Having You There Made It Better: The Feminist Emotion Work of Sexual Assault Crisis Counselors

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HAVING YOU THERE MADE IT BETTER:
THE FEMINIST EMOTION WORK OF SEXUAL ASSAULT CRISIS COUNSELORS

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CHAPTER 1

INTRODUCTION

Every day, at 8 a.m. and 8 p.m., somewhere in the city of Chicago, two women briefly meet to exchange a pager, a canvas bag, and a spiral notebook. These encounters might appear like ordinary interactions on a street corner, a coffee shop, or an office lobby. In reality, the coordination of these women, pagers, bags, and notebooks reflects and continues the legacy of over twenty years of feminist organizing against sexual assault. The women, who are often strangers, volunteer for a sexual assault crisis counseling agency. This agency, which formed a generation ago, began as a feminist response to the lack of adequate treatment and services available to survivors of sexual assault in hospital emergency rooms. The crisis counseling work these women do, unpaid and frequently exhausting, creates a unique relationship with hundreds of other women across the city, many of whom they have never met. Often, the only communication these women have with one another comes from the collective journals that pass from volunteer to volunteer. This common experience of rape crisis counseling creates relationships among volunteers that cross social boundaries of race, ethnicity, age, sexual orientation, and to a lesser extent, class differences.
Far from engaging in the ordinary, these feminist activists volunteer forty hours of their time to learn about the history and trauma of sexual assault, the usefulness of crisis counseling to survivors and their families, and how the legal system deals with rape. After this extensive training, they sit in emergency rooms and counsel rape survivors, providing emotional support while monitoring and advocating for better services from hospitals, police, and State’s Attorneys. They try to raise consciousness, both public and their own, about the pervasiveness of sexual assault and the complacency with which society accepts its continued existence. In working with rape survivors and their families, and then writing and sharing their stories about volunteering, these women’s personal, everyday experiences with sexual assault become politicized within larger conversations about feminism, power, justice, and agency.

How do these volunteers describe and interpret their work? How does this kind of volunteer work affect their sense of self and of the society around them? What are some of the important aspects of rape crisis counseling that volunteers feel most strongly about, and how do these experiences of activism influence other areas of their lives? Finally, how does rape crisis counseling impact on their notions of justice, community, and social change?

To answer these questions, I began to analyze the words, thoughts, and stories of volunteers who counsel sexual assault survivors in emergency rooms. Using journals shared by advocates of one agency over a four year period, I investigate the ways women write about the emotional work involved in rape crisis counseling. The journals are spiral
notebooks which volunteers use to write in about their experiences, and are passed from advocate to advocate. These notebooks are a unique source of data in which volunteers share personal thoughts, good and bad experiences of counseling work, inspirational stories, poetry, political commentary, and strategies for coping with the emotional toll exacted by counseling. Unlike the data collected by conducting interviews or observing actual counseling experiences, these journals provide a glimpse at how volunteers use writing as a means to interpret their own experiences and communicate with others involved in the organization. They are simultaneously a public and private document that situates volunteers’ personal experiences within a larger historical context. The journals illustrate the resourcefulness and the difficulties of collective organizing, as they form both a chronicle of the agency’s history and collective autobiography. Taken as a series of “written snapshots,” these journals are important and unique textual accounts of the grass roots women’s movement as seen through the lives and experiences of ordinary women struggling for change.

As the primary means of interpreting social experience, content analysis seems to be a less popular qualitative method than the techniques of ethnographic fieldwork and in-depth interviewing (Lofland and Lofland, 1995). Most qualitative studies stress the importance of participant observation and ethnographic data collection as crucial to understanding a particular social world or social problem. While not discounting the validity and usefulness of this tradition, I believe we can exercise our sociological imaginations equally, if not differently, through the use of content analysis. Content
analysis, broadly interpreted, uses the written conversations, words, documents, and stories of everyday life as the primary data with which to analyze social settings. Content analysis can be used for both historical and contemporary sociological investigations, and in the case of this study, combines both history and current social practices. By arguing that content analysis straddles both the historical and the current, I mean that these journals, written over a period of several years, reflect a specific historical moment in the history of the sexual assault crisis counseling agency, and the larger women's movement of which it is an integral part. Simultaneously, the analysis developed from these journals through content analysis contains significant contemporary usefulness in that the scope, nature, and methods of crisis counseling are largely the same as they were when these journals were written.

Content analysis shares with other qualitative traditions a general caveat on the limitations of interpretation. While I have used the method of content analysis to attempt to understand the processes of volunteering and the meanings developed through those experiences, there is always room for more interpretation, different theoretical analyses, and divergent conclusions about the work of sexual assault crisis counselors. In fact, one of the treacherous pitfalls of content analysis is the gap between experiences as they occur in real life over time and space and the act of creating the written page (Cicourel, 1964). In writing, experience is subject to interpretations, the filter of memory, social norms and taboos, and a consideration of audience. In this case, I have recognized that much of what advocates thought and felt before, during, and after their stints in
emergency rooms might reflect far more variety and richness in contrast to what they chose to write in the journals. Despite this limitation, I believe the knowledge we can glean from the written accounts in these journals will prove useful in understanding the complex interactions between agency and structure, self and society, and the role of emotions in the feminist organizing for social change.

The theoretical approach I used to develop analysis is quite eclectic. I have been most influenced by symbolic interactionism, a sociological tradition which focuses on processes, strategies, and the negotiated, ongoing construction of meaning through constant re-interpretation. Additionally, I borrowed from and humbly refashioned some ideas developed in the Marxist sociological tradition. I have looked specifically at the differences between what constitutes exploited labor, and how people create work that provides both meaning and benefit to themselves through trying to improve the lives of others. Feminist theories of gender inequality and culture fundamentally shaped my understandings and interpretations of the emotional content in volunteers' stories and search for community. More specifically, feminist ethnographies and accounts of activism pointed out new ways of theorizing the significance of emotions in feminist organizing and community building.

This thesis provides both a descriptive and theoretical account of the experiences involved in volunteering for a sexual assault crisis agency. Through content analysis, I describe the stages and particular kinds of emotional work crisis counseling engenders, and how this theory of emotional work can further our understandings of feminist organizing
and social movements. First, I review the literature I found most useful to understand the sociology of emotions, work, and feminist organizations. I argue that this thesis fills an absence in the literature on feminist organizations that underscores the importance of emotions in building and sustaining networks of activists struggling for change.

Part 3 describes the journey I took that led to access of the data. I describe a brief history of the agency itself, as well as the details of training and volunteering. This chapter also includes a discussion of the how personal experiences often become the catalyst of feminist research projects, and the contradictions and dilemmas posed by doing feminist research guided by personal concerns.

Next, I outline a preliminary theory of feminist emotion work that guides the analysis of the data. Here I provide a more detailed presentation of how theories of emotional labor neglect its importance in motivating and sustaining social movement organizations. I suggest several ways in which a feminist theory of emotion work can enhance our understanding of activism, especially in the case of these sexual assault crisis counselors.

In the next section, I analyze the stages of volunteering through the conceptual notion of feminist emotion work. I explain the processes and common situations volunteers encounter in emergency rooms, and discuss the emotional work required to navigate through the trying experiences of sexual assault crisis counseling.

Chapter 6 analyzes how advocates develop a dialectical ethic of justice and care based on their personal experiences of concern for survivors’ well being and anger at the
larger society for tolerating violence against women. I argue that this dialectic emerges from a concrete, embodied notion of women's lives, and spans three different levels of relationship between the self, individual survivors, and the wider society in which advocates work.

The last section attempts to pull together the various analytical strands. I comment on the complex relationship between activism and scholarship, personal experience and the development of social theory that guided this research project. Finally, I discuss the implications of this study for future research on feminism, social movements, and the sociology of emotions.
CHAPTER 2

REVIEW OF THE LITERATURE

A significant body of literature exists pertaining to sexual assault. Criminologists study the incidence and rates of assault while legal scholars debate the efficacy of rape shield laws and conviction rates. Historians document the existence of rape in various cultures, psychologists administer tests for rape trauma syndrome, and literary theorists lock horns over competing interpretations of rape in fiction and poetry. However, my study of the work of sexual assault counselors largely bypasses this voluminous literature, simply because it contributes little in framing and contextualizing the experiences and writings of the crisis counselors themselves.

Instead, I chose to seek out literature that would highlight the social aspects of crisis counseling in terms of work experiences on the job. I also looked for articles that discuss the development of communities and ideologies within feminist organizations. Towards that end, I found quite a bit of literature discussing women and work, and specifically looked at previous studies of emotional labor, a concept from which my analysis directly borrows and refashions. Additionally, I investigated the growing, interdisciplinary field of studying feminist organizations which has emerged out of the study of social movements. This new work can help our understanding of how rape crisis
counseling is organized within larger political environments, and in some way reflects consistent patterns of feminist activism in the late 20th century. Finally, I looked at specific sociological case studies of rape crisis centers to discern whether any previous researchers had found consonant themes and analytical conclusions.

**Theories of Emotions and Work**

Arlie Hochschild was one of the first sociologists to look at the relationships between work, emotions, and gender inequality through the conceptual theory of emotional labor. In her work, *The Managed Heart* (1982), and later, with *The Second Shift* (1989), she maps out the emotional terrain where individuals negotiate ongoing acts of emotional expression, called feeling rules within social structures such as workplaces and families. Emotional labor for Hochschild is the work required to induce or suppress certain emotions in specific contexts, creating "deep acting strategies" and feeling rules (1982). In these two cases, Hochschild looks at the kinds of emotional labor people perform within capitalist work relations and the heterosexual nuclear family. Following Marx's notion of use and exchange value, this concept of emotional labor situates the work people do to sustain social interaction within the larger context of capitalism, whereby that social interaction is sold for wages, publicly managed by large organizations, and designed to extract maximum possible profit.

Hochschild argues that emotional labor within a capitalist economy induces feelings of alienation and estrangement. She contends that service workers are particularly vulnerable to alienation, since they must consistently display certain management approved emotional faces. For service workers, estrangement from the self emerges when those required emotional performances diverge from or conflict with their own personal feelings. She illustrates the costs involved for the self when the performance of emotional
labor places highest priority on the commercial exploitation of emotional expression. Front-line jobs that require ongoing and assiduously cultivated emotional interactions ignore workers’ own inner emotional needs in the pursuit of profit. At the same time, the constant monitoring and supervision of those required emotional responses estranges workers from their labor in that they control very little over the organization and management of feeling work that so heavily taxes their inner emotional selves.

