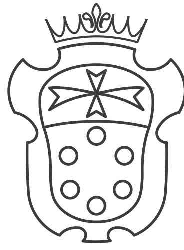

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PhD in Political Science and Sociology

FROM SELF-MANAGEMENT TO INSTITUTIONALIZATION AND BACK.

Feminist Health Centers in Italy between the 1970s and today

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ABSTRACT

This dissertation explores the long and complex trajectory of Feminist Self-managed Health Centers (FSHCs) as a form of feminist action in Italy. It delves into their origins, institutionalization, and resurgence as a grassroots repertoire in the cities of Rome and Milan.

FSHCs constituted a crucial repertoire in 1970s feminism. They represented feminists' turn to direct action in a context where essential women's healthcare services were lacking, information about contraception was limited, and abortion was illegal. Feminists engaged in these initiatives enacted a strong critique of medical authority and experimented with the horizontal diffusion of knowledge and practices in the medical field.

In 1975, the Italian Parliament established Family Health Centers (FHCs). The new institution represented an indirect and controversial outcome for feminists. Coupling together highly innovative characteristics largely modeled upon feminist initiatives and conservative family-oriented approaches, FHCs were perceived by feminists of the time as a form of cooptation of their radical initiatives. While the process of institutionalization engendered profound debates within the movement, by the end of the decade feminist self-managed initiatives closed, as the service started being implemented and the movement declined.

When in 2017 a new cycle of feminist mobilization emerged in Italy, it reclaimed both the defense and reappropriation of FHCs and promoted the emergence of new FSHCs, explicitly modeled upon their 1970s antecedents.

This thesis examines the relationship between the past and the present of feminist movements in Italy, focusing on how processes of institutionalization affect subsequent activism. It aims to understand how contemporary activists interpret health centers both as an institution and as a grassroots repertoire. It draws on, contributes to, and interweaves studies of social movements' temporal dynamics and studies of institutionalization in social movements. While institutionalization is generally understood either as marking the end of a movement cycle or as constituting a form of movement continuity beyond cycles of protest, this work entails an analysis of the challenges and contradictions that institutionalization poses to subsequent activism.

The study is based on a comparative qualitative case-study analysis in the cities of Rome and Milan. It draws on 40 interviews with feminist activists, archival research, participant observation, and document analysis.

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LIST OF ABBREVIATIONS

AIED	Associazione Italiana Educazione Demografica (Italian Association for Demographic Education)
AO	Azienda Ospedaliera (Hospital Enterprise)
ASL	Azienda Sanitaria Locale (Local Health Enterprise)
CED	Centro Educazione Demografica (Center for Demographic Education)
CEMP	Centro Educazione Matrimoniale e Prematrimoniale (Center for Marital and Pre-marital Education)
CNDC	Coordinamento Nazionale Donne per i Consultori (National Coordination Women's for Health Centers)
CPD	Centro Problemi Donna (Center for Women's Problems)
CFR	Collettivo Femminista Romano (Roman Feminist Collective)
CRAC	Coordinamento Romano Aborto e Contraccezione (Roman Coordination Abortion and Contraception)
FHC	Family Health Center (Consultorio Familare)
FSHC	Feminist Self-Managed Health Center (Consultorio Femminista Autogestito)
GFSD	Gruppo Femminista per la Salute della donna (Feminist Group for Women's Health)
GMD	Gruppo per una medicina della donna (Group for Women's Medicine)
ISS	Istituto Superiore di Sanità (Institute for Health Research)
LN	Lega Nord (Northern League)
MLD	Movimento per la Liberazione della Donna (Movement for Women's Liberation)
NUDM	Non Una Di Meno (Not One Less)
NHS	National Health Service
PCI	Partito Comunista Italiano (Italian Communist Party)
PDL	Partito delle Libertà (Freedom Party)
POMI	Progetto Obiettivo Materno Infantile (Maternal and Child Health Project)
PR	Partito Radicale (Radical Party)

PSI	Partito Socialista Italiano (Italian Socialist Party)
RHS	Regional Health Service
SPHC	Secular Private Health Center (Consultori Privati Laici)
UDI	Unione Donne Italiane (Italian Women's Association)
USL	Unità Sanitaria Locala (Local Health Unit)

There ain’t no goal, but the present.
We are the dark past of the world, we create the present
Carla Lonzi, 1970

1 INTRODUCTION

The task of scholars of social movements is to explain how long-lived challenges, like the river, both persist and are continually made anew.
(Whittier, 1997, p. 760).

This dissertation examines the long and complex trajectory of Feminist Self-managed Health Centers (FSHCs, Consultori Femministi Autogestiti) as a form of action in Italy. It analyzes their origin, institutionalization, and resurgence as a grassroots initiative in the cities of Rome and Milan.[1]

FSHCs played a crucial role in the feminist movement in Italy throughout the 1970s. During the early years of the decade, these projects proliferated in cities such as Rome, Milan, Turin, and Padua, as well as in smaller and more peripheral areas of the country (Jourdan, 1976; Lussana, 2012a; Percovich, 2005; Tozzi, 1984). FSHCs marked the feminist movement's turn towards direct action in a context in which essential women's healthcare services were almost completely absent, scarce knowledge existed about contraception, and abortion was prohibited by law (Lussana 2014; Percovich, 2005). In addition to delivering crucial healthcare services to women, including sometimes abortion, FSHCs served as venues for women to meet, exchange personal experiences, engage in conversations about sexuality, and share aspects of their lives that had remained confined to the private sphere. These initiatives strongly contested the male-dominated nature of medicine and the medicalization of women's bodies (Ehrenreich & English, 1973; Jourdan, 1976; Paggio, 1976;

[1] The Italian term 'consultorio' implies the idea of counseling and advising (consultare). For this reason, some authors have opted to employ the term "advisory boards" or "counseling centers" to adhere more closely to the original meaning of the Italian term. I use the expression "health center" to align with the terminology used in existing studies concerning similar initiatives in other countries (Looker, 1993; Morgen, 2002a; Nelson, 2015; Thomas, 2000; Weisman et al., 1995). In English-speaking literature, these initiatives are also at times referred to as women's clinics. I refrain from using the term "clinic" because, as my thesis will go into, feminists involved in these projects, both historically and currently, explicitly reject the notion of health centers being just medical institutions like clinics tend to be.

Percovich, 2005; Tozzi, 1984). Like the broader feminist movement to which they belonged, FSHCs had a strongly anti-institutional character, reclaimed their autonomous and separatist nature, and placed great importance on women's self-organization as an essential component in the struggle for self-determination. As part of their critique of medical authority, feminists engaged in FSHCs promoted the horizontal sharing of knowledge and practices, with the aim of empowering women in the face of male-dominated medicine. In this respect, a crucial aspect of the centers' organizational form regarded the questioning of hierarchies between medical experts and women patients.

Feminists had been experimenting with their self-managed initiatives for a few years when, in 1975, the Italian Parliament issued Law 405 instituting Family Health Centers (FHCs, Consultori Familiari).[2] The establishment of the new healthcare service represented a significant progress in the realm of women's sexual and reproductive healthcare in Italy, but also potentially a step back in terms of the alternative and radical approaches that feminists had been exploring.

The service was meant to provide comprehensive information about contraceptive methods, through counseling aimed at empowering women to make well-informed decisions regarding their reproductive health. Just a few years before, a healthcare service with such a mission would have been unimaginable in the Italian context.[3] Furthermore, FHCs were designed as an extremely innovative healthcare service. Not only did they constitute the first State initiative addressing women's sexual and reproductive health, but they did so by adopting a holistic approach to health, that aligned with the principles advocated by feminists and other health movements of that time. The service aimed to address the social and medical dimensions of women's health and was composed of an interdisciplinary staff of both medical and non-medical personnel.

At the same time, the service exhibited notable conservative aspects, beginning with its focus on families and couples rather than women, that aligned it with traditional approaches of family planning. Furthermore, from the perspective of feminists, the service reinstated dominant user-expert hierarchies which they have sought to challenge.

The establishment of FHCs in Italy was a peculiar example of institutionalization. It differed substantially from analogous developments in other countries, such as the US or France, where similar initiatives led by feminist movements were institutionalized in a way

[2] Legge 405, 29 luglio 1975: 'Istituzione dei consultori familiari'.

[3] As it will be mentioned in Chapter 4, until 1971 the diffusion of information about contraception in Italy was forbidden by the art. 553 of the Rocco Code.

that, although involving a relationship with the State, allowed movement actors to remain in charge of the service. In the Italian context, instead, the State assumed direct responsibility for addressing women's reproductive health, excluding feminist actors from the process. For feminists engaged in FSHCs, this represented «a promptly enacted legislation aimed at containing the rapid proliferation of the phenomenon and restoring authority over it, by putting it back into institutional, medical, and religious hands» (Percovich, 2005, p. 11).[4] Anne Maud Bracke has defined this process as a «textbook example of (rapid) institutionalization of initially grassroots, and to some degree state-antagonistic, social movement initiatives» (Bracke, 2017, p. 537).

The new healthcare service was thus a controversial result: it was an indirect outcome that manifested the strength of the feminist movement and its ability to make women's health and sexuality a core element of politics. On the other hand, it constituted an attempt from the part of the State to regain control and coopt feminist more radical practices.

The establishment of FHCs sparked intense debates within the feminist movement regarding the position it should take towards the State's intervention. As a matter of fact, over time, feminist self-managed initiatives gradually shut down as the movement declined and the new institution was put into effect.

Over time, and despite their ambivalent identity, FHCs have become a prominent symbol of the impact of feminist health activism and an essential healthcare provision that grants women the means to obtain contraception, provides information regarding reproductive health and sexuality, and offers gynecological, psychological, and social support. FHCs have also generally represented welcoming spaces where women could find support to access abortion within public hospitals.[5] Throughout the years, however, the service has undergone substantial changes. The implementation of neoliberal policies and the growing privatization of the healthcare sector have had a profound effect on both the quality and the nature of FHCs. Moreover, the service's involvement in promoting contraception and especially in empowering women to make decisions about abortion has consistently faced

[4] I have personally translated all the quotes from Italian sources that appear in the manuscript, including books, documents, archival material, and interview extracts.

[5] As Chapter 4 shall elucidate, according to Law 194 regulating the right to abortion in Italy, pregnancy interruptions can only be performed within public hospitals. FHCs, thus, do not provide abortion. They are, however, one of the medical facilities responsible for carrying out the initial procedures required by the Law, which involve obtaining a compulsory certificate from a medical professional. Up to 2020, this regulation included both surgical and pharmacological procedures. In 2020, the Italian Health Ministry issued a resolution allowing FHCs to provide the abortion pill RU486 directly, thus without hospitalization (Ministero della Salute, 2020, Aggiornamento delle Linee di indirizzo sulla interruzione volontaria di gravidanza con mifepristone e prostaglandine).

deliberate and repeated attempts to alter its purpose with the aim of limiting women's freedom to choose. The rise and the increased strength of anti-abortion actors have infiltrated and altered the service's identity in many Italian cities.

When I started this research, a new feminist mobilization was taking place in Italy, led by the Non Una Di Meno (NUDM, Not One Less) movement (Barone & Bonu, 2022; Chironi, 2019; Moïse & Panighel, 2020; Non una di meno, 2017). The latter emerged in 2017, in connection to the feminist mobilization against gender-based violence which had exploded in Argentina and later spread worldwide (Gómez, 2023; Peroni & Rodak, 2020; Salvatori, 2022). The Italian NUDM movement self-identified as an intersectional and transfeminist movement, fighting against sexism, capitalism and racism.

Following a year-long collective writing process, the movement released a book entitled *We have a plan* (Non Una Di Meno, 2017) that outlined the movement's objectives. Within the book, health centers were prominently featured in the section regarding sexual and reproductive health. Remarkably, the movement simultaneously reclaimed the defense and reappropriation of FHCs and promoted the creation of new self-managed health centers inspired by those from the 1970s. As one could read in the book, not only did NUDM reclaim that FHCs should be financed and that personnel should be hired, thus countering the effects of neoliberal policies, but also argued that health centers needed «to be re-signified as political, cultural and social spaces, beyond their nature of socio-medical services» (ivi, p. 26).

> We must enhance the value of their heritage as places managed by women for women. The process of re-politicization should involve the reappropriation and self-management of the service, with the aim of including persons of diverse age, culture, background, desires, and abilities. It should also promote the recognition of transfeminist knowledge that these subjectivities generate and embody. (ibid.)

The movement was claiming a 'return' to what the service used to be in the memory of feminist activists: a social cultural, and political space, run by women for women. It also fostered the reappropriation and self-management of the service. At the same time, activists also claimed its transformation in light of the transfeminist and intersectional discourse they were promoting. While this already constituted a significant and interesting move that

encompassed both defensive and transformative aims, the subsequent part of the document turned to the need to encourage the proliferation of self-managed ‘consultorie'.[6]
As stated in the Plan:

> Consultorie are places of self-determination, where to make free and informed choices regarding health, bodies, and sexuality. Consultorie, which emerged as a transfeminist reinterpretation of 1970s health centers, do not aim to function as medical facilities or service providers. They struvite to serve as spaces for self-organization and reappropriation of our lives, based on an understanding of one’s own body and collectively shared knowledge. (ibid.)

Thus, over four decades later, the feminist and transfeminist movement in Italy continued to grapple with the tension between institutionalization and autonomy. The new cycle of mobilization was renewing the fight for the maintenance of institutional health centers while also expressing the desire to develop new self-management initiatives. In my perspective, this double-sided stance, originating from the past and influenced by the present, raised questions about processes of institutionalization for and within movements' continuity and change.

What meaning did activists attribute to FHCs and how and why did they claim to reappropriate them? How and why were they promoting the proliferation of new self-managed initiatives? What connection did both claims have with the feminist mobilization that took place in the 1970s? How did the different character and identity of the present movement shape their interpretation of the past?

Seeking to address these questions, this thesis aims to investigate the relationship between the past and the present in the Italian feminist movement by examining how contemporary activists interpret health centers both as an institution and as a grassroots repertoire. In doing so, it also aims to shed light on how institutionalization may affect subsequent activism and how grassroots repertoires of self-management may re-emerge after institutionalization.

The analysis of the temporal dynamics of social movements is a long-standing area of study that has recently garnered increased interest in the sociology of social movements (Gillan & Edwards, 2020; Mcadam & Sewell, 2017). The scholarly research in this field has encompassed studies examining the temporal nature of protest cycles (Tarrow, 1993, 1998),

[6] This is the same term used to identify health centers but ending with a feminine vowel.

the persistence and change of movements (Rupp & Taylor, 1987; Taylor, 1989; Whittier, 1995), the outcomes of movements (Bosi et al., 2016; Giugni, 1998; Whittier, 2007), and the collective memory of activism (Berger et al., 2021; Kubal & Becerra, 2014; Zamponi, 2013).

Within this field, research on the continuity and change of social movements has raised important concerns about approaches that mainly concentrate on visible manifestations of social conflicts. While a large part of the study of social movements predominantly focuses on massive moments of protest, this body of scholarship has emphasized the relevance of those less visible forms of movement activity that take place in between protest cycles (Melucci, 1996; Staggenborg & Taylor, 2005; Taylor, 1989; Whittier, 1995). Additionally, scholars in this field have underlined the importance of considering the connection between the past and the present in comprehending present-day movements (Flesher Fominaya, 2015; Rupp & Taylor, 1987; Taylor, 1989; Whittier, 1995; Zamponi & Daphi, 2015). Without question, feminist movements worldwide have been a crucial subject of investigation for scholars interested in social movements' continuity and change. Feminist movements, indeed, exemplify the cyclical nature of social movements. At the same time, they have been among the most relevant case studies for scholars willing to investigate forms of political activism that fall outside the sphere of visible moments of protest.

This work brings these reflections into the study of forms of institutionalization. Institutionalization in the study of social movements is generally understood as constituting either the end of a movement's cycle (Tarrow, 1989, 1998) or a form of movement's continuity besides visible protest events (Ferree & Martin, 1995). Contributing to and expanding this literature, this thesis broadens the temporal analysis of institutionalization and seeks to address a rather under-research aspect of this phenomenon, that is how it may affect subsequent activism. Expanding on existing analysis of institutionalization, in this work I examine it as a legacy subsequent activism may both inherit and counter. In this regard, this thesis draws attention to how subsequent activism deals with the contradictions of institutionalization and its ambivalence in constituting both a partial success and a form of cooptation.

Additionally, this work engages with a peculiar process of institutionalization, the institutionalization of a movement's repertoire of action[7] which resulted in the creation of a State-led institution. As already mentioned, most frequently the study of institutionalization has focused on cases in which originally grassroots initiatives engaged in formal

[7] I consider feminist health centers as a repertoire of action in line with a growing body of scholarship within the study of social movements that has focused on non-protest oriented forms of action (Gillan, 2019; Zamponi, 2019a). A more detailed account about this conceptualization is provided in Chapter 2.

relationships with the State, while remaining nevertheless in charge of their institutions. Thus, existing research about the institutionalization of feminist (and other) health self-organized initiatives has investigated the consequences of institutionalization examining the political and bureaucratic constraints deriving from the integration of movement-run institutions within the framework of the State. The case of FHCs in Italy, instead, illuminates the peculiar contradictions and the consequences of a process of institutionalization in which the State established an entirely new institution, modeled upon movement initiatives, but ultimately recentralized the control into its hands, excluding the movement itself.

The study of this phenomenon may be of interest to a variety of social movements. In fact, the institutionalization of forms of self-management, autonomous movement practices, and alternative and prefigurative initiatives has often constituted the premise upon which modern welfare states have emerged (Annetts et al., 2009; Barker & Lavalette, 2016; Beito, 2000). In turn, the resurgence of self-management has recently received renewed attention (Bosi & Zamponi, 2015; Guidi & Andretta, 2015; Malamidis, 2020), as self-organized initiatives proliferated anew in response to the crisis of welfare states. In this regard, the analysis conducted in this work sheds light on the karstic path and the transformation of forms of action, both as part of a movement's collective identity and as a result of the shifting relationship with the State.

