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RESEARCH ARTICLE

"I need to take care of myself as well"—self-care strategies of abortion *acompañantes* in Northern Mexico

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Abstract

This ethnographic study explores the emotional labor and self-care strategies of feminist abortion *acompañantes* in Northern Mexico. Operating within restrictive legal environments, *acompañantes* provide crucial support for self-managed medication abortions (SMAs), engaging in significant, often invisible, emotional labor. Acompañantes need to balance activism with paid employment and family life, which creates a high risk of burnout, making self-care an imperative. Drawing on Hochschild's work on emotional labor and Rosenbaum and Talmor's anthropology of self-care, this article argues that *acompañantes* develop collective and relational self-care practices that challenge neoliberal, individualized notions of self-care. Through interviews, the study identifies a repertoire of strategies, including reliance on feminist networks, the crucial containment provided by intimate partners and family, the conscious organization of time as a political practice, and the use of remote accompaniment for self-protection. The findings reveal that for *acompañantes*, self-care is not a personal indulgence but a form of political resistance and collective survival, essential for sustaining both their individual well-being and the broader feminist movement for abortion access. This research contributes to a feminist ethics of care that explicitly includes the caregiver, demonstrating that caring for oneself is an indispensable part of caring for the collective.

INTRODUCTION

Feminist accompaniment for self-managed medication abortion (SMA) has emerged over the past two decades as a critical means of expanding access to safe abortion within restrictive legal environments across Latin America. Known as *aborto autónomo* [self-managed abortion], SMA shifts decision-making authority and control to the pregnant women or people, operating beyond the supervision of state and clinical authorities (Veldhuis et al., 2022b). Central to the accompaniment model is the figure of the *acompañante* [accompanier]—a feminist activist who provides information, emotional support, and logistical aid. This form of support is widely regarded as a profoundly political and feminist praxis—one that aims to destigmatize abortion and contest dominant legal and medical structures by fostering horizontal, sororal relationships (Braine & Velarde, 2022; Veldhuis et al., 2022a).

This holistic model of *acompañamiento* represents a radical reconceptualization of care, explicitly contrasting with frequently depersonalized experiences within institutional healthcare settings (Larrea et al., 2021). It can be analyzed through the lens of feminist ethics of care (Brugère, 2011; Gilligan, 1982; Tronto et al., 1993), reframing care as a collective, mutualistic practice and a form of political action. Ethnographic studies in settings such as Argentina, Chile, Ecuador, and Perú have employed this framework, emphasizing horizontality, active listening, and emotional engagement as core components (Burton & Peralta, 2021; Duffy et al., 2023; McReynolds-Pérez et al., 2023) detailing the complicity and mutual care between women, especially when facing hardships such as restrictive settings, violence, and stigmatization (Cevallos-Castells & Varea-Viteri, 2024). Other research has focused on the reflexive perspectives of the *acompañantes* themselves, describing how they engage in often invisible emotional work—or in Hochschild's (1983) terms, emotional labor, defined as the deliberate regulation of feelings to manage the emotions and well-being of others—by providing information and emotional support, and by fostering deep emotional connections and bonds (Bercu et al., 2022; Rodríguez Falcón & Quijada Mata, 2022; Veldhuis et al., 2022a).

Extensive research has documented the emotional implications for healthcare professionals who provide abortion services, which is often considered "dirty" and stigmatized work (Fernández Vázquez & Brown, 2019; Harris et al., 2013; Martin et al., 2014; O'Donnell et al., 2011; Veldhuis et al., 2025). The consequences of stress and emotional burden appear to be similar for *acompañantes* (Amnesty International, 2023; CAM/safe2choose, 2021). Positive effects such as joy, pride, and gratification have also been documented in diverse settings (O'Donnell et al., 2011; Fernández Vázquez & Brown, 2019; Kimport, et al. 2024; Wolkomir & Powers et al., 2007). Self-care among *acompañantes* has been described as a necessary form of protection (Veldhuis et al., 2022c). However, a deeper understanding of the emotional labor performed by *acompañantes* and, crucially, their essential self-care practices constitute a significant gap in the literature on accompaniment models.

The demanding nature of this work—managing complex emotions, navigating restrictive legal contexts, and often balancing activism with other life demands—raises critical questions about the sustainability of care practices and the well-being of caregivers themselves. How do *acompañantes* manage the emotional labor of their work? What self-care strategies do they develop within a feminist political framework that both empowers and requires deep personal investment?

