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Exploring Webs of Care: Social Love Within Women's Movements

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Abstract

Drawing on 13 women's struggles in Bangladesh, India, Nepal and Pakistan, this paper conceptualises care as social love underpinning the everyday work of organising and movement-building. The paper explores who provides social love, for whom, and under what conditions, revealing infrastructures that sustain collective action. Moving beyond care as a unidirectional or dyadic relationship between giver and receiver, the paper shows how care as social love reveals fluid, nested dynamics, with actors continuously shifting roles and often occupying both positions. Engaging with Tronto's phases of care, the paper highlights that these phases rarely unfold sequentially; instead, they overlap, collapse into one another, or reappear in response to changing needs. The paper also demonstrates how care is spatially dispersed within movements, across digital platforms, informal gatherings and interpersonal relationships. These three dimensions (fluidity of care roles; non-linearity of care; spatially dispersed care) constitute the 'webs of care', which function as ongoing, overlapping networks that build and sustain movements in times of backlash, fragmentation, or fatigue. In so doing, the paper argues that care as social love brings out messy, fluid and collectively situated processes. It contributes to feminist social movement theory by positioning social love as central to organising and sustainability and to care ethics by expanding the temporal, spatial and relational dimensions through which it is practised.

Keywords: social love; care ethics; women's movements; feminist organising; collective care; Bangladesh; India; Nepal; Pakistan



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1. Introduction

Scholarly and activist accounts of women's movements have often foregrounded visible forms of political action, such as protests and campaigns, discursive strategies, or the formal structures of resistance. Less attention has been paid to the everyday practices through which movements are sustained over time. Yet feminist organising depends not only on mobilisation but also on ongoing forms of care: the practical, emotional and relational work through which activists support one another, maintain participation and continue collective efforts. Care, as we define it in this paper, follows the tradition of

thought set forth by Tronto (1993) and Gilligan (1982) of care as an ethic—in this conceptualisation, relational and interdependent worlds are made possible because of care. Care is then the mechanism through which solidarity is built and maintained in social movements (Santos 2020).

While recent scholarship has begun to recognise the role of care in social movements (see Milan and Martini 2024; Papineau 2024; Santos 2020; Tungohan 2023; Wrigley 2026), care is still frequently treated as supportive or ancillary rather than as integral to organising itself. This paper addresses this lacuna by examining how care operates within women's movements and exploring what becomes visible when care is centred in feminist organising.

In order to conceptualise the role of care within women's movements, we use the framework of social love. Social love is theorised as a form of relational and collective action that exceeds logics of reciprocity, obligation and instrumental exchange (Cataldi and Iorio 2023). It is characterised by four dimensions of overabundance, care of others and the world, universalism and recognition of others, which we show, echo care practices within movements. Therefore, care practices, when expressed as collective care, emerge not only as emotional labour but also as central to maintaining communal life and enabling political action.

We place this analysis in dialogue with Tronto's influential processual model of care. Tronto's framework—caring about, taking care of, caregiving, care-receiving and later caring with—has been central to feminist political theory for linking care to democratic practice (Tronto 1993, 2013). In this paper, Tronto's phases serve as an important point of reference for thinking about how care is recognised, organised, enacted and responded to. At the same time, we suggest that a phase-based presentation of care raises analytical questions when applied to movement contexts, where care is often embedded in ongoing collective relations rather than discrete moments of need and response. These tensions motivate our use of social love through which to reconsider how care circulates within feminist organising by asking who provides care (social love) in feminist movements, for whom, and under what conditions. Framing care as social love allows us to approach care not only as an interpersonal relation but as part of the shared work of maintaining collective worlds. It also opens space to question conceptualisations of care that rely on distinctions between giver and receiver or that treat care as a bounded, need-responsive act.

Through this paper, we argue that care as social love is explicitly political, relational and collective. It generates and activates movement-building processes and strengthens bonds of solidarity. Our empirical material thereby highlights that care as social love is essential for the movements to exist, to function and to sustain. This is in line with the suggestion that love is a practice of freedom (hooks 1994), and that love and self-care is political warfare (Lorde 1988). These accounts and the social love framework both show that collective and political care is constitutive of social movements rather than merely supportive of them.

The understanding of care as inherently generative and politically consequential exposes, we argue, the limits of Tronto's (1993) sequential and role-differentiated framework. When care is unconditional and exceeds expectation, caring identities coexist and shift rather than occupying fixed positions; when it is non-transactional and generative, it circulates and regenerates rather than progressing through discrete stages; and when it addresses the stranger and subverts in-group logic, it operates across communities and publics rather than within bounded relationships. These three blurrings of actors, time and space do not invalidate Tronto's contribution but mark precisely where social love, as a framework, extends it—revealing what we term 'webs of care'.

Our contribution is thus to add to the nascent literature on social love (Cataldi and Iorio 2023) and on collective care (Tronto 1993), showcasing through our empirical material how care as social love operates within feminist organising. We also note that our argument resonates with emerging work on care in activists' contexts, including Papineau's (2024) claim that activist work should be understood as care work and that labour in grassroots movements encompasses both frontline resistance and the often-unseen practices that sustain activist communities. We extend this line of inquiry by theorising care through the framework of social love.

The article proceeds as follows: After detailing the methodology for data collection and analysis for this paper, we discuss the concept of social love and feminist literature on how care is framed, engaging critically with Tronto's phases of care. The remainder of the paper examines how care as social love is enacted within 13 women's movements operating in four countries. We do this through discussing three dialectics that take place within our 13 struggles: who provides care for whom; when is care provided, and where is care provided. We conclude that acknowledging the fundamental role that care plays as the sustaining force of movements can open up new possibilities for them. This recognition can foster deeper collaboration, promote wellbeing among participants, and create more sustainable approaches to activism, ultimately strengthening the effectiveness and reach of those movements.

2. Methodology

This paper draws on data collected under the ambit of the 'Sustaining Power: Women's struggles against contemporary backlash in South Asia' (SuPWR) project (2020–2026) in Bangladesh, India, Nepal and Pakistan. Our main research question in this project asks what strategies have been successfully adopted by 16 women's struggles to counter backlash in these countries, with our initial selection criterion being feminist struggles that had achieved successes while still facing backlash. While we did not set out to collect information on care, this theme emerged organically during data collection—primarily within open-ended panel interviews with movement leaders.

