holistic living to advertise products geared at controlling the body (Nash 2016), or practices of self-care that are supposedly liberating but fail to challenge “the dominant ideology that ... bodies require modification” (Nieri and Hughes 2016, 143). In reality, various resources are needed to properly embody self-care: knowledge of which choices are “healthy” and “good” for the mind and body; the money to afford yoga classes, face masks, healthy foods, and bath bombs; and the time necessary to take a break and be present to these practices. Despite intentions to fully incorporate the mind and body in a practice that is neither fully discipline nor fully indulgence, those who partake in self-care must constantly grapple with these tensions in navigating their own definitions and practices.

Methods

For this project, I carried out eight semi-structured, in-depth interviews (Esterberg 2002) with six Goucher students and two recent graduates. I used a convenience sample, recruiting interviewees primarily by posting on my own Facebook page as well as various private Facebook groups for Goucher students of which I am a member, such as the Goucher College Class of 2017 page. Interviews were mostly carried out on Goucher’s campus, although a few took place at interviewees’ off-campus residences. Most interviews were around an hour and fifteen minutes long; I audio-recorded all interviews on my iPhone. During these interviews, I asked participants about their own definitions and practices of self-care, how important these practices are to them, what motivates them to partake in practices of self-care, and the effects that these practices have on their well-being, relationships, and sense of self. I also asked interviewees to free-list self-care practices and words that they feel are associated with self-care. After collecting my data, I transcribed all eight interviews and used open coding, creating

labels and codes from my data that allowed me to find patterns and develop the main themes around which I organized my qualitative analysis (Esterberg 2002).

I also conducted participant observation at a “self-care party” I hosted at my house. Again, participants for this event were recruited through convenience, as I reached out to my close friends and asked them to come and bring friends if they wished. I framed the event as specifically self-care themed (and informed all participants ahead of time and at the event that this would be a part of my research) but left the actual content of the party open, telling participants that they could bring whatever activities, snacks, crafts, or materials they associated with self-care. Eight people came, bringing large sketchpads and markers, coloring books, magazines to make collages, an essential oil diffuser, and various snacks ranging from fruit to hot samosas. We spent one or two hours coloring and drawing with incense and candles burning; some people—myself included—worked on designing their planners or “Bullet Journals,” a popular journaling methodology “best described as a mindfulness practice disguised as a productivity system” (Carroll 2019). Other participants worked on homework, sending emails, and other logistical or productive tasks. We also made homemade face masks and bath scrubs with materials I already had, such as coffee beans, almond milk, coconut oil, and Epsom salts. Over the course of this four-hour event, I asked people about the activities they were partaking in and why they considered those things to be self-care, and I took detailed field notes on the lengthy informal discussions that ensued. These field notes were coded along with my interview transcripts.

My sample was small and, although the range of experiences and thoughts expressed by the participants was robust, the population as a whole was not demographically diverse. For example, all my respondents were white. Additionally, although respondents’ genders and sexual orientations varied greatly, only one was a cisgender male. No heterosexual, cisgender men responded to my calls for interviewees. Finally, only one interviewee was economically situated below the poverty line.

Although two other respondents had working-class backgrounds, both identified that they led mostly middle-class lifestyles at the time I interviewed them. All other respondents identified themselves as middle-class or upper-middle class. I do not list these demographic factors to reduce the people I interviewed to mere numbers or statistics; rather, I mention this to call attention to the economic privilege necessary to practice self-care “successfully,” as well as the gendered and racialized dimensions of self-care.

It is also important to acknowledge my own positionality as not only a researcher but a person who engages in many, if not most, of the self-care practices my participants talked about – and for many of the same reasons they do. My own class background has allowed me bountiful resources to engage in self-care in any way I see fit. I tried not to lose sight of my own personal background and experience with self-care in collecting or analyzing my data because, as with any type of social research, I recognize that my subject position necessarily shapes and informs my interaction with the research. Because of this, I attempted to engage in a dialogue with informants rather than simply conducting one-sided interviews, offering my own analyses and thoughts during the interview process and allowing conversations to unfold organically.