This article addresses this gap through an ethnographic study of *acompañantes* in northern Mexico. We draw on the emerging field of the anthropology of self-care (Rosenbaum & Talmor, 2022, 2024) to investigate how *acompañantes* understand emotional labor, the need for self-care, and the strategies they employ.

To advance this argument, the article is structured as follows. First, we establish our theoretical foundation by elaborating on the frameworks of emotional labor and the anthropology of self-care. This sets the conceptual stage for understanding both the specific burdens faced

by *acompañantes* and the political significance of their responses. After detailing our feminist ethnographic methodology, we present our findings in two analytical movements. We begin by detailing the invisible burden of emotional labor that renders self-care a vital imperative. We then analyze the repertoire of collective and relational self-care strategies developed to sustain the emotional labor. Finally, we discuss how these practices collectively challenge neoliberal, individualized notions of self-care and articulate a feminist understanding of care that insists on the sustainability of the caregiver.

EMOTIONAL LABOR IN ABORTION *ACOMPAÑANTES*

Arlie Russell Hochschild (1983) coined the term emotional labor to describe the processes occurring in the workplace that "induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (p. 7), and the potential human costs of manufacturing emotion, such as burnout and distress (p. 187). Emotional labor also refers to the regulation of emotions required in jobs involving contact with people, typically in service work through face-to-face or voice-to-voice interactions (Steinberg & Figart, 1999). However, subsequent research has revealed that emotional labor is not inherently detrimental. In fact, it can be a source of work satisfaction and reward (Wolkomir & Powers et al., 2007). These findings suggest that the consequences of emotional labor—whether it leads to worker distress or a sense of accomplishment—depend not on the performance itself but on the conditions under which it is undertaken and the worker's ability to successfully reconcile the demands of the job with their own sense of an authentic self (Steinberg & Figart, 1999).

A thematic review (Riley & Weiss, 2016) identified four key sources of emotional labor: professionalization and gendered aspects, intrapersonal emotion management, collegial and organizational demands, and inadequate support systems. Studies amongst healthcare professionals show they experience widespread emotional labor when managing their own emotions while caring for others, often resulting in negative physical and psychological health consequences (Bagdasarov & Connelly et al., 2013). In the specific case of abortion providers, emotional labor serves an instrumental role in facilitating body work, with providers experiencing unique challenges related to temporality and bodily proximity in their practice, which can create significant psychological burdens (Purcell et al., 2017), as well as offer pleasure and gratification (O'Donnell et al., 2011; Fernández Vázquez & Brown, 2019; Wolkomir & Powers et al., 2007). Studies of emotional work among abortion healthcare providers highlight the need for organizational recognition and support systems to address emotional demands in healthcare settings. (Fernández Vázquez & Brown, 2019; Veldhuis et al., 2025).

However, few studies have examined the emotional labor performed by feminist activists who support abortions outside the healthcare system (Drovetta et al., 2023; Kimport et al., 2024). This emotional labor, even when not explicitly named as such, is a central component of models of autonomous and holistic abortion care based on a feminist ethics of care (Braine & Velarde, 2022; Larrea et al., 2024; Veldhuis et al., 2022a). Yet little is known about the self-care strategies employed by abortion *acompañantes* to manage this emotional labor.

SELF-CARE IN ANTHROPOLOGY

The concept of self-care as an analytical tool in anthropology was developed by Susana Rosenbaum and Ruti Talmor (2022, 2024), to analyze the politics of care through the intersections of the individual, society, politics, and the production of inequalities. They argue that, while anthropology—particularly feminist anthropology—has developed a significant theoretical corpus on care, it had not deeply explored the specific concept of self-care.

According to Rosenbaum & Talmor (2022), self-care can be understood through three distinct lenses: a collective politics of preservation (informed by Black feminism), an individual search for well-being (drawing on Foucault and postfeminism), or a rejection of imposed well-being norms (informed by affect theory), which frames the compulsory pursuit of "happiness" as a form of oppression.