While emotion for Hochschild signals the existence of exploitation, alienation, and the persistence of women’s reproductive labor, some scholars view emotion very differently. A few feminist thinkers have begun to argue that emotions are an overlooked element that plays a significant role in sustaining social movements. In her article entitled “Watching for Vibes: Bringing Emotions into the Study of Feminist Organizations,” (1994) sociologist Verta Taylor contends that “.bridging the gap between feminist practice and theory requires recognizing the centrality of feelings as well as the ideas and strategic actions that frame women’s resistance to male domination.” (224) For Taylor, theorizing about the significance of emotion in women’s lives can provide an understanding of motivation for participating in social movements, which contrasts sharply with Hochschild’s notion of emotional labor.

Taylor points to the crucial role emotion, especially anger and frustration, plays to instigate activism against a variety of abuses and inequalities women endure. She links the expression of emotion to the emergence and development of effective tactics in feminist organizing, such as Take Back the Night marches and abortion clinic defenses. Taylor contends that emotions provide the necessary glue for yearly women’s music festivals that combine rituals, culture and action in salient ways. For Taylor, feminist organizations channel emotions into protest, while simultaneously reframing feeling rules into more desirable self concepts, for example, using the word survivor instead of victim
in cases of violence against women. Finally, Taylor contends that emotions in feminist organizing promote an "ethic of caring" (231) consistent with traditional notions of women's friendship, a point which I found compelling and striking in the sexual assault advocates' journal writings.

Sandra Morgen echoes the theme of emotions as providing durable social cohesiveness in her article, "It Was the Best of Times, It Was the Worst of Times: Emotional Discourse in the Work Cultures of Feminist Health Clinics (1994)." Morgen moves this notion of emotion and feminist work into the specific context of feminist health clinics, by arguing that emotions are both socially constructed and embedded in historically specific power relations (235).

Morgen locates her concept of a "politics of feeling" in the political economies of feminist health clinics, and describes the passionate ideologies that shape the emotionally intense work cultures of these feminist organizations. Looking at how women create networks, relationships, and social spaces that contest or openly conflict with hierarchical organization, Morgen found three decisive factors that contribute to the emotional intensity of the clinics. She cited the crisis nature of health clinic jobs and client situations, the pervasiveness of burnout as the primary reasons for intensity in feminist health work. Additionally, she argues that external pressures (such as political climates and police surveillance) and internal conflict act in concert to create more emotionally stressful work cultures. While Morgen's sites for data collection were very different from the site of this study, her findings on the emotional intensity and exhaustion experienced by feminist workers resonates with some of the analysis I argue in the following chapters. However, the very different organizational structures and constraints of feminist health clinics contrasts with the volunteer culture I found in the rape crisis center of this study.
Another useful study that focuses on intensity and feminist work is Wendy Simonds' "Abortion at Work: Ideology and Practice in a Feminist Clinic (1996)." Simonds found that abortion providers in the clinic she studied saw their work as supportive and nurturing of women within a typically hostile medical establishment. Like many rape crisis counselors, abortion workers conceptualize their activism within an ethic of care that stresses the emotional connection with women clients. However, she found that the intensity of abortion work frequently led to quick burnout and exhaustion. Therefore, to counteract that tendency fostered by intense emotion work, clinic workers devised self-protective strategies and routines to achieve emotional distance with their clients and maintain a smooth work flow unimpeded by emotional distress. Simonds elaborates on this documented quandary of service work within a feminist context. While on the one hand workers want to emotionally support their clients, quick burnout, stressful conditions, and the pressures to meet institutional goals lead to avoidance tactics that make emotion work a constant juggling act.

**Case Studies of Rape Crisis Organizations**

I found three case study books and articles helpful in understanding the development of rape crisis work. All three document specific local examples of rape crisis counseling centers over the past twenty years. However, these works consistently focus on struggles to define organization goals and the development of more institutional practices. There seems to be a dearth of studies that focus in depth on the social processes of rape crisis counseling itself as the primary subject of analysis.

In *Confronting Rape: The Feminist Anti-Rape Movement and the State* (1994), sociologist Nancy Matthews surveys the growth and struggles of six very different rape crisis organizations in the Los Angeles area over a twenty five year period. She
documents the emergence of early hotlines based on radical politics, personal friendship networks and high levels of commitment from a core group of women. This model of rape crisis differed sharply from other hotlines that developed in Pasadena and East Los Angeles, whose members adopted a more human services orientation, worked in coalition with other groups who included male leaders, and more readily accepted funding sources the radical centers found politically dubious and potentially compromising. Matthews details the tensions between collective and bureaucratic impulses in feminist rape crisis centers, arguing that external pressures and organizational imperatives to survive often push activists to adopt more institutionalized, bureaucratic practices that minimize the radical critique of violence and patriarchy.

Her analysis of how some groups flourish with state funding and diverse staffs while others founder provides valuable insights. Activists and theorists alike can learn from her description of the dilemmas these organizations faced when offered significant funding from a criminal justice office frequently at odds with their survivor oriented agenda. But while Matthews’ historical and social analysis is useful in understanding feminist organizational development, history, and funding clashes with the state, she provides little explanation of the crisis work itself. Additionally, hotline counseling and emergency room counseling are lumped together under the rubric of crisis work, despite their very different work contexts and implications for the activists who engage in such projects.

Ellen Kaye Scott (1993) analyzed differences in organizational history and tactics in her article “How to Stop the Rapists: A Question of Strategy in Two Rape Crisis Centers.” She found that local political and social contexts, and friendship networks are both neglected areas of inquiry in social movement theory and salient characteristics of
the centers she studied. Her work echoes Matthews’ discussion of collective versus bureaucratic organizational forms as a central feminist problem.

She argues that in one case, a radical center flourished in Santa Cruz because of the relatively leftist local environment and the intense political friendships of center members. In Washington D.C., a more conservative political arena, white feminist activists had to build coalitions, especially with black community organizations to build credibility and legitimacy. Their initial goal was to create a multi-ethnic organization to reflect the surrounding environments, and used strategies to promote an open membership where black women would feel comfortable and take leadership positions. In contrast to this more moderate approach, radical white feminists in Santa Cruz created a collective, essentially closed group. They put potential recruits through an exhaustive, grueling training period to determine whether recruits politics meshed sufficiently with founding members, and refused to accept funding from foundations, city, or state agencies. Consequently, the Santa Cruz center had tremendous difficulty sustaining organization energy and was barely surviving at the time Kaye Scott completed her research. Kaye Scott argues that her data provide more clues as to why social movement actors choose particular kinds of action, and how those decisions foster or hamper future organizational development.

Adding to the debate on sexual assault organizational forms, Amy Fried explores the tensions between subcultures in her article “It’s Hard to Change What We Want to Change: Rape Crisis Centers as Organizations (1994).” Fried observed the formation of a rape crisis center on a college campus, and noticed that the initial membership group framed sexual assault, language, and gendered power relations in very different ways. Dubbing these differences as “politicized” versus “service” oriented (568) approaches that borrowed from liberal and radical feminist ideologies, Fried analyzes how those
“subcultures” clashed over issues such as organizational goals, interpretations of rape in the larger culture, and language to define people victimized by sexual assault.

Fried’s analysis echoes many themes explored in more detail by Matthews and Kaye Scott. She argues that the local political environment influences how members conceptualize sexual assault, and determines what kind of political strategies they use to fulfill their plan of action. While Fried focuses more intently on the conflicts engendered by different factions in an organization, Matthews and Kaye Scott step back and provide more concentrated sociological analysis to the underlying tensions inherent in feminist organizing within a larger bureaucratic, conservatizing culture. While the literature is rapidly expanding, I’m concerned about an over-emphasis on the structural side of the sociological equation. None of these useful studies focus on the work itself that drives sexual assault organizing. Consequently, we are left with little understanding of how activists wrestle with questions of agency, despite the extensive descriptions of bureaucratic institutions and environments in which they work. My analysis fills this gap in feminist research, by directly addressing and analyzing the work activists do in the course of rape crisis counseling. I largely ignore questions of organizational structure, struggle and development, to focus more intently on understanding the relationships between emotion, work, and feminist activism. In doing so, I hope to unravel some of the analytical issues that face feminist emotion workers trying to make sense of their experiences through writing. By focusing on emotions and work, we can better understand how activists create ways to share collective knowledge and build a sense of fragile community.
CHAPTER 3

DATA, METHODS, AND FEMINIST RESEARCH

This chapter begins with a brief overview of the history and structure of the sexual assault agency from where the data originated. I then explain the methods used for analysis, followed by a discussion of the perils and difficulties of doing research in which issues of power, personal investment, feminist politics, and desire to create useful research are intertwined.

The Agency

Sexual Assault Counseling Advocates (a pseudonym informally known as SACA), is a 22 year old, non-profit feminist organization based in Chicago. SACA trains volunteers to provide crisis counseling, medical and legal information, and advocacy with rape survivors in 15 hospitals scattered across the metropolitan area. SACA volunteers participate in an intensive orientation, interview screening process and a forty hour educational program that covers a wide range of issues related to sexual assault before they are allowed to counsel survivors. After attending a two hour orientation that introduces the agency’s history and mission, prospective volunteers sit with veterans and answer questions about their interest in crisis counseling, their background in other
women's movement activities, their goals for counseling, and their attitudes towards sexual violence.

The educational program usually meets for six eight-hour sessions on Saturdays in four cycles throughout the year. Intensive training sessions serve to introduce prospective volunteers to the agency staff, the network of veteran advocates, and each other as fellow novice counselors-in-training. Often women who initially meet during challenging training sessions form friendships and support networks that last long after training has ended.

During the training program, volunteers learn to recognize common symptoms and stages of Rape Trauma Syndrome (Burgess and Holmstrom, 1974), a widely recognized cluster of reactions and responses to acute episodes of sexual violence. They also discuss political topics such as institutionalized forms of oppression, the unequal treatment certain minority groups tend to receive by police, and cultural differences in victim and family response to assault. Trainees learn how rape can exacerbate pre-existing problems such as substance abuse, homelessness, mental illness, and domestic violence; and discuss at length how to deal with survivors whose issues extend beyond the acute traumatic episode of sexual assault. Several guest speakers, from the State's Attorney's office and local social service agencies, are often invited to trainings to discuss legal developments in sexual assault laws, and to explain the complex system prosecutors use to classify different types of assault.
In addition to the legal and social aspects of sexual assault, the volunteers learn about legally mandated medical services hospitals must provide, and how to negotiate their roles as advocates within the emergency room setting. They work with trainers to memorize examination procedures and standards for the treatment of survivors in order to monitor hospital management of sexual assault cases. Volunteers also learn about the complicated concerns of pregnancy, abortion options, and HIV infection that are commonly raised by survivors of sexual assault. They are taught the differences between anonymous and confidential HIV testing, patients’ rights in access to abortions, what emergency services Medicaid covers, and how to advocate effectively for quality medical care required by the state.