This thesis also wishes to contribute to the study of feminist movements in Italy, focusing on some aspects that have remained somewhat overlooked both in national and international scholarship. First, by focusing on FSHCs, this research addresses an aspect of 1970s feminism in Italy that has remained marginal within historiographical works. Less known and less numerous with respect to other similar initiatives in other countries, notably in the US, FSHCs have not been the subject of scholarly attention as did for example the women's health movement in the US. As some have highlighted, the reason for this marginality may be retraced in their hybrid character compared to traditional self-consciousness group which constituted the core of the feminist movement of the time and which has generally retained the attention of scholars (Percovich, 2005). Another reason why feminist health activism has remained marginal is its ambivalent relationship with institutions, which somewhat made it a puzzling and controversial element in the strongly anti-institutional identity of the movement. Furthermore, among the reasons why FSHCs in Italy have received only limited attention lies in their quite rapid dissolution as a consequence of the institution of FHCs. While thus these movement initiatives have remained overlooked, very little is known also about the way in which these self-managed

and autonomous initiatives did (or did not) engage with institutional change. Even less we know about the forms of professionalized feminist activism that have continued to exist within FHCs in the country.[8]

Finally, through the study of the long trajectory of FSHCs, this work contributes to studying the relationship between past and present feminist movements in Italy. Indeed, scholarly research addressing continuity and change in Italian feminist movements is still rather scarce. Differently compared to what happened in the US, scholarly and activist debates about the nature, similarities, and differences of feminist waves, have not been so central in the Italian context. While some works have already started investigating the relationship between different phases of feminist activism in Italy (Chironi, 2019), much remains to be done. Focusing on the trajectory of FSHCs as a repertoire, this study contributes to examining the relationship between past and present feminist activism in the country, as well as those forms of continuity and change that have unfolded in between them.

Throughout the thesis, it will become clear that the current mobilizations and repertoires are not only rooted in the 1970s but also influenced by the less visible changes and developments that occurred following that period. The demarcation and definition of waves of feminist movements will thus appear to be not as easily discernible as commonly portrayed.

In what follows, Chapter 2 outlines the theoretical foundations of the thesis, situating it at the intersection between the study of social movements' temporal dynamics and the study of institutionalization. It outlines the relevance of analyzing how processes of institutionalization affect subsequent activism, going beyond an understanding of institutionalization as either the end of a movement cycle or as a form of movement continuity.

Chapter 3 provides an account of the methodology of the research, including the epistemological premises, the research design, the rationale behind the selection of the cases of Rome and Milan, and the methods adopted. It also offers an overview of the challenges encountered during the fieldwork.

In Chapter 4, the empirical investigation begins, by examining how feminists involved in self-management experiences in the 1970s have interpreted and responded to the establishment of FHCs in Rome and Milan. The chapter illustrates the analogies and differences between the two cases and highlights the different approaches adopted by the

[8] Some recent publications have started filling this gap (Baschiero & Olivieri, 2022; Todros, 2022).

local movements: a politics of pragmatic engagement in Rome and a politics of distance in Milan. It also delves into the early stage of FHCs' development in the two cities, highlighting the different degrees of movement involvement in the two cases.

Chapter 5 provides an overview of the transformations that FHCs have undergone since their establishment, namely as a result of the introduction of neoliberal policies within the Italian NHS, beginning in the 1990s. Additionally, it examines the regional developments of neoliberal policies in the regions of Rome and Milan. It also provides an overview of how long-term feminist activists involved within FHCs as professionals or users interpret these changes.

In Chapter 6, I delve into the examination of contemporary activism, specifically focusing on the interpretation that activists currently assign to FHCs. The chapter examines the ways in which activists in Rome and Milan have defended FHCs during the mobilization phase of NUDM. It delineates the different perspectives held by activists in the two cities on FHCs and proposes a connection between the present circumstances and past phases of feminist movements. Furthermore, it sheds light on how the movements' continuity and collective memory play a crucial role in shaping the defense of FHCs as a legacy of previous feminist activism.

In Chapter 7, the study examines the resurgence of feminist and transfeminist self-managed health centers. The analysis specifically looks at two projects in Milan and Rome, namely the Consultoria Autogestita and the Consultoria Transfemminista. The analysis illustrates the distinct paths that resulted in the reintroduction of self-managed initiatives in the two cities, emphasizing the connection with the historical trajectories of the local movements. It underlines the relevance of repertoires as symbolic tools used by activists to position themselves in the movement's history, marking both continuity and discontinuity from prior waves of feminist mobilizations. Furthermore, it examines the underlying reasons that lead to the decision of self-management following institutionalization.

Chapter 8 provides an overview and expands the analysis carried out in the preceding chapters. It presents concluding remarks regarding the temporality of feminist movements and the relationship between institutionalization and subsequent activism. The final section of the Chapter addresses the constraints that this work has faced and emphasizes the prospects for future research on the topic.

2 THEORETICAL FRAMEWORK

2.1 Introduction

The objective of this study is to address the following questions: how does institutionalization affect subsequent activism? How do today's feminist activists interpret health centers as an institution and as a movement repertoire?

To answer these questions, this study draws on and combines existing research on the institutionalization of social movements with investigations of the temporal dynamics of collective action. The analysis focuses on the Italian feminist movement, specifically examining the institutionalization process that led from FSHCs to FHCs in the 1970s and its connection to present-day feminist activism.

Processes of institutionalization and studies of social movements' temporal dynamics share some – often implicit – theoretical connections. In the study of social movements, institutionalization has been traditionally considered a phenomenon coinciding with the end of a movement cycle. It is frequently contended that when major moments of protest approach their conclusion, social movements tend to transition towards more traditional and less confrontational modes of action. This often involves tempering their demands, adjusting their collective identity to align with the diminishing strength of participation, and to varying degrees, becoming incorporated within the structure of the State or other institutions. (Kriesi, 1995; Piven & Cloward, 1979; Staggenborg, 2013; Tarrow, 1989; Zald & Ash, 1966). Contrary to this prevailing understanding of institutionalization as the ultimate phase in the life cycle of a movement, some scholars have endeavored to offer a more nuanced interpretation of this phenomenon. Several authors have claimed that movements may persist beyond the process of institutionalization, which they conceptualize as a transformative organizational shift and a means of maintaining the movement's ongoing existence (Banaszak, 2010; Clemens, 1993; Ferree & Martin, 1995). These different perspectives show how the study of social movements' institutionalization implies considerations about movements' temporality.

This work aims to further these reflections by investigating institutionalization through a temporal perspective that encompasses long-term dynamics within the Italian feminist movement, examining its relevance for subsequent activism. Despite the significant number of works addressing social movements institutionalization, in fact, the consequences of such a process for subsequent activism have rarely been addressed. Yet this appears to be a particularly relevant perspective when adopting broader temporal lenses in the analysis of social movements. Processes of institutionalization that unfolded in past cycles of mobilization may in fact constitute for subsequent activism both a resource and a constraint. They may represent a terrain of continuity between one cycle and the other, as much as they may constitute a model against which new forms of activism develop. In this regard, this work analyzes institutionalization drawing on scholarly works that have investigated social movements' continuity and change (Staggenborg, 1998; Staggenborg & Taylor, 2005; Taylor, 1989; Whittier, 1995), the role of collective memory (Berger et al., 2021; Daphi & Zamponi, 2019; Zamponi, 2013), and the consequences of social movements (Bosi et al., 2016; Giugni, 1998; Whittier, 2007) in order to account for the relationship between past and present cycles of mobilization.

Because of its endurance, through moments of visibility and latency, the feminist movement allows for conducting an in-depth analysis of how processes of institutionalization that unfolded in past movements' cycles may affect subsequent activism. At the same time, it offers the opportunity to investigate how contemporary activists engage with the consequences of past processes of institutionalization.

Importantly, the process of institutionalization investigated in this thesis differs from how institutionalization has been traditionally conceived, that is with a focus on movement actors. In this work, by examining the way in which FHCs emerged as an institution modeled upon FSHCs, I shed light on the peculiar dynamics underpinning the institutionalization of movements' repertoires.

This theoretical framework provides an overview of the literature and outlines the central concepts guiding the research.

In what follows, I first situate this work in the field of studies on movements' temporal dynamics. I present and discuss existing approaches that account for the relationship between the past and the present in social movements, highlighting the role of social movements' continuity and change, of collective memory, and social movement outcomes as elements that connect one cycle of mobilization to the other (2.2). I then address the way in which temporality has been conceived within the study of feminist movements and waves (2.2.1). Afterward, I examine and discuss studies of movement institutionalization,

intending to provide the necessary background to understand how the latter may affect subsequent cycles (2.3). Within this section, I also conceptualize the institutionalization of movement repertoires, shedding light on the specific type of institutionalization that this thesis investigates (2.3.1). In the last section (2.4) I situate this work at the intersection of the study of health movements and the study of social movements in the crises.

2.2 Temporality and Social Movements

Examining the relationship between past and present feminist activism in Italy, this research is situated within a growing field of studies aiming at widening the temporal lenses in the analysis of social movements, accounting for the «historical embeddedness of collective action» (Daphi & Zamponi, 2019). Indeed, a historically sensitive approach to social movements is a crucial way to avoid forcing their reality into fixed «invariant and transhistorical models» (Goodwin et al., 1999, p. 18), while at the same time disclosing elements of continuity and change in the transformations movements undergo over time (Taylor, 1989; Whittier, 1995).

As scholars have recently highlighted, temporality has been often «left in the background» in social movement theories (Gillan & Edwards, 2020, p. 501). Nevertheless, it has represented a key element in the development of the field of study, although at times implicitly.

For instance, although not central in much of contemporary research on social movements, the relationship between collective action and the historical context in which it takes place has been a key aspect of some seminal works in the field (McAdam & Sewell, 2001). As it is well known, Charles Tilly situates the rise of the modern repertoire of contention in the context of the historical shifts of modernity, the formation of the nation-state, and the rise of the capitalist market (Tilly, 1993, 1978). Studying the relationship between macro-scale changes unfolding in Great Britain between the eighteenth century and the nineteenth century, Tilly identified a shift in the contentious repertoires adopted. The prevalence of forms of action such as strikes, rallies, demonstrations, and public meetings emerged as typical of the modern repertoire of contention, differing significantly from the previous one. From a different perspective, scholars of 'new social movements' have also pointed to the relationship between the character and features of movements of the 1960s and 1970s and their surrounding historical and social environment (Melucci, 1989, 1996; Touraine, 1971). The peculiar features of new social movements have been analyzed as resulting from broader societal changes. According to Melucci, complex societies of the

informational age have fostered the emergence of movements challenging societal codes and targeting fields that were previously untouched by collective action, such as life itself, culture, and identity.

In this perspective, social movements have been considered «of their time» (Gillan, 2018), being situated within, and largely influenced by, the broader historical context in which they take place.

While these studies have emphasized the structuring action of the historical context, other approaches have instead stressed the transformative character of social movements with respect to larger historical dynamics. In this vein, scholars have investigated how protest events may mark turning points that shape subsequent developments in unforeseen ways. According to Sewell (Sewell, 1996a, 1996b), historical events cannot be fully analyzed as resulting from the gradual changes preceding them. What makes certain events historical is precisely their transformative nature. Events «reshape history, imparting an unforeseen direction to social development and altering the nature of the causal nexus in which social interactions take place» intervene in history by altering the social structures of society (Sewell, 1996a, p. 21). Building on Sewell's considerations, scholars have investigated the role of eventful temporalities in social movements considering protests as transformative events both for the broader society and for the movements themselves (della Porta, 2008).

In between long-term changes at the macro level and eventful protest, scholars of social movements have also examined movements' temporality by focusing on the dynamics of protest cycles. Scholarship in this field has highlighted how movements' «moments of madness» express an internal cyclical temporality, a dynamic of emergence, peak, and decline which recurs in more or less repetitive patterns (Kriesi, 1995; McAdam et al., 2001; Tarrow, 1989, 1993). According to scholars, social movements' cycles embed a peculiar temporality in themselves, which is in turn, shaped by the interplay between the surrounding political context and the interaction among the actors (Tarrow, 1989).

Both the study of movements' cycles and that of protest events have in common a focus on highly visible and spectacular forms of protest. Significantly, other scholars have adopted different temporal perspectives that have both been grounded upon and resulted from a different conceptualization of what counts as a social movement.

A key example in this sense is constituted by scholarly works on social movements' continuity and change. This body of literature has importantly re-conceptualized the understanding of social movements themselves by focusing on those less visible moments that fall outside cycles of contention and protest events (Staggenborg & Taylor, 2005). Challenging the assumption that a social movement should be considered exclusively as the

manifestation of massive protests unfolding during a cycle's peak, scholars have paid increased attention to what happens before and after a movement's outburst. In this vein, scholars emphasized the relevance of previous cycles of mobilization for subsequent ones (Rupp & Taylor, 1987), as well as the role of pre-existing forms of organizing and protest traditions (Morris, 1984).

Indeed «movements for social change are not reborn anew each time they resurge, and they do not necessarily die when they decline» (Whittier, 1995, p. 257); they also do not «spring full-blown out of nowhere, anymore than the injustice they attempt to correct» (Rupp & Taylor, 1987, p. 6).

In this field, the study of abeyance structures (Taylor, 1989), social movements communities (Buechler, 1995; Staggenborg, 1998), movements' latency and submerged networks (Melucci, 1989) has importantly contributed to highlighting a different temporality of movements, lying in the less visible activity that movements carry on besides massive moments of protest. Analyzing women's movements between 1945 and 1960 in the US, Rupp and Taylor (1987) have highlighted how feminist organizations that survived after the so-called first wave and continued to exist until the second, were «able to perpetuate feminist ideals and aims in the unfavorable atmosphere of the postwar years» and worked to create «an environment in which committed feminists pursued their goals and found a community of like-minded women» (ivi, p. 9), contributing to maintaining the movement continuity in between waves. Seen from this perspective, feminist massive mobilizations of the 1960s «can also be viewed as a resurgent challenge with roots in an earlier cycle of feminist activism that presumably ended when suffrage was won.» (Taylor, 1989, p. 761). The concept of abeyance structure, as developed by Taylor suggests that even in hostile environmental conditions social movements may survive in the doldrums. In his theorizations about new social movements, Melucci (1984, 1989, 1996) has underlined how visible and massive protest represents only one of the components of social movements' dynamics. Besides moments of intense mobilization, movements continue throughout phases of latency. In Melucci's view, latency doesn't mean inactivity: during these moments, movements remain active through submerged networks in which the movement's collective identity is both preserved and renewed. These networks represent «the submerged reality of movements before, during, and after visible events» (Melucci 1988 p. 338). The concept of social movement communities (Buechler, 1990; Staggenborg, 1998) has been equally adopted to stress movements' survival beyond protest, focusing on both loose and informal networks and formalized organizations, Staggenborg (1998).

Following the way paved by these studies, numerous scholars have investigated social movements by stressing the relevance of previous moments of protest or pre-existing organizations in shaping the emergence of new mobilizations (Flesher Fominaya, 2015; Zamponi & Daphi, 2015). In this respect, the shift towards less visible forms of activism has been nurtured by and has in turn prompted different conceptualizations of movements' temporal dynamics, leading to increased attention to movements' continuity. At the same time, scholars working in this field have also highlighted the importance of the dynamics of change unfolding within persisting social movements. Whittier's analysis of feminist generations has underlined the role of generational turnover as both a resource for the movement's endurance and the site of crucial transformations in the movement's collective identity (Whittier, 1995). The author has urged scholars to pay attention to «how feminist collective identity changes with generational turnover and to the implications of these shifts for the movement's tactical and organizational development and survival» (ivi, p. 24). The analysis of generational continuity and changes highlights how different political generations come to perceive their collective identity differently. While the persistence of the movement is sustained by both the long-term commitment of activists and the entry of activists of new generations, this coexistence often marks different perspectives about definitions of identity. As Whittier puts it «the task of scholars of social movements is to explain how long-lived challenges, like the river, both persist and are continually made anew.» (Whittier, 1997, p. 760).

Although not explicitly focusing on temporality, another key strand of scholarship that has contributed to expanding the study of social movements beyond single protest waves is represented by works investigating the consequences of social movements.

This strand of literature has dedicated attention to the study of movements' impact in the political and institutional realm, in the cultural sphere, and for activists' biographical trajectories (Bosi et al., 2016; Giugni, 1998). Whilst to a large extent studies of movements' consequences have an implicit underlining concern with movements' temporality and endurance, there have also been important explicit efforts to highlight the relevance of outcomes for subsequent activism. In this regard, the study of movements' consequences for each other represents a crucial reference (Whittier, 2007). Previous movements may indeed influence subsequent ones by providing resources, enduring frames, sets of tactics, and organizational forms. They can also affect the context in which subsequent activism takes place, by shaping the political and cultural sphere (ibid.).

With regard to this dynamic for the women's movements, scholars have pointed out that «contemporary collective actions taken by women are rooted in structures of opportunity that are themselves the products of women's past organizing efforts as well as of present-day social relations» (Marx Ferree & McClurg Mueller, 2004, p. 204).

While past outcomes affect the context in which subsequent activism unfolds, they also influence the development of movements themselves.

As Gupta (2010) argues «movement outcomes are highly consequential, as successes or failures in one period of time can influence a movement's subsequent reputation, development, choices, and efficacy» (p. 218). Similarly, in her work Suh maintains that «not only do the conditions for movement growth and the trajectories of movement development influence movement outcomes, but movement outcomes become a critical factor in the subsequent rounds of collective action and the future dynamics of social movements» (Suh, 2014, p. 5).