Defining and Negotiating Self-Care

Thriving, Not Just Surviving

Self-care is fundamentally oriented toward the pursuit of well-being. Practicing self-care means more than merely getting through each day: ideally, it means flourishing. Participants talked about self-care in terms of happiness, doing what they want, doing what feels good, and possessing awareness and reflexivity about themselves and their needs; actively thriving was often contrasted to passively surviving. Emily, for example, articulated an important difference between self-care and what she sees as “coping mechanisms.” For her, self-care involves an enthusiastic pursuit of creativity, health, and joy – while coping just means doing the bare minimum to survive her depression, anxiety, and the stresses of college life:

And that's more how I perceive self-care, like you can be in an upset mindset but you're more able to do or create in a sense of caring for yourself ... you talk to other people, you're more social, you're more happy, whereas coping [is], oh, you're just in your room eating ramen, can't remember how many days it's been since you showered, don't really care, get upset, don't wanna do anything.

Along similar lines, Sage framed self-care in opposition to "self-preservation," which meant having to mask their trans identity for the sake of avoiding discrimination or assault. For them, self-preservation could never be self-care because "it's less about making myself feel happy and more about making myself feel safe." Self-care, on the other hand, meant living fully in their identity, spending time doing their makeup and putting effort into their appearance, receiving validation and support from their peers, and focusing on the things they love to do.

Several people talked about mental illnesses or mental health issues making it difficult for them to do seemingly simple tasks like getting out of bed in the morning or taking a shower. Self-care for them was ensuring that they did those things, which they knew would ultimately make them feel better. Although many of them did partake in therapy or medication, they used self-care as an alternative therapy or CAM to supplement the biomedical care they were receiving (Davis, Maurstad, and Dean 2014). For example, when asked about a time when she felt like she should have practiced self-care but didn't, Katharine talked about how her depression created a cycle where she would often spend the majority of her days off work "kind of being in and out of sleep and feeling really anxious and wanting to get up but not able to somehow." In contrast, when I asked her to tell me about a recent time where she intentionally practiced self-care, she explained that occasionally taking a brisk walk with a roommate in the morning before work—a self-care practice suggested by her therapist—provides an incentive for her to get out of bed. These walks make her feel positive about being active and energized in the morning, compared

to just enduring "the usual grogginess" on her way to work.

Rather than relying solely on biomedical solutions, my informants preferred to take a more holistic approach to their well-being (Fries 2013) by engaging in activities that made them feel like they were flourishing rather than just treating or managing a mental illness. Other respondents talked about self-care in terms of feeling free, going outdoors, getting off campus, being more positive, feeling confident/good about themselves, and generally making an active effort to lead an enjoyable life and be happy rather than just passively (or unhappily) existing.

Balancing Mind and Body

Cartesian mind-body dualism (Scheper-Hughes and Lock 1987) was a pervasive idea interwoven throughout many of my participants' responses. Most respondents expressed that they conceptualize their mind and body as separate in some way – or as two different components of themselves – which was represented not only in the explicit ways some people created distinctions between the two. For example, respondents discussed how certain self-care practices are targeted at alleviating emotional or psychological stress while other practices are predominantly physical. However, even practices that seem entirely geared toward bodily pleasure—taking a bath, for example—also involve relaxing the mind, allowing the mind to rest, de-stressing, or recharging the mind so that it can be more active later. This also applies to other physical activities such as exercise, taking a nap, or, in Katharine's case, cleaning the bathroom:

I feel really stuck in my head a lot and do struggle with mental health issues, and centering [self-]care activities around a physical action is really helpful for me because it takes me out of that ... Even cleaning the bathroom can be meditative for me because I'm focusing on this physical task and everything that comes with that physical experience and not thinking about being stressed about work or something weird that happened with a friend.