The collective understanding of self-care is exemplified by Black feminism, which frames it as a matter of political resistance and collective survival. This perspective puts "forth a model of selfhood that is insistently relational" (Rosenbaum & Talmor, 2022, p. 364) and acts as a way to "refuse 'not to exist'" (Rosenbaum & Talmor, 2024, p. 208). In contrast, Foucault's (1997) work focuses self-care on the "technologies of the self," which enable individuals to act upon their own bodies and souls governing their conduct according to specific and structural regimes of bodily and personal governance. These individualized behaviors align with what postfeminism describes as "popular feminism"—a form of self-care that reterritorializes patriarchal power onto women's bodies. For example, the beauty-industrial complex produces excessive surveillance of women's bodies, remaking self-care into something that becomes "both production and consumption, both work and leisure" (Rosenbaum & Talmor, 2022, p. 366). These Foucaultian and postfeminist perspectives reinforce the illusion of free choice and individual autonomy, placing the responsibility for care on the individual, who becomes dependent on purchasable wellness services rather than on societal or state support.

In this sense, health systems and technologies have governed well-being, and consequently self-care, under the concept of "biological citizenship" (Rose & Novas, 2005). This concept concerns which bodies are deemed worthy of intervention by public health policies. Rosenbaum & Talmor (2024) provide ethnographic examples such as "the war on fat" or the imperatives of aging (Lamb et al., 2019), along with the technologies deployed to monitor and control bodily processes.

In the case of abortion, "biological citizenship" is manifested in how women are held individually responsible for not becoming pregnant, often without considering the political, social, economic, and moral barriers to contraception or abortion access. In this context, women are expected to "take care of themselves" or practice "self-care" (a phrase literally used to describe taking contraceptives in Spanish-speaking Latin America, *cuidarse*).

This creates an ambivalence. On one hand, health systems promote an individualistic responsibility for women to avoid pregnancy, often without providing contraceptives or guaranteeing free access to abortion care. On the other hand, the abortion accompaniment movement reimagines "self-care" as a collective and empowering practice, where individuals are supported by feminist peers (Bercu et al., 2022), through autonomous health models (Braine, 2020).

In this context, self-care refers to the person undergoing the abortion process with the support of an *acompañante*, challenging the neoliberal notion that self-care must be performed alone. Here, self-care is a direct response to restrictive contexts, occurs outside the formal healthcare system, and enhances the quality of care. However, this application often overlooks the self-care strategies employed by the *acompañantes* themselves, who carry out this demanding emotional labor. Through our ethnography, we argue that the perspective of self-care is especially useful for analyzing the processes of subjectification in relation to the distress experienced by *acompañantes*, and the collective strategies developed to address it.

METHODS

Study setting

This qualitative study was situated in two northern Mexican border states—Baja California and Chihuahua—selected for their contrasting legal landscapes governing abortion access.

At the time of data collection, Baja California operated under a regime of recent decriminalization, having legalized abortion within the first twelve weeks of gestation in November 2021. This shift prompted local accompaniment networks to initiate a strategic engagement with the newly established Safe Abortion Services in two municipalities. In contrast, access in Chihuahua remained severely restricted, permissible only under a narrow set of legal exceptions despite a May 2024 judicial ruling mandating the state's public health services to provide information and access to abortion on request up to 12.6 weeks. This regulatory fragmentation exists within a broader national context in which abortion is profoundly stigmatized (Sorhaindo et al., 2014). Such stigma, compounded by the pervasive reality of gender-based violence—particularly acute in regions significantly affected by organized crime—presents a formidable barrier to safe abortion care.

Data collection

This qualitative study is anchored in feminist epistemology, which recognizes women as producers of knowledge and agents of social transformation. Guided by the principles of feminist ethnography (Davis & Craven et al., 2023), the research focused on fostering horizontal relationships with participants and maintained a critical perspective on power dynamics. This methodological orientation required sustained ethical vigilance, particularly regarding the potential repercussions of participation, and emphasized reflexivity throughout the research process. This entailed a continuous critical examination of methodological choices, a commitment to safeguarding participants' well-being, and the production of situated knowledge (Abu-Lughod, 1990; Haraway, 1988).

Data collection took place between January 2023 and May 2024 through semi-structured interviews with *acompañantes* operating in northern Mexico. Interviews were conducted in Spanish by two researchers: an anthropologist (Bruna Alvarez), as part of a broader investigation on abortion mobilities (Repromob, Ref. PID2020-112692RB-C22) in Chihuahua, and a research assistant (Suzanne Veldhuis) who was also an *acompañante*, as part of doctoral research examining synergies between *acompañantes* and pro-choice physicians (Veldhius, 2025), which allowed for trust to be reached easily. We ensured rigor in data collection, preventing possible gaps in data due to the research assistant's insider knowledge, by periodically discussing data with both authors.