In this vein, scholarly works have investigated the consequences of achieving outcomes for the mobilizing strength of movements. Scholars have at times identified movements' success as resulting in demobilization (Zald and Ash 1966; Piven and Cloward 1977; Meyer and Minkoff 2004; Raeburn 2004). Indeed, achieving desired policies may indirectly spark the idea that mobilization is not needed anymore (Raeburn 2004).

Nevertheless, some scholars have provided more nuanced accounts of the consequences of positive outcomes. In this vein, Linders (2004) has examined the developments that unfolded in the US and Sweden after abortion legalization had been achieved in both countries. Highlighting the different dynamics emerging from the comparison, Linders argued that «the institutional, cultural, and sociopolitical arrangements surrounding abortion prior to the emergence of the decriminalization movement in the 1960s provided different sets of opportunities and constraints for actors in Sweden and the United States, and hence steered subsequent developments in somewhat different directions» (Linders 2004, p. 373). While Linders' work focused on the contextual factors shaping different developments after movements' success, another set of studies has instead focused on actor-centered approaches to the consequences of movements' outcomes, focusing on the subjective interpretations of actors. Key in these works is the consideration that movements' consequences cannot be analyzed simply objectively: movements apprehend them through their interpretive work (Suh, 2014).

Kane's study of the gay and lesbian movements' policy success has highlighted how outcomes that are directly attributed to the movement may stimulate further mobilization, while those that result from limited movements' engagement tend to result in

demobilization (Kane, 2010). Thus, the outcomes of social movements may have different symbolic meanings in relation to how they have been interpreted and framed. This consideration may also have important consequences for how subsequent activism understand the outcomes of previous cycles of mobilization, in as much as following generations may inherit or contest pre-established visions of the movement's success or failure. As Meyer (2006) contended, «claiming credit» for past outcomes may constitute a powerful resource for activists in representing their collective identity in relation to previous cycles of mobilization. The representation of past outcomes resulting from movements' influence «maintains the enthusiasm of the faithful, mobilizes new activists by providing a script for contemporary actions and makes sense of current political challenges.» ibid., p. 293). Thus, outcomes of the past can also be relevant in as much as they can become embedded in narratives that aim at positioning further activism in continuity with previous seasons of mobilization.

In addition, outcomes achieved in previous cycles of mobilization may require subsequent activists to engage in defensive struggles. Policy outcomes, in particular, may hold a precarious status, being threatened by government changes as well as by counter-movements (Meyer & Staggenborg, 1996; Staggenborg, 1995). While the defense of previous outcomes may enhance movements' continuity, subsequent cycles may also express dissatisfaction, disillusion, and frustration with past outcomes. These considerations may become particularly relevant with regard to generational dynamics and conflicts. Since generational changes bring about changes in collective identity, repertoires, desires, and ambitions, previous outcomes may come to be seen differently as time goes by.

Finally, a key aspect in the study of social movements temporality has come from the study of collective memory (Daphi & Zamponi, 2019; Doerr, 2014; Olick, 1999; Zamponi, 2013). Scholars in this field have been interested in memory of movements, that is how social movements are remembered in society, movements about memory, that is movements engaged in shaping or countering the memory of particular historical events, and memory in movements, that is the role that collective memory may play for social movements in terms of collective identity, tactics, organizational structures, recruiting process and so on (Daphi & Zamponi, 2019).

As scholars have argued, movements are indeed mnemonic communities (Zamponi, 2018b) in which processes of socialization unfold that shape how the past is understood and remembered. Collective memory constitutes «a cultural resource out of which activists draw symbols and ideas» (Kubal & Becerra, 2014, p. 872). Memories of the past can contribute to

fostering a sense of identification by fostering new solidarity ties and maintaining internal continuity (Gongaware, 2010), they can be a tool through which movements represent themselves in the public sphere, often challenging established narratives of the past (Hajek, 2013a, 2013b; Zamponi, 2018b). Memory is also in itself one of the ways in which movements influence each other, carrying and preserving past ideas, repertoires, histories, and myths. In addition, collective memory represents a site of activists' agency in relation to the past: far from being a simple reproduction of the past, remembering implies a reconstruction. Scholars have forged the concept of memory work (Zelizer, 1995; Zerubavel, 1996) to underline the active engagement required by the act of remembering. As Zerubavel puts it «much of what we 'remember' is actually filtered (and therefore inevitably distorted) through a process of interpretation that usually takes place within particular social surroundings» (Zerubavel, 1996, p. 285). In this regard, how contemporary activists see the past is the result of their present needs, identities, and context.

The study of collective memory represents an important venue to investigate how subsequent activism relates to past cycles of mobilization.

Scholars have investigated how movements can intentionally and purposefully appropriate memories of the past or construct narratives that incentivize their mobilizing capacity. Mobilizations can be strengthened by making reference to past historical events (Armstrong & Crage, 2006; Harris, 2006); activists may mobilize the past by reconnecting themselves with the history of previous movements (Baumgarten, 2017; Jansen, 2007; Zamponi, 2018b); narratives about the past can provide incentives for subsequent mobilizations (Polletta, 1998a). At the same time, established memories and representations of the past constitute the cultural and symbolic context in which movements themselves are located. Thus, memory also holds a structuring dimension that affects how social movements perceive the past.

Accounting for the interplay between structure and agency in activists' relationship with the past, scholars have also sought to investigate the relationship between historical legacies and collective memory in social movements (della Porta et al., 2018). These reflections have provided key insights highlighting how processes of institutional change that have been achieved through significant participation from below leave their traces in the positive memory of subsequent cycles of mobilization. The study conducted by della Porta and colleagues (2018) has also importantly argued that despite the relevance of previous legacies in shaping the context of subsequent activism «history does not have to be considered as determining social movement courses by overstructuring them. Indeed, the essence of social movements is agency and innovation» (della Porta et al., 2018). In this regard, memory

constitutes one key site of social movements' ability to act upon the representation of the past.

Research on social movements continuity and change, movements' outcomes, and collective memory have all contributed to deepening the temporal understanding of social movements, focusing attention on the relationship between the past and the present in social movements. In this work, I draw on studies in these three subfields simultaneously, to investigate how a process of institutionalization that unfolded in the past affects subsequent activism. I examine institutionalization thus both as a source of movements' continuity, as an outcome that is relevant for subsequent activism, and as part of the movement's collective memory. Before delving into the way institutionalization has been addressed within the study of social movements, some remarks are necessary for the relevance of temporality in the study of feminist movements.

2.2.1 Feminist Movements, Temporality and Waves

Aiming to provide an examination of the relationship between previous cycles and subsequent activism within the Italian feminist movement, this work draws on critical debates that unfolded among feminist scholars, philosophers, and historians about the temporality of feminist movements.

Because of its both enduring and changing character, the feminist movement has prompted crucial reflections regarding its temporal dynamics. As already mentioned, studies of social movements continuities and changes in between and beyond cycles of protest have often been sparked by the study of feminist movements (Rupp & Taylor, 1987; Staggenborg, 1995, 1998; Staggenborg & Taylor, 2005; Taylor, 1989). Somehow in parallel to scholarly debates about the limitations of a protest-centered analysis of movement cycles, scholars and feminist activists themselves have been engaged in intense discussions about feminist movements' temporality, and in particular regarding feminist waves (Laughlin et al., 2010).

Among the limitations that scholars and activists have identified in the widespread use of the wave metaphor, its predominant emphasis on highly visible moments of massive protest is certainly one of the most significant. Furthermore, scholars have also pointed out that analyzing the feminist movements in terms of distinctive waves often implies downplaying and overlooking the internal differences within each wave. The work of Benita Roth has been especially influential in this respect, highlighting the multiplicity of feminism(s) that

constituted the US second wave. As the author has argued, second-wave feminisms «were plural and characterized by racial/ethnic organizational distinctiveness» (Roth, 2004).

In addition, the wave metaphor tends to overemphasize the differences between each new moment of mobilization. Differences and conflicts among different generations of feminists, as well as changes in the movement's collective identity are certainly a reality that should not be overlooked. At the same time, while the emphasis on differences and newness may represent a tool through which activists themselves position new mobilizations with respect to the past, continuity and persistent challenges tend to be downplayed in this view. In addition, the representation of newness is often the result of media narratives that tend to place emphasis on generational divisions and conflicts.

In general, among the risks underpinned by the wave-based conceptual framework, historians have also highlighted that such a construct tends «not only to simplify the past, but to determine what is significant to preserve and study.» (Laughlin et al., 2010, p. 79).

Scholars have thus suggested that studies on feminist movements should stand on more nuanced and even expanded temporal lenses, considering broader periods of time besides the most visible moments of feminist mobilizations. At the same time studies should take into account the at times subtle and less evident differences unfolding within movements and those even less visible forms of continuity that unfold in between waves.

Additionally, the study of temporality in narratives about feminist movements (and feminist theory) has also disclosed the risks of accounts resting upon visions of linear progress or inevitable decline (Hemmings, 2011). These kinds of narratives appear to be somewhat structuring both activist and scholarly accounts of waves. As Hemming has argued, stories about the development of feminist waves and related theories tend to either depict their 'evolution' in terms of progress or through narratives of loss, according to the perspective from which such stories are told.

Visions of progress and loss have been the target of significant criticism also within those studies that have examined narratives underpinning debates about the «backlash» on women's and gender rights (Faludi, 2006). According to Faludi backlash is «a recurring phenomenon: it returns every time women begin to make some headway towards equality, a seemingly inevitable early frost to the brief flowerings of feminism» (ivi, p. 68). Several scholars have recently underlined the critical weakness of the concept of backlash. Among others, a significant critique has come from feminists engaged with historiography who have sought to question the idea of temporality underlying the concept of backlash. In her analysis, Browne (2013) critically explores the shortcomings associated with the notion of backlash, which points to the idea of feminist movements being perpetually trapped in a

cycle of inevitable repetitions. Such an approach sees «feminist history in terms of the endless repetitions that are forced by recurring backlashes against feminism» (ivi, p. 906), ultimately underlining the movement's failure in securing its role in society. As the author argues, adopting a different vision of the historical time and of the temporality of feminist movements, the re-emergence of struggles pushed by the never-stable character of feminist outcomes can be seen as an instance of the «untimeliness» of feminist history: «untimely repetitions and resurfacings are the very mechanisms of change, within a historical time that is multilinear and internally complex» which makes visible «the transformative possibilities opened up by feminism's own forgotten or 'hidden histories'» (Browne, 2013, p. 915). In this sense, the ever-returning character of some feminist struggles doesn't inevitably respond to exclusively defensive actions but opens possibilities for further change.

Thus, adopting a more nuanced account of feminist movements continuity and change, as well as a non-linear historical perspective to understand the relationship between past and present activism appears to be crucial. This represents a key aspect in the development of this work, as such an approach is relevant when exploring persisting challenges throughout different cycles of feminist activism as sites of both continuity and innovation.

In what follows, I delve into the way in which institutionalization has been analyzed and discussed within the literature on social movements and explain the relevance of stretching the temporal boundaries of institutionalization as a concept and as a process to investigate how it affects subsequent activism.

2.3 Institutionalization and Subsequent Activism

In the field of social movements, institutionalization is commonly conceptualized as a process characterized by the establishment of formal and professional organizational structures, typically entailing interactions with the State or other institutional entities. Scholarly investigations have examined institutionalization as the process by which movement organizations may enter traditional politics, become formalized political parties, or participate in institutional politics - with varying degrees of formal participation. (Bosi, 2016; Goldstone, 2003).

As Ruzek puts it «as groups rely more on conventional forms of political action, such as lobbying and building enduring organizations and associations, social movements gradually become established interest groups and promote their now more socially acceptable causes» (Ruzek, 1978)

Scholars have intensely debated whether movements' formalization might benefit or damage their aims (Castaño, 2019; Piven & Cloward, 1979; Suh, 2011; Tarrow, 1998). Some scholars have examined institutionalization as an expression of the State's cooptation of social movements, while others have inclined towards interpreting it as a consequence that arises, in part, from intentional actions and choices made by the movements themselves. (Bosi, 2016).

The work of Piven and Cloward can serve as an illustrative example of the first interpretative perspective. The authors assert that only disruptive protest holds significant potential for advancing social movements, as it compels the State to grant concessions that it would otherwise be unwilling to offer. Large and formalized organizations, instead, «work against disruption because, in their search for resources to maintain their organizations, they are driven in inexorably to elites, and to the tangible and symbolic support that elites could provide». Indeed, the State offers recognition and advantages to organizations that can successfully reintegrate into mainstream politics, so eliminating their potential threat. As a result, the presence of established and institutionalized movement groups tends to have a demobilizing and moderating effect on popular protests. This approach aligns with the concept of the «iron law of oligarchy» which posits that the establishment of extensive professional and bureaucratic institutions eventually results in cooptation and moderation. (Michels, 1968).

On the contrary, in the tradition of Resource Mobilization Theory, scholars have maintained that for movements to endure and attain their goals, formalization, professionalization, and organizational structure are essential. McCarthy and Zald (1977) in particular deemed that formal and professional organizations are necessary for movements to achieve success.

From an alternative standpoint, many researchers have endeavored to emphasize the potential agency of movements on/in the institutionalization process, notwithstanding the constraints underpinning it. Providing a relational and dynamic account of institutionalization Suh defines it as «a process of social movements traversing the official terrain of formal politics and engaging with authoritative institutions such as the legislature, the judiciary, the state, and political parties to enhance their collective ability to achieve the movement's goals» (Suh, 2011, p. 443). In her study of the Korean women's movement, the author emphasizes that among the factors that contributed to the institutionalization of the movement, in addition to the state's support and the availability of international political opportunities, a crucial one was the change in activists' perception of the State. While at first,

the State was regarded as a hostile entity, the movement later came to see it as a potential ally. In this sense, the institutionalization of the movement,

> was not a linear process, but a result of concurrent strategic choices by the movement to participate in formal politics and of the state to integrate movement activists and their demands into political institutions under specific, propitious conditions. Movement institutionalization is thus relational by nature, and historically and socially made, not naturally evolving or structurally determined. (Suh, 2011, p. 463).

Thus, Suh emphasizes that the movement's agency was a crucial element in the process of institutionalization. In addition, Suh's work also challenged the assumption that institutionalization inevitably results in moderation of claims or in dismissing grassroots collective action. Movements can in fact adopt a «dual strategy of exercising simultaneously assimilative and disruptive collective actions» (ivi, p. 446). In a similar vein, Bosi (2016) emphasizes a strategic and relational reading of movements-state relationships arguing that «institutionalization is a process driven, to a significant extent, by dynamics located within the process itself, in patterns of interactions involving multiple actors within the relational field formed by the political conflict.» (p.355). These authors thus highlight movements' agency within processes of institutionalization, countering prevailing understandings of the movements-state relationship as essentially resulting in movements' cooptation.

Partly overlapping with these different perspectives on the consequences of institutionalization, divergent considerations have also emerged based on its temporal dynamics.

Scholars assuming protest events as central to their analysis of social movements have tended to see institutionalization as coinciding with the end of a cycle, thus equating it with demobilization. Scholars who have sought to understand movements' continuity through less visible and more subtle forms of activism have seen institutionalization as a form of sustained activism in a different setting and through different means.

As it is well known, in his study of the Italian cycle of contention of the 1960s and the 1970s in Italy, Tarrow argues that the decline in mass participation in protest prompted divisions between those willing to moderate their claims, and thus institutionalize, and those aiming at continuing radical contention, who turned instead to violent action (Tarrow, 1989). Tarrow's understanding of institutionalization as the final stage of a movement's life cycle (alternative to radicalization) has been largely diffused in the study of social movements (Kriesi, 1995). Other scholars, instead, have highlighted the potential of activism

within institutional settings as a form of continuity besides protest. A large part of this scholarship has been inspired by the attempt to reframe the way in which the women's movement in particular had survived after the protest cycle of the 1960s and 1970s. Responding to largely diffused rhetoric about the death of the women's movements, scholars have addressed its survival arguing that a different perspective on politics was necessary to see the continuously sustained activism of women after a protest cycle (Bereni, 2021; Bereni & Revillard, 2012, 2018; Staggenborg & Taylor, 2005; Whittier, 1995). Institutional settings have been considered sites in which political challenges initiated with massive protests continued into everyday life. For example, Katzenstein has provided an analysis of «unobtrusive mobilization» by looking at women's activists inside the Church and the Military as a form of continued mobilization that aimed at nurturing gender consciousness within unfriendly institutional contexts (Katzenstein, 1990). As she argues: women's groups and networks have worked to «'reinvent' feminism in ways that attempt to make sense of the daily experiences of women located within these institutions» (ivi, p. 28). Other studies have emphasized the role of movement «insiders» within State bureaucracy. Banaszak's work has examined the role of feminist individuals within State bureaucracy, analyzing how the interplay between insider tactics and outside activism has favored the implementation of relevant policies for women's and gender equality (Banaszak, 2010).

Looking at the role of feminist organizations, scholars have argued that despite having faced a certain degree of institutionalization, by becoming formalized or professionalized, or by having «entered onto the terrain of the state» (Reinelt, 1995), they have remained essential loci of feminist activism. Reinelt argues that a «politics of engagement» (ibid.) by movements' sectors within institutional settings can help foster grassroots organizations by facilitating their work and enhancing their recognition at the institutional level. As scholars have argued, despite having assumed a partly institutional character feminist organizations are a crucial aspect in the movement's life since they «reach across individual lifespans, connect generations and transmit their members' memories, hard-earned wisdom and unrealized hopes» (Ferree & Martin, 1995, p. 11).

While thus a significant body of scholarship exists that has analyzed institutionalization in ways that call into question the temporal dynamics of social movements, the way in which such a process may affect subsequent activism and new cycles of mobilization within the same movement remains an under-researched topic in the study of social movements.

Scholars have recently argued that «any reading of how and when social movements institutionalize need to pay attention to the shifting and mutually influencing interactions between social movements and the state over an extended period of time that is not limited

to a single protest wave, but takes into consideration different types of contention that are strongly interrelated» (Bosi, 2016, p. 355).