Katharine describes a connection between the physical act of cleaning and the mental process of meditating – simultaneously distinguishing the physical and the mental as two separate areas of focus while uniting the mind and the body in one practice of self-care.

Indeed, for many respondents, self-care means achieving balance in caring for both the mind and body, as John stated: “In my self, I have my body, and the mental self that inhabits it. And those are two different things but they’re both me... It’s like a balance. And when I practice self-care, it’s like I’m balancing myself out. Those two different sides.” John explained that self-care necessarily involves paying equal attention to the needs of his mind and his body “so that us as a whole can work better together.” Similarly, Nellie talked about how an act of self-care needs to encompass both her mind and body:

It has to be much more holistic – my mind, body, emotions, and all the people I’m around ... people a lot of times think that it’s one or the other, like, “I’m just gonna do something that’s gonna engage my mind” or “I’m just gonna engage my body” and for me it’s kind of all in the same. So there’s a lot of acts of self-care that don’t impact me when it’s only impacting one part of me.

Despite the fact that earlier in the interview Nellie told me she sees her mind and body as “the same,” in this quote she still delineates her mind and body as separate “parts” of her. Like John and Katharine, she describes how self-care is ideally “holistic,” integrating both components. Almost oxymoronically, respondents took on a view of their mind and body as separate while simultaneously seeking to deconstruct and even transcend mind-body dualism (Scheper-Hughes and Lock 1987) by linking the “two” parts of themselves in the practice of self-care.

Self-Control Vs. Self-Indulgence

The “control vs. excess” paradigm outlined by Vogel and Mol (2014) is central to how people navigate self-care. For many respondents, self-care means pursuing pleasure of some sort, but some amount of discipline is necessary to avoid

overdoing it. During the “self-care party” where my participant observation took place, we had a lengthy discussion about balancing self-care and “indulgence.” In particular, Savannah talked about how she fixates on the idea of self-care as a way to “enable” herself and her impulsive tendencies. She explained that she finds it extremely difficult to “not overindulge in something and call it self-care” as a way to make it seem acceptable. Netflix “binging,” for example, is an activity that can sometimes help to relieve her anxiety, but which can also be unwise and unproductive when she should be doing her homework instead. Indeed, “binge-watching” TV shows or movies is a subject that came up frequently in my interviews, especially in contrast to watching an episode or two with friends or as a way to take a break and relax. Language is significant here – using the term “binging” explicitly ties the act of watching Netflix to overindulgent or excessive behavior. It also implies addiction, widely perceived as the pinnacle of out-of-control behavior (as in binge-eating or binge-drinking).

This tension between self-control and self-indulgence (Vogel and Mol 2014) applies to a myriad of different behaviors, such as buying things, smoking marijuana or drinking alcohol, and especially eating. Most people debated whether or not a “Treat yo self” mentality – a phrase made popular by the television show *Parks and Recreation* – qualified as self-care. When asked, many participants’ immediate response was that “Treat yo self” was not the same thing as self-care, but that there could be overlap with certain practices. Annie, for example, explained what she sees as the difference between self-care and “Treat yo self”:

I still think that self-care is more intentional. I think a “treat yourself” is more of an instinctual... immediate gratification or impulse. I think they could overlap, like I think if you’re really stressed out and like want to take a sec to go have a milkshake and sit outside with it that could be self-care, but I think if you’re at the mall and you’re like, “Milkshake! Treat yo self!” Like, that’s not self-care. That’s yummy, but that’s not self-care.

For many participants, a particular action—in this case, drinking a milkshake—could be an act of self-care or it could be treating oneself; making this distinction depends on context and intention rather than the nature of the action itself. John outlined a similar difference with snacking in general, contrasting a “good snack” versus a “bad snack.” One might expect a good snack to be a typically healthy food and vice versa for a bad snack; however, for John, a good snack could be any type of food as long as it is ingested in moderation. A bad snack, on the other hand, involves snacking mindlessly – like Savannah’s description of watching too much Netflix, John invokes the imagery of someone who “binges,” or an out-of-control eater. My informants found it necessary to employ discipline (Foucault 1978) and careful calibration (Cairns and Johnston 2015) in everyday self-care, justifying the pleasures that self-care brought them by asserting the self-control that they exerted over those practices.