The interview protocol was designed to elicit detailed accounts of participants' care models, their perceived roles within abortion provision, their concrete care practices, the nature of their emotional work, their self-care strategies, and the options for mobility to the United States or other Mexican states to access abortion services. The study received ethical approval from the Comité De Ética Para la Investigación at El Colegio de la Frontera Sur in Mexico and the Universitat de Barcelona in Spain.

All participants provided written informed consent for audio-recorded interviews, which were conducted both in-person and virtually. Interviews averaged 45–60 min in duration and were transcribed for subsequent analysis. In one instance, and at the participant's explicit request, the researchers shared the interview transcript with her, prior to its analysis.

Data analysis

Our analysis is based on 13 interviews with *acompañantes* from Baja California ($n = 9$) and Chihuahua ($n = 4$), and one exceptional interview with a participant from Mexico City, who was included because she spoke specifically about self-care. Participants from Baja California belonged to diverse collectives affiliated with the BC State Network for Acompañantes [Red Estatal de Acompañantes en Baja California], which has operated since 2021. Four of

these participants had previously contributed to a study on the holistic accompaniment model (Veldhuis et al., 2022a). In Chihuahua, while three *acompañantes* were members of different collectives, one participant operated autonomously, outside a formal collective structure.

The analytical process was guided by the self-care framework (Rosenbaum & Talmor, 2022, 2024) as a strategy to address the emotional labor (Hochschild, 1983) associated with the conceptual model of holistic accompaniment (Veldhuis et al., 2022a). We employed a grounded theory approach, utilizing a combination of inductive and deductive coding. A priori themes—emotional work and self-care—were established to guide the initial inquiry. The authors first coded their respective interview datasets independently, generating emergent categories and themes. These preliminary analyses were then subjected to a collaborative review process, whereby the authors examined each other's data and proposed codes, refining categories and thematic constructs iteratively until mutual consensus was achieved. Data organization and management were supported by means of the qualitative data analysis software Atlas.ti and Dedoose.

This process yielded two principal themes elucidating the operationalization of care from a feminist perspective. The first theme, "emotional labor," captures how *acompañantes* experience the processes supporting an abortion. This theme is articulated through the core practices of creating horizontal relationships and providing situated accompaniment. The second theme, "self-care," delineates the feminist reflexive processes through which *acompañantes* navigate the demands of being available to provide support while balancing their own professional and private lives, as a way to guarantee an *acompañamiento* based on holistic care.

THE INVISIBLE BURDEN: EMOTIONAL LABOR AND THE IMPERATIVE OF SELF-CARE

The process of accompanying a SMA involves managing significant emotional labor (Hochschild, 1983). For *acompañantes*, this labor is often invisible and unpaid—they perform it voluntarily as part of their feminist activism—and requires attention, concentration, and, at times, emotional containment; that is, the ability to manage intense feelings. This emotional labor is intensified by the fact that many are juggling paid employment, studies, family responsibilities, and caregiving. The time dedicated to accompaniment is frequently carved out from personal leisure or rest, leading to a high risk of burnout. The need for self-care arises directly from this unsustainable accumulation of demands.

One *acompañante* vividly described reaching a point of exhaustion due to the difficult balance between her salaried job and her activism:

> "There was a time when I did feel a bit burned out, because I was carrying a very heavy workload. I'm an employee, a salaried worker, so I had quite a lot of work. Working… there were times I was still working at home after dark. It was practically living for work during that period. And on top of that, I wasn't saying 'no' to accompaniment requests. So, I would do them very early in the morning, late at night, and I was really saturated. I even had some trouble sleeping. It wasn't until I detected that, that I said, 'Oh, I'm not using the network.' Sisters, this part… but yes, I felt like a pressure cooker. And that brings me back to the part you mentioned, right? So, the emotional aspect is, I believe, an important area that… I would dare to say that, in general, we are not attending to." (CJIVE03)

This account highlights the collision between the temporalities of capitalist labor and feminist care work. The *acompañante* frames her realization as a moment of clarity: she was not

utilizing her feminist network, the collective, as a support system. This points to a crucial aspect of the emotional labor involved: the internalized pressure to be constantly available, and never say "no." The "pressure cooker" metaphor powerfully conveys the cumulative and contained nature of this stress.