In response to early mentions of care as one of the strategies, we developed specific yet still open-ended questions (on this issue, amongst several others), which we then tracked across our longitudinal panel with two to four leaders of each of these struggles. We also conducted in-depth interviews with struggle participants, with allies and with founder leaders. Across 16 movements, this generated 494 interviews in total (158 women participants; 91 allies; 47 non-panel leader interviews; 33 oral history interviews; and 165 panel interviews with leaders).

Participatory and feminist design was central to our research, and we accordingly developed exercises (on care amongst other themes) and recorded participant observations in two reflective workshops with each struggle (in Years 2 and 4 of the research), plus a Year 3 workshop bringing together all 16 struggles. These reflective workshops relied on methods and tools developed in the 'Theatre of the Oppressed' tradition and allowed us to understand both what was said and the ephemeral, hidden transcripts (cf. Scott 1990) of care and love within the struggles.

Data analysis was carried out through first developing a coding framework (in which care was one of the codes) and then coding all our empirical material (including all interviews and observations from the reflective workshops) against it. Only at the analysis stage for this paper did it become clear that most of our coded materials (including panel interviews, observations and strategy maps) relating to care were from 13 struggles—and this is the data that we have used here. In that sense, our case selection for this paper out of the total 16 struggles was comprehensive, covering all 13 struggles that both articulated

and practiced care as a strategy for countering backlash. We present the names of these 13 movements, the country they are based in, and the main thematic area of each of these movements in Table 1 below. An interesting realisation during the analysis phase was that the three struggles for which we had no care-related material were either coalitions of organisations or NGOs with loose social bonds among members.

Table 1. The 13 women’s movements.

Struggle	Country	Thematic Area
Right Here Right Now (CSE)	Bangladesh	Comprehensive sexuality education
Trade Union (TU)	Bangladesh	Garment workers’ rights
Bharatiya Muslim Mahila Andolan (BMMA)	India	Muslim women’s rights
Community for Social Change and Development (CSCD)	India	Rights of informal women workers
Kotra Adivasi Vikas Manch (KAVM)	India	Adivasi women’s political participation
Samarthan Mahila Sangathan (SMS)	India	Violence against women
Girls Rights Forum (GRF)	Nepal	Adolescent girls’ rights
Jagriti Mahila Maha Sangh (JMMS)	Nepal	Sex workers’ rights
National Alliance of Women Human Rights Defenders (NAWHRD)	Nepal	Women human rights defenders (WHRDs)
Nepal Mahila Ekata Samaj (NMES)	Nepal	Women’s land and housing rights
Aurat March (AM)	Pakistan	Intersectional feminist justice
Hazara Women (HW)	Pakistan	Hazara women’s rights
Home-Based Women’s Workers’ Federation (HBWWF)	Pakistan	Home-based workers’ rights

An important analytical step was to discuss observations and recollections of care practices with all members of the four in-country research partner teams. Although representatives of these teams sat on our writing team, we deliberately consulted the full teams for each struggle to ensure space for reflexivity on this subject. Given the tacit nature of care relations, we also had several team meetings to make sure all data was triangulated and privileged activists’ voices.

3. Care as Social Love: Key Concepts

Care has long been a foundational concept in feminist theory. When conceptualised as an activity, care involves meeting the daily needs of dependents both through direct personal and relational activities and indirect care work that involves activities like cooking and cleaning (Addati et al. 2018), and water and fuel collection (Chopra and Zambelli 2017). The care economy, comprising both paid and unpaid care work, has received a lot of attention in recent scholarly and policy discussions as being feminised, unrecognised and undervalued (Elson 2017; Folbre 2001) and the disproportional responsibilities on women and girls causing their mental and physical depletion (Chopra and Zambelli 2017; Rai 2024).

A parallel tradition frames care as an ethic (Gilligan 1982; Tronto 1987), a form of emotional labour or investment (Ahmed 2004; Nadasen 2023), a practice through which relational and interdependent worlds are made (Tronto 1993) and as “the foundation of relational wellbeing—of living well together” (Eyben and Fontana 2011, p. 12). Some scholars emphasise care as a democratic practice (Tronto 2013), while others caution that care can obscure exploitation, reinforce unequal obligations and naturalise women’s responsibility for sustaining others (Bubeck 1995; Folbre 2001). Postcolonial critiques further demonstrate how care relations are shaped by race, class, citizenship and other axes of power, impacting who is expected to care, for whom and under what conditions (Duffy 2005; Glenn 2010; Narayan 1995). Nadasen (2023), in her critique of care under capitalism, also offers the alternative of a ‘truly caring society’, where care is rooted in community, i.e., mutual obligations, relationships and collective survival; rather than waged labour or for-profit services.

A common thread that runs through this work is that care stands in opposition to liberal political traditions that prioritise autonomy and individualise responsibility. This paper takes this meaning of care precisely as collective, relational and political through examining the role that care plays in feminist organising.

3.1. Care in Feminist Organising

Within social movement scholarship, care has been increasingly recognised as key to movement sustainability, mutual aid and resistance to burnout (see Bond et al. 2020; Chatzidakis et al. 2020; Duffy 2010; Papineau 2024; Santos 2020). Yet even where care is acknowledged as important to movements, there is limited focus on care as a form of political practice deserving analytical attention in its own right; instead, it is often framed as the emotional and relational work that happens in the background so that the work of organising can proceed. Drawing on Williams’ (2016) critique of the care-justice binary, we approach care not as a private or secondary concern but as integral to how movements function and persist. Williams’ (2016) concept of ‘care-full justice’ highlights how frameworks that privilege formal claims or episodic mobilisation risk overlooking the ordinary practices through which justice is pursued and sociality is enacted in everyday contexts. This risk is particularly acute for feminist organising, where much of the work that sustains movements occurs outside formal arenas of protest.

The most influential and indispensable attempt to theorise care as both relational and political remains Tronto’s (1993) framing of care. Tronto insists that vulnerability and interdependence are universal human conditions, and that care, understood as “everything that we do to maintain, continue and repair our world so that we can live in it as well as possible” (Tronto 1993, p. 103), is accordingly central to any serious account of justice and democratic life. Her framework describes four phases: caring about (attentiveness to need), taking care of (assuming responsibility), caregiving (competent practice) and care-receiving (responsiveness to care provided). In *Caring Democracy*, Tronto (2013) added a fifth phase, caring with, to accommodate more participatory and democratic forms of care, responding in part to the increasing commodification of care under market logics, wherein market arrangements had come to determine how care operated rather than any sense of shared social and moral responsibility. This framework insists on the political stakes of care, refuses to confine it to the private sphere, and establishes its fundamentally relational character.