In line with the agency’s emphasis on crisis counseling, prospective volunteers focus intently on developing “active listening skills” in order to build rapport with the survivors they encounter. This skill, heavily stressed in trainings and SACA’s volunteer handbook, corresponds with the agency’s belief that advocates must follow the agenda of what the survivor needs and desires to discuss, in order to provide unbiased, unconditional emotional support. SACA defines active listening as:

"listening carefully to a survivor so that you may respond appropriately and helpfully to her individual needs. Active listening allows the survivor to feel a sense of control, and should validate her emotions. Active listening requires that you withhold or suspend judgement and give unconditional support to whatever she might be feeling." (Sexual Assault Counseling Agency Volunteer Training Manual 1993, 16)

They also learn communications skills to work effectively with police and emergency room staff, a crucial skill since many survivors are often too distraught to ask questions
about their medical care and rights as victims. Trainees learn how to access the range of social services available to rape survivors, and discuss how to develop self-care strategies to avoid burnout from the intensity of volunteering.

Throughout the educational program, advocates participate in role played exercises that have been culled from previous volunteer experiences in emergency rooms. In role plays, one novice advocate is given the role of survivor, with a short personality profile and a set of circumstances of how the assault occurred to convey during the exercises. A second novice plays the emergency room advocate who provides the emotional support. Sometimes a third novice is enlisted to play the role of doctor, nurse, police officer, or detective, with specific instructions on how to interrupt the developing scene between survivor and counselor. The role play has a highly improvisational quality to it, as neither "survivor" nor "advocate" quite know in which direction the scene will go. All other prospective volunteers watch the role play with the veteran trainers and provide feedback when the scene ends.

The role playing exercises give novice advocates the opportunity to practice developing counseling techniques, and allow staff to gauge volunteers' skills, progress, and emerging counseling style. Volunteers who seem a bit slow to pick up adequate counseling skills are observed closely during role plays, where trainers offer advice and encouragement. In some situations, veteran volunteers sense prospective advocates might not be appropriate or emotionally ready to handle the challenges of counseling work. If, after several weeks of role plays, staff members feel a novice advocate fails to
demonstrate appropriate empathy, or lacks adequate social interaction skills, the agency's
volunteer coordinator recommends that the advocate in question come back in the future
for training.

Once women\textsuperscript{1} complete the training program, they agree to volunteer for two
twelve hour shifts a month. These shifts are called "taking duty" and "being on call."
Volunteers carry a pager during their twelve hour shifts, and carry a "beeper bag" that
contains information packets about sexual assault. The bag is also stocked with social
service referral lists, cab coupons, and coloring books with crayons for child survivors. If
a victim of sexual assault comes to any one of the hospitals with whom the agency
contracts, the hospital then pages the advocate who is carrying the pager. Advocates
paged while on duty go to the emergency room to provide counseling and support with
the survivor for the duration of her stay in the hospital. If a survivor decides to press
charges, or needs to go the police station for interviews with detectives, advocates are
expected to accompany them and help clarify the often confusing legal options they might
want to pursue. At the end of each shift, traditionally at 8 o'clock every morning and
evening, the advocate on duty "passes off" the bag and pager by meeting the next
scheduled advocate on duty at a pre-negotiated place.

\textsuperscript{1}The agency adopted a "women-only" policy for volunteers several years ago. The impetus for
this policy occurred after a man in the training program disclosed that he had raped his sister
throughout adolescence. Several long time staff members told me he had confessed this crime after
seeing a video on the emotional trauma of rape, and explained that he wanted to volunteer as a
way to absolve his guilt. After this incident, which profoundly disrupted the session in progress,
the agency, volunteers, and board decided to forgo the possibility of recruiting potential and/or
past offenders.
Early in the agency's history, activists realized that many hospitals receive multiple sexual assault cases over a given twelve hour period, and volunteers on call were often paged several times during one shift. At the suggestion of volunteers, SACA staff quickly instituted a three tiered pager system. The first pager, dubbed “active” always receives the first call on every shift. A second pager, called “back-up,” response to another call in case the “active” volunteer is already seeing a survivor in the emergency room. Finally, in cases of a third victim going to the emergency room in a given twelve hour shift, while the other two volunteers are busy, a “third level” pager is employed. Third level is a pager carried by board members for twenty four hours a day on a rotating basis of two week shifts. Third level situations, a rare occurrence, require board members to call advocates not scheduled for duty, to enlist their help and get an advocate to the emergency room as a quickly as possible and respond to a survivor’s needs.

**The Data**

About seven years ago, a staff member decided to put a blank notebook in the beeper bags advocates always carry with them while on duty. The aim, written in the first entry of the first journal, was to “be an immediate sounding board after a call or just a way to stay in touch with each other.” While many volunteers form lasting relationships with each other during training sessions, the organization’s structure lacks a specific time and place to gather as an activist, volunteer community once training ends. Advocates do their counseling work in isolation from one another, and rarely have
structured events in which to interact with each other and new advocates, except at a yearly volunteer recognition party and a board reception each May. As a result of SACA’s organizational structure, it’s no surprise that the agency’s major advocate complaint during the 1980’s repeatedly stressed the sense of isolation individual volunteers felt from other advocates. Since the bulk of the agency’s volunteer work occurs between the survivor and advocate, rather than amongst the volunteers themselves, individual women voiced their frustration with feeling alone and disconnected from other women who counsel survivors.

The idea of a collective journals was proposed as a way for advocates to vent their feelings and experiences of crisis counseling, to provide a communication forum to stave off the isolation of which so many volunteers complained. Other uses advocates suggested for the journals included writing to pass the time while survivors slept at the hospital, or during the interminable waiting for a State’s Attorney to arrive at the police station. Advocates could use the journal to say hello to acquaintances met during training, announce community events of interest to fellow volunteers, or provide space for creative literary and artistic expression, including poetry and prose.

Advocate journals are the primary source of data for this sociological analysis. Written over a four year period from late 1989 through 1992, the stories, experiences, and commentaries in the journals are personal, first-hand accounts of advocates who carried the pager and responded to calls in emergency rooms as SACA counselors. These

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journals form a rich body of data that chronicles the everyday, routinized management of sexual violence in institutions such as hospitals and police bureaucracies. The journals also contain the internal, emotionally complex reflections and dialogues of women engaged in feminist activism - a process documented in writing that changed advocates’ perceptions of themselves and the world in which they lived.

**Feminist Research**

Access to these journals has emerged directly out of my own experiences in emergency rooms as a volunteer, and illustrates the common phenomenon of unplanned feminist research.³ Before I began graduate school, I worked as a volunteer advocate in emergency rooms for two years, often writing in the journals myself to relieve the tensions of crisis counseling. I began this work after my own experience of sexual assault, initially as a way to help other women and politicize my anger at sexual violence through feminist organizing. In the process of recovering from assault, and through working with SACA, I learned about the extensive networks, organizations, and cadre of dedicated activists in the local area feminist community. I became interested in understanding how feminist organizations work, how they differed in substantive ways from other kinds of non-profit, social movement organizations, and how the complex relationships between

action-oriented research and feminist politics emerged from the everyday life experiences of women as activists and researchers.4

After the first year of counseling, reading, and writing in the journals, I began to realize that these notebook entries, however scattered and hasty they might have appeared, contained enormous sociological significance as a unique, collective account of feminist organizing and history. This recognition, stumbled upon while reading a particularly gripping account late one night at a hospital, convinced me to find a way to explore the major themes and troubling questions advocates raised in their accounts. Intuitively, I grasped that this reading of a fellow advocate’s story, indeed the whole act of counseling itself, was part of a larger set of social arrangements and knowledge that could form the basis of a useful study.

Despite my insider status as an active volunteer for SACA, I had no detailed plan for developing a research project using the journals. Instead, I chose to volunteer at the agency one day a week as an intern in exchange for allowing me to conduct some fumbling, unfocused interviews about the agency’s history and evolution. Early on during this research bargain, the volunteer coordinator asked me to clean out an ancient filing cabinet the agency was looking to dispose. In the bottom of one drawer sat a pile of loose leaf spiral notebooks, with names, hospital numbers and doodles scrawled on some of the covers. This stack of notebooks collecting dust was a forgotten heap of advocate journals

4A whole genre of literature in this area has developed over a decade of research efforts by feminists in academia. Two volumes I found particularly useful were Diane L. Wolf, ed., Feminist Dilemmas in Fieldwork (Boulder: Westview Press, 1996) and Mary Margaret Fonow and Judith A. Cook, eds., Beyond Methodology: Feminist Scholarship as Lived Research (Bloomington: Indiana University Press, 1991).
that spanned several years, including the very first, original journal in which the advocates wrote. Whereas I saw this pile as a serendipitous discovery of potential feminist treasure, the volunteer coordinator advised me to toss the whole lot out with the rest of the paper trash SACA had been accumulating for years. I asked her permission to take the journals home to read, and began to formulate ideas that would eventually emerge as the basis for this thesis.

**Methods**

Since I had already been involved with the agency as an active volunteer for over a year, I cannot claim the mantle of disinterested, "objective" outsider who negotiates entrance into a research site, collects data, and leaves once the research is completed. My relationship with the agency, and interaction as counselor and researcher has been far more complex to untangle. Additionally, the methods I used to develop an analysis of the journal data, and the experiences described by volunteers form a bit of a pastiche.

To analyze the journals themselves, I have relied primarily on the method of content analysis. Cicourel (1964) explains that content analysis uses historical materials whereby the sociologist "seeks to reconstruct and/or analyzes by means of some set of interpretive categories. (Cicourel, 1964: 142). Sociologists using content analysis build theory by interpreting historical documents in order to explain the social relationships, meaning, and processes by which people organized their lives in the past. In this sense, content analysis tries to do with historical documents what some types of ethnographic,
participant observation strategies attempt in the present: to understand the underlying social processes that order everyday life and to create meaningful categories and explanations for those observations. Through analyzing the journals for their substantive content, I have tried to explain, theorize, and interpret the various aspects of crisis counseling through the perspectives and accounts of advocates engaged in the minutiae of advocacy work.

To do this content analysis, I coded for a variety of different categories, including the mention of specific emotions, the consistent repetition of certain social interactions, assessments of survivors' well-being and circumstances by advocates, and the various strategies advocates shared with one another to improve their counseling and care for themselves. In the coding process, I discovered certain types of routines, rituals, and socially sanctioned emotional responses to typical interactions between advocates, survivors, and institutional actors. These coding categories form the kernel of theory in the development of sociological and feminist analyses of social settings.

