

FROM SELF-CARE TO COLLECTIVE CARE

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- *Institutionalising self-care to build organisational resilience* •
and advance sustainable human rights work

ABSTRACT

Human Rights Defenders (HRDs) across the world report a common experience of closing space for opposition to oppressive repositories of power, whether at the hand of government or the private sector. One of the strategies of resistance developed by HRDs to combat these challenges is the practice of self-care. Self-care is a broad concept that can include a wide variety of measures that contribute to wellbeing and build resilience. However, for HRDs working in organisations, self-care is most effective when it is institutionalised. This calls for a shift in mind set from self-care to collective care. This article will discuss the need for this shift and suggest some possible practical features of a collective care approach at organisational level.

KEYWORDS

Self-care | Collective care | Resilience | Sustainability | Organisational development

1 • Introduction

In a global climate of growing authoritarianism and closing space for opposition and dissent, those working to realise human rights (referred to as Human Rights Defenders or HRDs) face increasing levels of threat. These threats come in a variety of forms including restricted access to information, attempts to discredit HRDs, restrictions on access to funding, a clampdown on protest activity, surveillance, intimidation and harassment, abuse of the legal system in the form of unfounded claims for defamation (referred to as SLAPP suits), criminalisation, physical violence and assassination.¹ Significantly, the threats faced by HRDs more broadly manifest in particularly gendered ways for Women Human Rights Defenders (WHRDs).² This is often because WHRDs are perceived as challenging accepted socio-cultural norms, traditions, perceptions and stereotypes about their femininity, sexual orientation, and the role and status of women in society. WHRDs are thus targeted both for who they are (as women) and for what they do (defending human rights).³

In addition to these – largely external – threats, HRDs also confront harmful norms within their communities, movements and organisations. Dangerous stereotypes and perceptions filter through the world of human rights that suggest that to be a ‘true’ HRD, you must sacrifice all and work yourself to exhaustion in furtherance of the greater cause. In many places, the culture of activism can expect, and even celebrate, putting yourself at risk.⁴ HRDs work long hours, rarely take time off, and ignore the need to take care of their health and wellbeing. Self-sacrifice is a cultural norm and as a result, HRDs face high levels of burn-out.⁵

Nevertheless, despite these internal and external threats, it is widely acknowledged that HRDs play a critical role in furthering the realisation of human rights, and thereby in promoting democracy, sustainable development and the rule of law.⁶ Ensuring a safe, healthy and enabling environment in which HRDs can do their work is therefore extremely important. This article will examine self-care as a strategy to respond to these threats by: locating self-care as a political act, emphasising the need to institutionalise self-care by moving towards a collective care approach, and discussing the possible contents of an organisational collective care policy, as well as the resources needed to support it.

2 • Self-care

2.1 - Self-care as a strategy of resistance

Resilience is a form of protection that consists of preparing yourself to overcome threats and trauma.⁷ One of the key resilience-building methodologies developed by HRDs, particularly those in the feminist movement, is the practice of self-care.⁸ Self-care is a strategy of resistance that can include a wide variety of measures that contribute to wellbeing and build resilience. Self-care is not about a quick fix, but about forming habits that build resilience. So what does self-care look like?

HRDs occupy a dual position in that they work with victims of human rights violations and can be victims of such violations themselves. This gives rise to high levels of both primary and secondary trauma.⁹ In these circumstances, a critical component of self-care is access to psycho-social support.¹⁰ Other features of an individual self-care plan can include: reliance on support systems of family and friends, engaging religious and spiritual beliefs, taking care of health through sleep, exercise and diet, mindfulness practices such as meditation and yoga, the use of art, music or nature to facilitate relaxation and wellbeing, managing a relationship with technology and setting boundaries around working hours.

An approach which centres self-care invites HRDs to reflect on whether it is true that what they have to do cannot wait for them to eat, sleep, rest and enjoy themselves for a while. Such reflection acknowledges that in their quest to do more, HRDs end up physically and emotionally exhausted, which inhibits their ability to carry out our work effectively.¹¹

2.2 - Self-care as a political act

The practice of self-care is not easy to develop. One of the key challenges associated with the practice of self-care is the pervasive guilt experienced by HRDs when it comes to looking after themselves. The idea of ‘taking time out’ from important struggles is one that many HRDs battle to come to terms with. Guilt of this nature is exacerbated for HRDs who provide services such as lawyers and social workers. For them, the ‘real’ trauma is that experienced by their clients and therefore ‘who are they to be doing something as indulgent as going to a movie or taking a yoga class’.