Yet the framework has limitations, and these limitations are instructive. Feminist critics have noted that acknowledging power imbalances within care relations is not the same as theorising them adequately. Bubeck (1995) argues that care ethics romanticises what is in practice exploitative labour; Kittay (2001) presses further on the emotional costs

of caregiving, including burnout, resentment, exhaustion; and Folbre (2001) shows how emotional attachment functions as a mechanism of exploitation in what she calls ‘prisoner of love’ dynamics. These critiques point to a shared concern: that care can inadvertently naturalise the very burdens it seeks to name. Other scholars extend this further, arguing that the problem is not only one of romanticisation but of structural invisibility. Glenn (2010) shows that care work is socially stratified along lines of race class and citizenship, with the most intimate and least valued forms of care disproportionately performed by marginalised women; Duffy (2005) shows that this stratification follows predictable lines of race and class. These scholars suggest that Tronto’s framework requires a more robust analysis of how systemic oppression shapes who cares, for whom, and under what conditions.

It is Narayan (1995) who points more directly towards what a different framework might require, arguing that within justice movements, care and struggle are not separable and that “struggles for greater justice may foster more adequate or richer forms of care and that in others, the cultivation of a care perspective might foster enhanced forms of justice” (Narayan 1995, pp. 138–39). This exploration of care and social justice organising is also central to abolitionist and transformative justice literature, including disability justice literature, for example, in Hayes and Kaba’s (2023) book on care, solidarity and movement-building. Harsha Walia’s afterword to this book emphasises how “collective liberation necessitates collective care” (p. 187), urging the building of movements where actors are “emancipated, rather than alienated” (p. 187), so that they may continue to subvert dominant systems of power. We take this as our starting point: care within justice movements may exceed what existing frameworks, developed primarily in domestic and institutional contexts (Folbre 2001; Razavi 2007), were designed to theorise.

Our own critique of Tronto’s processual model builds on the implication of this and is directed at three specific points that become visible when her framework is brought into conversation with women’s movements. First, we find that the five phases of care maintain a binary between the giver and receiver, which may not hold true within movements, where roles are blurred and often held simultaneously. Second, while Tronto defines the phases of care as ‘interconnected’, the presentation of discrete phases obscures how activists engage in fluid caring relations that circulate across members rather than flow unidirectionally—relations in which vulnerabilities are continuous triggers for care rather than needs definitively resolved. Lastly, care in feminist organising is not anchored solely in the interpersonal. It moves outward through networks, across organisational boundaries, and forward through time to future participants who do not yet exist, operating as a force that exceeds the private, familial, or dyadic register in which care has typically been theorised.

However, these are not failures of Tronto’s model in its own terms. Instead, they reflect a structural gap between what the framework was designed to do and what this paper requires: a framework capable of analysing care that is inherently collective, explicitly political and generative of new social relations. We turn thus to the concept of social love (Cataldi and Iorio 2023), which offers the analytical tools to understand how care sustains, constitutes and politically animates feminist organising.

3.2. Care as Social Love

As discussed above, scholarly engagement with care has generated a rich body of work across ethics, political theory and feminist thought. Care has been theorised as moral orientation (Gilligan 1982; Noddings 1984), as political practice (Tronto 1993, 2013), as labour (Hochschild 1983; Folbre 2001), and as the affective infrastructure of social reproduction (Fraser 2016). We extend these traditions by drawing on the emerging

framework of social love (Cataldi and Iorio 2023) to conceptualise care within women's movements as a collective, political and generative practice.

Social love is defined as “an action, relationship, or social interaction in which subjects exceed (in giving, in receiving, in not giving or not doing, in neglecting) all their antecedents and therefore offer more than the situation requires in order to make benefits” (Cataldi and Iorio 2023, p. 1). Two features of this definition deserve emphasis. First, it encompasses not only active giving but also restraint: the choice not to retaliate, not to return an insult, or not to act when action would be expected. This dimension of non-action is significant for movement contexts, where the decision to absorb hostility or to step back so that others can step forward constitutes an important but often invisible practice of care. Second, the definition links social love specifically to agape, understood as the unconditional, non-calculative orientation towards the other that is indifferent to merit and demerit (Cataldi and Iorio 2023). Agape, as Nardi (2024, p. 3) notes, “transcends mere reciprocity and extends towards unconditional and sacrificial love”, positioned outside the dichotomies of selfishness and altruism. While the concept draws on a broader genealogy from Plato's eros through Aristotle's philia and the sociological contributions of Simmel, Weber and Sorokin (Cataldi 2023), it is the agapeic tradition that gives social love its distinctive character through unconditionality, refusal of calculation and orientation towards the other when that other is radically different.

This genealogy challenges the long-standing association of love with the private and the intimate, recovering love as a fundamentally social and political force. Krystalli and Schulz (2022) argue that love and care should be approached as practices and potential sites of politics, while warning that framing them as feminine traits or private virtues risks depoliticising structural violence—a risk particularly acute in contexts where care work is perceived as menial and disproportionately assigned to women (Puen and Sanchez 2023; Tronto 2013). Social love is built to resist this risk: it insists that recovering love's public, civic and political dimensions is essential to understanding how collective life is made and sustained. Cataldi and Iorio (2023, p. 12) argue that social love is the “space of criticism par excellence” because actors engage in concrete historical practices that oppose the competitive logic of the world. Krystalli and Schulz's (2022) intuition that love and care carry political force finds in social love an analytical structure capable of specifying how this force operates.

Social love is organised around four dimensions: overabundance, care of others and the world, universalism, and recognition of others. It is the combination and co-presence of these four dimensions that makes social love analytically distinct from other forms of affection such as attention, compassion or respect (Cataldi and Iorio 2023; see also Montagna 2023).

Overabundance refers to actions that exceed what is socially expected, demanded or reciprocated. It distinguishes social love from utilitarian exchange and from the logic of the gift. As Mauss (1999) argued, the gift is never free; it creates moral obligations of reciprocity, binding social actions through the imperative to give back. Social love, by contrast, operates outside this economy entirely, “starting from itself and for itself without interest, return, accounting or justification” (Cataldi and Iorio 2023, p. 12). In this sense, it is distinct from professional care bounded by duty, or from charity organised around hierarchical benevolence (Cataldi 2018; Iorio 2017). It is also important to note that social love is distinct from solidarity, though the two are related. Cataldi and Iorio (2023) argue that solidarity can imply adherence to a shared status or the esteem of others—it can remain bounded by in-group identification. Social love can generate solidarity but exceeds it through universalism and unconditionality. Within feminist movements, overabundance captures the support activists offer one another not because movement norms require it,

not in expectation of reciprocation, but because they are moved by shared vulnerability and shared purpose.