Taking a Break: Recharging or Avoidance?

Respondents frequently framed self-care in terms of taking a break from the daily realities of life. They emphasized the importance of pausing to take a breath or taking a step back from routine, from specific stressors, from certain people (or people in general), or from bad habits. These breaks were often talked about in terms of recharging, rebooting, recalibrating, or refueling, as in this comment from Emily: “You are a battery. And sometimes, you know, we’re not like the Duracell bunny that just keeps going, like you have to recharge.” Annie used similar language as well, discussing how sometimes unsuccessfully attempting to be productive could actually end up being less productive than taking a break to practice self-care: “It’s like if I feel myself really stressed out but not being productive, that’s when I know I need to stop and do something that’s gonna like reboot me, sorta.”

Indeed, for many respondents, taking a break is most useful when it is framed in such a way that directly links it to productivity. After people are re-fueled by their break, it allows them to re-enter their lives, jobs, school work, or even relationships with a newfound rigor and energy:

With baths and face masks and stuff, they make me feel... you know, like, they clean. And when I get clean and I freshen up, it makes me feel like I have started anew and can now be productive. And unintended consequence of that is kinda like... [I think to myself,] “I’ve been lying in bed for four hours in my own disgusting sweat and dirt, like, let me go take a bath, watch an episode of Bob’s Burgers in the bath, and like get out and do stuff.” Whether that happens or not is questionable. But there’s usually the intention going in, that after this bath, something’s gonna happen. (John)

In the quote above, John clearly illustrates the idea that a break (in this case, to take a bath or apply a face mask) can be productive if it serves as a recharging period. John also expresses a dilemma that many of my interviewees echoed: even if the goal of taking a break is ideally to bounce back recharged and energized, often this goal is not met, and the break becomes a method of procrastination or avoidance of tasks instead.

Again, respondents find themselves balancing or “calibrating” (Cairns and Johnston 2015) self-control and indulgence as they negotiate whether a break serves as a legitimate period of relaxation or just a way to procrastinate. In the following quote, Victoria uses the Netflix example common to my participants as she explains the difficulty in finding this balance: “I use Netflix partially as an escapist method but it’s also to make me feel better. But sometimes I feel like the “making me feel better” thing is just protecting me from something I should address.” Informants often experienced difficulty determining whether a break was indeed essential for continued productivity later or just an “escapist” excuse to avoid work or other undesirable, but necessary, tasks. In these instances, self-care is fraught with the imperative to discipline one’s body and to reject immediate gratification or pleasure in pursuit of the ultimate goal of capitalist productivity (Foucault 1978; Thompson and Hirschmann 1995).

Long-Term Self-Care vs. Immediate Gratification

The imperative amongst respondents to gear their self-care toward productivity and future success was also expressed in the way many people framed self-care in opposition to immediate gratification or short-term pleasure. For most respondents, accomplishing tasks – such as doing their homework, cleaning their dorm room/home, or applying for jobs and internships – is perceived as practicing self-care; or, as John puts it, “doing things that’ll improve your life, not just now but in the long run.” Similarly, for Avery, self-care itself means “managing my time effectively and getting small tasks done when I can so that I’m not overwhelmed later on.”

The act itself does not need to be productive in order to be geared toward the long term, however. Like with taking a break, practicing self-care in any way that prepares one to be productive in the future was a significant theme amongst respondents. Katharine illustrates this point as she talks about the effects of taking a walk in the morning before work:

My morning was less rushed than usual. I actually made a full meal and sat and ate it instead of taking it to go and I just felt more prepared to go to work. And just like I said, a lot more physically awake than usual which made a huge difference in being able to provide good customer service [laughs]. And I would say I also felt like I needed less caffeine during the day.