Drawing from these reflections, this thesis investigates institutionalization through a long-term perspective.

In this work, institutionalization will be analyzed as a legacy subsequent activism is confronted with. Instead of understanding institutionalization as benefiting or damaging movements, in this work, I aim to examine how activists make sense of such a process in a changed landscape, how different generations perceive it, and how the way in which institutionalization unfolds matters for subsequent mobilizations. I look at this process by investigating a peculiar type of institutionalization, that is, the transformation of originally grassroots movements repertoires in the health field into institutional healthcare services. The next section provides an account of what I define as the 'institutionalization of repertoires'.

2.3.1 The Institutionalization of Repertoires

I conceptualize FSHCs as a component of the feminist movement repertoire of collective action. This perspective aligns with the increasing recognition of forms of action that fall outside the sphere of highly visible tactics and public protest.

The study of repertoires of collective action has indeed predominantly focused on visible and state-oriented forms of action (Johnston, 2011; McAdam et al., 2001; Tilly, 1986; Van Dyke et al., 2005). The definition of the modern repertoire of contention, that is the «whole set of means [a group] has for making claims of different types on different individuals» (Tilly 1986, p.2) was inextricably tied to an understanding of movements as publicly visible challenges to the State (Tilly, 1986).

The limitations of such an approach have been acknowledged by several scholars who have advocated for widening the lenses of social movement analysis, departing from both state-centered perspectives and expanding the scope beyond massive moments of protest. The push towards studying less visible forms of action and expanding the targets of movements (Van Dyke et al., 2005) has been tied to the growing interest in collective identity and in movements' cultural and symbolic aspects (Melucci, 1996; Pizzorno, 1978; Touraine, 1971). The examination of repertoires of collective action has expanded to encompass actions directed towards institutions beyond the state, such as corporations, the military, the Church, or medicine. (Epstein, 1996; Katzenstein, 1998; Raeburn, 2004). Scholars have also investigated the adoption of performances as tactical repertoires that aim to contest and

subvert prevailing cultural norms and practices. (Rupp & Taylor, 2015; Taylor et al., 2004; Taylor & Van dyke, 2004). On the other hand, the attention towards culture and identity has broadened the analysis of social movements, extending beyond their observable and protest-driven activities. For example, scholars have examined how self-help practices might serve as contentious activities where gender identity is challenged and redefined through identity-focused activities. (Taylor, 1999). Moreover, scholars have put emphasis on the social practices of movements that deviate from the conventional understanding of tactical repertoires of action. While traditionally research about prefigurative politics or lifestyle activism have found little space in the broader field of works regarding repertoires of action, according to Gillan these are «practices oriented to the generation of social change, often located in wider social movements, and carry strategic assumptions drawn from participants' worldviews» (Gillan, 2019, p. 312).

In line with the substantial amount of research in the realm of social movements, which emphasize forms of action beyond protest and state-oriented activism, scholars have recently suggested the concept of «direct social action» (Bosi & Zamponi, 2015; Zamponi, 2019b) With this term scholars have identified «actions that do not primarily focus upon claiming something from the state or other power holders, but that instead focus upon directly transforming some specific aspects of society by means of the very action itself» (Zamponi, 2019b, p. 383).

Drawing from these studies, in this work feminist and transfeminist health centers are analyzed as repertoires of collective action, departing from how these initiatives have traditionally been analyzed in the literature, that is as movement organizations. The significance of this perspective lies in its contribution to comprehending the institutionalization and subsequent resurgence of this repertoire, which is the subject of this work.

Feminist repertoires like women's health centers and rape crisis centers started within the feminist movements of the 1970s and shared a collective, horizontal, and non-hierarchical form of organization (Morgen, 2002b; Nelson, 2015; Ruzek, 1978). While sometimes involving professionals, these experiences primarily relied on the idea that women could be experts based on their experiential knowledge, besides their professional qualifications. Despite their alternative and sometimes state-antagonistic character, in many cases these initiatives have faced processes of institutionalization (Beres et al., 2009; Matthews, 1994, 1995; Morgen, 1986; Reinelt, 1995; Ruzek, 1978; Simon, 1982; Zilber, 2002).

Existing studies surrounding the institutionalization of feminist initiatives such as women's health centers and feminist health centers have generally focused on how movement-run initiatives came to be incorporated into the third sector, through access to public funding and integration into the framework of the State's social policies. Thus, these studies have been preoccupied with understanding the challenges that such a process posed to the autonomy of originally independent movements organizations.

For example, in her study of the cooptation of a Women's Health Center in the US, Morgen (1986) traces the multiple and sometimes subtle ways in which the State shaped and reconfigured the center's originally grassroots practice through imposing gradual and subtle conditions in exchange for public funding. As she argued «the erosion of collective decision-making, an immersion in service delivery to the exclusion of other activities, and a dependency on continued funding which decreases the political autonomy of the organization» (Morgen, 1986, p. 201).

Similarly, Matthews (1994; 1995) has examined the complex relationship between the anti-rape movement and the State in the US. Studying the consequences of anti-rape centers' integration into the framework of the State, the author has highlighted that «the anti-rape movement's central orientation was transformed from a political agenda of changing consciousness to a social service agenda of helping victims manage the trauma they experience.» (Matthews, 1994, p. 123).

While the above-mentioned studies examined the incorporation into the no-profit and public sector, other scholars have investigated the incorporation into the corporate for-profit one. Thomas and Zimmermann examined the consequences of Women's Health Centers integration within corporate hospitals. As they argue, compared to the originally grassroots form of women's health centers, the incorporation into the hospital setting increasingly shifted the service's overall approach from a holistic vision of women's health - valuing educational and empowerment initiatives beyond the simple issue of reproduction - to a prevailing orientation towards early detection of disease and gynecological and obstetrical services (Thomas & Zimmerman, 2007).

As the above examples show, hence, the examination of the institutionalization of feminist repertoires has primarily focused on the consequences of independent feminist organizations depending on public funding and assimilating into state-driven policy initiatives or corporate frameworks.

This thesis investigates a different process of institutionalization: one in which the State established a new public institution partly modeled upon the autonomous repertoire developed by the feminist movement. Thus, the institutionalization of repertoires examined

in this work represents the process through which the State assumes responsibility for addressing societal needs that social movements are already addressing through their self-managed initiatives. This represents quite an important topic for social movement scholars, given that the institutionalization of mutual aid and self-management has represented an essential component of the history of welfare states (Barker & Lavalette, 2016; Beito, 2000; Busso & De Luigi, 2019). It should be noted that this process does not necessarily entail the institutionalization of actors, as the newly formed institution, albeit based on the innovative initiative introduced by the movement, is ultimately controlled by the State.

This work investigates the peculiar challenges such a process poses and its consequences for subsequent activism.

The next paragraph situates the study conducted in this thesis in the health field.

2.4 The Health Field

The study of the institutionalization and re-emergence of FSHCs conducted in this work entails an analysis of both self-managed initiatives in the health field and health activism around healthcare services. In what follows, I situate this work at the intersection of the study of health movements (P. Brown & Zavestoski, 2004) and of movements in the (multiple) crises (Bosi & Zamponi, 2015; della Porta, 2015; Zamponi, 2019b).

Health has represented a crucial site of contention for social movements. Ever since the Industrial Revolution, popular struggles have contributed to promoting the improvement of health conditions, occupational safety, and urban sanitization (Winslow, 1980). During the 1960s and 1970s the very definitions of health and illness have come under strain and underlying epistemological and epidemiological paradigms have been challenged. The increased medicalization and scientization of politics, society, and individual lives typical of modernization have prompted the development of new social movements (P. Brown et al., 2010; Melucci, 1989). Women's and feminist health movements have been key actors in this field, challenging male-dominated and sexist medical beliefs and practices and developing alternative knowledge and practices (Morgen, 2002b; Nelson, 2015; Ruzek, 1978). Other movements such as the anti-psychiatric movement have challenged medical authority and institutions, contesting treatments and medical practices and questioning definitions of health and illness as well as the oppressive character of normative assumptions about what is normal and what is pathological. The anti-psychiatric movement, similarly to women's and feminist health movements has both practices alternative from below (Crossley, 1999)

and contributed to reconfiguring traditional healthcare services, leading to the de-institutionalization of psychiatric hospitals (Basaglia, 2018; Crossley, 2006; Foot, 2014; Laing, 1990). During the 1980s other health movements have contributed to deepening the critique of medicine and medical practices. Movements in the field of HIV activism have importantly challenged epidemiological assumptions about the disease and foregrounded changes in trial schemes and treatments (Broqua, 2020; Epstein, 1996; Roth, 2017).

Largely influenced by these previous movements, recently scholars have drawn attention to the emergence of a particular kind of health movement, embodied health movements (P. Brown et al., 2004), that mobilize especially on the basis of the experience of disease, and involving the biological body as the primary basis of their struggle. Embodied Health Movements challenge scientific knowledge and often hold an ambivalent relationship with science, medicine and experts, since they often depend upon experts but forward strong critical views of scientific expertise. EHMs develop politicized collective illness identities by linking the experience of the individual disease to structural inequalities and power distribution, which are deemed responsible for causing the disease. A key aspect of these kinds of movements lies in their hybrid character: blurring the boundaries between activists and experts and between movements and institutions, embodied health movements have been considered as 'boundary movements' challenging traditional assumptions about collective action and movements themselves (Banaszak-Holl, 2010; P. Brown et al., 2004).

Other health-related struggles have received less attention in this field of research and have instead found a relevant place in the study of social movements through the lenses of those studies concerned with movements against neoliberalism, anti-austerity, and in defense of welfare and public services (Bosi & Zamponi, 2015; Christou, forthcoming; Della Porta, 2015; Kotronaki & Christou, 2019). Health movements against the privatization and marketization of healthcare have emerged at the global level and have responded to neoliberal transformations since at least the 1980s. The recent wave of anti-austerity struggles has put the defense of healthcare systems and services once again at the core of health activism. Movements in defense of NHSs have emerged in different countries, gathering both healthcare professionals and users (Geiger, 2021; Kehr, 2022; Pushkar, 2019; Spronk & Terhorst, 2012). As it has been pointed out, these struggles have mobilized claims and ideas that go well beyond the simple issue of access to or defense of the services (Kvåle & Torjesen, 2021). The defense of healthcare service is often local and imbued with affective ties, a sense of safety, and belonging to the community. In addition, mobilization

in defense of NHSs also implies a moral economy that includes visions of the public and often an ambivalent relationship with the State, which appears both as an alternative to the marketized economy of healthcare and one of the actors fostering it (Kehr, 2022). Thus, mobilizations in defense of healthcare systems and services disclose both elements of redistributive politics around welfare and cultural, symbolic, and emotional dynamics. Furthermore, these struggles often have not been limited to defending existing services but have fostered new spaces of participation and democratization within healthcare systems (Pushkar, 2019). This research aims at contributing to the study of mobilization in defense of healthcare services, by examining how defensive struggles may be shaped by previous processes of institutionalization.

The study of movements in the health field has also seen another recent development that has been particularly relevant in Europe, especially in the aftermath of the economic crisis. As a response to the increased contraction of welfare, movements have resorted to new experiences of mutualism (Cabot, 2016; Kehr, 2022; Kokkinidis & Checchi, 2023; Kotronaki & Christou, 2019; Malamidis, 2020). Health experiences of self-management are situated in a continuum ranging from those more strictly oriented towards providing access to those who would otherwise be excluded to promoting solidarity and participation through direct services and to those that emerged as challenges to existing medical practices and systems (Christou, Forthcoming). Most experiences of health self-management attempt to keep a balance between issues of access to healthcare and their challenge to traditional and mainstream visions of medicine and health. Similar experiences have also developed in the context of the pandemic where mutual aid and direct social action in the health field have represented tools through which forms of collective care have been put into practice both to address unfulfilled basic needs and to promote alternative visions of society (Zamponi, 2023). Examining the re-emergence of feminist self-managed health centers in contemporary activism, this research contributes to the study of direct social action and other forms of self-management in the health field.

By investigating how contemporary feminist movements intervene in the health field both by defending existing services and by developing new forms of self-management, this thesis seeks to understand how previous processes of institutionalization, and the history of the movement in the field, influence the feature of these actions.

2.5 Concluding remarks

This work aims to understand how institutionalization may affect subsequent activism. Situating this analysis in the case of the Italian feminist movement, it focuses on the institutionalization of 1970s FSHCs, investigating 1) their institutionalization, 2) the meaning contemporary activists attribute to them, and 3) the meaning they attribute to new forms of self-management modeled upon 1970s FSHCs.

In doing so it aims at providing a dynamic and temporally sensitive analysis of institutionalization. It combines studies of institutionalization with the growing interest in the temporal dynamics of social movements. Assuming a long-term temporal perspective that examines influences and resonances among different phases of feminist activism, this work draws on studies that have investigated social movements' continuity and change, movements' consequences, and collective memory to understand how institutionalization unfolded in previous cycles of mobilization may affect subsequent activism. At the same time, it places emphasis on the recognition of contemporary activists' agency in their relationship with the past.

Examining the institutionalization of FSHCs, this thesis also contributes to studying how movements' repertoires are institutionalized. It investigates a peculiar process of institutionalization, in which grassroots initiatives have constituted the model upon which the State has designed a new healthcare institution.

The next Chapter discusses the methodology that has guided the research.

3 METHODOLOGY

In making sense of the relationship between the past and the present in feminist movements, this research adopts an interpretive approach to the sociological inquiry. It focuses on actors' meaning-making, their subjective experience, and their interpretation of reality. Complying with this approach, it is based upon a qualitative in-depth case study analysis with a comparative design. The methodology adopted has aimed to gather thick descriptions of actors' interpretations of their lives, worlds, and actions. In this regard, the research relies on bonds of mutual trust constructed with participants. For this reason, it entails peculiar epistemological and ethical considerations that are reflected in the methodological choices.

The design of the research has been based upon a comparative case-study analysis of the cases of Rome and Milan, assuming as a unit of analysis the local feminist movement active in the health field.

The methods adopted for this research have been in-depth interviews with feminist activists and archival research in three different archives: *Archivia – Archivi, Biblioteche e Centri di Documentazione delle Donne*[9], the *Central Archive of the Unione Donne Italiane*[10] in Rome, and the *Fondazione Elvira Badaracco*[11] in Milan; furthermore, data collection has been complemented with the analysis of document and websites of the groups involved in the research, as well as with moments of participant observation. The analytical process has been conducted iteratively during data collection, following the tradition of iterative qualitative analysis.

In the remainder of this Chapter, Section 3.1 presents the epistemology, ethics, and positionality that have guided this work in all its different stages. Section 3.2 presents the research design, the methods adopted for the data collection (3.2.2) and the analytical

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[9] https://www.archiviaabcd.it
[10] https://archiviodigitale.udinazionale.org/archivio-digitale/
[11] https://www.fondazionebadaracco.it

process through which the interpretation of the data has been conducted (3.2.3). Section 3.3 discusses the challenges I have faced in conducting research during the pandemic.

3.1 Epistemology, Ethics, and Positionality

When researching social movements, epistemological and ethical considerations are strongly interconnected. The researcher's approach to the process of knowledge production, and the epistemological premises on which a study stands influence all the stages of the research: from the initial purpose and the questions that are asked, to the way in which data are gathered and analyzed, to the findings that are generated. In turn, this epistemological orientation has ethical implications for the relationship established with the subjects involved in the research.

As Milan argues «engaging with the ethical dimension of social movement research means envisioning a viable ethics of engagement that considers the specificities of the research objects and respects their political subjectivities» (Milan, 2014, p. 448). This is strongly connected to the way in which the researcher addresses her role in the process of knowledge production and in the type of knowledge that is generated.

The epistemology of this research is grounded upon the recognition of the constructed and situated character of knowledge (Bourdieu, 1999; Haraway, 1988), resulting from multiple and interwoven processes that include the location of the researcher, the relationship with participants, and the variously stratified cultural and historical structures that operate in our way of seeing the world. Any research endeavor is «a social relationship» (Bourdieu, 1999) between the researcher and the participants, and the knowledge that is generated is always the result of such an interaction.

Taking care of this interactive process also requires the researcher to engage with participants' subjective visions and the way in which they make sense of their reality. This approach is reflected in the methodological choices a researcher makes. Qualitative studies allow the researcher to have a deeper understanding of both the context and participants' individual and collective vision of the world. An epistemologically and ethically committed research should avoid casting pre-determined analytical categories on participants, trapping their views into pre-defined assumptions. This is in fact essential both for producing qualitatively consistent research and maintaining a respectful attitude toward participants. As Bourdieu has argued, any kind of explanation requires the effort of understanding the subject's perspective and worldview (Bourdieu, 1999).

Additionally, epistemological and ethical reflections also imply an analysis of the positionality and role of the researcher. While modern scientific thought has been grounded upon the self-invisibility of the researcher, a self-reflexive epistemology requires a thick account of the way in which knowledge is constructed and of the role that the researcher plays in any research endeavor. Feminist scholars have challenged the universalizing male scientific gaze, by calling for situated knowledge as essential to account for the multiple power relationship underpinning social research. Embodied and located knowledge (Harding, 2004; Rich, 1994) counters the invisibility of the researcher that is implied in the presumed neutrality of knowledge. Haraway has suggested the powerful image of the modest witness (Haraway, 1997), representing the disembodied and unbiased male gaze of science on the world. Hiding the multiple choices, power relationships, and cultural and social structures that affect any 'gaze' on both the natural and social reality, the scientist performs his neutral knowledge by acting as if knowing was nothing more than «bearing witness». The invisible scientist/researcher acts a «ventriloquist for the object world». He has the power «to see and not be seen, to represent while escaping representation» (Haraway, 1988, p. 583).

Drawing from these feminist critiques of the alleged neutrality of knowledge, this research takes the shape of local, partial, and situated experience emerging out of the interplay between the researcher, the participants in the research, and the multiple and stratified social and cultural elements underpinning any kind of act of knowing the social (and natural) world.