The second dimension, care of others and the world, anchors the concept ethically. Overabundance alone is insufficient; social love must produce concrete benefits to others, prioritising their wellbeing rather than serving the needs or self-image of the actor (Cataldi and Iorio 2023). This criterion matters because a language of love or care can be appropriated to justify paternalistic or self-serving interventions. What appears as overabundance may in practice be suffocating or patronising. Social love extends care beyond the interpersonal to encompass shared institutions, nature, future generations and the conditions under which collective life is possible—what Campello (2023, p. 147) describes as social love as “world care”. For the movements in our study, this world-orientation is not metaphorical: the movements care not only for individual members but for organisational infrastructures, for the intergenerational transmission of knowledge, and for the conditions under which future activists will be able to act freely and safely.

Universalism, the third dimension, refers to the extension of care beyond one’s primary relationships to those who are radically unknown, different, or geographically and culturally distant. Cataldi and Iorio (2023) argue that at the root of this universalism is not an abstract ideal of humanity but the awareness of shared fragility that pushes one beyond one’s own consolidated experience and conventional rules. This universalism has concrete political implications: it is what enables care to function as solidarity across difference, across ethnicity, class, nationality and generation, rather than as the reproduction of existing in-group bonds. Where overabundance names care that exceeds expectation, universalism names care that exceeds the boundaries of who is included.

The fourth dimension, recognition of others, is a quality of relation that “enhances rather than flattens differences by allowing people to be themselves in a stranger” (Cataldi and Iorio 2023, p. 14). This dimension treats others as concrete, historically situated, unique and unrepeatable persons, and seeks forms of co-belonging that allow subjects to remain themselves. Recognition is not primarily a moral achievement but an ontological condition, the ground on which subjects come into being through relation rather than prior to it. This is expressed in the Mayan philosophy of In Lak’ech, “I am another you, as you are another me”, which Calvo Quirós et al. (2023, p. 309) present as a collective agreement of mutual recognition. Harm done to the other is harm done to oneself, because the self is constituted through relation. The African Ubuntu philosophy and the Kayapó kukràdjà offer parallel philosophies, each insisting that personhood is relational and communal (Calvo Quirós et al. 2023, pp. 304–10). These Southern epistemologies move recognition from a politics of acknowledgement to a politics of transformation, from recognising who others are to restructuring the conditions under which recognition becomes possible.

Taken together, the four dimensions make the case for reading care as a collective and political practice rather than as a bounded, need-responsive act. Social love operates, in Blumer’s (1954) terms, as a ‘sensitising concept’ that arises from the perspective of social actors to open new lines of investigation. Rather than imposing a fixed definition onto the movements we study, social love directs our attention to forms of care that might otherwise remain analytically invisible.

This understanding runs through a broader feminist and decolonial tradition. hooks (1994) argues that love is a practice of freedom oriented towards the dismantling of domination; Lorde (1988) frames self-care as political warfare; Sandoval (2000) theorises love as a hermeneutic technology capable of generating oppositional consciousness and social change. Doetsch-Kidder (2012) demonstrates that among intersectional activists, love, expressed as self-respect, compassion, connection and commitment to the world, is what generates and sustains collective action through disappointment, conflict and exhaustion,

suggesting that love is both the source of activist vulnerability and the resource for endurance. What these accounts share is the insistence that love, enacted collectively and politically, is constitutive of resistance and transformation rather than merely expressive of personal feeling.

Within social movement scholarship, [Scribano \(2023\)](#), writing from Latin American movement contexts, shows that the love animating families, mothers and allies constitutes a shared energetic source through which movements act against social violence. Similarly, [Pleyers \(2023, p. 137\)](#), applying the social love framework to movements during the pandemic, argues that mutual aid and care among activists constitute “a fundamental part of activism and a crucial contribution of contemporary popular movements” rather than a secondary support to protest. Social love gives analytical form to what both feminist theory and movement scholarship point towards: that care, enacted collectively, is constitutive of justice movements rather than merely supportive of them. Framing care as social love therefore allows us to see it as collective work, not just an interpersonal act.

4. Webs of Care: Care as Social Love in Practice

Having established the theoretical framework of ‘care as social love,’ this section now turns to its practical application. Through the testimonies of women activists across 13 struggles, we explore how social love transitions from an abstract concept to a tangible, living practice. Our interviews reveal a complex ecology of support—what we term webs of care.

These webs of care are defined by three dimensions: fluid roles, non-linear processes, and dispersed locations. The fluidity of roles comes from the blurred identities of who gives and who receives care in the movements—as explained in [Section 4.1](#). [Section 4.2](#) examines the second dimension of the care webs, showing that care-giving is non-linear in the sense of when care is activated and sustained. The third dimension of the webs of care is that of spatial dispersion of care, across public–private domains, informal and formal spheres, and across physical, digital and affective terrains—this is presented in [Section 4.3](#). A core and essential element of these webs of care is their fluidity, which reflects their dynamism: shifting roles often accompany spatially dispersed care, and these unfold simultaneously rather than in sequence. A single practice of care may therefore exhibit all three dimensions at once. These webs are the relational fabric through which the movements endure, resist, and sustain themselves against profound backlash including state violence and social stigma.

Each of the following sub-sections foregrounds one dimension empirically, even as the others remain present, as it is their entanglement that constitutes the webs of care we conceptualise. This entanglement is evidenced by quotes that are presented in one sub-section, but may equally have fit into other sub-sections.

4.1. Blurred Identities of Caregiver and Care-Receiver

A key dimension of the webs of care across 13 movements in our study is the fundamental instability of the categories ‘caregiver’ and ‘care-receiver’. [Tronto’s \(1993\)](#) framework, while insisting on care’s relational character, retains an implicit directionality: one who identifies a need and another who responds to it; one who gives care and another who receives it. In the movement contexts we examine, this distinction does not hold. Those who care also receive care; roles shift as vulnerabilities surface, are recognised, and responded to; and the same person can occupy both positions simultaneously. That is, care does not move in one direction from the resourceful to the needy. It emerges instead through a web of shifting relations in which people become caregivers and care-receivers

in relation to one another. This blurring is enabled by the distribution of leadership within the movements themselves.