Although her tone is sardonic when she indicates that taking a walk allowed her to provide better customer service, she still frames her act of self-care as successful because it allowed her to feel more prepared for work and more energized at her job.

Respondents also talked about long-term, future-oriented self-care that did not necessarily involve productivity or success in academia or the workplace. Nellie talked about long-term self-care in her relationships, explaining that “sometimes self-care is feeling pain to feel better later,” and talking about how having difficult conversations with her loved ones could sometimes be a better way of

practicing self-care than a temporary fix or simply taking a break: “I don’t feel better if I was on my phone in a stressful conversation, took an hour to do a face mask, and then an hour later was in the same situation still.” Emily also returned to the idea of an unproductive break, arguing that self-care is often framed in a way that does not include some sort of growth or change:

I think people have to step out of this idea that you can give yourself a break – short, temporary, and that’s it... That’s not sustainable. So I think – maybe trying to shift the discussion of self-care away from eating badly for two days and then going back to everything as if nothing happened.

Emily framed self-care in terms of sustainability; if a break means not being accountable to consequences, it is not truly self-care. Whether it be personal development, goals of productivity, or, in Nellie’s case, relational growth, self-care necessitates a long-term practice that goes beyond simply stepping away and expecting to come back renewed. Rather than “pleasure for pleasure’s sake” (Davis, Maurstad, and Dean 2014), self-care is perceived to be valid only as pleasure for the sake of eventual productivity.

Symbiotic Care and Cycles of Caring

Practicing self-care necessitates a balance between caring for oneself and caring for others. Participants made encouraging statements about embracing a positive type of selfishness and being “all about yourself.” Several people mentioned that they often prioritize others above themselves, and that self-care was an important way to remember to prioritize themselves and address their own needs as well. However, respondents were critical of a purely individualist framework for self-care, walking a fine line between self-care and excessive selfishness. Sage discussed this distinction using the example of “blowing friends off,” which many other participants also listed as an example of “selfish” self-care:

I think as long as you can differentiate between what is self-care and what is selfish then I don’t think there is a problem with it ... I don’t know if I have a

specific example. I guess like consistently blowing people off. Like if you make plans three days in a row, and you just consistently blow it off like, “Oh, I need to take care of myself.” And sure, there could be times when you do need to take care of yourself and blowing people off three times in a row is definitely the right thing to do. But if you’re... not really doing anything that’s like actual self-care, then I think that would be selfish.

Following up after our interview, Sage further elaborated on this tension by forwarding me a viral Facebook post that explained the difference between being selfish, or “putting the wants of yourself over the needs of others,” and respecting or taking care of yourself, or “putting the needs of yourself over the wants of others.”

In fact, many participants found their own well-being was tied to others’ – that they were happier when their friends were happier, as in this statement from Victoria: “I kinda feel like if my friend isn’t feeling good then it’s like me not feeling good.” Other people talked about how sometimes spending time with friends and loved ones was a form of self-care, and how encouragement and support from others allowed them to take better care of themselves. On the other hand, respondents acknowledged that they were better able to treat others well when they were treating themselves well: “I guess to put it simply, if I’m in a good mood I’m a better person to be around. And I think to be in a good mood, I need to be practicing self-care regularly” (Sage). This symbiotic care relationship between the participants and their friends or loved ones was emphasized again and again, and framed as integral to participants’ well-being. Some respondents noted that they had to let go of friends who became “toxic” because they did not successfully take care of themselves and thus were unable to engage equitably in this symbiotic relationship.