Throughout the course of this study, my positionality as a researcher and a feminist activist has certainly played a role. The genesis of my research subject and personal interest therein can be attributed, to some extent, to my active participation in the feminist movement. My engagement with the NUDM movement in Italy fostered my increasing interest in 1970s feminism. This is something common since new waves of activism often serve as catalysts for the preservation and revitalization of historical memories. During my prior participation in the NUDM movement, I also had the opportunity to establish personal connections with feminist activists who were actively engaged in enduring feminist initiatives rooted in the 1970s, particularly within anti-violence centers that have played a vital role in shaping the NUDM movement.

My interest in the relationship between contemporary self-management initiatives, such as feminist and transfeminist health centers, and their historical predecessors from the 1970s was sparked by my personal involvement in the movement. In this regard, the

development of this research was substantially influenced by both my positionality and my experiences as an activist.

In addition, my participation in Italian feminist networks has also certainly influenced the process of data collection and analysis. Investigating the cases of Rome and Milan, two cities I have never lived in, during this research I was not in the position of an 'insider'. However, I was also not entirely an outsider, given my previous experiences within feminist circles in other cities and my commitment to feminism. My connection with feminist networks in the movement has facilitated my access to the field. Constructing a trustful relationship with participants has been also facilitated by the recognition of sharing the same commitment to a feminist perspective. While the 'familiarity' between me and the participants has favored the building of bonds of trust and mutual recognition, at times it has required some further efforts during data collection, since the closer activists were to me, the less they perceived the need to explain in-depth what they were referring to and talking about. However, when this happened, I explicitly asked participants to provide more details and explanations without taking for granted my knowledge. In general, I believe that over the course of the research, my own positionality with respect to the feminist movement in Italy has helped me to find a balance between «the total overlap between investigator and respondent, where nothing can be said because, since nothing can be questioned, everything goes without saying; and total divergence, where understanding and trust would become impossible» (Bourdieu, 1999, p. 612).

An additional remark concerns my positionality with respect to age. Indeed, given the nature of the research, which involves participants from different ages and generations, in my relationship with participants, my age did play a role especially when interviewing activists who were part of the 'political generation' (Whittier, 1997) of the 1970s.

As mentioned above, my participation in the feminist movement developed primarily within the NUDM movement. In this regard, interviews with activists who had participated in the 1970s season have somehow embodied an inter-generational dialogue. Most of the time I have found an extremely open and passionate attitude, and the desire to share the history and memory of participants as individuals and as members of the movement. In a few cases, I encountered resistance from participants who voiced frustration due to the perception that they were being asked to recount stories that had already been shared. On one occasion, a participant initially declined to participate in the interview, instead suggesting that I examine a previously published exchange between herself and another researcher since she felt that nothing more could be added to that. At first, I felt

disappointed. It was clear to me that even if the participant had already been interviewed once, each interview possesses the potential to elicit diverse and perhaps unforeseen ideas. However, I was also aware of the fact that activists who are always asked about a specific past may develop a perception of frustration and ultimately perceive the conversation as repetitive. Furthermore, in general, researchers need to acknowledge and take into account that participants may simply not be interested in contributing to the research or be tired of engaging in similar endeavors. Eventually, I reached out to this participant again at a later stage in my research. This time, having become more knowledgeable myself, I had some more specific questions concerning the relationship between her 1970s group and the development of FHCs. Ultimately, she then agreed to conduct the interview which, despite the initial difficulties, revealed to be an extremely friendly and useful encounter.

In other cases, my interest for this particular historical subjects was not only warmly received, but also served as an opportunity for participants to bring attention to events and themes that had previously been overlooked. For instance, during the time of my fieldwork in Milan, a person whom I had approached to investigate the role of feminist professionals within FHCs, contacted me following the interview, saying that the study I was conducting had ignited the decision to gather all the documents produced by herself and her team of professionals during the time they worked in Milanese FHCs and offer it to local feminist archives, with the aim of facilitating its availability for subsequent research endeavors.

The rest of this chapter outlines the design of the research and the methods adopted.

3.2 The design of the research

This section presents an in-depth account of the research design, including the methods employed and the underlying reasoning for their selection. Moreover, it provides a detailed description of the process of gathering and analyzing data.

3.2.1 A comparative case study analysis

The research has aimed to answer the following questions: how does institutionalization affect subsequent activism? How do contemporary feminist activists in Italy interpret health centers as an institution and as a feminist repertoire?

In order to answer these questions, this research adopts a case-oriented comparative research design. Case study as a research approach has a long history in social sciences. It aims to analyze a phenomenon in its own context, or as Yin has argued in «real-world

setting» (Yin, 2011, p. 5). Differently from variable-oriented comparison, «case-based logic tends to explore diversity (and deviant cases) by thick description of one or a small number of cases, often contrasted on several dimensions. This means that a few cases are analyzed based on a large number of characteristics.» (della Porta & Keating, 2008, p. 207).

Case-oriented comparison, furthermore, has been accounted as particularly suited in order to get a «in-depth understanding of historical process and individual motivations» (Della Porta, 2008, p. 202). In case-oriented research, each case is understood as a complex unit, «an interpretable whole» (Ragin 2000:22 in Della Porta, 2008). The researcher aims at understanding the constituent parts (Della Porta, 2008, p. 204) of it.

The case-oriented logic of this research design is motivated by the necessity to understand complex and fluid cases, such as feminist movements active in the health field in two different cities, and with an attention to the relationship between the past and the present. The historically grounded approach of this research required particular attention to the context and the processes unfolding over time in the movement, which is something that case study research particularly favors. The comparison between the cases has not been meant to offer generalizations but rather thick descriptions and narrative accounts as explanations. Furthermore, the comparison has sought to identify similarities and differences, taking into account a large number of characteristics of cases that are not completely homogeneous one with another (Della Porta, 2008, p. 207). The generalizability of the findings, hence, is only «temporarily limited to the cases studied» (ibid.).

The study has been conducted based on in-depth case study analysis in two cities in Italy: Rome and Milan. In both cities I have conducted my research focusing on the local feminist movements involved in the health field, and more specifically regarding health centers. This focus has required considering the multifaceted nature of the movement and its diverse political activities, which encompass various dimensions and occur in different locations. These activities range from organized groups to less visible forms of activism within institutions. The movement included as well individual feminist activism within the workplace or other personal trajectories. As a consequence, the study has adopted a comprehensive approach by considering the movement as a whole at the local level, including individuals, informal networks, and groups.

In each city, I have investigated the process of institutionalization that unfolded in the 1970s, contemporary mobilizations in defense of FHCs, and existing instances of new self-managed health centers. In examining similarities and differences between the cases I have sought to understand how previous processes of institutionalization have affected

subsequent activism, how activists today interpret health centers as an institution, and how they interpret it as a feminist repertoire.

The next paragraph illustrates the selection of the cases for in-depth case study analysis.

3.2.2 The Cases: Rome and Milan

The choice to conduct in-depth case study analysis on Rome and Milan has been influenced by several factors: the importance of these two cities within the Italian context, the availability of prior research on feminist movements in both cities – that could provide a background for this study - and the presence of important similarities and differences between the two cases.

While in general the historiography of 1970s Italian feminism has only recently begun to flourish, some significant studies exist regarding feminism in Rome and Milan during the 1970s. Bracke (2014) and Stelliferi (2015) have extensively studied Roman feminism during the 1970s, while Grasso and Calabrò (2004) have conducted a sociological analysis of Milanese feminism from the 1970s to the 1980s. Furthermore, Milanese movement actors such as the Libreria delle Donne di Milano (Milanese Women's Bookstore, 1990), had published important works that offered important accounts of the history and practices of the local movement, as will be discussed in Chapter 4. These previous studies served as valuable sources for the study conducted in this thesis, offering a foundation that was not readily available for other Italian cities. More importantly, significant parallels and contrasts between Rome and Milan provided valuable insights for comparative analysis. In the 1970s, Rome and Milan were major centers for the feminist movement. Similar to other cities, feminist practices during that period were mostly centered around small collectives of self-consciousness (Lussana, 2012). Notably, both cities had seen the establishment of self-help and women's health centers at the start of the decade (Percovich, 2005). The San Lorenzo self-managed health center in Rome and the Bovisa self-managed health center in Milan were among the most significant projects in the country and had a profound impact on the proliferation of this practice in other cities. Nevertheless, Rome and Milan also exemplified two distinct ‘feminist cultures’. According to Lussana (2012), Bracke (2014), and Calabrò and Grasso (2004), Roman feminism was characterized by a strong focus on protest and a pragmatic readiness to engage in political and institutional activities. Contrarily, Milanese feminism exhibited a more intense focus on internally-oriented practices and rejected any involvement with institutions or leftist groups. This distinction became particularly

significant in light of the debates that occurred within the movement around the legislation concerning the right to abortion. Significantly, this difference also influenced the movement's divergent decisions about the establishment of FHCs. While feminists in Rome supported the establishment of FHCs, in Milan, a similar initiative did not occur. This difference served as a crucial factor that allowed for a comparison of how distinct processes of institutionalization could affect subsequent activism.

Turning to the present, during the period of my research, both cities had seen the establishment of local branches of the Non Una Di Meno movement. As mentioned previously, the health field had a significant role in the movement's activity. As stated in the thesis introduction, the movement actively opposed the closure and dismantling of FHCs and advocated for the maintenance and development of these services as crucial to women's health. The presence of a mobilization concerning FHCs in both cities provided a significant opportunity to comprehend how contemporary activists perceived the significance of this institution and its connection to the historical legacies of previous feminist movements.

Moreover, both cities witnessed the emergence of 'new' self-managed health centers, established after the institution of FHCs. Both projects aimed to address the issue of depoliticization in FHCs, but they differed in their characteristics, which provided opportunities to investigate the re-emergence of self-managed practices after institutionalization. The Consultoria Autogestita in Milan had a predominantly women-centered nature, whereas the Consultoria in Rome had a transfeminist orientation and was primarily promoted by LGBTQ activists. Furthermore, it is worth noting that the Consultoria Autogestita was formed in Milan during the 1990s, while the Transfeminist Consultoria in Rome opened its doors in 2017. They also enabled a dynamic temporal viewpoint on the resurgence of this repertoire, stretching beyond major waves of mobilization.

The choice of Rome and Milan provided an opportunity to examine the relationship between current initiatives to defend FHCs and the development of self-managed practices, in relation to the historical trajectory of feminist movements in these cities. Furthermore, the existence of similarities and differences in the two contexts, complied with the overarching methodology of case-study research, offering the possibility for a comprehensive and context-based analysis of movement dynamics.

3.2.3 Data Collection

The methodology employed in this study involved the utilization of in-depth interviews and archival research. In addition, I have employed complementary methods such as participant observation and document analysis. In the following paragraphs, a comprehensive analysis is presented regarding the rationale for the adoption of each of these methods and the ways in which they have been performed.

In-depth Interviews

In-depth interviews with feminist activists have represented a key tool for data gathering in this study. Interviews have been crucial in addressing the questions underlying this study, which aimed to explore how feminist activists in contemporary Italy see health centers as both an institution and a grassroots repertoire. By conducting in-depth interviews, I have endeavored to acquire insights into the experiences of individuals and groups in relation to the history and institutionalization of FSHCs during the 1970s, the subsequent establishment of FHCs, the current movements fighting for FHCs, and the resurgence of feminist and transfeminist self-managed health centers.

Moreover, in light of the underlying interpretive framework of this study, interviews have served as a crucial instrument for comprehending how activists construct meaning in relation to their social reality, identity, and lived experiences. Scholars of social movements have found in-depth interviews as particularly relevant to «gain insight into the individual and collective visions, imaginings, hopes, expectations, critiques of the present, and projections of the future on which the possibility endure, or disband.» (Blee & Taylor, 2002, p. 95). Interviews offer a unique perspective on activists' thoughts and ideas «in their own words rather than in the words of the researcher» (Reinharz, 1992, p. 19) and they «bring human agency to the center of movement analysis» (Blee 2013, 96). Interviews are also inherently relational: although differing from a normal conversation, every interview is a dialogue between the researcher and the participant (della Porta, 2014a). In this regard, the interview is not merely a tool for data gathering but a moment in which a relationship is built. The adoption of in-depth interviews in this work complied with the overall epistemological stance and the research's general purpose.

I have conducted a total of 40 interviews, with 19 interviews carried out in Milan and 21 interviews in Rome. Participants in each city were selected based on a combination of my existing personal networks, snowball sampling, and purpose sampling. To obtain a

comprehensive understanding of the local feminist movement's involvement in the health field, participants were chosen from a diverse range of backgrounds. These included professionals and former professionals from both public and private health centers, activists associated with the NUDM movement, activists of self-managed health centers, individuals who were active in the 1970s, and members of different feminist collectives. The majority of the participants were chosen based on their current affiliation with, or previous involvement in, significant feminist initiatives within the local movement. Nevertheless, in a few cases participants were unaffiliated with any group, and enacted their feminist activism throughout their professional career within public or private health centers. This varied composition of participants has somewhat followed the blurred lines that frequently define both feminist and health movements, including both collective and individual activism and more or less militant forms of engagement. Furthermore, I have conducted a series of key-informant interviews with feminist activists who were not directly engaged in the field of health in both cities. The purpose of these interviews was to obtain contextual and historical insights on the local feminist movement.

I have made contact with participants through personal email, telephone, or email. As previously indicated, entry into the field has generally been simple. In some cases, I have been requested to participate in the group's assembly and elucidate the subject and objective of the research to the collective before starting with individual interviews.

The interviewees' age varied between 25 and 81. The overwhelming majority of interviewees self-identified as women. All interviews have been recorded and transcribed.

Prior to the interview, participants have consistently been provided with information regarding the subject of the research, as well as the principal themes I intended to address throughout the conversation. Furthermore, before each interview, I requested participants to record the conversation, emphasizing that they had the option to interrupt the recording at any point during the talk. In addition, the participants were informed that the interview would be transcribed and I would have provided a copy to them for review and potential modifications. Nevertheless, modifications have been an extremely rare occurrence. When the transcripts have been altered by participants, this was done with the intention of enhancing the clarity and comprehensibility of their statements, rather than omitting topics discussed during the interview. The participants have been duly informed of the confidentiality measures in place during the interview process and of its anonymity.

For conducting interviews, I have employed a flexible outline which comprised a wide range of topics, partly customized to accommodate the distinct experiences of the participants. A significant degree of flexibility has been necessary due to the diverse range

of individuals participating. As previously stated, the feminist activists involved in the research encompassed a diverse spectrum, spanning from radical militant activists to professionals in healthcare services. These individuals possessed varying experiences within the feminist movement and came from diverse backgrounds, thus, the topics addressed in interviews differed from one participant to the other one.

In accordance with the characteristics of semi-structured interviewing, I have endeavored to cover the area I had previously established while granting participants some autonomy in conducting the conversation, allowing them to address the aspects they considered most pertinent. As emphasized by several researchers, the inherent value of semi-structured interviewing resides in its capacity to facilitate the emergence of unforeseen components within the dialogue.

The initial question typically focused on the participant's previous trajectory, especially as it related to her engagement with feminism or, more specifically, the particular group she was affiliated with. This first question aimed to contextualize the participant’s present experience within the broader feminist movement. Throughout the rest of the interview, my questions aimed to gain insights into the activists' perspective regarding the consequences of previous mobilizations - specifically in relation to Public Health Centers - to comprehend their perception of the interplay between social movements and institutions, to understand their current repertoires, and their conceptualization of health. For activists engaged in new initiatives of self-management, my questions were particularly focused on how they came to engage with such a repertoire, which relation it had with the past, and which meaning they attributed to it.

In some cases, the interview has taken the shape of oral history. Activists with longer backgrounds in feminist activism somehow ‘naturally’ tended to start from the very beginning of their political history, often turning back to their first experience in high school or their first participation in the feminist movement.

In a few cases, interviews have been repeated twice. Part of the purpose of this was to gather further data after having identified some gaps while reading the transcripts. However, repeating interviews also served as a means to communicate the initial findings of my ongoing study to the participants, allowing for an evaluation of whether these findings aligned with their own perspectives. While it is generally advised for researchers to refrain from directly asking participants the research questions of their study, I personally found asking for their feedback about the directions I was undertaking to be of significance and value. This approach has also served as an acknowledgment of their expertise in the field.

Archival Research

The study has also employed archival methodologies to reconstruct the process of institutionalizing FSHCs that occurred in Rome and Milan throughout the 1970s. The scholarly research on Italian feminism in the 1970s has begun to increase only in recent decades (Bertilotti & Scatigno, 2012; Calabrò & Grasso, 2004; Lussana, 2012a; Stelliferi, 2015), filling a gap that has long retained the interest of scholars and feminists. In 2004, Elda Guerra claimed that the history of 1970s Italian feminism was yet to be written (Guerra, 2004). This absence has been remarked by other historians, like Anna Rossi Doria in her article *Hypothesis for a history yet to come,* where she observed the presence of a «historiographic void» concerning 1970s Italian feminism, compared to the large body of research dedicated to other co-eve movements (Rossi Doria, 2012). Among the reasons that could explain this 'historiographical void', scholars have pointed at the peculiar character of the movement itself, molecular, leaderless, skeptical of institutions, and reluctant to fix its experience into the written form (Paoli, 2011; Rossi Doria, 2012). In this already complex historiographic scenario, the movement's role in the health field constitutes a void in the void. One of the few works dedicated to the experience of feminist self-managed health centers in Italy is authored by Luciana Percovich (2005), a participant in the Bovisa Self-Managed Health Center of Milan in the early 1970s. As she argues, these experiences have represented «a movement within the movement» due to their hybrid character compared to the practices the movement adopted at the time. While 1970s feminism in Italy was primarily oriented towards the practice of the small group, separatist and strongly internally-oriented, feminist health centers have coupled an internally-oriented and an externally-oriented approach, opening the movement to many women (Percovich, 2005). Thus, historical works on feminist initiatives in the health field in the Italian context are almost entirely absent. Only thanks to the protagonist of those experiences, some reconstructions have been written and shared (Jourdan, 1976; Percovich, 2005; Tozzi, 1984). Furthermore, very little is known about the relationship that these autonomous experiences held with the formation of new healthcare institutions such as FHCs (Barone, 2023).