Speaking about a movement in India, Nida described it as “not a movement which has got one leader leading and there are like hundreds following. It is led only by a set of . . . people who are there together” (Nida, India movement, leader, 28 December 2020).¹ A similar ethos was evident in the informal workers’ network:

“Senior leadership . . . gave us the space to mould our responsibilities . . . They inducted us into the space and then they said, this is your space now”. (Arundhathi, India movement, ally, 12 May 2023)

This shows that when leadership is shared rather than concentrated, caring positions shift and the simultaneity of caregiver and care-receiver becomes visible.

Among women activists in Pakistan, where decades of targeted sectarian killings have produced a community in which organising and personal caregiving are inseparable, Khadija, a movement leader and mother of a son with physical challenges, described her situation:

“When I’m organising protests, the other women in the movement help me by taking care of my son. They understand my struggles and step in when I need support”. (Khadija, Pakistan movement, leader, 4 August 2025)

Khadija occupies three caring positions concurrently: she cares for the community through organising, she is the primary caregiver to her son, and she receives the practical support that enables her to continue her work. The women who step in are themselves members mobilised through her organising, i.e., care-receivers who become the caregivers sustaining their leader. These positions do not alternate through Tronto’s phases; they coexist. Overabundance, in [Cataldi and Iorio’s \(2023\)](#) sense, animates these women, with care exceeding what any norm demands and offered without expectation of return. In Nepal, one of our researchers and a long-standing feminist activist, described a similar element in her relationship with Ramita, a movement leader from Nepal:

“ . . . Ramita, whenever she is going through certain issues and when she needs support, when she needs care or when she just wants to come and have conversation and all, she calls me and we meet outside. . . she has said that several times that see when I come to you and then have conversation, share my pain. And then. . . sometimes you give me suggestions, sometimes you don’t, you just listen. And it’s not just Ramita getting that from me, but I also similarly get the same energy from her so that I can also carry on with my work”. (Researcher, Nepal movement, partner call, 6 June 2025)

The energy the researcher receives is not a return on care given. It is generated through conversation and co-presence, sustaining both their capacities to act. In both accounts, caregiver and care-receiver are co-constitutive rather than sequential: each depends on the other to exist. Care can also move beyond the mutual dependence between individuals to become a collective practice. SK from a movement in Pakistan described:

“I took a stand and raised my voice, but I cannot do anything alone, so all our members supported us. This was their kindness, that they showed up when we called them, became our voice, walked with us every step of the way and we were able to go ahead with them”. (SK, Pakistan movement, leader, 26 January 2022)

Here, the one who initiates action and the ones who sustain it become indistinguishable. Care belongs to the collective rather than to any individual within it. Nida described the emotional life of a movement in India in similar terms:

“So that never, I never felt any scared or—I know that there are—I am not alone. That we are part of a movement. We are part of a group. And if anything happens to anyone of us, we are there for each other. So that emotional resource was there in abundance”. (Nida, India movement, leader, 28 December 2020)

The phrase “anyone of us” refuses to pre-assign who will need care and who will provide it; the emotional resource belongs to the group. Nida drew on this when she was the one who needed it:

“I shared [about sudden stopping of money to movement because of backlash] and then I broke down and everybody else broke down, but then everybody said, we will see, something will happen. We are together now”. (Nida, India movement, leader, 28 December 2020)

The leader’s breakdown in this case produced a collective breakdown. There is no moment at which one can parse who is comforting and who is being comforted. Among women activists in Pakistan, Hajira, a widow whose husband was killed in a sectarian attack, described a similar moment:

“During a protest, I saw other women crying for their lost family members. We hugged and cried together. In that moment, I realised we are all in this together”. (Hajira, Pakistan movement, member/leader, 11 September 2025)

In this moment, shared grief becomes collective (Scribano 2023) and vulnerability and strength become indistinguishable—women occupy positions of vulnerability at the same time as supporting the vulnerabilities of others.

These moments resonate with the decolonial ontologies that Calvo Quirós et al. (2023) present within the social love framework in which the self is constituted through relation. Jigyasa of a movement in India, who survived severe domestic violence before becoming a movement counsellor, articulated this: “Today we are not complete and she is also not complete and that will help both to understand each other” (Jigyasa, India movement, leader, 23 June 2022). In this case, care flows from shared incompleteness, allowing it to be offered without hierarchy. This reflects what Cataldi and Iorio (2023) theorise as recognition. Yet when such recognition is absent, hierarchies emerge, leading to burnout and isolation. A leader of a movement in Pakistan expressed: “. . . I’ve pretended to be strong because I feel that leaders shouldn’t show weakness” (Sara, Pakistan movement, leader, 20 August 2025). This performance creates a barrier to receiving care, as her subsequent statement is a poignant expression of an unmet need: “I need action not just sympathy”. Her experience illustrates what Folbre (2001) identifies as care naturalising the very burden it seeks to name: here, the expectation that leaders absorb the emotional costs of care without receiving. What her account shows is that movements function not through a network of robust caregivers tending to vulnerable receivers, but a collective where everyone is understood to be both vulnerable and capable at the same time.

Our data also reveals how care produces new caring subjects. Those who receive care extend it outward, carrying it to others beyond the original relation—a dynamic that exceeds reciprocity, since care is carried forward rather than returned to the giver. In a movement in Bangladesh, a research partner observed this process:

“It [Taslima’s org] doesn’t grow that fast because she invests a lot of time and effort and energy behind each single person. And then the people she takes on in the leadership role also do the same with their other members”. (Researcher, Bangladesh team, partner call, 4 June 2025)

The leader’s care in this case produces new leaders who reproduce the same practice with others who were not part of the original relation. Care proliferates outward, and the

movement thus sustains itself through the continuous generation of new ones from those previously cared for. This is how care builds movements: through dispersal, spreading the capacity to care across an expanding network of actors, rather than accumulating resources at the centre.

Manisha, a participant from a movement in Nepal similarly described how the third characteristic of social love, universalism, operates:

“There are many things that we do not share with people but there when someone shares their issues, we also feel that we need to share these things as there are others like me and when I got courage from listening to someone then I should also share this **so that someone else feels the same courage**”. (Manisha, Nepal movement, participant, 5 August 2022, author’s emphasis)

From this account, we can see that each disclosure produces courage in the listener, generating a desire to share not back with the original speaker but outward. The care-receiver is constituted as a caregiver towards a participant who has not yet spoken. In both cases, each act produces new caring subjects who extend what they have received beyond the original relation. This instantiates what [Cataldi and Iorio \(2023\)](#) identify as a defining feature of social love: actions that are inherently generative, exceeding all antecedents and activating new forms of sociality. In other words, care in social movements extends to new, unknown members.