The same interviewee also stated that this stress came from the women she was accompanying:

> "Because there have been times when I was under a lot of pressure… And I felt we weren't managing well in that aspect. Of course, the pressure came from the women I was accompanying." (CJIVE03)

In one instance, after receiving the information on how to use the abortion pills remotely, the woman decided to take the pills without scheduling the accompaniment process. The *acompañante* recalled feeling distressed and pressured because this happened during her workday, and she could not leave her job to provide immediate support.

The feeling of being instrumentalized was critically examined by another *acompañante*, who challenged the expectation of unconditional emotional availability:

> "It places us as mere vehicles or objects for other women to have abortions. I am clear that they are the protagonists at the moment of the termination. It is a process, but I don't think we are erased from the process as acompañantes." (CDMX4)

This critique is fundamental, as it challenges the patriarchal logic that often underpins care work—specifically, the expectation of female self-sacrifice, which erases the caregiver's subjectivity. The *acompañante* resists becoming a "mere vehicle" by asserting her presence as a subject within a relational practice. This tension mirrors critiques of the emotional labor expected of healthcare providers in institutional settings, where managing emotions is a professional requirement often met with inadequate structural support (Hochschild, 1983; Purcell et al., 2017). However, a key distinction for *acompañantes* is that this labor occurs outside formal healthcare institutions, and most of them have a feminist network on which to rely for support.

The emotional labor becomes particularly heavy when the pregnancy of the person undergoing the abortion is a result of violence. The relationship of trust built during accompaniment often involves listening to and holding space for traumatic experiences. This exposure to trauma has a direct emotional impact on the *acompañante*, who in turn requires containment herself.

> "Yes, because it's not just about giving the accompaniment, giving the medication like a robot, right? It's about listening, and many times you end up opening up these emotional issues of violence, that's the hardest part. And sometimes the violence within the partner relationship is the reason why the pregnancy occurred." (CJIVE02)

This aspect of the work—acting as a witness to violence—transforms accompaniment into a form of emotional and psychological support that carries a heavy toll. It underscores that the "invisible burden" is not merely about time management but also about the psychological weight of absorbing and managing the trauma of others.

The cumulative weight of this emotional labor makes self-care not merely a beneficial activity but an essential practice for sustaining the work of *acompañantes*.

CARING FOR THE CAREGIVERS: COLLECTIVE AND RELATIONAL SELF-CARE STRATEGIES

The interviewed *acompañantes* describe a repertoire of strategies to ensure self-care. These strategies can be categorized into two main types: first, connecting with others—primarily their feminist networks, but also intimate partners and family; and second, implementing practical measures such as time organization and online accompaniment to manage the demands and risks of their work.

Despite the legal differences between the two states, we did not find differences concerning the burdens of emotional labor and the necessity of self-care. This is in line with previous studies that have shown that *acompañantes* act on the edge of or beyond the law (Braine, 2020) and that their practices are similar across Mexico despite different legal settings (Veldhuis et al. 2022a).

The feminist network: From discourse to praxis

Self-care is a recognized topic within feminist abortion support networks. In fact, the Latin American Consortium Against Unsafe Abortion (CLACAI) developed a self-care protocol for *acompañantes* and healthcare professionals (Grupo AAPAAS, 2022). However, despite the existence of such protocols and the fact that self-care is addressed in trainings provided by feminist groups, *acompañantes* do not always integrate these practices into their daily work.

The same *acompañante* who felt like a "pressure cooker" pointed out a common contradiction: while self-care and the use of the network are often discussed in feminist formations and discourse, they are difficult to put into daily practice.

> "However, the particular emotional part, well, I think we name it in training and in the narrative, in the discourse, and it stays there, right? I don't… I think in these groups we don't talk about how I feel, about… 'I'm feeling pressured.'" (CJIVE03)

This gap between discourse and practice highlights a challenge within social movements: the conceptual embrace of care principles does not automatically translate into embedded, operationalized support systems. However, feminist activism itself provides the tools to reconstitute accompaniment practices when they generate distress. Situations of feeling "pressured" can trigger a reflexive process regarding the nature of care, fostering a conscious awareness of the need for self-care strategies.