For these reasons, it was necessary to go back to the archives to reconstruct the role of these experiences and the process of institutionalization that unfolded in the 1970s. I have collected archival material in three different archives. In Rome, I have been researching at Archivia and at the Unione Donne Italiane Central Archive, both located within the

International Women's House, an institutional(ized) space rooted in the history of 1970s feminism. In Milan, I conducted my research at the Fondazione Elvira Badaracco.

All these archives have a hybrid status, partially supported by public funding and mainly relying on volunteer and activist work. They are all archives dedicated explicitly to the women's movement. In this respect, most of the material preserved in these sites is part of private donations enacted by individuals or groups active in the women's movement.

Archival research is not unusual for social movements scholars (Bosi & Reiter, 2014). As with any method, it presents both potential and challenges. On the one hand, archival material allows researchers to access information that would not be available through other channels. Documents of the past provide insights on aspects of the history of social movements and on the context in which the latter were situated that may not be reconstructed through interviews. On the other hand, archival research is a time-consuming and often complex task for social research. One of the challenges that scholars usually encounter is the difficulty of orienting the selection of the relevant archives in which material useful for the research could be present. In my case, I have relied on movement or organization archives. In selecting the latter I have been guided mainly by previous research conducted by other scholars who had already pointed at these spaces as relevant for investigating feminist health movements (Bracke, 2014). Access and selection of folders and materials have been further facilitated by the archivists, who have provided invaluable help in orienting my work.

At Archivia, I have consulted all the folders that had been catalogued with reference to feminism and health, in particular, the *Fondo Crac*. At the UDI Central Archive, instead, I consulted the collection *Abortion and Contraception* and had to find my way into a huge number of folders to reach what I was looking for, which was the history of Women's Assemblies after the institution of FHCs in Rome. In the UDI Central Archive, I could access the *Fondo Liliana Barca*, which was not formally available for consultation since it was still being cataloged and contained most of the material relevant to the research. At the Fondazione Badaracco, I consulted the *Fondo Percovich* and the *Fondo UDI*.

Besides offering access to documents, archival research has also allowed me to spend time in key symbolically and historically relevant 'movement' institutions. Indeed, the archives I have accessed are all part of what scholars have called «diffused feminism» (Calabro and Grasso, 2004), that is the engagement of feminists in building autonomous projects and institutions, in this case, meant to preserve and make accessible the history of the feminist and women's movement in Italy. In this regard, they have also represented sites of encounter

in which I met several persons with a long history within the movement, who have both inspired me and guided me through the research.

Complementary methods: participant observation and document analysis

While interviews and archival research have been the main methods for data collection, I have also adopted complementary methods such as the analysis of documents and websites of the groups I was researching and participant observation (Ayoub et al., 2014).

The examination of documents and websites played a crucial role in the part of the research focused on contemporary groups, including new feminist and transfeminist self-managed health centers. Occasionally, activists themselves have furnished me with materials. Typically, after an interview, activists would recommend that I review pamphlets they had collaboratively authored, articles published on their websites, or periodicals they had contributed to. These documents are valuable additions to the research because they offer the groups' portrayal of themselves to the external world and are the outcome of collective discussions. Furthermore, incorporating such data within the research serves as an additional means of acknowledging the activists' active role in the creation of knowledge. For example, I have included a special issue of the feminist publication DWF Donna Woman Femme that focused on the establishment of transfeminist health centers in Italy as a source of information and as part of activists' agency in producing and sharing knowledge about their initiatives. (Busi & Fiorilli, 2014). In light of the limited research on this type of action, the special issue of DWF served as both a movement-based account of these initiatives and as a scholarly reference that I have incorporated into my research.

I have also collected data through moments of participant observation (Lambelet & Balsiger, 2014; Lichterman, 1998). The implementation of this method has not been consistent in all cases throughout my fieldwork. I was able to engage in participant observation in Rome, since, during the time of my research, a mobilization in support of FHCs was taking place. I have actively engaged in local demonstrations, sit-ins, assemblies, and public meetings with local authorities. In this case, participant observation has served as a powerful approach for gathering data, which has been incorporated into the analytical process. It was by means of both interview material and participant observation that I was able to perceive and subsequently analyze the sense of belonging that underpinned feminist mobilizations in Rome (as I explore in Chapter 6). During my research in Milan, instead, I encountered a lack of significant mobilization similar to what I had observed in Rome. As a result, I had little choice but to only rely on conducting interviews. In Chapter 6, I will

provide more arguments to support the idea that the lack of consistent mobilization was a significant piece of information that I subsequently contemplated.

Furthermore, I have been unable to carry out thorough participant observation at contemporary self-managed health centers (Chapter 7) due to the fact that both cases I have studied were inactive during my time in both cities. This limitation can be attributed, in part, to the intricate socio-political circumstances in which the research took place. As elaborated in section 2.3 of this Chapter, the pandemic context has impeded the activities of movements and the ability to carry out extensive fieldwork research. On the other hand, it was also the ephemerality of the forms of activism I have been studying and of the karstic dimension that characterizes them that has rendered it impossible to reconcile the time constraints of the research with their uneven and often unstable temporality. Again, this became an element of reflection in my work, which I explored in Chapter 7 as part of the difficulties these initiatives encounter in terms of continuity and sustainability.

Although I have used participant observation for data collecting to a limited extent, I have spent significant amounts of time in both Milan and Rome. Throughout my fieldwork, I have spent a total of 6 months in Rome and 6 months in Milan, not consecutively. During these time periods, I have conducted interviews and dedicated significant time to researching in the archives. Additionally, I have participated in public meetings, events, book presentations, parties, and other activities. While these activities could not directly contribute to my data collection, they have provided valuable opportunities to gain a more comprehensive understanding of the context and establish connections with the participants.

3.2.4 Analyzing Data

The material collected for this research has been analyzed through an iterative process. In this sense, the process of data collection and data analysis have been strictly interconnected, informing one another. The iterative approach to data analysis in qualitative research has proved relevant in several fields of research, including the study of social movements, insofar as it allows for analytical reflexivity (Srivastava & Hopwood, 2009).

In its broadest sense, any qualitative research is inductive in as much as «patterns, themes, and categories of analysis come from the data; they emerge out of the data rather than being imposed on them before data collection and analysis» (Patton, 2014, p. 380).

Following this approach, after the first round of data collection, I started analyzing the material collected through MaxQda Software. I began by coding key themes emerging from

the data, identifying both gaps that would have required further data and topics that stood out as recurrent and particularly relevant within and between the cases. This process has, in turn, helped me to shape the outline of subsequent interviews and conduct more focused conversations with participants, and narrow down the topic of the research more broadly. Subsequently, further analysis of the old and new material has been devoted to identifying connections, patterns, similarities and differences.

In addition, the iterative approach has also informed the analysis of the relationship between the past and the present. In fact, at times I have been pushed by activists' reflections in the present to conduct more extensive research about the past, both through interviews and through archival material.

Given the nature of this research, part of the analysis has been conducted to collect information about the movements' trajectories. Both archival sources and interview transcriptions have been fundamental sources in this respect. While archival research was fundamental to reconstructing the trajectories of the movement in the past, analyzing interviews «makes it possible to trace the history of the movement, activists' networks and organizations, biographies of leaders or members, and chronologies of events.» (Blee e Taylor, 2002, p. 11). The analysis of interview material has been key in this research to reconstruct activists' trajectories and the continuity and discontinuity between the 1970s and today. Thus, in the first place, the analysis of the interviews has been meant to gather information, identify thematic areas, and connect and link individual accounts, archival material and documents to build a comprehensive picture.

However, interviews are not simply tools to gather information: they are also stories, structured narratives displaying how the speaker makes sense of her experience. Indeed «stories embed participants' inferences about cause and effect. They also embed evaluative perspectives, revealing the teller's moral visions and ethical sense. Directly or indirectly, stories lay blame on some parties and exonerate others» (Magnusson e Marecek, 2015, p. 86). Complying with this approach the analytical process has also meant to investigate the meaning activists attribute to their experiences and find connections and differences among activists' narratives and accounts, interpreting their accounts as discourses (Johnston, 2022).

The next paragraph addresses the challenges that I have encountered in conducting research during a pandemic.

3.3 Conducting Research During a Pandemic

I began my fieldwork in Rome in December 2019. In late February 2020, I returned to Florence with the intention of taking a short break from the field. During that time, a series of events occurred in Italy, as well as in other places, which were later identified as part of the COVID-19 pandemic. In early March, the Italian government implemented a suspension of all non-essential activity, closed universities, and adopted confinement measures that prohibited travel inside the country and leaving home.

The pandemic has disrupted both the personal and professional lives of everyone. The pervasive feelings of anxiety and anguish, coupled with concerns for personal safety, and the necessity to navigate a highly intricate circumstance, wherein social interactions were confined to the walls of one's home or virtual platforms, have yielded significant implications on the everyday life of all individuals (Alizadeh et al., 2023; Hosseinzadeh et al., 2022). The pandemic has obviously had profound repercussions for scholars engaged in field research. The inability to have face-to-face interactions, the implementation of social distancing measures, and the limitations on travel have produced unparalleled and unforeseen challenges (Karupiah, 2022; Van Nuil et al., 2023).

Not only did the research need to be changed from its original plan, but the unpredictability of events has also made it difficult to maintain a consistent planning process, which is crucial for the research. For research that was it its early stage, the challenges are impossible to overlook. In addition to the emotional turmoil experienced during this period, the primary obstacle I have encountered is the arduousness of formulating long-term strategies, such as planning my return into the field. As the months passed by, and the spread of the virus appeared to lessen, some restrictions on mobility were partially lifted. Nevertheless, there was a significant amount of ambiguity that continued for the subsequent months regarding fluctuating legislation and potential health hazards. In order to overcome the restriction on mobility and face-to-face interactions, similar to other scholars, I have utilized online interviews with participants as a means to overcome the challenges presented by the new circumstances (Brown, 2022; Karupiah, 2022). This decision has yielded advantages as well as significant constraints. On one hand, the adoption of online interviews has facilitated the continuation of data gathering, avoiding the complete suspension of my fieldwork. Conversely, the interview's relational dynamic has undeniably experienced an impact due to the shift toward virtual encounters. When interviews are conducted through virtual channels and at a distance, the social relationship inherent in the process is inevitably altered. In my case, having started the fieldwork prior to the onset of

the pandemic, the utilization of online interviews has relied at least in part on pre-existing connections with participants. Consequently, the constraints imposed by virtual distance have been partially alleviated through a certain level of prior familiarity. One of the main challenges I have faced while conducting online interviews during and after the pandemic was the tendency for the virtual setting to be perceived as less concentrated and more integrated into the gaps between other activities. Occasionally, I have encountered challenges in sustaining concentration and attention during interviews due to many factors such as participants' parental responsibilities, the presence of others in their household, or their decision to do the interview during work breaks. In my experience, face-to-face interviews have been less subjected to these kinds of challenges, providing a more intimate and focused setting that is rarely disrupted by other activities. Nevertheless, despite these obstacles, online interviewing has constituted an essential alternative during this research.

I returned to conducting face-to-face interviews and engaging in on-site fieldwork research subsequent to the loosening of restrictions and the gradual reduction and eventual removal of mobility restrictions. Nevertheless, even after the removal of all restrictions and the return to a state of 'normality', the resumption of everyday activities for movement groups was quite slow. This has had an impact on the feasibility of conducting participant observation to greater depth.

In general, the pandemic has exerted a substantial impact on this project, requiring a considerable level of flexibility and readiness to adjust strategies in light of unanticipated obstacles.

The following chapter proceeds to discuss the empirical investigation, starting with the examination of the institutionalization process that occurred in the 1970s, leading to the formation of FHCs.

4 FROM SELF-MANAGEMENT TO INSTITUTIONALIZATION. Feminist and Family Health Centers between the 1970s and the 1980s.

4.1 Introduction

This chapter explores the interpretations and responses of feminists involved in FSHCs to the process of institutionalization that resulted in the establishment of FHCs in the 1970s. It focuses on the cases of the San Lorenzo FSHC in Rome and the Bovisa FSHC in Milan. As mentioned in the introduction of this thesis, FSHCs mushroomed in several Italian cities throughout the early 1970s (Jourdan, 1976; Percovich, 2005). FSHCs challenged the dominant authority of medical professionals over women's health and sexuality. They sought to contest the hierarchical power dynamics between women and medical specialists by promoting the value of experiential and lay expertise and fostering the sharing of knowledge. Radical and separatist, FSHCs were part of a broader anti-institutional culture that was central to the feminist movement of the time. These initiatives have represented forms of feminist direct social action embedding aspects typical of prefigurative politics (Boggs, 1977; Leach, 2013; Yates, 2020) and forms of direct service-provision (Bosi & Zamponi, 2015), ranging from the simple dissemination of information about women's health to gynecological examinations. In many cases, FSHCs also provided abortion, which was illegal at the time.

When the Italian Parliament instituted FHCs in 1975, feminist groups had been experimenting with FSHCs for some years. The institution of the new healthcare service, which was largely modeled upon feminist self-managed initiatives, constituted for feminists a highly contradictory scenario.

The newly established state-led health centers were a significant advance in comparison to the nearly complete lack of services dedicated to women's health and sexuality. Moreover, they presented highly innovative characteristics. The services were designed to address both social and medical aspects of women's lives through the work of interdisciplinary staff, thus going beyond an exclusively medical understanding of women's

health. Furthermore, access to FHCs was entirely free of charge. In this regard, the service predicted aspects of the future National Healthcare System (NHS), which were the subject of discussion at the time (Giorgi & Pavan, 2019; Rufo, 2020; Vicarelli, 2019) and would be instituted in 1978.

At the same time, FHCs showcased significantly conservative elements, such as their orientation toward the family and couples rather than to women themselves. Furthermore, from the perspective of feminists, the new service largely dismissed their most radical critiques concerning the role of experts and the fight for enhancing women's knowledge about their bodies, health, and sexuality. In this regard, the new institution was viewed as an attempt to re-centralize women's health into the hands of the State and a challenge to the autonomous practices they had developed in self-managed centers. It also constituted a risk of cooptation of the movement's more radical practices.

The ambiguity of such a process presented significant dilemmas to feminist groups. The creation of the new institution somehow compelled feminists into debates about their relationship with the State and the future of their self-managed initiatives. Consequently, FSHCs were driven to discuss whether or not to continue with self-management now that the State was taking charge of women's health, as well as whether or not to intervene in the creation of the new institution.

By examining the process that led to the institution of FHCs in Rome and Milan, this chapter analyzes it as a case of institutionalization of repertoires of action. As mentioned in Chapter 2, traditionally scholars of social movements have studied institutionalization and its consequences focusing on movement actors (Bosi, 2016; Staggenborg, 1988, 2013; Suh, 2011). However, the repertoires of action developed by movements may also become the object of institutionalization. This appears to be particularly salient when shifting the focus from protest-oriented tactics towards forms of direct social action, that is «actions that do not primarily focus upon claiming something from the state or other power holders, but that instead focus upon directly transforming some specific aspects of society by means of the very action itself» (Zamponi, 2019b, p. 383). Autonomous and self-managed initiatives may indeed become the model upon which institutional developments take place. Similar processes have often taken place in the health field, such as in the case of the institutionalization of self-help practices (Archibald, 2007, 2008; Katz & Bender, 1976), community health practices (Wolfson & Parries, 2010), and alternative health (Schneirov & Geczik, 2002).

From this standpoint, feminist forms of direct social action have been particularly significant case studies. Feminist and women's health clinics and rape crisis centers, for

example, have been almost consistently challenged with institutionalization to varying degrees, frequently shifting from grassroots politics to organized social services (Beres et al., 2009; Matthews, 1994; Simon, 1982). In most cases, these initiatives have been incorporated into the framework of the State, while maintaining a certain degree of autonomy (Beres et al., 2009). In this broader context, the case of FHCs stands out in relation to the institutionalization process that has occurred for women's and feminist health centers in other countries (Matthews, 1994; Simmons et al., 1984; Simon, 1982; Simonds, 1996). Indeed, the establishment of FHCs in Italy represents a specific case in which the State assumed responsibility for fulfilling societal (and women's) needs that the movement was already addressing through self-managed initiatives. In this respect, the case of FHCs also sheds light on the relationship between direct social action and the State in the process of formation of new welfare state institutions (Annetts et al., 2009; Barker & Lavalette, 2016; Beito, 2000; Busso & De Luigi, 2019).

The comparative reconstruction conducted in this chapter shows how Roman and Milanese activists interpreted and reacted differently to the challenges of institutionalization. Despite their strong skepticism towards the State, Roman activists enacted what I define as 'pragmatic politics of critical engagement'. While maintaining a critical stance against institutionalization, participants in the San Lorenzo FSHCs intervened in the legislative and implementation process of the new healthcare service. Thanks to coalitional work with other civil society and political actors, they have been able to exert an influence on the character of the new institution, while at the same time maintaining their self-managed experience open. Among the most significant results of the local movement's engagement in institutionalization was the recognition of Women's Assemblies within FHCs. Women's Assemblies were an organism for women's horizontal and informal participation in the service. Women' Assemblies were meant to be more than participatory spaces: women would meet in the Assemblies to share their sexual and health-related issues, to share and discuss their lives, just as they previously did in feminist circles.

A different development took place in Milan. Milanese activists of the Bovisa FSHC expressed their strong rejection of any cooperation between FSHCs and the State. At the same time, they gradually disengaged from the field as the FSHC was closed. As the chapter shows, the *politics of distance* that Milanese feminists maintained towards FHCs and their developments reflected the overall culture and ideology of the local feminist movement, which largely differed from the perspective held by feminists in Rome.