These accounts show that across the movements we worked with, the categories of caregiver and care-receiver do not organise practice as Tronto’s framework presupposes. When care is activated by overabundance rather than obligation and grounded in acknowledgement of each person’s irreducible singularity, caring identities become fluid, collective and generative, making visible the webs of care explored in this paper.

4.2. Non-Linearity of Care

Tronto’s framing presumes identifiable, progressive moments in which care needs emerge, are assessed, and then addressed. In contrast, we argue that care in women’s movements unfolds as overlapping, anticipatory, and often simultaneous practices. Rather than responding to discrete needs, care appears as continuous, webbed, and shaped by the relational landscapes of collective struggle.

In developing this argument, we also draw on the concept of social love to suggest that care can be extended freely to encompass shared institutions, the environment and future generations. Such care is not governed by calculation or expectations of reciprocity but is often characterised by an ethic of overabundance and enlarges the ambit of care beyond the interpersonal—thereby exemplifying the second characteristic of social love, care of others and the world. This disrupts the assumption that care receiving necessarily follows from, or is a direct outcome of, prior phases such as ‘caring about’ and ‘taking care of’, further challenging linear models of care.

This non-linearity of care was clearly demonstrated in several of our movements. For example, the case of a movement in India showed how care was continuous and contextual. In the context of violent backlash, stigmatisation or delegitimisation, members of the movement described responding to physical threats by monitoring one another’s movements, sharing information about who goes where, forming WhatsApp groups and activating GPS tracking for safety. Similarly, in a movement in Bangladesh, youth leaders and participants expressed how the movement stayed together during COVID through the process of continuous care. The pandemic produced new forms of isolation and vulnerabilities, and care practices adjusted accordingly:

“We arrange different kinds of sessions or Adda (Bengali cultural practice of ‘hanging out’) online, where people join. . . they can join anonymously; these are

arranged so that they can feel safe". (Nourin, Bangladesh movement, participant, 17 August 2023)

In both examples above, the recognition of need, response and act of caregiving merge—care is initiated without an explicit request, and in response to a general context or situation—whether violent backlash or the pandemic. In other words, vulnerability is the trigger for care, rather than a specific care need, which is 'solved'. The 'addas' in Bangladesh perform the function of a caring space, beyond the singular crisis of the pandemic. Here, care flows between members, and caregiving and receiving occur simultaneously, without boundaries. The shift to online spaces of these 'addas' constitutes a fluid, flexible and non-linear effort and approach to sustain collective wellbeing. In this case, trying to retrofit Tronto's phases analytically obscures the fluidity of these practices. Instead, our examples show that care practices emerge reactively, shaped by ongoing and unpredictable threats. There was no stable rhythm to caring. Instead, it accelerated or shifted direction in response to danger. The constant attuning to context reflects the 'ever-adapting' nature of care, defying any form of linearity.

Extending this analysis, the need for care was not seen as a bounded or finite problem to be solved but a continuous condition arising particularly from the ongoing experiences of trauma. As Shahnaz, a movement participant in Pakistan, critically reflected, "we're stuck in a cycle of pain" (Shahnaz, Pakistan movement, participant, 4 September 2025), suggesting that care was not a one-time intervention, nor could it even be understood as discrete events of caregiving. Rather, care was seen to be a sustained and dynamic practice that needed to continually recalibrate, based on the movement's changing care needs.

This constant attunement reflects the 'ever-adapting' nature of care: an ongoing responsiveness to the vulnerabilities of others and the world. Within a movement in Pakistan, as well, the temporality of care was also seen to be intertwined with cycles of repression and recovery. After facing sustained hostility, including false blasphemy allegations, organisers restructured their collective practices around rest, rotation, and emotional care. One organiser explained how they deliberately reduced external engagements and reallocated tasks to avoid burnout, stating that "we had decided collectively to not put too much pressure on ourselves. . . taking stock of resources we have in terms of people and their time and then doing things accordingly. . . so not letting any form of criticism create panic within us" (MC, Pakistan movement, leader, 6 April 2023). These conscious acts of slowing down reveal care as a counter-temporal practice that resists capitalist expectations of continuous productivity.

These cases also show how care is provided without any expectation of reciprocity, which reflects the overabundant characteristic of social love. Here, the example of a movement in Pakistan is illustrative:

"We don't always say we need help. Sometimes, I can see it in their eyes when they are tired or stressed. I just know when a neighbour needs something. I offer food or help with their children without them asking". (Gul Begum, Pakistan movement, participant, 7 August 2025)

Gul Begum's testimony suggests that movements can altogether circumvent the initial phases of care, namely 'caring about' and 'taking care of'. Rather than unfolding as discrete or identifiable stages, these orientations are pre-constituted within the movement through relations of solidarity, shared struggle, and collective awareness. As such, care does not begin with recognition or assumption of responsibility, but is already in motion, challenging the premise that these phases precede and structure subsequent acts of care.

Care was also activated through resonance or the recognition of common or shared experiences—this showcases how care as social love recognises, acknowledges and values

each person's needs. In addition to recognition, mutual inspiration prompted action. As a participant of a movement in India, expressed, women “get inspired by each other” (Chandrayee, India movement, Ally, 20 February 2024)—in this way, care created openings for new women to join the movement, becoming catalytic rather than sequential. Similarly, members of a movement in Nepal recognised the struggles that their community faced, and this ‘seeing’ of others was the grounds on which the subjects—the sukumbaasis (landless people), came into being.

Pulcini (2013) uses Bataille's thought—the wound of incompleteness opens [us] up—and develops an account of mutuality as emerging from the shared vulnerability of actors. This is seen distinctly wherein ‘caring about’ is not always a ‘starting point’ for care in contexts where individuals are already open to others, such as the movements we have studied. Shared vulnerabilities mean that care is already present, and flows into spaces, taking forms as and more importantly, when needed. The case of a movement in Pakistan is illustrative of the implosion of Tronto's phases into a single moment of the march being both political action (‘taking care of their rights’) and a therapeutic event with both care-giving and care-receiving happening simultaneously. Linear understandings of care would then misrepresent the ‘messiness of care’ as seen in such movements.