One *acompañante* articulated this reflexive turn as a political awakening:

> "Well, one [thing] that has to do with something that, for me, has become increasingly important to observe, name, and put into action is care. Care for the women I accompany, but also for myself. (…) Also, from the perspective of how I live my feminism, for me, the idea of thinking of ourselves only as vehicles, stripping away our status as women and subjects, is something that I think generates a lot of exhaustion. Because then we just continue perpetuating this whole thing about sacrifice" (CDMX4).

Here, self-care is consciously activated as a political practice emerging from feminist reflexive practice. It is a direct resistance to the patriarchal concept of the sacrificial woman and

challenges the obligatory nature of care work traditionally assigned to women (Gilligan, 1982; Tronto et al., 1993). This aligns with Black feminist tradition that frames self-care as a political act of survival and a refusal to be erased (Rosenbaum & Talmor, 2022), particularly for individuals whose social worth is contingent solely upon their utility as laborers or caregivers, and who are otherwise rendered invisible (Rosenbaum & Talmor, 2022).

In most interviews, the primary source of containment for the *acompañante* is the feminist collective. Beyond practical support, the very sense of belonging to a broad community of solidarity constitutes a form of care in itself.

> I think there are many more acompañantes now, and besides, I live in Mexico City, which also provides a different context. There aren't so many acompañantes who are addressing this more emotional aspect. So, I tell myself, "'Well, if there are so many wonderful acompañantes, why should I be losing sleep to support someone when another acompañante can do it?' That has changed" (CDMX4).

This testimony exemplifies the mostly informal networks of the accompaniment movement across Latin America. Although *acompañantes* may work alone or in small feminist collectives, they are connected with other activists, groups, and organizations both locally and in other states or even countries. They commonly share experiences and knowledge through meetings, conferences, trainings, and exchanges, both online and in person.

An example of this is how this *acompañante* envisions this community:

> "The one who accompanies me, when I have a doubt, she is from another network, I mean, it's like these groups I have generated, her, and her with her other networks, the other groups or people she knows. So yes, in terms of network, I perceive it as broad, quite broad. Because we have all occupations and professions in those groups. So, it's very rich and nourishing." (CJIVE02)

This description evokes a decentralized, rhizomatic model of support that transcends individual collectives, connecting to a wider Latin American network of abortion support. This network functions as a safety net, allowing *acompañantes* to redistribute tasks. If one cannot continue, she can pause temporarily or refer contacts to other activists who are in a better position to provide accompaniment. In this sense, the feminist practice of accompaniment surpasses the individual bodies of the *acompañantes*, constituting collective bodies of feminist praxis. The emotional labor performed by *acompañantes* is sustained by their feminist companions. This resistance, like that of Black feminists (Rosenbaum & Talmor, 2022, 2024), is achieved by caring for the caregiver, thereby preserving not only the individual subjectivity of the *acompañante* but the entire movement of activists supporting abortion. Thus, self-care acquires a meaning of community and feminist political resistance. Abortion accompaniment is much more than a practice of voluntary pregnancy termination; it is a political practice of relation based on mutual care and self-care.

Intimate Alliances: The role of partners and family

Many *acompañantes* must reconcile their activism with paid work and family obligations. This requires support from their intimate networks, not only to make the logistics possible but also to provide emotional sustenance. Having a caring partner or family member thus becomes a key self-care strategy.

One interviewee, who lived with her partner and their eight-year-old son, highlighted her partner's crucial role caring for her son while she was carrying out the processes related to the *acompañamiento*:

> Researcher: You were mentioning that you live with your partner and your children. Does your partner know you do this accompaniment work, and does he help you manage when you are accompanying?
>
> Acompañante: Yes, that's why he's my partner. (Laughs). He knows it's something important, and that it's something [that many women] don't have access to. And he told me clearly, 'I support you.' (…) And he also provides containment, listening to me, saying things like: 'Hey, calm down.' While I accompany, he also accompanies me, and that's necessary. Otherwise, it would be more draining. I mean, it is draining in itself, but it would be much more [so]. Of course, because you also come across stories that can be complex. So, you also need a bit of emotional containment (CJIVE02).