Symbiotic care relationships exist not only in friendships and interpersonal relationships but also in broader community contexts as well. Several respondents talked about how community spaces such as group therapy, college classes, or activist circles were

important aspects of their own self-care and well-being. For example, Emily talked about how being involved in activism meant that she did not feel alone in the struggles that being a queer trans person entails. Elaine went so far as to say that “the only self-care is conspiring for the revolution,” which was her tongue-in-cheek way of saying that the most important thing for her own well-being was working toward eradicating the “systems that make us feel the need to practice self-care” in the first place. Victoria was similarly critical of the fact that some large companies offer activities – like yoga in the workplace – that are framed as self-care in order to distract from the fact that employees work too hard to function without such breaks. Katharine brought up the following quote from a talk that Black Lives Matter co-founder, Alicia Garza, gave at Goucher College, on March 30, 2016 (for more on this talk, see Jones, n.d.):

And one thing that I would just encourage us to think about instead of self-care, which I’m a fan of, but I like collective care because it is about the spaces that we create that either help to rejuvenate us, help to keep us going for another day, or they deplete us even more. So self-care is possible inside of a community that cares ... that community itself should nourish you, not deplete you.

Despite the individual nature of the term “self-care,” the practice of taking care of oneself is inherently related to those with whom one is in relationship and community. For these respondents, it was critical to take a step back and evaluate the contexts in which self-care is necessary and to ask why.

In these ways, symbiotic care is present and necessary in community settings and spaces – and self-care becomes an important way to be accountable within these communities. When a person attempts to avoid or absolve themselves of their responsibility to this cycle of care, the result is a self-care that benefits no one. To illustrate this, Nellie gave an example of a student who exhibited racism in a classroom setting and then removed themselves from the situation, “using self-care as a way to not deal

with the repercussions of bringing racism into the room.” Nellie questioned how that could really be self-care when it meant “refusing to learn from what just happened” and being harmful to the rest of the community. This prompted a lengthy conversation about community accountability and collective care: “If self-care is healing us and we’re a part of a community then we’re bringing our healing back into the community with us. So if our healing isn’t radically honest and committed and long-term, then who is it for?”

The answer to Nellie’s question—who is self-care for?—may seem obvious, but, as symbolic interactionists theorize, there is no self that exists without the construction of the other (Schweingruber and Berns 2013). Self-care only exists insofar as the communities and institutions that allow or necessitate it exist, and this is clearly demonstrated in how my respondents situated their own self-care in the context of a broader collective care and in cycles of symbiotic caring.

Conclusion

As my findings have illustrated, everyday self-care is geared toward achieving well-being, bridging the gap between the everyday and the biomedical or even taking the form of a supplemental therapy or CAM (Fries 2013; Davis, Maurstad and Dean 2014). Everyday self-care engages both the mind and the body, which are largely conceptualized as two distinct entities fundamentally at odds with one another (Scheper-Hughes and Lock 1987), which my respondents sought to unite through practicing self-care. These practices also involve a tricky balancing act of “calibration” (Cairns and Johnston 2015) within several dilemmas: self-indulgence versus self-control; recharging versus avoidance; long-term self-care versus short-term gratification; and being selfish versus caring for others or for a larger community—all of which were described using a postfeminist lens that celebrates ownership over one’s actions while still employing the Calvinist ideology that one’s body is made to be controlled and disciplined by the mind (Thompson and Hirschmann 1995; Foucault 1978).

Clearly, everyday self-care is not so simple as taking a bath to feel better. It involves meticulously weighing one’s options, values, and time – it is a process of continuously negotiating and navigating, balancing, and striving for wholeness. There is no static definition or set of practices that can encompass what self-care means to my participants. Indeed, the process of defining everyday self-care is highly individual, contextual, and elusive. In fact, respondents had trouble deciding what exactly does or does not qualify as self-care, and often avoided making definitive statements one way or another. Rarely did anyone draw an explicit line between which self-care practices were categorically good or bad, successful or unsuccessful. Informants followed nearly every value statement about self-care with a qualification such as “but it’s different for everyone,” or “but that’s just my definition.” However, moral codes and values – particularly surrounding productivity, health, and community – were nonetheless implicitly and explicitly embedded in informants’ responses.