Finally, we also saw an extension of care in terms of its temporality; in other words, care existed not just in the present but also expanded into the future. A participant from a movement in Bangladesh explained:

“We are not even afraid of death. . . we are ready to die for the labourers. . . we are not afraid of lawsuits, police brutality, or torture”. (Shafiq, Bangladesh movement, participant, 1 October 2021)

Shafiq's quote above demonstrated how care was able to break through a temporal bound, expressed through a language of risk-bearing in the future. This language indicated how movements used care as a means to their own sustainability over time, and this was particularly important in the context of violence, where their existence remains constantly under threat. Here again, we see the workings of the second characteristic of social love, i.e., care's universalism towards the movement's future stakeholders.

Non-linearity is equally visible in the trade union context. Workers emphasised that care continues long after street protests or workplace mobilisation:

“Apart from the protest, we stand by all the workers in their personal and family problems. If they are oppressed, arrested, attacked or exploited we stand by them”. (Shafiq, Bangladesh movement, participant, 1 October 2021)

If arrested, the organisation and its members not only support their colleague to secure release but also take care of their families. If someone falls sick or becomes critically ill, the organisation helps families with household costs and children's education. Care thus goes beyond political activity and extends into personal crises or everyday survival. It exceeds mobilisation cycles, addressing illness, violence, and everyday survival. These are not exceptional events but part of a continuous ethic of solidarity—what Williams (2016) terms ‘care-full justice’ and what Papineau (2024) recognises as the often-unseen practices that sustain activist communities, easily overlooked when movements are understood primarily through their moments of mobilisation.

In the case of a movement in Pakistan and a movement in India, we saw care not as a one-time act of intervention (through trainings) but as a sustained practice of accompaniment that unfolded into spaces of collective healing and action. Members from a movement in India spoke of pushing their own members to “sit down, take up their issues. . . and heal themselves” (Nida, India movement, leader, 22 February 2024) after violent backlash. In this case, self-care was seen as a collective responsibility, and healing became relational

rather than individual. Members of a movement in India acknowledged knowing each other “so closely as if they were part of each other’s problems and how they solved them” (Reflective workshop researcher observations, India movement, 11 October 2021). This depth of knowledge was built through relationships over time. Members became deeply embedded in one another’s lives, inhabiting shared spaces of struggle, learning and support. In this sense, care was not bestowed upon a passive beneficiary. It was co-produced through intimate knowledge and shared histories, inseparable from the duration of care.

In this section, we have argued that care within women’s movements follows a fluid and dynamic pattern, particularly in moments of backlash. In such contexts, care is inherently responsive: it adapts to the evolving needs of actors and is often interrupted, delayed, simultaneous, and deeply contextual. Because care needs are themselves unstable and shifting, the phases of care cannot be understood as fixed or sequential but instead need to be seen as dynamic and overlapping. Importantly, vulnerability was a continuous trigger for care and not understood necessarily as a problem to be resolved once and for all. Care therefore did not end; it looped, returned and began again, thereby emerging as recursive, adaptive, and often a simultaneous set of practices—the temporal fabric of webs of care.

4.3. Spatial Dispersion of Care

This section draws on the characteristic of social love that extends beyond one’s immediate social circle. We show that understanding care as social love moves care beyond the private, familial or intimate spaces, thereby becoming a social force that operates across communities and publics.

This characteristic of care as social love is illustrative of the second and third dimensions of social love. Care is provided to others within a social movement (the private or intimate spaces) but beyond the formal, designated spaces like protest squares or meeting halls to include digital platforms, domestic spheres and informal gatherings. It is also spatially dispersed across various social movements (the public space), and operating across generations (the future space) and issues through expressions of solidarity in multiple, interconnected realms.

A quintessential description of care being rooted in the daily life of the movement actors is reflected by several woman activists as taking care of children, having children in meetings, and cooking for others and sharing meals. The struggle in Bangladesh created a children’s space/school in the worker’s community, where children “were treated as if they belonged to all struggle members” (Field diary of Bangladesh researcher, October 2022), signalling a collective ethics of care giving that stretches beyond individual household boundaries. Care for children became part of the political fabric of the struggle, and older children were encouraged to take on organisational roles, thereby underscoring this activity as an investment into the movement’s future. An activist from a movement in Nepal was able to leave her son in the care of another activist when she had to travel out of town for movement work. This was phrased as care work getting “redistributed among the other struggle members” (Researcher, Nepal team, partner call, 6 June 2025). Care in these cases is not just practices and activities that take place within the domestic sphere but is the movements sustaining themselves.

Extending the ambit of care activities, the organisers of a movement in Pakistan, described how they cover for one another during court hearings, share funds for legal defence, and provide emotional anchoring when threats intensify—thereby highlighting the dispersed nature of care provision within the movement. Provision of emotional support cuts across boundaries of home, offices and cafes. As a women’s human rights activist from Nepal also explains:

“...all the activists face pressure...and threats from others and even from the administration...and from their families...I am continuously providing psycho-social counseling to most of the friends either through a phone call or by personally meeting them”. (Sarmin, Nepal movement, participant, 3 February 2022)

This dispersion also reflects overabundance—in a movement in India, members motivated one another to acquire mobility by “encouraging everybody... to get a scooter” (Pavi, India movement, ally, 13 May 2024) or to complete their studies. These gestures were neither duty-bound nor motivated by the expectation of return. Care in another movement in India was similarly dispersed through extended networks of kin, neighbourhood and community spaces such as mosques or local libraries, and was overabundant, shaped by affective bonds and everyday interactions: “Anyone can be a part of it ... neighbours or people from Masjid (Mosque), anyone who is supporting us” (FGD, India movement, 11 October 2021).

A parallel dispersion of sites of care can be seen within a workers’ movement in Pakistan, where women assisted each other in negotiating contracts, accompanied one another to labour offices, and intervened against abusive subcontractors. In this context, care and struggle are not separable (Narayan 1995): each act of support is at once an act of resistance against exploitation. Because the home is also the site of production, for these women, the domestic and the political are inseparable. Union offices therefore functioned simultaneously as learning spaces, kitchens, and centres of community care. For a movement in Nepal, going “to police station and negotiate with police...also keep confidentiality of each other’s information. And legal advice” (Researcher, Nepal team, partner call, 6 June 2025) was the way that care manifested, with the police stations becoming both sites of oppression (by the police) and sites of care (by activists). Newer sites of care, such as digital spaces, were critical for activists to transcend physical proximity, as an activist from a movement in Pakistan describes: “Many of us came together online to discuss our feelings and offer support. It was a moment of solidarity, reminding us that we are not alone” (SN, Pakistan movement, leader, 13 September 2025). A leader of a movement in India provided domestic workers their salaries from her own account during the lockdown. This act extended care into the economic and labour domains, reshaping power relations between employers and workers by positioning support as relational rather than transactional. Care thus became embedded in social reproduction across multiple layers of public life.