In addition to formally analyzing the data itself, I was able to draw upon my position as an insider at the agency to further test out and refine emerging ideas. While working as an intern, I informally interviewed four staff members of the agency, discussing topics that ranged from the kinds of stresses advocates endured, the agency's history and future direction, and the politics of doing feminist work in a difficult political climate where the pace of social change often seems positively glacial. I observed advocate support groups organized by the volunteer coordinator, where advocates
discussed their coping strategies and problems. Several fellow advocates offered critiques and comments on early ideas that later shaped the body of this paper. All the while, I was still participating in agency work as a “back-up pager” volunteer, although this ceased for about a year long period when I felt too little distance between the work of analysis and the work of counseling. In this sense, the methods I used were far more in line with an unruly, ad-hoc pastiche of participant-observation and content analysis strategies with which to collect data, test ideas, and develop theory.
CHAPTER 4

TOWARDS A THEORY OF FEMINIST EMOTION WORK

Several feminist theorists have explored theories and analyses of how emotional labor dominates significant portions of women’s work and home lives. We also see a growing body of work on the roles emotions play in much feminist movement organizing, as discussed in the review of useful literature. Only recently have researchers begun to pay attention to “feminism on the job.”5 Broadening the field of this literature requires the development of concepts and theories that disentangle how feminist claims, the particulars of “feminist jobs,” and emotional experiences intersect.

The work SACA advocates do provides a glimpse of how we can understand that intersection of feminist theory, practical action, and emotional exchange. In this chapter, I define and explain how counseling work typifies a concept I call feminist emotional work. I outline how feminist emotional work differs from concepts of emotional labor, and describe why the complex social processes that characterize crisis counseling suggest the need for a different, more useful theoretical concept.

5 For an analytical example of feminist jobs, see Wendy Simonds, Abortion at Work: Ideology and Practice in a Feminist Clinic (New Brunswick: Rutgers University Press, 1996).
Towards a Theory of Feminist Emotional Work

A preliminary conceptualization of feminist emotional work situates the exchange and experience of emotions between women as a type of work in and of itself, as a distinctive departure from previous analyses of emotional labor. I define feminist emotional work as the interaction between women where the exchange of emotional concerns, care, and experiences functions as a primary, active means of critiquing gender inequality and creating a practical vision of feminist social change. This kind of emotional work differs from Marxist and feminist critiques of emotional labor in three key ways: contextual focus of critique, the organization and process of work, and underlying purpose and impact of emotion work on the sense of self.

Most important, feminist emotional work is entirely within the control of the women who perform it, and directly benefits the "worker" (advocate) in the raising consciousness of gender inequality in fundamentally social ways. In the feminist emotional work advocates do, sexual violence and gender inequality, rather than capitalism, becomes the locus of critique and analysis. While capitalism certainly frames the larger context in which emotional work occurs, the question of worker exploitation, so central to capitalism, fades in that the extraction of labor for profit no longer figures as a preeminent concern. Feminist emotional work, in the context of sexual assault survivor advocacy, does not attempt to perpetuate or sustain the growth of capitalism. Nor does it attempt to dismantle it directly, as the focus of the work centers broadly around violence against women, which occurs across various economic systems. Nonetheless,
the primary context of this work is located within the political and social realm of routine sexual violence and structural gender and racial inequality, both of which are embedded within capitalist social relations. Put differently, rather than bolstering capitalism or patriarchy, the feminist emotional work advocates perform is done by women specifically for survivors of sexual violence in an attempt to create larger social changes that demand bodily safety, unrestrictive mobility, and freedom from the fear of violence.

Feminist emotional work in the case of sexual assault advocates departs from labor theories in other key ways as well. This form of feminist work, collectively organized through the counseling agency, relies on the energy and motivation of unpaid volunteers as its labor force, rather than low paid, exploited service workers (Hochschild and Leidner). Advocates receive no money for their emotional labor, and in fact, are often called upon to donate contributions to the agency when state funding levels fluctuate. They work under conditions that remain largely unsupervised, as opposed to the constant monitoring and management scrutiny many service workers often endure. Once women finish training and sign up for duty, the agency’s paid staff has no formal mechanism for monitoring their performance, and conducts no comprehensive reviews, except for irregular check-ins the volunteer coordinator schedules sometimes. These reviews are not institutionalized, but rather are organized usually in response to an advocate’s need to talk after an emotionally difficult call. Consequently, volunteer work is structured around the advocates’ needs and desires to contribute their time and energy, whereas for other
emotional labor theories, women's needs are consistently devalued and subordinated to the corporation or the family.

This flexibility and informality, based on the needs of volunteers and the relative lack of scrutiny in counseling, creates an atmosphere of wide latitude for advocates' emotional styles. Responding to the emotional needs of the survivor in ways that mesh with the advocates' own repertoires, their feminist work is not guided by any particular agency "playbook" (although basic guidelines are established during training). Trust underlies the relationship between the agency's paid staff and volunteer advocates. Both staff and volunteers expect advocates to monitor their own burnout levels and communicate with staff when they feel they can no longer adequately do the emotional work required, for whatever reason. Indeed, in contrast to other forms and theories of emotional labor, advocates and staff share the expectation that advocates need and must tend to their own emotional selves in the process of doing this work.

Because advocates have a significant degree of control over the organization and process of their work, alienation and estrangement from the self (Hochschild 1982) are theoretical tropes that fail to adequately capture the kinds of changes in consciousness that emerge through performing this kind of emotional work. Participating in this feminist advocacy work provides a grounded context of how feminism intersects with real women's lives, where volunteers see first hand the necessity and practical importance of making connections between violence, power and injustice. Their actions and experiences can make a significant improvement in survivor's initial responses to assault through their
listening, sharing of legal and medical knowledge, and insistent placement of blame and responsibility on the rapist, not the victim.

Finally, the most significant departure from other accounts of emotional labor centers on the experiential process of doing work that transforms and politicizes women to seek broad social changes. The underlying purpose of performing feminist emotional work is to address the crucial and concrete emotional needs of women victimized by sexual assault. Addressing emotional needs and emotional pain (especially when the subjects are women) is a concern previous analyses have peripherally mentioned but overlooked as substantial components of theory. Performing this particular kind of feminist emotional work highlights the importance of women as empathic actors who intervene in various systems (in this case, medical and legal establishments) that have historically neglected or ignored women's needs. In practice, feminist emotional work requires a commitment to extend one's efforts beyond limited self-interest, to see wider patterns of social control sustained by the threat and use of violence against women. Feminist emotional work therefore includes feminist analyses and understandings of how violence, inequality, and the abuse of power affect all women emotionally in varying degrees of potential victimization from sexual assault and other forms of gendered violence. By providing emotional support and validation to survivors of sexual assault, women who perform emotional work can learn through experience, as well as theory, how violence affects everyone, including themselves. Simultaneously, they can connect, symbolically and theoretically, through writing, talk, and action, with other feminists who
are agitating for justice. The outgrowth of this experiential process creates a galvanized, more politicized sense of self as an empathic, engaged actor working with and for other women to change structural and social conditions. The shared experience of performing emotional work with other women who identify and live with the same set of problems forms a crucial and passionate link that connects women to organize and participate in feminist movements.

However exhilarating and transformative this connection might be, doing feminist emotional work and theorizing about its implications is not without its drawbacks, as we will see more clearly in the next section. Women who perform emotional work write extensively about the unintended costs that advocacy sometimes involves. Feminist emotional work within a structurally unequal, and often overtly oppressive social context engenders many dilemmas, contradictions, and constraints for many women who pursue this kind of feminist activism.

For example, sometimes advocates arrive in an emergency room filled with people who dismiss the importance of their work. As we will see in the following chapters, occasionally they find survivors who don’t want or are unable to receive emotional support. These situations often raise questions for advocates about the usefulness of their volunteer efforts. Frequently, advocates write of their frustration with feeling they aren’t doing enough to help, and sometimes despair that the sporadic, crisis nature of their hard work fails to change what they see as ingrained social patterns and relationships. Others write of how doing this emotional work fosters a heightened sense of fear and
vulnerability that they will be raped, and cite the emotional exhaustion they experience as reasons for ending their volunteer work and moving on to other, less emotionally taxing feminist projects.

Despite these very real and problematic concerns, most women write of how meaningful and important this feminist emotion work is to them, important enough to continue volunteering and advocating for better and more responsive care for survivors. Given these preliminary sketches of how feminist emotional work differs in theory, what are some of the concrete, substantive aspects of emotional work that advocates do? How do these volunteers write about their experiences counseling survivors and interacting with police and emergency room personnel? How do they analyze and reflect upon what they’ve seen and done? These issues, the practices and experiences that form the core of feminist emotional work, are crucial to understanding how women use emotion as one of several primary means of participating in a larger feminist social movement.
CHAPTER 5

THE THREE STAGES OF FEMINIST EMOTION WORK

While the notion of feminist emotional work is by no means limited to the context of sexual assault counseling, rape crisis advocates who provide an example of how complex and intense that work can be. To analyze that process, I looked at what specific emotions women described as central to the experiences of volunteering for shifts and seeing survivors. The tasks and stages of performing emotional work seemed to break down into stages structured around time. I found three distinct categories of time in which advocates wrote: the pre-performance work of receiving the pager and waiting for a call, the actual counseling itself while in the emergency room or police station, and a reflective, analytical stage after counseling, usually written while at home or waiting to “pass off” to the next advocate. The first and last stages generally tended to describe advocate’s feelings and assessment of their abilities as counselors, while the journal entries written in the emergency rooms contained descriptive accounts of the emergency room personnel, the survivor’s emotional and physical state, and often graphic details about the survivor’s rape and the rapist(s). Some advocates only wrote before they were called on a consistent basis, while still others felt the urge to write
during those brief moments of solitude in the ER, and many advocates wrote multiple entries throughout the course of their shifts, giving an ongoing chronological account of their twelve hours on duty.

**Performance Anxiety**

The most consistent feature of advocates' journal entries, during the period after they received the pager and were waiting to be called, described the intense anxiety. This nervousness is provoked by knowing they might be called at any moment during their twelve hour shift. Performance anxiety, and the fear of receiving a call, pervades advocates' journal writings, charting the emotional work advocates do to cope with the unpredictability and tension from knowing someone might be raped during their volunteer duty.

Carrying the pager and taking duty provokes a particular kind of preliminary emotion work, where advocates mentally review their counseling techniques and emotionally prepare for the often grueling and exhausting labor that counseling requires. One common type of performance anxiety advocates discuss centers around the fear with which they regard the pager. They write of how anxious they feel simply looking at the pager, wondering whether they will be called that shift and what will happen if they are called. Several journal entries describe how advocates repeatedly check the pager to see if it's working, or how their sleep is disrupted because of nightmares, restlessness, or interruptions every hour to make sure they didn't sleep through a page. One volunteer
shared with others her particularly disturbing dream, and then asked others to comment on how to cope with the anxiety it provoked:

I was so nervous in the dream I was holding the beeper in my hand and watching it. It went off and I was so startled that I jumped and flung the thing across the room. It broke (of course) and in my dream I was very upset that I wouldn’t be able to go to the survivor because I didn’t have the phone number. It was one of those dreams that was so vivid, and so like something I can imagine myself actually doing, that for a while after I woke up, I was convinced it had actually happened. (Sexual Assault Counseling Agency 1991)

Several advocates wrote lengthy entries after this disclosure, sharing their most common anxiety reactions before getting called, which illustrate the hidden emotional work the women experience in the pre-counseling stage of volunteering. The intensity of this emotion work links advocates to one another, if only to commiserate and take comfort in the realization that their emotional anxiety is a social, and socially acceptable response to the work within the larger group.