The perspective adopted in this chapter aligns with those studies that have aimed to offer a more complex and balanced account of institutionalization, taking into account

movements' agency as well as structural and contextual conditions set by the State (Bosi, 2016; Castaño, 2019; Suh, 2011). Analyzing the different ways in which the institution of FHCs unfolded in Rome and Milan, the chapter focuses on movements' interpretive work in assessing outcomes and elaborating strategies in their relationship with the State (Castaño, 2019; Giugni et al., 1999; Suh, 2014). By exploring the different approaches that feminists in the two cities held in relation to this process, the chapter underlines movements' agency in institutionalization. It also highlights the role that the different local contexts as well as the movements' culture and ideology played in the elaboration of different positions and strategies that were put forth in response to the State's intervention.

In what follows, section 4.2 offers a historical context for the Italian feminist movement's relationship with institutional politics and provides an account of the social context in which FHCs were established. Section 4.3 investigates the Roman case by examining the San Lorenzo FSHCs and the pragmatic politics of critical engagement it adopted in the face of the institution of FHCs. It also investigates the initiative of Women's Assemblies within Roman FHCs. Section 4.4 concentrates on the Milanese case, highlighting the politics of distance enacted by activists of the Bovisa FSHC. Section 4.5 provides some concluding remarks on the chapter's findings.

4.2 Feminism and the Health Field in the 1970s

The purpose of this section is to provide an overview of the complex scenario in which the institutionalization of FHCs took place. Paragraph 4.2.1 describes the contradictory relationship that feminist groups had with policy and institutional politics concerning women's health and sexuality. Subsequently, paragraph 4.2.2 focuses on the genesis of FHCs and the social and political field in which they were established. It also provides an account of the contents of Law 405 to clarify the potentials and contradictions the new institution embodied.

4.2.1 Feminism, Sexuality and the State

The first 1970s feminist groups in Italy were characterized by what Di Cori has called «practices of distance» from male politics, society, and institutions (Di Cori, 2012). The 1970

Manifesto of Rivolta Femminile[12] (*Manifesto of Feminine Revolt*, Rivolta Femminile, 1970), hung at the same time on the walls of Rome and Milan, elucidates the character of a new feminist politics grounded upon the refusal of emancipatory politics. The pursuit of formal equality between men and women, as well as their incorporation into the social and political arena, was subject to intense criticism. Such emancipatory politics had been the core of historical women's organizations in Italy such as the *Unione Donne Italiane* (UDI, Italian Women's Association)[13], gathering women affiliated with the *Partito Comunista Italiano* (PCI, Italian Communist Party) and the *Partito Socialista Italiano* (PSI, Italian Socialist Party). The Manifesto put forth a radically different perspective: it positively affirmed women's sexual difference, rather than advocating for equality. As the Manifesto stated, «equality constitutes the ideological attempt to subordinate women at the highest level. To identify women with men means to nullify the last path to liberation» (ivi, p.5). In the famous book *Let's Split on Hegel* (Lonzi, 1978), Carla Lonzi, a prominent figure in Italian feminism, presented a harsh condemnation of male-dominated politics, philosphy and knowledge, also targeting the complicity of Marxism in dismissing women's sexual difference and perpetuating their subordination.

In this context, the adoption of separatism by Italian feminist collectives constituted a manifestation of women's active disengagement from a society and political system that dismissed sexual differences and concealed its male-centric nature under the value of equality and universality. Through the formation of women-only collectives and deliberate detachment from politics and society, women challenged the underlining presumptions of the political landscape that marginalized them. Consequently, the feminist movement of the 1970s was primarily characterized by the so-called 'small groups', often meeting in private houses, and engaging in self-consciousness. These gatherings fostered discussions centered around the lived experiences, necessities, and aspirations of women, prioritizing personal

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[12] Rivolta Femminile was established in 1970 in Rom and Milan upon the initiative of Carla Lonzi, Carla Accardi and Elvira Banotti. It constituted one of the most influential feminist collectives in Italy, also thanks to its intense engagement in publishing collective and individual writings. Carla Lonzi represents still today an "icon" of 1970s Italian feminism. The introduction and diffusion of the practice of self-consciousness in Italian feminism is often attributed to her. For more information see Boccia (1991, 2023); Conte et al. (2011); Ellena (2011); Reckitt (2017); Zapperi (2017).

[13] The UDI was founded during the Resistance and maintained strong ties with the Communist Party and partly with the Socialist Party, as many party members held leadership roles within the association. The relationship with political parties significantly influenced the structure and the political directions of UDI for many years. The UDI's relationship with political parties started being questioned by its members already in the 1960s. This conflict exploded during the 1982 congress when UDI decided to radically change its organizational structure, rejecting bureaucratic and hierarchical structures and formally declaring its independence from any political party. It was during this phase that the previously complex relationship between UDI and the feminist movement became more integrated. For a more detailed account of the history of the UDI see Beckwith (1985); Rodano (2010); Tola & Unione donne in Italia (2016).

narratives as the beginning point for analysis and exploration (a practice called 'starting from oneself'). Therefore, feminist groups during the 1970s have predominantly focused on the exploration and transformation of the individual self, displaying aversion towards conventional modes of political activism, including protest. Furthermore, they expressed a clear refusal to engage with the institutional realms, such as party politics, laws and policy-making. As Rossi Doria has argued, during the 1970s «Feminism completely disregards the drafting and approval of very progressive laws, which were, in fact, its own achievements» (Rossi Doria, 2012, p. 15).

While the rise in political debates about women's issues, especially in the domains of health and sexuality, can certainly be attributed to the influence of feminist activism, policy changes pertaining to these matters were predominantly advanced by actors who frequently maintained a different, if not conflicting standpoint in comparison to feminist groups.

The UDI had a significant role in the approval of crucial legislation pertaining to women throughout the early years of the decade. Notably, this included the enactment of laws establishing public childcare facilities and the law safeguarding the rights of working mothers.[14] Feminist collectives, for their side, perceived these laws as perpetuating the notion that women were granted rights solely to perpetuate their subordinate position and reinforce their confinement to motherhood.

In 1971 the Constitutional Court rendered a ruling that invalidated the prohibition, originally imposed by the fascist Rocco code, on disseminating information pertaining to contraception. The repeal was instigated by the efforts of the *Associazione Italiana Educazione Demografica* (AIED, Italian Association for Demographic Education), an organization actively involved in disseminating knowledge on contraceptive methods.

The AIED (Porta, 2013) was established in 1953 by a group of doctors who were motivated by demographic concerns and had neo-Malthusian perspectives towards family planning and birth control. Although it maintained a distinct perspective on health and sexuality compared to the political agenda of feminists, it nonetheless exerted significant influence in creating the environment where substantial transformations in women's health and sexuality took place inside institutional frameworks.

In 1971 the *Movimento di Liberazione della Donna* (MLD, *Movement for Women's Liberation*) initiated the first campaign for a measure that aimed to liberalize abortion.

[14] Legge 6 dicembre 1971, n. 1044 *Piano quinquennale per l'istituzione di asili-nido comunali con il concorso dello Stato* and Legge 30 dicembre 1971, n. 1204 *Tutela delle lavoratrici madri*.

Established in 1970, the MLD was affiliated with the *Partito Radicale* (PR, Radical Party).[15] Due to its connection with a political party, its non-separatist composition, and its focus on institutional politics, the MLD was initially perceived as being distant from the feminist movement.[16]

When abortion became a core topic in public and political debates, significantly for many feminists this was in large part «an unwanted battle» (Bracke, 2017, p. 531). When all political parties began presenting their own bills about abortion "many feminists felt alienated from the public debates, did not identify with the languages and arguments used" (ibid.).

In this context, the movement went through important internal divisions. Some groups completely rejected the movement's engagement with the debates about the law. Notably, Carla Lonzi and Rivolta Femminile argued that a law on abortion would not help women's liberation: only an autonomous sexuality freed from reproduction would lead to such an objective (Rivolta Femminile, 1974; translated in Bono and Kemp, 1991, pp.214-217). The law was largely perceived as an attempt from the part of traditional male-dominated politics to regain control over women's bodies, dismissing women's voices.[17] Other groups, instead, like Roman ones, joined the MLD and supported the campaign for the liberalization of abortion and later for the approval of the Law. Mass demonstrations were held in Rome in 1975 and 1976 jointly organized by feminist groups, the MLD, and the UDI.

The debates about the legislation on abortion brought to the fore the movement's «two souls» (Calabrò & Grasso, 2004, p. 27): one prioritizing collective action based upon self-consciousness enacted in small groups of women and largely refusing the engagement with the 'outside' social and political world, and one engaging with the terrain of traditional politics aiming at effecting social change, also through institutions. As Fiamma Lussana puts

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[15] The Partito Radicale (Radical Party) was founded in 1955. Insipired by liberal and anti-clerical politics, the party coupled together a left-libertarian politics in terms of civil rights and a strongly anti-communist stance. During the 1960s the party presented itself as the 'civil rights party' and engaged in key battles for civil rights such as divorce, abortion and conscientious objection (Bonfreschi, 2019).

[16] Originally federated to the PR, the Movement opted for its independence in 1978. The MLD has been particularly active in the health field, where it also established the *Centro Italiano Sterilizzazione e Aborto* (CISA, Italian Center for Sterilization and Abortion), in 1975. Like FSHCs, the CISA provided information about contraception and practiced abortion or organized travels to clinics in London. The politics of the MLD was strongly oriented towards civil disobedience with the aim of promoting institutional change. As it will be discussed more in detail in section 4.3, the in Rome the MLD entertained intense and cooperative relationship with Roman feminist groups. This fruitful encounter resulted in a process of mutual influence which led the MLD and feminist actors to coalesce in a unified network. For more information about the MLD see Pisa (2012, 2017).

[17] For a review of the debates that unfolded regarding the legislation on abortion see Bono & Kemp (1990, pp. 211-225); Papa (1975)); Bracke (2017).

it, the movement was characterized by a «complex combination between the desire of freeing one's subjectivity and the need to 'change the world'.» (Lussana, 2012b, p. 473).

These diverging views exploded when the debate about legislation concerning abortion took center stage in public and political debates. As Calabrò and Grasso argue (2004) «the struggle for the right to have abortion represents a fundamental factor for the growth of the movement since it seems to solve the contradiction experienced by those who, despite not wanting to renounce to their feminist identity, also feel the need of mobilizing for more traditionally political and concretely obtainable goals» (p. 36).

The fight for abortion and more generally the health field constituted the occasion in which the feminist movement transformed into a massive, strongly visible and in part also protest-oriented movement. It was also the context in which the movement enlarged, by also blurring its boundaries and enacting a politics of mutual influence with actors that were previously distant such as the UDI and the MLD. However, for some groups, instead, the fight for the right to abortion represented a shift towards a politics of rights that dismissed feminists' more radical critique to traditional politics, resulting in feminists' engagement in negotiations with political parties and institutions.

The institution of FHCs unfolded while the movement was undergoing such tense debates. The following paragraph presents the socio-political context that led to their establishment.

4.2.2 The Genesis of Family Health Centers in 1970s Italy

This paragraph examines the genesis of FHCs, presenting the complex scenario in which they emerged. As this chapter will discuss in-depth, the establishment of FHCs was significantly influenced by the experience of FSHCs. However, it is important to note that the origins of this new service were rooted in the larger context of the evolving health and welfare culture of that period. Indeed, FHCs also emerged as the result of larger debates surrounding medicine and health, as well as of the discussions concerning the formation of the Italian NHS.

Intense social change had characterized the health field in the 1960s and 1970s, thanks also to important social movements. The critique of medicine and medical institutions had been at the core of the initiatives conducted by Franco Basaglia and his staff in Gorizia and Trieste's psychiatric hospitals. Questioning the role of medical authority and experts, Basaglia and his collaborators experimented with forms of patients' democratic and direct

participation in the management of the hospital (Basaglia, 2018; Foot, 2014, 2016; Ongaro Basaglia, 2012). These initiatives represented a critique to the institution of psychiatric hospitals enacted from within the institution itself (Basaglia, 2018). The path initiated in Gorizia and Trieste later led to the approval of Law 189/1978[18] which declared the closure of all psychiatric hospitals in Italy.

At the beginning of the 1970s *Medicina Democratica. Movimento di lotta per la salute* (Democratic Medicine. Movement fighting for health) was established. Strongly connected to the workers' movement, Medicina Democratica was primarily engaged in the fight for health in workplaces (Giorgi & Pavan, 2019; Maccacaro, 1981; Rufo, 2020). Some of its core members played a key role in the development and establishment of the Italian NHS, participating in the long process that led to the approval of Law 883/1978[19] and promoting ideas of community-based health and users democratic participation in healthcare institutions (Giorgi & Pavan, 2018, 2019, 2021; Rufo, 2020).

The establishment of FHCs, thus, was situated in a socio-political context in which the idea that health was a profoundly social and political issue was predominating. This perspective exerted a significant influence on policy developments in the healthcare field.

In parallel, during the 1960s and the 1970s, a process of reorganization and modernization of the social assistance and healthcare system was taking place in Italy. As will be also discussed in Chapter 5, at the beginning of the 1970s, healthcare provision in Italy predominantly still relied on charitable organizations and private social insurance schemes.

In the 1970s, Italy experienced a notable increase in social policy, which was a consequence of the significant social mobilization witnessed in 1968. Additionally, political parties began to acknowledge the necessity of transforming Italy's fragile social assistance into a comprehensive welfare system, drawing inspiration from the Anglo-Saxon model (Giorgi & Pavan, 2021). FHCs were thus part of such a process of reconfiguration of the Italian welfare system and of healthcare provisions. While the Italian NHS was only established in 1978, FHCs probably embodied the most advanced concretization of ideas of modernization and public healthcare that was developing at the time. Significant in this respect was the inclusion in the new legislation of forms of "social management", that is of users, civil society and political actors' participation in the government of the service. This principle will be a core aspect of the future NHS.

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[18] Legge 13 maggio 1978, n. 180 *Accertamenti e trattamenti sanitari volontari e obbligatori*.
[19] Legge 23 dicembre 1978 n. 883 *Istituzione del servizio sanitario nazionale*.

However, the legislation was also influenced by conservative forces, particularly the Christian Democrats (DC, Democrazia Cristiana), who sought to imbue the service with a distinctly family-centric approach, and to some extent, achieved their objectives. Law 405 is frequently defined as the outcome of a compromise between the progressive and conservative ideologies advocated by different political actors. Because of the various and often conflicting perspectives that shaped the FHC's identity, the new healthcare service emerged with an ambivalent character. Law 405 had the purpose of regulating «assistance to the family and to motherhood. » (Law 405/1975, art.1). The reinstatement of a family-oriented and mother-oriented approach to women's health was a significant factor contributing to the sense of alienation experienced by feminists. Simultaneously, the law also exhibited profoundly innovative components, such as the mandate for the service to provide to «the administration of the means necessary to achieve the purposes freely chosen by the couple and the individual with regard to responsible procreation, in accordance with ethical beliefs and the physical integrity of the users» (ibid., art.2). Consequently, FHCs were charged with the diffusion of information to both «promote and prevent» pregnancy through counseling about existing methods and pharmaceuticals. Furthermore, the service was characterized by minimal medicalization and instead emphasized social support and counseling. In order to fulfill this objective, FHCs included a gynecologist, a psychologist, a social worker, and subsequently expanded its workforce to include more non-medical personnel.

There are two other characteristics that are worthy of mention: firstly, the service was entirely free-of-charge, representing the initial instance of a public healthcare service prior to the foundation of the NHS. This aspect held great importance, both in terms of tangible impact and symbolic representation, as it indicated a model of universal public healthcare wherein the government assumed all responsibility for citizens' health. Simultaneously, in response to the pressure exerted especially by the DC, the legislation also recognized the possibility for private entities to establish their own health centers. Both feminists and the UDI expressed opposition towards this particular aspect, as it offered an avenue for religious actors to establish their own facilities.

Secondly, in 1978, the enactment of Law 194, which regulated the right to abortion, designated FHCs with the responsibility of overseeing the processes preceding the termination of pregnancy.[20] The assignment of this responsibility to FHCs was seen as a

[20] Legge 22 maggio 194 *Norme per la tutela sociale della maternità e sull'interruzione volontaria della gravidanza*. Notably, Law 194 was also the result of a compromise between leftist parties and the DC. The legislation recognized the right to abortion if carried out within the first twelve weeks since the beginning of

measure to ensure access to abortion rights. However, it is noteworthy that the legislation explicitly limited the direct provision of abortion services to public hospitals, so excluding FHCs.

Law 405 was a framework law (‘*legge quadro*’), which entailed the delegation of the service implementation to the Regions, through specific regional laws. Consequently, it was at the regional level that additional improvements occurred in the formulation and execution of the service. This chapter illustrates that it was at the local level that the significant impact of the feminist movement could be exerted.

After having provided this overview of the intricate social and political landscape in which the establishment of FHCs occurred, the subsequent two sections of this chapter will elucidate the feminist movement's interpretation and response to this process in the cities of Rome and Milan.

4.3 Rome. A pragmatic politics of critical engagement

This section explores the process that led to the establishment of FHCs in Rome. It illuminates the pragmatic politics of critical engagement that was embraced by Roman feminists as a response to the challenges presented by institutionalization. By examining the case of the San Lorenzo FSHC, this section also illustrates the influence of the local feminist culture in shaping the group's stance in the face of institutions. Furthermore, the section highlights the significance of feminists' connections with institution-oriented movement actors, such as the UDI, in enhancing the ability of feminists to influence the local development of health centers.