Beyond enacting social love in new locations, caring becomes a way of producing space itself. The same homes that are used for cooking also became planning and coordination centres for protests and vigils. Online networks provided emotional refuge, rapid communication, and mechanisms for assembling resources. Reading together, creating access to books and cultivating curiosity, providing mentorship and collective reflection operated as forms of social love that nurtured collective growth in psychological spaces. Celebrations such as songs, picnics and birthdays “create a sense of bonding” (Nida, India movement, leader, 22 February 2024). Care was spread through joy as much as through crisis.

The most potent illustration of this spatial dispersion is its seamless flow between private and public, digital and physical, formal and informal spaces, and between the present and the future, as illustrated by a movement in Nepal:

“...they [the girls] are there for each other... They use these digital gadgets...it’s not like that conventional way of taking care of each other...by sending memes and then even during reflective workshops, taking videos and photos for each other...helping each other to look beautiful, exchanging clothes to look pretty, making Tik toks...[discussions] regarding career pathways or what to study further or who can support them for their for their study...also in their personal

life. . . about their boyfriends. . . The gender identity or sexual identity they want to explore. . .". (Researchers, Nepal team partner call, 6 June 2025)

Through these dispersed infrastructures and intertwined geographies, participants create an architecture of care within physical, digital and affective terrains. This architecture of care persists beyond the temporal and spatial boundaries of the issue that first brought women together. In our movements, we saw that this produced a form of social love that lingers, linking people across time and space through an ethic of mutual recognition and continuing solidarity. Further, we saw care expanding beyond the immediate movement actors. The quote below illustrates how care was present not just between actors within a movement in Nepal but went beyond and into the broader community, reflecting that care was not bounded within the active participation of movement actors.

"[The movement] is a very caring organisation. They are very emotional; they are very supportive to each other. They are not only supportive to each other, they are also caring about their community [of sukumbaasis] because they are also from that community". (Researcher, Nepal team, partner call, 6 June 2025)

A similar, unbounded nature of care can be seen in the establishment of the Shama Smriti Library (i.e., a memorial library for Shama, a movement actor) across the offices of a movement in Bangladesh. This library served as an acknowledgment of Shama's contribution to the movement and was set up after his passing. Beyond the symbolic memorial, the movement also took responsibility for Shama's children, paying for his son's education and supporting the family financially (Struggle Diary 7; Nazneen et al. 2022). In the above cases, the scope of care extended beyond individual–individual interactions, into spaces that extended beyond geographical and temporal boundaries of the feminist struggles.

Taken together, these narratives reveal care as a spatially distributed force. It travels across public and private realms, across religious and political boundaries, across villages, cities and protest sites. Social love, in this context, is not confined to intimate relations; it is embedded in the world-making practices of movements that nurture justice, solidarity and communal life wherever women gather, act and imagine change. This spatial dispersion of care also reveals that care is inherently political because it reconfigures access, visibility, and belonging. The circulation of care across private and public environments constructs a relational geography that sustains movements. In this sense, the spatial practice of social love forms an infrastructure of endurance that bridges the domestic, the economic, the civic and the affective domains. The dispersal of care across these domains constitutes what we call webs of care, overlapping and intentional networks that are not centrally directed but are collectively woven.

5. Conclusions

This paper set out to understand how care operates in social movements. We have used the concept of social love with its four dimensions, overabundance, care of others and the world, universalism and recognition of others, to understand how care can be conceptualised as social love within feminist struggles. This allows us to deconstruct care as the work that sustains collective action and that underpins the everyday work of movement building.

Using nascent literature on social love (Cataldi and Iorio 2023) helps extend Tronto's (1993, 2013) framework of the five phases of care in three ways: firstly, we show the inherent instability of the care-giver and care-receiver dichotomy, instead arguing for these positions to be occupied simultaneously and fluidly. Secondly, we argue that care as social love is non-linear, nested in relationships that emerge from a shared recognition of vulnerability,

and that the phases of care overlap, collapse into one another, or reappear in response to shifting needs and contexts. Finally, we show that care crosses domains of public and private, of formal and informal spaces, and takes place across boundaries of geography and time.

Through examples from 13 feminist struggles across four countries in South Asia, Bangladesh, India, Nepal and Pakistan, we demonstrate how care practices emerge not only as emotional labour within these movements but as essential to enabling political action towards sustaining the worlds that movements aim to produce. Conceptualising care as social love therefore allows us to understand care as collective, relational and political. We further argue that care as social love is necessarily a recursive, co-produced practice shaped by the emotional, material and political conditions of movements. In this, it is fluid, messy and necessarily flexible but also definitely overabundant and universal on one hand, without need or thought of reciprocity, and extending beyond immediate movement actors outwards to family and communities. On the other hand, it also encompasses the care of the world that movement actors aspire to construct and recognition of the shared yet specific vulnerabilities of various actors.

This leads us to the paper's main contribution of conceptualising the dispersed yet intentional practices of care as interconnected webs of practice that build and sustain movements, especially in times of backlash, fragmentation or fatigue. These webs of care are woven through the blurring of actors, time and space. It follows that when these webs are weakened or unrecognised, the movement frays. But when these webs are nurtured, they become the foundation upon which movements not only survive but flourish, transforming isolated acts of care into collective practices of resistance and renewal.

Yet, care within social movements is not experienced equally by all actors. Laments from some leaders for the lack of spaces to share their pain or frustrations, dearth of emotional care that they could get, or observations that gatherings often become “platforms for sharing pain rather than healing” (Shahnaz, Pakistan movement, participant, 4 September 2025) need to be taken seriously. These point to a desire for a more intentional and robust weaving of these webs across all domains, from the kitchen to the protest line to the digital group chat.

By positioning care as social love, feminist social movement theory has much to offer to understand and imagine the webbed dynamics of social organising, while its practice as social love can lead to the long-term sustainability of these movements, especially when facing pushback, as is being increasingly experienced by all social movements. In the powerful words of one of the feminist activists that we worked with, “[in the face of pain and loss], it's our care that keeps us strong”.

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were constantly monitored through a risk register and regular project meetings. All interview participants were asked for informed consent. Participatory and reflective exercises were designed in a way to ensure open reflections and address power imbalances between the participants. Confidentiality was maintained for all information provided and all interviews and workshop transcripts were anonymized.

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Note

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