Many advocates voice performance anxiety by questioning their abilities to remember skills and knowledge acquired during the training sessions. In particular, new advocates, women who have never been to the emergency room, write about fearing the unknown and doubt their competence to adequately counsel and provide information to survivors. One advocate wrote:

My first shift ever, and I’m so nervous I want to throw up. I wonder if I will be any good for a survivor in this condition. Will I remember everything? It’s almost more scary to think of the beeper not going off, because I need to prove to myself I can do this. Is it like this every shift? It’s going to be a long night. (Sexual Assault Counseling Agency 1990)
New advocates mention many reasons to feel stressed and anxious. When they receive the pager from an advocate on the previous shift, they might learn that the past few days have been unusually busy, or conversely, very quiet. The unpredictable nature of sexual assault advocacy highlights the tensions and everyday life disruptions this advocacy work engenders. These women agree to essentially put all other responsibilities on hold for their twelve hour shift, knowing their lives could be interrupted at any moment to counsel a survivor. Consequently, they voice concerns and fears that their calls might extend all day or night, dragging on while the survivor waits for tests, exams, shots, and police reports.

Seasoned advocates, who have already been called several times and generally know what to expect, often comment on other advocates’ performance anxiety entries. They dispense their wisdom culled from practice, and share their own experiences of fear and nervousness. They routinely welcome new volunteers with enthusiasm, and congratulate the women for having the courage and gumption to do this work. Some adopt a mentoring tone, reassuring new advocates that their emotional work will indeed be useful and beneficial to a survivor in the emergency room, as this volunteer writes:

Welcome to all new advocates! I know this is futile, but DON’T PANIC! Yeah, well the thought is nice anyway. Just remember that being scared is perfectly normal, and the ‘advocate mode’ really does exist. When you get there, you’ll be focused on your survivor and you’ll do just fine. (Sexual Assault Counseling Agency 1990)

The “advocate mode,” to which this volunteer refers, describes a common phenomenon advocates experience when the pager goes off and they leave for the
emergency room. In educational training and throughout the journals, the volunteers remark that once they know a survivor is waiting for them, their fears dissipate. Knowing there is lots of work to be done, they set aside their own concerns temporarily, to focus on listening skills and the survivor’s needs rather than their performance anxiety. The creation of a contextually specific lingo like “going into advocate mode” captures that experience of forgetting about their own performance jitters. It creates a sense of shared purpose and feminist identity, helping new advocates soothe their anxiety of feeling inexperienced and inadequate as novice volunteers.

Another aspect of this pre-performance anxiety revolves around the worry and expectation that their counseling skills will be needed, that while they are carrying the pager, somewhere in the city a woman or child might be sexually assaulted. The expectation of doing emotional work heightens advocates’ awareness of the pervasiveness of sexual violence, in the sense that they feel personally and viscerally connected to other women by addressing human emotional needs in the traumatic aftermath of assault. One advocate clearly articulates this tension and consciousness during her shift:

I can never sleep when I have the beeper, and in my head, I begin to search for the word that describes the tightness that I feel every time I am on duty. I got to my dictionary and looked up anticipation. Here is what it says: ‘to act in advance so as to prevent.’ I have never given this word so much thought. I am struck, mainly, at how I wish it were the right word. For if it was, then my worry, this tightness would be the price to prevent a rape from occurring. And I would gladly worry constantly if it would wipe out the possibility of rape forever. (Sexual Assault Counseling Agency 1991)
This advocate raises a particularly troubling dilemma the volunteers face when they carry the pager. Although all advocates unequivocally and vehemently write of their desire to live in a world without violence against women and children, they pragmatically realize their volunteering efforts address the realities of sexual assault after it has occurred. Therefore, while they clearly don’t want to see another human being suffer from the victimization of sexual violence, they feel the urgency and even desire to use the skills and knowledge they acquired through training. Tangled together are the conflicting and contradictory goals of wanting to prevent or end the existence of rape, meshed with the desire to use their skills, help women in crisis, and feel useful.

Advocates recognize the irony and dissonance in their dual hopes of wanting to counsel, while not wanting women to suffer from rape. They often feel guilty, but secretly relieved if they haven’t been called. The relief advocates experience from a quiet call engenders a sense of guilt that perhaps they aren’t as committed to doing the work as other seem to be, that maybe they don’t care enough, or lack enough emotional energy to give, as this advocate wrote:

I feel a little nervous saying this, but I’ve been in a really quiet spell with the beeper. Last month I was on four shifts and only got called once - and the victim-survivor left the hospital before I even got halfway there. Can you understand that mix of concern I felt for her - this person I hadn’t seen who left before the ER staff could treat her - that was mixed with the rather guilty relief of it not turning into a ‘real’ call. (Sexual Assault Counseling Agency 1991)

Despite their concern for women and the desire to prevent sexual violence, advocates quickly learn from experience how exhausting and emotionally draining this
work can be, and tentatively express the contradictory relief and elation they feel when their shifts are quiet. However, after a silent shift, almost every advocate’s journal entry discussing the release of tension ends with a comment doubting the shift passed without an incident of sexual violence. Rather, a silent pager evokes the fear that despite a quiet shift, there is no guarantee that the city was “rape-free” for twelve hours. Advocates speculate that women who were raped didn’t go to a hospital, or might have been unable to escape from an attacker. This fear, and the accompanying belief that many rape survivors suffer without counseling, in anonymity and isolation, contributes to the overall uneasiness and intangible apprehension that performance anxiety produces.

In The Emergency Rooms

Once the volunteers receive a pager call and travel to the hospital, the nature and context of their emotional work changes dramatically, from inner experiential anxiety to interactive counseling and advocating for quality treatment and care. When she arrives, an advocate in the emergency room must constantly negotiate what her performance should be based on internal dialogues and techniques learned in training, which contrasts with the contingencies and constraints of what she is able to do within the larger setting. Advocates introduce themselves to and interact with nurses, police officers, detectives, and most importantly, survivors, who may or may not want to talk about what has happened. Often volunteers discover that the differences between what they learned and thought should happen, in terms of quality of care, prompt medical attention, and
dignified treatment of the survivor, contradicts the realities of busy emergency rooms and occasionally insensitive personnel. Their journal entries describe a highly fluid institutional environment where their work, legitimacy, and advocacy agenda are sometimes questioned, ignored, or even brusquely dismissed.

Women who wrote in the journals consistently documented the work required to interact with various institutional personnel and described the quality of those interactions. They used the journals to inform other advocates about caring nurses, rude and incompetent doctors, and legal staff that violated or ignored victim right’s protocol mandated by the state’s sexual assault emergency treatment act. Occasionally they write of how astonishing it is to find the hospital and police staff so supportive and effective. These relatively rare events seem to strengthen advocates’ resolve and hope that feminist demands for sensitive care have become institutionalized to a certain extent. One advocate lauded the staff she worked with at a hospital, commenting with surprise about how smoothly the process unfolded in a child sexual assault case:

Everyone we came in contact with was wonderful! The ER staff, the beat cops, 2 great guys, the detective and the State’s Attorney. He (the detective) sat her down at the beginning and told her that we all believed her and were going to do everything we could to help her, and that she had done nothing wrong. It was as pleasant as a child sexual assault case could be. And as she and I were talking alone after the detective talked to her, I asked her how she was doing, and she said, ‘It wasn’t fun to talk about it again, but having you there made it better.’ And that’s why I do this job. (Sexual Assault Counseling Agency 1992)

The advocates say they provide adequate counseling best when there is a coordinated effort between the hospital, police, and legal professionals. Without the
added stress or irritation of jockeying with ER staff, advocates can focus their energies fully on the survivor. And when all three institutional actors decide to cooperate, in conjunction with the advocacy agenda, the volunteers seem to applaud their efforts and remain hopeful that their emotional work changes perceptions and attitudes towards sexual assault.

However, the women do not work in an ideal world. Not everyone they encounter agrees with the feminist analysis that sexual assault is a criminal act, a form of social control, and that survivors deserve dignified care responsive to their needs. Many volunteers write of finding the staff on hand not as cooperative as they would like, and sometimes they encounter people blatantly hostile to their presence there as counselors. They walk a thin line between not wanting to alienate nurses and detectives, who might insensitively interact with the survivor out of annoyance or retaliation. But at the same time, advocates are there to monitor that interaction and remain vigilant that she is being treated fairly and with respect.

When volunteers find their emergency room situations problematic, they carefully strategize on how to negotiate with personnel while remaining focused on the survivor’s needs. One advocate wrote of her strategy when a detective improperly questioned a survivor:

My experience was good, as far as the survivor was concerned. But what a detective! Rather than asking ‘was there a weapon used?’ he asks, ‘What weapon was used?’ When she answered, ‘None,’ he rolled his eyes. ‘Don’t you have any bruises if he was so rough with you?’ All classic turnarounds. Here’s a new strategy: rather than picking a fight with the detective, I waited till the end of his interview and told my victim that
some of his questions and responses were not because he didn’t believe her, but that he knows the things the State’s Attorney will look for. ‘Isn’t that right, Mr.?’ I think he got the point. (Sexual Assault Counseling Agency 1989)

In addition to diplomatically pointing out lapses in service and behavior, advocates take action by naming names in the journal to warn of particularly nasty staff, and sometimes indignantly ask people for their full names and badge numbers. They casually but deliberately mention to nurses, doctors, police, and State’s Attorneys that SACA carefully monitors hospital and police performance on these cases. They realize their presence as feminist advocates and watchdogs in the emergency room wields both a threat (especially to some male police officers, detectives, and doctors) as well as power. The advocates’ emotional work and interactions with hospital and police staff signals to institutions the demand by the women’s movement for accountability and the recognition that their presence as advocates should be there every time an assault occurs. They enter those emergency rooms keenly aware of their multiple roles, acting as listeners, supporters, watchdogs, and in some cases, as allies.