Thankfully, the feminist movement has given us some tools to move away from this destructive thinking and towards an understanding of self-care as a political act. Audre Lorde famously summed this up as follows: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.” Using this framework, self-care is not an add-on to the work of a HRDs, to be exercised only when there is time or resources, but is considered part and parcel of the very work itself. Put another way, in the words of Norma Wong, “[l]ack of self-care is a form of repression. Radical self-care is an interruption of violence against ourselves”.¹²

One of pioneers of this approach is the Mesoamerican Initiative of Women Human Rights Defenders (IM-Defensoras) which was created in 2010 with the goal of generating alternatives for the protection, self-care and safety of women in Honduras, Guatemala, El Salvador, Mexico and Nicaragua. IM-Defensoras have expressly adopted two key feminist principles as the basis of their approach to self-care. The first is that the personal is political. This principle frames their reflections on the importance of seeing themselves as political subjects who do for themselves what they want for others – triggering reflective questions such as whether they would like the people they support to have workloads like theirs.¹³ The second principle is that revolution must not come at the cost of pleasure – motivated by anarchist activist Emma Goldman who is famous for saying, “[i]f I can’t dance, I don’t want

to be part of your revolution.” Understood as a political act and strategy of resistance itself, self-care can therefore more easily be integrated into the work of being a HRD.

3 • From self-care to collective care

IM-Defensoras remind us that “the principle of self-care is linked to the idea that we feel emotions, not only because we are human, but also because we live in a community and are constantly relating to other people.”¹⁴ One of the challenges of practicing self-care, is that even if HRDs understand that it forms part of the work itself, engaging in it still has consequences for their work. This is particularly stark in NGOs. If an HRD working in an NGO takes a week off in order to rest and recuperate, the work they are busy with does not necessarily stop, which means that a colleague will need to pick up the slack while they are away. If not carefully managed, this has the potential to create divisions within organisations as perceptions form that some are given space to engage in self-care while others are not. A balance must therefore be struck between the individual practice of self-care and its impact on the organisation more broadly.

It is also important to understand that self-care has *benefits* for the organisation as a whole. An HRD maintaining a self-care practice is likely to be more productive, more innovative and more collaborative. In addition, resilience-building through self-care will head off burnout and thus enhance an organisation’s ability to retain its staff.

Practicing self-care on an individual basis therefore has consequences for other people in an NGO in both positive, and potentially negative, ways. For these reasons, it is critical that we shift our thinking from self-care towards the notion of collective care. For HRDs working in organisations, collective care is self-care institutionalised.

4 • Possible features of an organisational collective care approach

In order for NGOs to adopt an organisational approach aimed at promoting collective care, a couple of considerations need attention. For starters, it is critical that leaders set the example. Whether consciously or not, we take our lead from those higher up in an organisation than ourselves. If the head of an NGO preaches self-care but works themselves to the bone, the guilt associated with self-care will remain, and harmful organisational culture about work ethic will not change. For an organisational approach to be truly effective, it is also necessary to get buy-in at board level so that board members not only understand any changes to budget and workload needed to implement collective care, but ultimately become stewards for ensuring that the organisation and its people take care of themselves.¹⁵

Secondly, we must acknowledge that organisational structure can affect an organisation’s ability to implement collective care in a number of ways. Consider for example an

organisation which is staffed primarily with *young* people, with only a few more experienced people in the organisation available to provide guidance and take key decisions. This kind of bottom heavy structure places a much higher burden on the handful of experienced colleagues, placing them at risk of burnout. The reverse can also be true: if there are lots of senior people but only a few junior colleagues who bear the burden of doing all of the 'leg-work', those junior colleagues may also feel more constrained in taking leave, thus increasing their risk. So adopting a strategy of collective care also involves assessing organisational structure, either with a view to shifting it, but at least in order to understand how it influences the practice of collective care.

Thirdly, one of the risks of an organisation promoting the practice of collective care is that – because self-care can often be difficult to implement – HRDs just end up judging themselves and/or others for not practicing 'enough' or 'adequate' self-care. If this happens, self-care just becomes another thing on a never-ending to do list. Care must thus be taken that the promotion of collective care does not merely compound existing guilt. Strong organisational messaging is important in this regard. HRDs must be made to feel that a self-care practice is personalised, an evolving thing, and something which no-one 'does perfectly'.

It is important that discussion about collective care does not remain just a conversation but actually translates into concrete action. One way to begin this is through the development of a written organisational policy on collective care. Policy drafting signals commitment and an acknowledgment of the need to institutionalise self-care. It also provides a platform for discussion within an organisation. Furthermore, it presents an opportunity to concretise the idea that working in a sustainable way which builds both individual and organisational resilience is a *collective* responsibility. This kind of collective approach is important because collective care only works if there is buy-in across the organisation, as its practical implementation may mean changes to the workload and working conditions of everyone in the organisation, as well as to significant shifts in organisational culture.