This "accompaniment of the *acompañante*" within the intimate sphere is vital. It represents a micro-level application of the ethics of care, where the *acompañante's* need for support is recognized and valued. Literature on social movement sustainability often overlooks this intimate, domestic support system, yet it is a critical factor in preventing activist burnout (Bobel, 2007).

Another *acompañante* spoke about the evolving role of her mother, who initially struggled with her daughter's activism due to religious beliefs but eventually became an ally.

> "At home, it was hard for my mom at first because she was very religious. Now she has toned it down a bit, but at first it was like, 'Oh, are you sure you want to do that?' Now, she even asks me how my friends from the collective are doing. It helped a lot that she realized I truly enjoy what we do. (…) They even end up becoming our publicity because the other day my mom [found out a girl wanted an abortion], 'Oh, do you need an abortion?' [and she connected her with us] (laughs)." (BCMX1)

This transformation illustrates how self-care can also involve the patient work of educating and integrating one's family into the political project, thereby creating a supportive environment that extends beyond the immediate feminist circle.

LIMITING TIME AS A POLITICAL PRACTICE

In the context of abortion accompaniment, the time-sensitive nature of the process often requires *acompañantes* to act swiftly, as most care seekers cannot endure long waits. This reality generates diverse logistical strategies, with self-care emerging as a central, yet variably enacted, principle. While many operate under the pressure of immediacy, some *acompañantes*—constrained by personal and professional responsibilities—develop highly structured plans as a vital self-care strategy to manage the emotional and practical load. The following case exemplifies this approach, showcasing how one *acompañante* strategically organizes her time well in advance, deliberately placing both care for the seeker and self-care at the center of her practice, particularly for demanding in-person processes.

> *Researcher: "And you, as an acompañante, obviously you also need to leave your own things to go do these accompaniments, how do you organize it?"*
>
> *Acompañante*: "*Well, that's it, you have to start like a month in advance or, at the latest, I think two weeks. You have to think about how to fit this in: 'This day I should keep free.' So, it's like… well, I feel the responsibility to provide a safe accompaniment, right? When I go to work, someone has to cover my shift, for example. But yes, it's heavy. Providing accompaniment is something difficult that not everyone is willing to do*". (CJIVE02)

In this case, the particular *acompañante* had a job that offered some flexibility to accommodate pending accompaniments, but this advance planning and the abortion seeker agreeing to wait between two weeks and a month to start the process. Often, this logistical reality also requires managing the expectations of the individual seeking an abortion, as once the decision to terminate is made, there is often a strong desire to complete the process quickly. However, as exemplified by this case, the procedures themselves are not always immediate. In this sense, clear communication about the timeline is essential:

> "Yes, because the entire process, from agreement to completion, generally takes about three weeks to a month. It's not like, 'You show up today and I'm doing it [the accompaniment] tomorrow.' No, it's a whole process: securing the medication, ensuring she has a safe space to go through with it, and coordinating the other people who will be accompanying her, besides me. It's an entire logistical process, you know?" (CJIVE02)

For this specific *acompañante*, careful time management was essential for conducting a holistic accompaniment, one that prioritizes care and ensures a safe process for everyone involved.

However, managing this time is not straightforward. The *acompañantes* often grapple with the feeling that they should be constantly available to respond to messages, yet such constant availability could ultimately compromise the quality of care they provide for the abortion processes themselves. As one of the interviewed *acompañantes* described, she initially felt she had to always be on-call. However, she later engaged in a reflexive process to establish boundaries, determining which situations required an immediate response and which messages could be answered at a scheduled time:

> "As acompañante, I used to feel I had to respond to every request, at all times, no matter what I was doing; there were no set hours. And it's true that when someone is going through the interruption in the middle of the night, you are there for them in the middle of the night. But I've also come to realize that there are moments when it's okay not to respond immediately. For example, if we're just at the initial stage of providing information, I don't think I need to be texting you at midnight. It's not an easy shift to make; it requires a complete mental reframing, and it's something I've been working on a lot." (CDMX4)

This time management strategy is highly dependent on the specific stage of the accompaniment process. This *acompañante* argues that providing general information at midnight is unnecessary, as such nonurgent requests can be scheduled for a more appropriate time. This self-care strategy prevents emotional exhaustion and protects her personal time, ensuring her own well-being is sustainable.