The volunteers’ work with staff and survivors are mediated by other factors as well. Frequently, the quality of care survivors receive from emergency room staff depends on the perception of their credibility as victims. Race, ethnicity, class, and sexuality influence how the hospital and police staff, as well as advocates, respond to and interact with survivors. When a survivor comes into the emergency room and is perceived as a “deserving victim,” they are usually (but not always) believed and treated accordingly. For example, in almost all cases of child sexual assault, especially if the
child is white, the advocates write of how caring and concerned the hospital and police personnel acted. Conversely, there are numerous accounts of poor treatment given to African-American and Latina women. Women from stigmatized groups, such as prostitutes, homeless women, and drug or alcohol abusing survivors are routinely derided by ER staff, and sometimes their cases are dismissed by police who suspect their assault stories. The social interaction between staff, advocates, and survivors in the emergency room merely reflects on a micro-level the intersections of exacerbated racial and gender inequality that exist in the larger culture. This journal account highlights some of the social factors that determine how institutions respond to women perceived as “undeserving”:

I had a very weird call. She’s an ex-hooker, raped by her ex-pimp, and a ‘customer.’ She got in the car voluntarily, spent the 24 hours afterwards getting high, and when she showed up at the ER, the cops had a warrant for her arrest! She got to the hospital at midnight, was taken to the police station, and booked. Her boyfriend posted bail, and then they questioned about the rape! She gets back to the hospital around 2am, and then I was paged about a half hour later. OK, what’s wrong with this picture???
(Sexual Assault Counseling Agency 1990)

If survivors come into the emergency room with certain characteristics in their rape stories that transgress to powerful social controls on women’s sexuality and behavior (involving drinking, staying out late at night, and having sex etc.), advocates notice that ER workers and police are less likely to believe them or treat them fairly. They also realize their own perceptions and subsequent counseling interactions are not immune to stereotypes, misinformation, ignorance, and suspicion as well.
When confronted with survivors whose stories and backgrounds challenge the limited, normative conception of “deserving,” advocates question their own abilities to counsel effectively. They see the negative and derisive ways in which hospital and police staff treat the survivors, sometimes agreeing with those assessments internally, and sometimes not. They voice with some measure of discomfort the realization that the quality of their emotional work is largely determined by how well the survivor and advocate connect with one another, a connection which depends on recognizing and successfully bridging barriers of ethnicity/race/class and social differences. They articulate a profound uneasiness and emotional conflict when they suspect or question the truthfulness a woman’s story, as the notion of suspicion glaringly contradicts SACA’s philosophy.

What bothers me is the victim I had. I have always believed a person when they say they were raped. I keep telling myself that victims don’t lie about being raped. It really bothers me. My gut feeling is telling me that she is making this whole thing up. I feel like I’m an awful advocate for thinking this way. I’m so glad I didn’t get cornered by the detective and have him ask me if I thought she was making up the story. I would have said no. I’m there for her, yet I think he would have been able to tell that I just wasn’t sure. (Sexual Assault Counseling Agency 1992)

Stressed repeatedly throughout training, advocates read various feminist critiques of rape, which analyze how rape is used as a violent method of social and sexual control. They learn that no matter what happens with other personnel in the ER, advocates are there to affirm their belief in the survivor’s experience and remain focused on her emotional needs. Suspecting a survivor’s story contradicts the basic agency (and larger movement) political belief that women need to be believed when they say they have been
raped. When advocates harbor a gnawing suspicion about the survivor they are supposed to support, it conflicts with their own internalized training of how to perform emotional work. Doing the counseling work then becomes a test of advocates’ abilities to balance their suspicion of guilt or lying with their mandate and political commitment to provide counseling and emotional support.

But not all cases of emotional work are so conflictual and problematic. Besides all the negotiating with institutional personnel, and the social inequalities that exist in the ER, the women talk about the relationships they develop with survivors as the most crucial, rewarding, and grueling aspect of the emotional work they perform. They listen to the survivors’ stories, their fears, shock and anger after sexual assault. Offering support, affirmation, and information about health and recovery stages comprises the bulk of what advocates do. They try to help survivors sort through their feelings, encouraging them to talk, cry, scream, or simply sleep if they want. In a typical entry describing the emotional work of listening and counseling, one advocate wrote about a survivor’s tenacity to survive pain and violence through humor:

The last survivor I was with was a sharp, funny woman who seemed to have an incredible capacity to let me into her life. Her strength and optimism are amazing. That she manages to deal with the physical and emotional trauma and aftermath of this assault, along with her alcoholic and abusive husband (he let her walk home from the hospital last time), the fact that she is HIV positive (contracted the last time she was raped), the fact that she is herself an alcoholic...and so on. And that she cracked jokes and let me in. She was glad to have me there, felt better after this part was over. And I feel in a way too, a sort of ‘Yes! You’ve done it, I’ve helped, and we made it through the worst.’ (Sexual Assault Counseling Agency 1992)
Perhaps the most important aspect of emotional work advocates perform is the task of conveying to survivors that their emotional needs come first while waiting in the emergency room. This focus on the survivor’s needs contrasts with the information gathering concerns of the police, the medical concerns of the hospital staff, and very often the survivor’s worry about being blamed by family and friends. Many women the volunteers counsel fear other people’s reactions to their sexual assault, and in the process ignore their own emotional reactions and responses, or harshly find fault with their behavior prior to the rape. The advocates also stress the pain they feel when survivors internalize blame for the assault, repeatedly insisting to survivors that the “fault of rape is with the rapist,” and reassuring them that “nothing you did deserved to be treated like that.”

The advocates assess that their emotional work is most successful when they feel they have been of some use to the survivors, however intangible that feeling might be. Developing a brief, but emotionally intense bond with a stranger in crisis depends on their ability to convey support for the survivor, regardless of the circumstances that brought her to the emergency room. Often advocates write of expressing that support through gestures, and looks, as well as their listening, as this volunteer explains:

The last survivor I saw, she was so intensely grateful that I was there. She told me so many times, ‘I wouldn’t be able to go through this without you,’ and ‘Thank you so much for being there.’ I remember during the exam her squeezing my hand so tightly. I remember the look of pain and anguish on her face, and then she would look over at me and she’d smile. I remember the last half hour that we waited. We talked the whole time...talked about TV shows, her family, relationships. We even shared a
few laughs. And after I dropped her off, I couldn’t help but feel the warmth of her gratitude. (Sexual Assault Counseling Agency 1990)

The most fundamental aspect of feeling useful as emotion workers centers around their perception of the interaction between themselves and the survivors. When the advocates sense they’ve made a connection, established a measure of rapport and trust, their experiences as volunteers seem worthwhile, despite the performance anxiety they endure, and the painful stories they hear. Sometimes their efforts to make a connection and provide support fail, and in these cases, advocates try to understand why their emotional work didn’t work. They speculate with tentative hope how their work might benefit survivors in more subtle ways, as this volunteer observes:

Tonight I was with a young woman who held herself and cried, but didn’t seem to want to talk to me. A few times it seemed that she was hiding her face from me, and I tried to figure out whether I had turned her off. On the one hand, I know that my thinking about this is motivated by a concern for her and a desire to do the most for her. At the same time, I think now that it is somewhat self-indulgent to want my presence to be appreciated and useful in a way I immediately recognize. While I still want the survivor to feel that she can open up to me, I think that it is important to remember that the choice to make use of my info and comfort is really the goal of my sitting in the room with her. And I think that possibility can be as important as action interaction. (Sexual Assault Counseling Agency 1989)

This entry describes the complicated, occasionally dissatisfying emotional relationships that develop between survivors and volunteers, pointing out the fluid, interactive and negotiated nature of the work. Advocates quickly learn that they must to be flexible in responding to the needs of survivors, whose needs and actions might not correspond with their own expectations of what emotional work should be.
Third Stage: Reflection, Analysis, Critique

Once the volunteers leave the emergency room or police station and finish their call, they usually engage in a reflective analysis of their experiences. This third stage of emotional work, usually written at home or waiting to pass off the pager to the next scheduled advocate, recounts the women’s own impressions about the quality of their performance. Analyzing their own interaction and subjecting it to a form of collective feminist methodological critique, some women express self-doubt about their emotion work, or make notes on how they could improve their counseling skills for the next survivor. Others assess the emotional and social conditions of their survivors, and speculate about their prospects for recovery, as this volunteer wrote:

How do I feel about shedding a little light on a life of total shit? All of my victims have really bad lives, which engage me emotionally. My last victim, a detention home runaway, was about to be handcuffed and returned in a paddywagon. She was hysterical and supposedly dangerous. I prevented the handcuffing and rode with her. I’m very glad I did, but she and I knew that her life was, is, and will be one of profound despair. She is a throwaway human being. And my intervention eased just a moment of it. (Sexual Assault Counseling Agency 1991)

Especially in violent cases of assault, usually coupled with a home environment of poverty and/or abuse, the advocates express frustration with their limited roles. They recognize the enormous structural effort required (but largely neglected) to address the intertwined and overlapping social problems of violence and power that deeply effect the lives of the women they counsel. Although many advocates feel hopeful about survivors’ recovery during their emotion work, they have little contact with the women once they
leave (according to agency policy), and sometimes question whether their emotional efforts will help in the long term recovery process. Despite these structural uncertainties, they write of their astonishment when family and friends show up in the middle of the night to offer their support to survivors, and marvel at the resilience of women who insist on fighting back through the legal means available to them.

Other volunteers reflect on how life changing their experiences as advocates can be, and share their sense of pride about the work they do. They analyze how seeing women survive sexual violence with dignity forces them to clarify their own understanding of themselves. Doing advocacy and emotional counseling leaves them with a more politicized and conscious notion of feminist struggle, in which they act as both participants and observers. One advocate, after describing two particularly violent accounts of rape, discusses how her experience of emotion work changed her own perceptions, as well as the yearning to have helped others:

One of the things that drives my work is my belief in the strength of women. Both of the women I have encountered were able to articulate their experiences with calmness. I was amazed. I know that so much is happening to them, but I almost always try to imagine ‘what would I do?’ I don’t know. All I know is that I admire these women for their courage and hope that in some small way I made some positive difference in their lives. (Sexual Assault Counseling Agency 1991)

When advocates feel they’ve done a particularly good job counseling, or have formed an affectionate attachment with their survivors, they describe the happiness and satisfaction of knowing their emotion work has meant something significant, or has eased a survivor’s
pain, if only temporarily. The volunteers also comment on how memories of those brief relationships stay with them long after their emotional work has ended.