The suggestions which follow are made with the aim of providing organisations with some ideas about what could be included in a collective care policy. Their appropriateness will be context specific in different countries depending on factors such as economic circumstances, safety environments and religious and cultural contexts. Any organisational collective care approach needs to be nuanced to the needs of a particular organisation and its people. There is no one-size-fits-all approach. Whether and how a collective care policy can be implemented will also depend on organisational size, budget, leadership and organisational culture. With this in mind, these ideas are not meant to be prescriptive in any way, but rather to be used as a tool by those advocating a collective care approach to further its practical implementation.

One of the most important features of a collective care approach is the provision of psychosocial support. Providing colleagues with access to psychologists, psychiatrists and/or life coaches, on an anonymous basis, and at the organisation's expense, can help to address this. As a complement to addressing mental health needs, supporting initiatives focussing

on physical health is a good idea. This can take the form of assisting colleagues to access information about what kind of medical aid might be appropriate for them and their families, and contributing to medical aid costs wherever possible. Organisations should also think about ways in which they can pro-actively facilitate healthy lifestyles – for example by establishing well-being programmes which could contribute to gym membership, or run seminars on topics like good nutrition, meditation, yoga or whatever else might be appropriate to the context.

Paying attention to the actual amount of time colleagues spend working is also a key part of developing a collective care approach. This can be difficult as human rights violations don't keep office hours, but during those times when an emergency is not present, practices like setting a time when everyone leaves the office (and holding each other to that) can be useful. Making sure to take a lunch-break, preferably as a team, also enhances productivity and creativity and builds social cohesion within the organisation. Asking colleagues to avoid sending messages on organisational WhatsApp groups (or groups of a similar nature if WhatsApp is not used due to security concerns) outside of traditional office hours unless absolutely necessary can also assist to facilitate meaningful downtime.

Managing the leave practices of an organisation is also key. HRDs tend to err on the side of not taking whatever leave they are entitled to. In such circumstances, leaders may well have to pro-actively encourage colleagues to take leave rather than waiting for leave requests to come in. Again it is important for leaders to set the example and take leave themselves. Moreover, if a colleague is on vacation leave, then they should not be doing things like answering emails. This kind of practice is common in human rights organisations and needs to be actively discouraged. Using a collective care policy to encourage colleagues to put organisational WhatsApp groups (or their equivalent) on mute while on leave is worth considering.

An innovative idea used by some organisations is the concept of a 'pillow day'. Pillow days are used to cater for those times when you wake up and just cannot face getting out of bed and going to work due to intense fatigue, trauma, depression or a range of possible other reasons. Organisations can allow everyone to take a set number of pillow days per year. Writing this flexibility into a collective care policy acknowledges that the work done by HRDs is hard, and is unlikely to be abused.

Encouraging and facilitating the taking of leave and reasonable working hours are an important part of a collective care approach. But doing so will have limited effectiveness if colleagues feel that their workload is so big that they are only barely keeping their heads above water as it is. In these circumstances asking them to leave the office at 17h00 or not to work over weekends might just make things worse. As a complement to regulating working hours wherever possible, it is thus also necessary to monitor and manage workloads. Saying no to human rights work, either as an individual or an organisation, can be excruciatingly difficult when faced with people who are suffering, need help and have no-where else to go. However, some system of regulating workload is absolutely vital to avoid burnout and organisational

implosion. It is also useful if decisions about what work to take on are taken collectively as this alleviates the burden on one individual to make the difficult calls to say no.

Organisational dynamics always weave through issues like workload and work hours. It is important that these issues are discussed as openly as possible, as transparency will help to eliminate perceptions that some categories of staff receive preferential treatment. Sensitive dynamics like gender and parenthood also need to be recognised in determining how workload and work ethic is approached. For example, women who bear primary responsibility for childcare may need additional time off or more flexible working hours. Likewise, affording the same flexibility to men can encourage them to challenge traditional societal norms around childcare.

An additional feature of an approach which encourages working in a sustainable way is the introduction of a sabbatical programme which allows colleagues to take time off for anything from one month to one year (as is possible within an organisation). Sabbatical is not vacation leave but may provide the colleague with time to recuperate from a particularly stressful time or traumatic event. It can also be used in order to focus on a particular piece of research or for the generation of new and creative ideas that are fed back into the organisation. Sabbaticals are increasingly being used by NGOs as a way to prevent burnout¹⁶ and as part of a broader recruitment and retention strategy.