It was taken for granted by most everyone that productivity is a good thing, and that being productive is a necessary component of well-being. As such, self-care that is not in some way geared toward productivity, or productive in and of itself, seems to be a marker of laziness or moral laxity - a reflection of the widespread Western notion that any action which is productive in a capitalist sense is morally superior (Thompson and Hirschmann 1995; Scheper-Hughes and Lock 1987). While informants did express that this is context-dependent and individual, it is clear they still value productive self-care over unproductive self-care. Similarly, self-care that meets “healthy” standards is privileged over-indulgence in unhealthy foods or being inactive. Again, when articulating their own practices of self-care, informants clearly strive for self-care that is more health-oriented, despite claims that this is not necessarily the case across the board. This is reflective of the moral constraints that shape what it means to successfully embody health and well-being (Vogel and Mol 2014).

The ideals of self-care articulated by my respondents reproduce and legitimize the neoliberal rhetoric of discipline that operates within the postfeminist framework of choice and agency (Cairns and Johnston 2015). My respondents saw themselves as fully responsible for their own care, accountable both to themselves and to their respective communities for maintaining mental and physical health and well-being. Grappling with the dilemmas and complexities of self-care, informants revealed the extent to which ingrained capitalist ideals of productivity and self-control dictate their behavior in the social world and their embodied sense of moral success (Foucault 1978).

Of course, the implications for “successful” self-care are raced, classed, and gendered. Because this research was largely exploratory (and because of limitations in terms of time and sample), I am not able to fully analyze or capture the privilege and accessibility that shape who is able to practice self-care in the ways my participants described. Continued research on everyday self-care should integrate current scholarly literature on male embodiment and health, the socioeconomic limitations imposed on those who engage in self-care and self-care industries, and the implications of self-care as radical healing or as activist and community work that seeks to remediate historical trauma, especially within communities of color. As social actors operating within the confines of these structural and institutional elements, my respondents did not necessarily engage with these intersections, but a more fully developed analysis of these elements is essential moving forward.

The intersections and interactions between these dimensions are succinctly summed up by Katharine, who spent several minutes of our interview describing “Instagram Girl,” a fictional person who represents popular portrayals of self-care that are prevalent on social media and ingrained in the collective imaginary of what self-care looks like; Instagram Girl is a fit, white, upper-middle-class woman who eats chia bowls and does yoga on a mountain every morning, all the while documenting each action with photographs taken on her rose-gold iPhone and subsequently posted on the app Instagram.

This ideal “pinnacle” of self-care, despite being a carefully crafted and largely unattainable image, was pervasive in the ways that many of my respondents spoke about and wrestled with their own definitions of self-care as compared to more mainstream conceptualizations of self-care. Further research should more closely examine the ways that self-care is depicted in mainstream and social media, and the real-life implications of these taken-for-granted narratives.

My analysis of everyday self-care demonstrates that pervasive cultural conceptions of healthism and moral deservingness shape the way individuals frame self-care and well-being. Additionally, it calls into question the cultural contexts that create the need for everyday self-care and breed the rhetoric of self-care and wellness. Although my informants saw their definitions of self-care as highly personal, a solely individual framework of self-care is problematic, as is evidenced in the way that respondents advocated for a model of self-care that takes into account the needs of others and the effect that self-care has on collective and community care. Thus, it is imperative to not only interrogate the systems that create the need for self-care in the first place, but also the broader socioeconomic factors that shape how we conceptualize this type of care.

Does self-care only exist in relation to the destructive systems and institutions that take such a toll on us we cannot respond in any way except to focus on healing? What would self-care look like if we only existed in communities that nurtured us, as Alicia Garza suggested? How can we imagine self-care outside of the institutional barriers of neoliberalism or capitalism – would it even be possible or necessary to practice self-care in such a context? These are all questions to consider if we are to critically examine self-care from a sociological standpoint. This project seeks to add nuance to the way everyday self-care is understood as lived, experienced, and embodied, and these questions are necessary to consider not only in an academic framework, but also as we (my informants, readers, and myself) all move through the world, caring for ourselves and others every day whether we term it “self-care” or not.

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