Another common theme in the reflective stage of emotional work involves the recognition of their fellow advocates who share with them the unique and tumultuous experiences of doing this work. They write of how comforting it can be to read other advocates’ journal entries after a difficult or draining call, and how reading other’s accounts reminds them of the importance of the work they do, as this volunteer writes:

I want to thank all of you for the work you do but right now especially for keeping me going so often. Sometimes, when my motivations are really low, I read your words in these journals, and think about how amazing you all are. For me, sometimes I tell myself, this is your job, get to it. But you don’t get paid for this. You amaze me so often with your dedication, your commitment, your love. So thanks for helping me get through another tough time. (Sexual Assault Counseling Agency 1992)

More importantly, recognizing other advocates’ entries and experiences creates a sense of community among the women who rarely see one another and often never meet. The women foster this sense of community by responding to other advocates’ entries on specific points, by encouraging others to stay motivated, despite the difficulties and exhaustion. They also confide in their feelings of despair and futility, and ask others how they manage to continue volunteering, how to stave off burnout, and what kinds of rituals and strategies others use to care for themselves. Some advocates address other women’s entries by sharing their favorite poetry that relates to a particular emergency room experience, or initiate political discussions about the relationships between rape, sexuality, access to abortion. Writing during the reflective stage of emotional work allows
advocates to connect with one another as feminist volunteers, to analyze their experiences as emotion workers. Through the process of reflecting and making meaning of their experiences, the advocates foster a sense of community based upon the shared feminist commitment of supporting and advocating for women within a larger culture where sexual violence is an everyday, unremarkable phenomenon.

These sexual assault crisis counselors engage in a particular form of feminist emotional work that spans three distinct stages: performance anxiety, the interactive negotiation between survivors and institutional personnel, and the reflective process of analyzing and sharing their experiences with fellow advocates. Their emotional work emerges from a distinctly feminist critique of sexual violence and reflects the intersections of larger social inequalities that exist in and outside the emergency rooms in which they work. In the next chapter, I will survey how feminist theorists have explained particular ethical orientations that guide social practices. Proposing an empirical alternative to philosophical traditions conventionally regarded as incompatible, I will suggest how the advocates' emotional work synthesizes two broad strands of feminist thought to develop feminist perspectives of justice and care through embodied personal experiences, collective theorizing, and practical action.
CHAPTER 6

MODIFIED JUSTICE, AMBIVALENT CARE

We have seen from the preceding chapters how advocates write about and reflect on their experiences through the lens of feminist emotion work. The advocates use the journals to convey their anxiety, share their strategies, record experiences, and theorize about the dilemmas of counseling in the emergency rooms. The volunteers also use their written forum as a communication resource to develop notions of community, cope with the frustrations of their work, and stave off the perennial threat of emotional burnout. In writing their reflective, self-critical accounts, the advocates develop a feminist political analysis of sexual violence, grounded in their training and personal experiences with survivors. This chapter looks more closely at that political analysis; its themes, claims, and different strands. Through the practical work of counseling, writing, and reflection, I argue that advocates construct dialectical perspectives of justice and care based on a consistent focus on women’s bodies and emotional lives. This perspective encompasses three interdependent levels: the initial and continuing personal motivations for doing counseling, the desire for justice in the cases of individual survivors, and the wider demand of ending violence against all women through political and social movement work.
To frame and situate the analysis of how advocates write about justice and care, it's helpful to take a few quick detours outside the traditional boundaries of sociology, into the terrain of feminist philosophy and legal theory. Within this field, feminist philosophers have broadly developed two overlapping streams of thought. One large area of analysis focuses on critiques of traditional discussions of justice and rights, based on liberal notions of individualism, universalism, and autonomy. Feminist theorists writing from this tradition of ethical theory argue for a more inclusive, more particularized and humanistic conception of justice that honors the claims and demands of historically disenfranchised groups (Baier, 1995).

Another stream of thought dismisses the established discourse on justice, and attempts to create new feminist frameworks that focus on caring as the central theoretical category (Noddings, 1984). Far from universal or objective, these critiques argue, traditional theories of justice obscure power relationships and the very particular contexts in which those ideas could find support and flourish among specific constituencies. Care theorists reject the claim that justice can be (and has been) meted out universally, without regard to particular situations, historical contingencies, and actors (Ruddick, 1989).

While there are holes and inconsistencies in both these traditions, feminist ethics of care theorists seem to largely agree that their work challenges traditionally "masculinist" moral assumptions of justice by reinterpreting the moral significance of

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6This by no means implies the recognition of injustice (especially against women) is minimized. However, notions of abstract, universal, and disembodied justice are dismissed as patriarchal claims of little use in recreating a more just society for women.
women's cultural and social experiences as care-givers. These feminist thinkers stress the importance of particularity, connection with others through relationships, and contextual ethical decision making. Emotions, empathy, and concrete attachments to others must balance equally with the central components of choice and will found in traditional justice theories. Critics of care theory point out the tendency to ignore fundamental historical, social, and class differences between women (Hill Collins, 1991). Others voice deep concern about valorizing care without concomitant political critique of how solely providing care and nurturing work have suppressed women's demands for equality.

Taking these critiques into account, I contend the emotional work women perform in the emergency rooms with rape survivors combines elements of both these ethical traditions in a dialectical way. Through the counseling work they do with survivors, the advocates practice an ethics of grounded, if modified justice that seeks to address the emotional needs of survivors, while highlighting larger social problem of violence against women in bureaucratic institutions. In the process of seeing the costs and traumas of sexual violence, the advocates' sense of care and justice, as well as their analysis of the (ab)uses of power, are further refined and tested in the everyday world of emergency rooms and police stations.

I use the word modified in the sense that advocates constantly face the limitations and constraints of their role and power within the emergency room, and recognize the acute, episodic nature of the emotion work they do. They know their work will not permanently end all sexual violence against women, and often merely alleviates some of
the extensive emotional trauma survivors endure. The volunteers also realize their emotional work can only address the aftermath of sexual assault, that prevention and education fall outside the boundaries of their mandate as emotion workers. While they vociferously demand an end to violence, their work pragmatically serves the existing needs for justice and care within a system that inadequately pays attention to the emotions of survivors. Towards that end, advocates modify their future oriented demand for ending violence with the practical task of tending to the needs of the present who might benefit from their care.

A broad range of attitudes about justice and care underlie the advocates’ emotional work. As discussed in the previous chapter, when the advocates write about care, they consistently voice the desire to connect with their survivors and provide support for the emotional needs of other women in acute crisis. This care is mediated by multiple factors, including racism, language barriers, and class differences. The care advocates provide significantly depends on the context of the assault and perceptions of the victim by advocates and institutional staff, often creating ambivalence with which volunteers must wrestle. This care and concern for survivors - while in the emergency room and after they leave - dovetails the anger and outrage they experience learning about the survivors’ rape stories. Those stories, in turn, are shared in explicit detail with other advocates to serve

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7 Nancy Matthews discusses the shift of “managing rape” as a wider phenomenon within the anti-rape movement as it has become more enmeshed with state funding guidelines and regulatory bodies that emphasize crime services over prevention. See especially Chapter 8, “From Stopping Violence to Managing Rape” in Nancy Matthews, *Confronting Rape: The Feminist Anti-Rape Movement and the State* (New York: Routledge, 1994).
two political functions: to highlight the mundane "everydayness" of rape, and to fuel the nexus of anger and hope that forms the core of feminist emotion work in the organization.

However commonsense the care perspective might seem in this context, writing and theorizing about justice requires a more complex analysis. At the center of both justice and care perspectives are the concerns about what happens to the sense of self and notions of the body when violated by sexual assault. Women's bodies and emotional lives are implicitly understood as intertwined concerns in advocates' accounts, and form the underlying foundation of their developing feminist perspectives about justice. What I found most interesting in these accounts is how advocates connected visceral anger to politics, and how their demands for justice in individual cases provided the basis for fertile feminist theorizing and organizing. Their analysis of injustice often widened into more generalized discussions, to understand how sexual violence relates to issues such as institutionalized sexism, domestic violence, political inequality, and legislative threats to reproductive rights.

Justice for Self, Others, and Society

The desire to seek justice for sexual assault survivors often begins with advocates themselves. Many advocates disclose their own experiences of rape during training, and frankly discuss in the journals how being raped instigated their feminist consciousness and motivated their involvement in SACA. Working to secure adequate and respectful treatment for survivors while listening to and addressing their emotional pain gives
advocates a chance to possibly ameliorate another woman's trauma. Through helping other women in similar crises, they can draw from their own experiences and try to heal their own emotional scars. Advocates' personal experiences with assault can create a bond with the survivors they see, and often motivates them to take action through both care and organizing:

It takes a vast amount of courage and strength to bury the baggage of my own nightmare while relieving others of their own. Still, I go on because I believe. We as advocates must continue in our struggle to free women of the destructive ties that bind, and educate men and our 'men-children' of the perils that befall us all if we refuse to care about and care for one another. (Sexual Assault Counseling Agency 1992)

We can see from this advocate's account that her personal experience of rape is tied to her commitment to caring about other women's experiences. She also identifies the problem of rape as the responsibility of men, arguing that advocates and feminists in general need to actively organize against violence (although many might disagree that it is women's responsibility to educate men about sexism and violence). Finally, she links the existence of violence and injustice as the absence of caring for other human beings, placing an ethic of care at the center of her vision for a more just world for women. Personal experience of assault and relationships with individual survivors can serve as powerful instigators for theorizing and ongoing practical action.

Other advocates focus more intensely on the survivors to frame their understanding of justice and care. Again and again, advocate accounts describe the emotional effects (on both the survivors and the advocates) when strangers, boyfriends, husbands, uncles, and friends coercively violate women's bodies as a means of social
control. Other times, they write about their survivors’ bodies and how the physical vulnerability in the aftermath provokes a complex tangle of anger, sadness, and concern:

I’m sad and mad. I just had a victim who was autistic. She didn’t understand why they did that, she didn’t care ‘how many clothes they took off, they ain’t got no right to go around raping people.’ She said that God didn’t make her mean and didn’t know why the people in the hospital were being mean to her. ‘We’re supposed to share ourselves with each other,’ she told me. All this after a few hours of silence. I cried. I watched her sleep. A woman’s body, all her own again, stretched out like a country. Did I understand? Can I answer her questions? I now understand the need to rinse [after counseling]. But there’s a little pain of hers that’s already soaked into my skin. It’s mine now. And there’s some dirty pain under my fingernails that I’ve forgotten to clean away. It too, is mine. (Sexual Assault Counseling Agency 1992)

In this entry, the volunteer observes how women’s bodies are degraded and dehumanized through rape, recognizing that it indirectly affects how counselors feel about their own bodies and vulnerabilities. Advocates ask troubling questions, stemming directly from their interactions with survivors that shape their emergent political analysis. They ask themselves and each other: what happens to women’s (and often girls) selves after rape? How will they feel about their bodies, their sexuality, now that this has happened? How will they begin to rebuild their lives? Will they be okay? And how does seeing one survivor in effect point out the very real, tangible vulnerability of all women?

Advocates consistently write about the injustice of assault through critiquing its pervasiveness and the most innocuous circumstances in which women can be raped. Either emerging from personal experience or the stories of their survivors, the “mundane-ness” of assault, and the vulnerability it instills in women, agitates the advocates’ sense of
unfairness. They learn, through both training and practical experience, that justice can be quite elusive when the potential for assault can happen in the most “unsuspecting” of situations.