Nevertheless, care must be taken that allowing one colleague to go on sabbatical does not just increase the pressure on those remaining. Workload and timing around sabbaticals must therefore be very carefully managed. If resources allow, particularly in cases of a longer sabbatical, the organisation may consider bringing someone else in to cover the work of the colleague on sabbatical while she is away. Furthermore, clear and transparent criteria must be used to determine who, when and under what circumstances sabbatical is allowed. Failure to do so may result in harmful perceptions about favouritism within the organisation.

Something else to think about where HRDs are working together in an office environment is the actual physical work environment itself.¹⁷ For example, it doesn't make much sense to be promoting healthy eating if the communal kitchen isn't equipped to facilitate this. If many colleagues are interested in integrating mindfulness into their individual self-care plans, a collective care policy can support this by dedicating a space in the office to meditation or yoga. The office should be a place that colleagues look forward to coming to, so attention to details like wall colour, plants and artwork can be an important part of a collective care plan. In addition to being of daily benefit to colleagues, an attractive workplace can also form part of a staff recruitment and retention strategy (thus ultimately feeding back into the sharing of workload and having a direct impact on levels of fatigue and burnout).

Another possible dimension to a collective care policy is the support of access to retreats and places of sanctuary. In some countries, HRDs may be fortunate enough to have access to places of sanctuary such as Casa La Serena which is run by IM-Defensoras as part of

their comprehensive protection strategy. The establishment of places like this is a welcome development in the light of the difficult conditions in which HRDs carry out their work. It provides a model from which other movements, coalitions and organisations can learn.

5 • Funding collective care

Some of the questions frequently raised in connection with both self and collective care is how much it costs, what time it takes, and whether these limitations are prohibitive. IM Defensoras challenge the idea that money or time is a limitation. They advocate for a focus on contact with nature, moments of reflection, breathing exercises and the appropriation and enjoyment of the body, which generally have more to do with willingness than economic resources.¹⁸ Nevertheless, while at an organisational level some of the ideas discussed above may cost nothing (such as taking lunchbreak together), others may require significant financial outlay from the organisation (such as access to psycho-social support or employing temporary workers to provide relief for those on sabbatical). These needs must be factored into an organisation's annual budget and fundraising targets. Concomitantly, there is an obligation on the donor community to support initiatives which promote the practice of self-care and particularly its institutionalisation in the form of collective care. So many donors require their grantees to think about the sustainability of their interventions. Implementing a collective care policy is a direct response to that concern.

6 • Conclusion

HRDs carry out their work in a world which is increasingly hostile. They also operate in the midst of a harmful culture of pushing themselves to the limit. As Brian Reich put it – “[w]e are going to kill ourselves trying to change the world”.¹⁹ If human rights work is to continue, we *must* heed this warning. HRDs are fighting powerful forces. Sustainability is absolutely critical for this fight to be effectively waged. It is therefore worth spending time and energy exploring strategies which build resilience.

Self-care has emerged as an important part of resilience-building. Self-care is a proactive measure which HRDs can take to cope with the immense pressure they are in and to prepare for tough times ahead, but also to regain a sense of joy and fulfilment in their work. Nevertheless, self-care is not an easy practice to cultivate. One of its biggest obstacles is guilt. Framing self-care as a political act which forms part of the work of an HRD is a helpful way to overcome this.

For HRDs working in organisations, individual self-care practices are helpful but the best results are achieved when self-care is institutionalised into what is referred to here as a ‘collective care’ approach. Possible elements of a collective care policy include: access to psycho-social support, measures that promote physical health, careful management of

workload and working hours particularly through leave practices and innovations like sabbatical and pillow days, creating an enabling physical work environment and supporting the use of retreats and places of sanctuary.

Practically implementing these measures is not always easy. Attention must be paid to the relevance of organisational structure and organisational culture. In addition, transparency in how these practical mechanisms work is key, and broad buy-in at all levels of an organisation – and from the donor community – is necessary. Importantly, there is no one perfect model and a collective care approach must be contextual, nuanced and fit-for-purpose. Although not without challenges, collective care is worth exploring as a resilience-building mechanism. For HRDs it may make their work continue to be possible at all, and in a way which sustains rather than depletes them. Restored, nourished and uplifted, HRDs can achieve great things.