ONLINE ACCOMPANIMENT AS A PROTECTIVE MEASURE

In contexts where abortion is legally restricted or highly stigmatized, self-care is directly linked to the safety of the *acompañante*. Even in settings where abortion has been legalized, such as Argentina, *acompañantes* still risk criminalization—for example, under charges like the "illegal practice of medicine" (Drovetta et al., 2023). These authors propose specific self-care practices to safeguard *acompañantes*, which can range from "using burner phones, code-words for abortion pills, using 'filters' to assess who they can safely support, and destroying records" (p. 2).

The participants described several safety-oriented self-care practices. A key strategy mentioned by many was a preference for providing accompaniment remotely, which served as a crucial measure for their own personal security. One *acompañante* interviewed in Ciudad Juárez explained:

> Researcher: "I see. And so, the women… because you provide support, I mean, do you accompany them in person, online, or… how do you do it?"
>
> Acompañante: "Generally online. In fact, the standard recommendation, which is also in some of the manuals that have been created as a key point of discussion, is that we protect our identities as much as possible. Yes, even because of the risk of reprisals; I, personally, have received threatening messages. So, for that reason, it's generally done through Signal, Telegram, WhatsApp, or a phone call." (CJIVE03)

This *acompañante* highlights that self-protection is an integral component of their protocols and training, acknowledging the risk of violence and threats that may come from various sources—including care seekers' partners or antiabortion groups. For this *acompañante*, the primary strategy for ensuring safety is to conduct accompaniments online.

Veldhuis et al. (2022c) analyze how *acompañantes* safeguard their own security and that of the individuals they support. They identify several interrelated dimensions of safety: first, the legal risk of operating in a restrictive environment, as was the case in the state of Chihuahua at the time of this interview; second, the physical risk faced by *acompañantes*, as evidenced by testimonies of receiving threatening messages; and finally, the risk of emotional burnout. Their ethnography also describes the use of mobile phones and online accompaniment as key protection strategies. In this sense, self-protection functions as a form of self-care—an essential component for ensuring holistic safety within the practice of abortion accompaniment.

CONCLUSIONS

This ethnographic study with abortion *acompañantes* in northern Mexico reveals the significant, and often invisible, emotional labor (Hoscchild, 1983) inherent to holistic abortion accompaniment creates an imperative for self-care (Rosenbaum & Talmor, 2022). Far from an individualistic concern, self-care practices are linked to the sustainability of feminist activism. Our findings illustrate a repertoire of integrated self-care strategies that form a core part of the *acompañantes'* praxis. These include the collective preservation found within feminist networks, the crucial support of intimate alliances with partners and family, the conscious organization and limitation of time to resist the logic of self-sacrifice, and the reliance on remote accompaniment as a non-negotiable form of self-protection. Together, these

strategies constitute a feminist praxis that directly challenges neoliberal and individualized notions of self-care. In a manner resonant with the Black feminist tradition of resisting the imperative "not to exist" (Rosenbaum & Talmor, 2022, 2024), *acompañantes* frame self-care as a matter of political resistance and collective survival—a refusal to be erased or consumed by their work. In doing so, they not only ensure their own well-being but also actively protect the broader movement for abortion access.

Future research could build on these findings by exploring the dialectical nature of emotional labor in abortion accompaniment more fully. While this study focused on the burdens that necessitate self-care, a longitudinal investigation could examine how the empowering and rewarding dimensions of this work (Kimport et al., 2024) might interact with and potentially buffer against emotional exhaustion (O'Donnell et al., 2011). Further inquiry could also trace how these specifically feminist models of collective self-care travel to and are adapted by other movements facing high-stakes emotional labor, contributing to a broader theory of sustainable activism.

In conclusion, this article contributes to recognizing the emotional labor faced by *acompañantes* and to reimagining a feminist ethics of care that explicitly includes the caregiver. It demonstrates that, in the face of structural violence, stigma, and patriarchal demands, self-care is an essential strategy for safeguarding the integrity of the care ethic and the holistic model of *acompañamiento*. Ultimately, for these activists, caring for oneself is an indispensable part of caring for the collective.

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All conflicts of interesst, or none, on submission.: The authors have no conflicts of interest to disclose. No financial or personal relationships with other people or organizations have inappropriately influenced or biased this research.

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ETHICS STATEMENT

Details IRB or equivalent approvals or exemption from review, ethical treatment of human and animal research participants, and gathering of informed consent, as appropriate

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