I’m just reflecting on how incredibly unfair, no that’s not it, how fucked up it is that in just an hour or so a woman can have her life so screwed up by a “nice guy” who thinks he has the right to do whatever he want to her because she went for a walk with him. Not only that but then everyone blames her for going with him, for trusting him. So women are supposed to not trust anyone then? But aren’t we the ones who are trained to be so “sensitive and caring?” God, what a tight line we’re supposed to walk. (Sexual Assault Counseling Agency 1992)

In this entry, we can see two targets of advocate anger. First, the advocate expresses rage at the often arbitrary nature of rape, and points to fundamental, unsettling questions of trust, power, and inequality in gendered relationships. Secondly, she recognizes the contradictory standards of “femininity” by which women are judged. Ironically, this advocate criticizes the very qualities of care and nurturing valorized by both anti-feminists (Simonds, 1996) and some care theorists alike. She understands that without a political critique of violence and analysis of its costs, caring and nurturing as virtuous feminine qualities can oppress us in profound ways. The issue is not just that women are socialized in particular ways, nor that they are often blamed for their assaults, but that incidents of violation and coercion are routine, and have such enormous consequences on the lives of survivors and the people around them for the rest of their lives.

Notions about justice quickly spiral from the particularities of specific survivors to the universal demand that all women and children live free from violence. This
expanding idea of justice contains two overlapping concerns: first, the insistence on criminalizing sexual assault as a violation of women's bodies and rights, and second, the personal and political links between advocacy as feminist action and social change.

The advocates base their care about women's emotional needs in universally shared belief that sexual violence against women and children is a criminal offense requiring punishment and moral condemnation. Whereas women with no personal experience of sexual assault or crisis counseling might intellectually condemn it as criminal, these politicized advocates witness first hand the effects of seeing the emotional costs of rape. They want justice for victims of rape, as well as for themselves and all women, as this advocate writes:

I hope the women in this society wake up and realize that we're all vulnerable and that any one of us could be the target of a rapist. Blaming the victim has got to stop. No act is a rapable offense - I don't care what anyone says. No one deserves that humiliation and emotional pain. (Sexual Assault Counseling Agency 1991)

Whereas their practical work focuses on the individual concerns of the relationship at hand, the universal principle of freedom from fear and the right to bodily integrity remains a consistent demand throughout all the journal entries. Insisting upon the right of women to live fully without fear or threats of bodily/emotional harm, the advocates act upon their sense of injustice through caring for women who need that emotional support that the formal justice system so frequently ignores. They then use those experiences to ruminate and theorize about how to create a better and more just world for women.
While seeking a just resolution to individual cases, the advocates emphasize that caring for survivors, the most crucial aspect of their work, does not negate the important social movement and legal efforts required to pursue justice that extend beyond their caring work. Indeed, if giving care was the only need driving their work, they could probably find many other ways to fulfill it. They have chosen to do this emotion work precisely because it calls for caring for other women, within a social and political situation that necessitates speaking out against injustice and acting to alleviate its effects.

Combining their concern about women’s bodies and emotional lives, the advocates discuss through writing how their work connects with other feminist issues and struggles. One advocate, writing after the infamous Webster decision that significantly threatened the right to abortion, sparked a long running commentary on politics:

I’m sure many of you have heard about the [Webster] decision passed down, and to be quite frank, I’m pissed off to hell. This country of ours, the politicians, justices, etc., are always mouthing off on how wonderful the U.S. is and how it’s the land of milk and honey, the land of the people. Yet and still the rights of women and children are constantly being obliterated. Sometimes I get so disgusted with the rule makers who on the one hand say you can be all that you want to be if you work hard enough, and then they make sure that no matter what you do, you’ll fail. Never mind the millions of homeless people, never mind poor women struggling on a daily basis to provide for their kids, never mind the victims of assault - they didn’t work hard enough. I’m pissed off that those in power, the media, the hypemongers, tell people that this is the best place to be with freedoms unbound and granted, the U.S. has more freedoms than some other countries, but sometimes I feel that it’s false. One minute you’re in control of your destiny, the next minute it’s in the hands of the courts, then the state, then the Federal Government, and then back to the state again. (Sexual Assault Counseling Agency 1989)
This advocate sees women’s bodies occupying the center of a whole series of injustices perpetuated by both the economic and social policies of the state. By beginning with concern about the body, advocates seem to reject the abstract notion of traditional justice that emphasizes detachment and isolation. While they certainly want an unqualified end to sexual violence, that call and demand does not begin from a detached, coolly autonomous position from which to view the world. Rather, the demand begins from personal experiences with violence (either their own or through the stories of their survivors), and widens as their experience and theorizing become more comprehensive and analytical.

I speculate that this rejection of detached justice emerges from the contextually specific kinds of care relationships they foster with survivors. Through care, which is constantly adjusted to the changing needs and circumstances of the situations and people they encounter, the advocates develop feminist perspectives of justice and care. These perspectives are informed by theory and experience, and center around the realization that basic minimum freedoms (from harm, from fear) are simply not enough for injustice to cease. Developing feminist perspectives of justice require caring responses that attend to emotional need of individuals, while simultaneously addressing the systemic and structural problems that injustice and sexual violence engenders.

The advocates who work in emergency rooms take on a unique responsibility requiring both a commitment to care and a vigilant passion for justice. Their emotional work attempts to care for the individual, particular needs of women in crisis on the one
hand (as well as their own emotional selves), while monitoring the just and respectful
treatment of those individuals based on a universalized feminist belief of ending violence
against women. With their multiple responsibilities of caring and observing institutional
responses to sexual violence, the advocates must constantly shift back and forth between
justice and care depending on the needs and circumstances of the situation. Their emotion
work requires them to develop and practice aspects of both ethical traditions
simultaneously.

Doing the emotion work without feminist perspectives of justice would
effectively limit the depth of moral and political outrage advocates feel about the
criminality and injustice of rape. Care without a concomitant concern for women’s bodies
and a passion for justice would no longer render advocates’ emotion work as a distinctly
feminist form of activism. Similarly, performing feminist emotional work without
focusing on survivors’ emotional needs paradoxically calls into question the reason for
being in emergency rooms in the first place. By focusing on survivors’ needs, emotions,
and bodies, as well as demanding adequate treatment and response, the advocates perform
a type of feminist emotional work that requires both care and justice as integral
components of their work towards making a useful difference in women’s lives.
CHAPTER 7

CONCLUSION

In this thesis I have attempted to show how women working in a feminist rape crisis agency write about their experiences as counselors for survivors of sexual assault. I believe that an integral part of the feminist project to create new knowledge about women’s lives involves rendering visible that which has gone untheorized, to uncover sets of experiences largely hidden from view, to place at the center of analysis the accounts and perspectives of everyday life previously ignored or discounted as unworthy or insignificant for research.

I argued that the emotional work required for this job highlights a gap in the literature on social movements and feminist organizations, and points to a need for more research that connects the link between emotion and women’s participation in feminist movements. This thesis also fills a lack of research in the study of rape crisis centers that has overlooked descriptive and analytical accounts of the work itself in anti-rape organizing.

By focusing on the emotions and experiences of the advocates, I have argued that rape crisis counseling requires a particular kind of emotion work that differs from previous theories. My tentative theory of feminist emotion work argues that in the case of this agency, emotions form one of the core aspects of their work that creates a
transformed sense of self and agency in the emotional interaction with rape survivors. Emotions are the means and the tools by which women share knowledge, information, and experience in order to effect political and social transformations. I also argued that this kind of feminist emotion work shifts the locus of critique away from capitalist exploitation, towards a sustained critique of sexual violence against women across various economic and social arrangements.

The three stages of feminist emotion work describe and analyze the distinct phases of emotional experience advocates write about in their journals. Performance anxiety does the work of preparing advocates for caring and listening, as well as attending to their own fears of being potentially inadequate emotion workers. Sharing performance anxiety and strategies to deal with the stress engendered by uncertainty creates a collective sense of purpose, socializes new advocates into the larger organizational “feeling culture” and provides a forum for communication.

Writing about their emergency room experiences highlights the contingencies and constraints of the volunteers’ emotion work. This phase involves building rapport and relationship with survivors who are often very different from advocates. Their accounts also expose the wider social inequalities at work in emergency rooms, where survivors are treated according to hierarchal and normative notions of morality, deviance, and are assigned “deserving” victim status based on class, race/ethnicity, sexuality, and other categories of identity.

The final stage of reflection and self critical analysis provides advocates the opportunity to dissect and theorize about their experiences, and to share with others valuable information about institutional actors. This analysis sparks running discussions and commentary between advocates about the nature and implications of their emotion work, and fosters a sense of shared political work that relates to other feminist issues
such as access to abortion, the pervasiveness of domestic violence, and the role of the state in women's lives.

Finally, I argue that advocates develop a dialectical perspective of justice and care that permeates their accounts of feminist emotion work with survivors. This perspective, grounded in their personal experiences and journal theorizing, locates the need for justice at three levels: the self, their individual survivors, and for all women to live without fear or threat of violence and bodily harm. While their desire for justice creates a healthy sense of outrage and spurs insightful analysis, the advocates' claims and demands are modified and constrained by the contingencies of emergency rooms and police bureaucracies they work in. They are also limited by the organization's structural impediment to building long lasting relationships with individual survivors, which leads to a frustrating sense of managing rape after it has occurred rather than actually preventing or stopping it.

I don't think the ideas in this thesis will seem shockingly new when advocates read it. In fact, I hope that what I've described and analyzed will resonate with current advocates' experiences and impressions of emergency room work. In that sense, this research project follows an old sociological dictum of not really finding anything new, but saying it sociologically so that it somehow seems new. I hope this work will motivate the agency to incorporate some of the arguments and analysis into future trainings to illustrate how the time process and problems encountered by advocates are intensely social in nature. Perhaps the discussion of emotion work during the trainings will potentially alleviate the kinds of performance anxiety advocates feel and will show how their harsh self critiques are simply microcosmic, everyday examples of difficult, unresolved questions about justice, power, and agency in women's lives.
I also hope this thesis has illustrated the centrality of emotion in motivating and sustaining the nitty gritty, often invisible and thankless job of activism. This thesis was written at a time when idealist hopes about the viability of political action to change society are unfortunately dismissed as naivete. In spite of a pervasive sense of inertia which currently grips various left and feminist movements, I was consistently moved and impressed by these women's attempts to stay motivated, passionate, and active, despite all the dilemmas and difficulties this work engenders. Although the limits of rape crisis counseling as a vehicle for social change are obviously limited in scope, the feminist emotion work these advocates perform every day provides a model for how our culture might do things better for women victimized by sexual violence. As one advocate wrote, “It seems hard to think that what we are doing will ever change the world. But still we do it, and we are changing it, one survivor at a time.”8

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The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

Date  

Nov 25, 1996  

Director’s Signature