NOTES

1 • See, for example, Report “Enemies of the State,” Global Witness, July 30, 2019, accessed May 4, 2020, <https://www.globalwitness.org/en/campaigns/environmental-activists/enemies-state/>; East and Horn of Africa Human Rights Defenders Project, “Networks for the Protection of Human Rights Defenders: Notes from the Field,” *Journal of Human Rights Practice* 5, no. 3 (2013): 522; Karen Bennet, Danna Ingleton, Alice Nah, and James Savage, “Critical Perspectives on the Security and Protection of Human Rights Defenders,” *International Journal of Human Rights* 19, no. 7 (2015): 887.

2 • WHRDs are a subcategory of HRDs encompassing both HRDs who identify as women, but also any HRDs who work on gender issues or in defence of women’s rights. See further “Report of the Study on the Situation of Women Human Rights Defenders in Africa,” African

Commission on Human and People’s Rights, 2017, accessed May 4, 2020, http://peacewomen.org/sites/default/files/report_of_the_study_on_the_situation_of_women_human_rights_defenders_in_africa.pdf.

3 • Inmaculada Barcia, “Our Right to Safety: Women Human Rights Defenders’ Holistic Approach to Protection.” Awid, March 2014, accessed May 4, 2020, https://www.awid.org/sites/default/files/atoms/files/Our%20Right%20To%20Safety_FINAL.pdf, p. 5, a report facilitated by the Association for Women’s Rights in Development as part of its work as Chair of the Working Group on Urgent Responses for WHRDs at Risk of the Women Human Rights Defenders International Coalition.

4 • Jane Barry and Vahida Nainar, *Insiste, Resiste, Persiste, Existe: Women Human Rights Defenders’ Security Strategies* (Oakland: Urgent Action Fund

for Women's Human Rights, 2008): 29.

5 • Beth Kanter and Aliza Sherman, *The Happy, Healthy Nonprofit: Strategies for Impact without Burnout* (New Jersey: John Wiley & Sons, 2017): 7.

6 • See for example the preamble to "273: Resolution on Extending the Scope of the Mandate of the Special Rapporteur on Human Rights Defenders in Africa," ACHPR/Res.273(LV)2014, African Commission on Human and Peoples' Rights, 2014, accessed May 4, 2020, <https://www.achpr.org/sessions/resolutions?id=320>, which recognises "the importance of the work carried out by civil society stakeholders, in particular human rights defenders collaborating with the African human rights system, for the promotion and protection of human rights, democracy and the rule of law in Africa". See also Ulisses Terto Neto, *Protecting Human Rights Defenders in Latin America: A Legal and Socio-Political Analysis of Brazil* (London: Palgrave Macmillan, 2018): 33-38.

7 • Carlos Patiño Pereda, "Resilience in Times of Oppression," *Sur Journal* no. 26 (dec. 2017).

8 • Barcia, "Our Right to Safety," 13. See also IM-Defensoras, "A Feminist Alternative for the Protection, Self-Care, and Safety of Women Human Rights Defenders in Mesoamerica," *Journal of Human Rights Practice* 5, no. 3 (2013): 446.

9 • "Defending Human Rights: A Resource Book for Human Rights Defenders," East and Horn of Africa

Human Rights Defenders, 2nd ed., 2012, accessed May 4, 2020, https://www.defenddefenders.org/wp-content/uploads/2011/07/EHAHRPD_Resource_book_ENG.pdf, 25-27.

10 • Barry and Nainar, *Insiste, Resiste, Persiste, Existe*, 84.

11 • Ana María Hernández Cárdenas and Nallely Guadalupe Tello Méndez, "Self-care as a Political Strategy," *SUR Journal* 14, no. 26 (2017): 174.

12 • Kanter and Sherman, *The Happy, Healthy Nonprofit*, 6.

13 • Cárdenas and Méndez, "Self-care...," 173.

14 • *Ibid.*, 175.

15 • Kanter and Sherman, *The Happy, Healthy Nonprofit*, 122.

16 • See Deborah S. Linnell and Tim Wolfred, "Creative Disruption: Sabbaticals for Capacity Building and Leadership Development in the Nonprofit Sector." Third Sector New England and CompassPoint Nonprofit Services, 2009, accessed May 4, 2020, <https://www.issuelab.org/resources/8888/8888.pdf>, a study commissioned by the Rasmuson Foundation.

17 • See Kanter and Sherman, *The Happy, Healthy Nonprofit*, 136-141.

18 • Cárdenas and Méndez, "Self-care...," 175.

19 • Uttered by Brian Reich, Director of the Hive, a special projects unit of USA for UNHCR quoted in Kanter and Sherman, *The Happy, Healthy Nonprofit*, 8.

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Received in February 2020.
Original in English.



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