As Bracke (2014) has highlighted, compared to other cities, feminism in Rome generally held a more pragmatic stance towards its relationship with the Left and the institutional arena. According to the author, feminism in the Capital was characterized by «a reformist approach, an ideological pluralism and a social orientation» as well as by «an understanding and a use of the principle of sexual difference that was, once again, relatively pragmatic and practical when compared to feminisms elsewhere in Italy. » (Bracke, 2014, p. 101). Similarly, in her work, Lussana argues that in 1970s Roman feminism, «the radical and transgressive nature of the movement takes the form of a resolute pragmatism, aimed at resolving,

the pregnancy. At the same time the Law granted doctors the right to assert their conscientious objection, so enabling them to refuse performing abortions. In addition, the law mandated that women acquire a certification issued by a medical professional as a requisite to proceed with abortion in public hospitals. The proliferation of conscientious objectors refusing to release the certification and to perform abortion has often been considered as undermining the intended purpose of the law.

influencing, and changing the existing situation. The majority of the groups in the capital choose active mobilization. » (Lussana, 2012a, p. 181).

While Roman feminism has been characterized by the spread of small groups of self-consciousness and engaged in practices oriented towards women's self-transformation, Bracke (2014) underlines that Roman feminists have been closer to more traditional forms of politics compared to feminism in other cities. Rome has been «the capital of feminist great demonstrations» (Libreria delle donne di Milano, 1987, p. 91) departing somehow from the prioritization of a more intimate and experiential politics that characterized, for example, Milanese feminism.

This distinctive character of Roman feminism appears clearly in the memories of a former participant in the Collettivo Femminista Romano Pompeo Magno (CFR, Roman Feminist Collective Pompeo Magno)[21], one of the main local feminist collectives.

> We didn't follow Rivolta in their rejection of social activism, or their disengagement from other social movements. To most of us, in Rome, it was obvious that we would take to the streets, the factories and the squares, and try to involve thousands of women, including those who had no idea what feminism was. There was little discussion or disagreement about this. Perhaps that is strange, thinking back (Interview with Edda Billi in Bracke 2014, p. 100)

In addition, while reclaiming a strongly anti-institutional stance, Roman feminism systematically engaged with the contradictions posed by the institutional arena and the relationship with other civil and political actors. The local movement entertained important connections with more protest-oriented and institution-oriented actors such as the MLD and the UDI. The latter organizations played a significant role in mediating between the movement and party politics as well as with the institutional arena. Furthermore, a process of mutual influence (Stelliferi, 2022) unfolded in Rome more than elsewhere between feminist collectives, the MLD and the UDI leading to long-lasting cooperation.

The pragmatic politics of engagement typical of Roman feminism emerged already in 1971, on the occasion of the referendum on divorce promoted by the PR. Roman collectives together joined and contributed to the campaign for the 'No Vote'. While sharing concerns widespread in the movement about the cooptation of women's issues by parties and leftist

[21] For more details about 1970s Roman feminist groups see Bracke (2014) and Stelliferi (2015).

group, feminists in Rome did not follow the rest of the movement and expressed their critical support for the campaign (Effe, March 1974).

A similar politics of critical engagement was especially enacted in the health field. When debates about the legislation of abortion started rising in the country, in Rome the *Coordinamento Romano Aborto e Contraccezione* (CRAC, Roman Coordination for Abortion and Contraception) was established. Founded in 1975, the CRAC was a local network created with the aim of promoting the struggle for the liberalization of abortion and contraception. It was composed of different actors, ranging from feminist collectives active in the city to the women of the groups of the extra-parliamentary left[22]. Because of its large composition, which included leftist groups, and because of its stated aim of influencing the public political debate, the CRAC was often viewed with skepticism by many feminist groups in Italy, as testified by the ironic identification of the network with «the movement's party» (Freire, 1978, p. 40). The CRAC played a pivotal role in promoting major mass demonstrations for the right to abortion, together with both the UDI and the MLD. As will be explored later (4.3.1), the CRAC was also a crucial actor in the debate about the institutionalization of FHCs.

The CRAC's protest-oriented and campaign-oriented nature as well as its composite identity were probably among the most evident expressions of the peculiarity of Roman feminism.

In addition to taking an active part in the discussions surrounding abortion legislation, Roman feminism also intervened in the practical implementation of the legislation inside local healthcare institutions. Following the passage of the law in 1978, Roman hospitals continued to refrain from providing abortion services. In the month of June, the San Lorenzo FSHC together with the autonomous collective of the *Policlinico* and other health workers women,[23] occupied the obstetrics clinic of *Umberto I Hospital* in Rome (Tozzi, 1984). Assuming the control of the clinic, the activists provided abortion services within the hospital. By means of direct action, the occupation constituted the first application of the newly passed law. The occupied department was kept operational through a completely

[22] Among the groups composing the CRAC there were: Collettivo femminista comunista romano, Collettivo femminista Magliana, Movimento femminista romano di Via Pompeo Magno, Mld, Nucleo femminista medicina, Donne di Lotta continua, Avanguardia operaia e Partito di unità proletaria. Importantly, it was within the CRAC that the *Nuclei per l'autogestione dell'aborto* (Groups for self-managed abortion) were established. These groups would provide abortion on demand despite the law's ban and support women by organizing their trips to London clinics, where abortion was already legal. See also Percovich (2005), Freire (1978, pp. 36–40), Stelliferi (2015).

[23] The women of the Collettivo Policlinico "did not belong to the feminist movement" (A11, 1978). The occupation was the occasion to establish important relationships among feminist women and women of the extraparliamentary left.

self-managed initiative for three months. Activists were evicted in September as a result of police intervention. The example of this occupation provides compelling insights into the complex relationship between the self-managed initiatives of the movement and the institutional framework. It also shows the movement's endeavor to engage in healthcare institutions by means of direct action in order to influence their future development.

Another element marked the developments of Roman feminism during and after the 1970s. In 1976 the MLD squatted Palazzo Nardini in Via del Governo Vecchio. Shortly after, the majority of local feminist groups coalesced in the building which became the headquarter of Roman feminism. Among the numerous initiatives that took place within the Governo Vecchio occupation, one is of particular relevance when discussing the movement's relationship with the institutional sphere. In 1978 a committee was formed within the Governo Vecchio, consisting of the UDI, the MLD, the Pompeo Magno feminist collective, with the objective of drafting a legislative proposal aimed at fighting sexual violence. The groups initiated a campaign to gather the required number of signatures to formally present the bill. The decision faced significant criticism from different groups within the feminist movement in Italy.[24] If the campaign for the bill testifies once more of the peculiar attitude Roman feminism upheld towards the institutional sphere, the history of the Governo Vecchio showcases the essentially cohesive nature of Roman feminism, that persisted throughout time. The reciprocal influence and the gradual blurring of the differences initially separating groups in Rome facilitated their coalescence into a complex, diverse but largely unified movement. In 1986, following extensive negotiations with the Municipal Government, the collectives that had occupied via Governo Vecchio successfully secured the allocation of a building located in Via della Lungara (Oddi Baglioni & Zaremba, 2003; Pomeranzi, 1982). The International Women's House, established in the new building, has endured to the present day, representing one of the most relevant feminist spaces in the city and home to numerous feminist groups and associations.

Having presented an overview of Roman feminism in the 1970s, the following paragraphs provide light on how its distinctive character was manifested in the establishment of FHCs within the city. Paragraph 4.3.1 analyzes the case of the San Lorenzo FSHC, highlighting the pragmatic politics of critical engagement it maintained in front of the establishment of FHCs. It shows how such a stance was facilitated, in part, by the center's relationship with the UDI. Additionally, it underscores the group's persistence in carrying

[24] For a review of the debates that occurred within the movement regarding the bill on sexual violence see the documents translated in Bono & Kemp, (1991, pp. 234–259). Eventually the bill did not reach the Parliament. A law against sexual violence in Italy was only approved in 1996.

out its activities even after the establishment of FHCs. Paragraph 4.3.2 examines the development of Women's Assemblies in FHCs.

4.3.1 «Realism prevailed». The Consultorio Autogestito of San Lorenzo

This paragraph examines how Roman feminists involved in health activism intervened in the process of institutionalization of FHCs. It draws on the case of the San Lorenzo FSHC, situating it in the broader landscape of the Roman feminist movement. It shows how Roman activists adopted a pragmatic politics of critical engagement toward the establishment of the new healthcare service, while at the same time maintaining a largely autonomous and to a certain extent skeptical stance towards it. It also sheds light on the role of Roman feminists' relationship with other political actors such as the UDI who acted as a bridge between the movement and the institutional arena.

As mentioned in the introduction to this chapter, at the beginning of the 1970s health and sexuality constituted core topics for the newly born feminist collectives in Italy. In Rome, two groups were particularly significant for the local feminist health arena: the *Gruppo Femminista per la Salute della Donna* (GFSD, Feminist Group for Women's Health) and the FSHC of San Lorenzo. The GFSD was an internally-oriented group of women that practiced self-help for more than a decade. The group conducted collective self-examination every Tuesday together with moments of self-consciousness (Gruppo Femminista per la Salute della Donna & Leonelli, 1976). A key characteristic of the group, compared to other initiatives, was the choice of not providing any form of service and remaining a closed group, that is, limited to the women who originally composed it.[25] The San Lorenzo FSHC, on which this paragraph focuses, presented a rather different character. In fact, since its very ideation, the center has aimed to represent an open political project that would also offer mutual support and forms of service provision to other women. The Center was established by a group of women who had previously participated in the *Collettivo Femminista Romano Pompeo Magno* (CFR), one of the major local feminist collectives. The center was named San Lorenzo after the neighborhood in which it was located. The choice of the location was not meaningless: during the 1970s San Lorenzo was in fact a popular, working-class, antifascist neighborhood and home to numerous political groups. Given its politically

[25] The GFSD also published a series of books dedicated to topics related with women's gynecological and sexual health, largely based upon their experience as a self-help group. These publications are accessible at Archivia, Archivi Biblioteche Centri di Documentazione delle Donne in Rome.

engaged nature and the presence of women from varied social backgrounds, it constituted an especially suitable setting for creating the new FSHC.

The center provided information about contraception and practical support for adopting alternative contraceptive methods, in particular the diaphragm, a method rarely diffused in hospitals and clinics at the time. Additionally, thanks to the presence of some feminist professional doctors and midwives, the Center also provided gynecological examinations. The center was also active in facilitating so-called “travels to London”, where abortion was legal. Furthermore, the San Lorenzo group was also actively participating in the *Nuclei per l’autogestione dell’aborto (Groups for Self-Managed Abortion),*[26] which provided abortion through clandestine direct action.

As with other similar experiences in Italy at the time, the center arose as a response to the almost complete lack of services dedicated to women's health, which required «acting directly and in first person.» (Percovich, 2005, p. 10). However, this was not the only issue at stake: at the heart of the idea of the San Lorenzo FSHC was not the construction of a simple women’s clinic. On the contrary, the primary objective was to create a gathering place for women where they could discuss about sexuality, and health, as well as socialize and exchange information. Describing the project, one of the former members of the Center reported to me what follows:

> Women did not come at a predetermined time for an appointment; at four o'clock, they all gathered in a room to talk and chat. Those who came out of the examination room where they had their diaphragm measurement taken would stop to share how it went and discuss it with the others. We spent the entire afternoon together. The same happened for those who sought information about trips to London; everything we did, we did collectively [...] we ran a health center, but it was a political project. (R16, 61, Consultorio San Lorenzo)

As the above quote shows, in line with other similar experiences, the Center merged aspects of prefigurative politics with forms of service provision. A key element in the group’s identity and activity was the importance attributed to sharing horizontal knowledge and techniques in the field of women’s sexual and reproductive health, challenging traditional user-expert hierarchies. While some of the participants in the group had formal medical training, others didn’t. Sharing and diffusing knowledge as a way to improve women’s

[26] See Stelliferi (2012).

autonomy and self-determination and challenging male-dominated medicine was one of the main aims of the group.

> I began going on Tuesday afternoons to learn how to measure diaphragms together with Simonetta [Tosi] and Ulla Tennenbaum, a midwife who was involved in the clinic's activities. I was a high school student at the time, but they taught me, and I learned how to insert a speculum, measure a diaphragm, maintain hygiene and asepsis, sterilize instruments, and everything needed to run the examination room. But, most importantly, I absorbed what would later shape my relationship with women and my future choices in life and as a medical professional. From this perspective, it was a unique and invaluable experience. There, I learned how to measure diaphragms, I learned many things, but more than these practical skills that can be learned anywhere, I learned to listen to women, to make space for women. (R16, 61, Consultorio San Lorenzo)

In this sense, the San Lorenzo FSHC was a space where women could learn practices and ideas underpinning a different conception of health grounded upon woman-to-woman relationships.

The inclusion of experts inside the center was significant, as it served the dual purpose of disseminating information and techniques, as well as establishing a connection with existing medical and scientific institutions. Participants in my research recalled the key role played in this respect by Simonetta Tosi. Tosi was a doctor, a scientist, and a biologist and was definitely one of the most engaged participants of the Center if not its 'leader'. While deeply engaged in self-organized initiatives and profoundly convinced of the importance of disseminating lay expertise and feminist practices, Tosi also valued the necessity to exert influence on institutional structures as essential (R10, R16). Being affiliated with medical and scientific institutions, Simonetta Tosi actively engaged in the institutional domain to introduce feminist ideas[27]. The inclination to both engage in horizontal and grassroots activity and exert influence on institutions was, to some degree, a defining characteristic of the San Lorenzo FSHC. The center was constantly fluctuating in the search of a delicate equilibrium between its anti-institutional, self-organized grassroots politics and the

[27] For more details see Tozzi (1984). Tosi would later promote the creation of an official national observatory tasked with monitoring the correct application of Law 194 on abortion.

endeavor to engage in wider political and institutional discussions. This approach was particularly evident concerning the institution of FHCs, that this section explores.

The San Lorenzo FSHC was one of the core members of the CRAC. As mentioned earlier the CRAC was established in 1975 with the aim of promoting the struggle for the liberalization of abortion and contraception.

In February 1976, a national coordination meeting of all FSHCs in the country was held in Florence. On that occasion, the CRAC presented a proposal to intervene in the public debate about the Law instituting FHCs. The document contained an ambivalent stance: on the one hand it expressed a strong criticism about the overarching structure that FHCs had been given by the Law, and, in contrast to that, argued that feminist centers should be the model for the future institution:

> In February, the national law on public health centers will come into effect. We want them to be like the ones we are experimenting with. We don't want these centers to be just medical offices with limited gynecological services, to be just another authoritarian public service experienced by women who are then forced to deal with all their other issues behind closed doors at home. Therefore, the centers must serve as a political space for genuine gatherings among women, for assemblies about our health, understanding our bodies, reclaiming our sexuality, and organizing common goals of struggle against various aspects of our oppression. (CRAC, 1976)

While suggesting that feminist groups should engage in shaping the character of FHCs, the CRAC also proposed that the movement should reclaim public funding for running existing FSHCs: «Our health centers should be granted with public funds: self-managed does not mean self-financing.» (ibid.).

As the section dedicated to the Milanese case will show, it was precisely against this proposal of applying for public funds that Milanese feminists raised their critical voices, contending that feminist centers and state-led centers could not have any possible affiliation. While the CRAC option thus found some resistance from the part of other feminist groups, it also represented a major source of conflict with the UDI. For the CRAC the proposal of obtaining public funds for feminist initiatives was a way to cope with the costs of self-organization and, at the same time, to maintain autonomy. It also represented an attempt to get recognition of activists' expert knowledge in the field. For the UDI, instead, it represented a sign of the relegation of women's issues exclusively to women, thus

constituting a step backward with regard to the expansion of the State's role in women's social issues. In an article published on Il Manifesto, Luciana Viviani, one of the UDI's leaders, responded to feminists' claim about public funding for self-management, contending that it represented a reiteration of «self-isolation», delegating a social and collective issue to women (Viviani, 1975).

As mentioned previously (4.2.1), the relationship between feminist groups and the UDI was largely controversial, given the latter more traditionally 'emancipatory' stance in the field of women's rights and its close relationship with political parties. Nevertheless, such a conflictual relationship was the terrain of important moments of cooperation in Rome. Given the lack of support and feasibility of the proposal of obtaining public funding, the San Lorenzo group enacted what can be described as a pragmatic politics of critical engagement. Despite maintaining a strongly critical perspective on the relationship with the State and the role of institutions, the group intervened, through the mediation of UDI members, at different stages of the process of implementation of the new service. The activists endeavored to exert an influence on the institutional identity and the overarching methodological approach of the service, positioning themselves as knowledgeable experts in the field.

The first step in this sense was the participation of some San Lorenzo activists in writing the regional law on FHCs. As mentioned earlier, the national legislation enacted in 1975 assigned the responsibility to the Regions for establishing and implementing the service by means of regional laws. Thanks to UDI's role in mediating with party members and counselors from the PCI, feminist activists were enabled to attempt to promote their ideas in the new legal framework. Once again, the outcome was deemed unsatisfactory: during a public debate held at the Sapienza University in 1977 Simonetta Tosi contended that «the regional laws that have been ratified do not align with the demands that women have put forth» (Tosi, 1977). In particular, she underlined the limitations of the overarching framework of Health Centers, which primarily targeted couples and families instead of women; furthermore, her intervention pointed to the lack of a critical approach to medicine and to the role of doctors in women's health. Notwithstanding the severe critique expressed by activists, the Lazio regional Law 15/1976 exhibited many distinctive and even unparalleled characteristics in comparison to legislation enacted in other Italian Regions. Most legislations regulating health centers in Italy acknowledged the importance of civil society and political participation in the service, in line with the framework set by Law 405/1975. As a form to enact such social and political engagement, Management Committees had been implemented. The latter foresaw the participation of representatives

of different civil and political actors including users' representatives, members of local associations, union representatives, political parties' representatives, neighborhood representatives and representatives of the Church. While Management Committees constituted a significant experiment of social management of healthcare services which later became a core characteristic of the Italian NHS, the Lazio law went a step further. In fact, it included a different channel for user participation, namely Women's Assemblies. Compared to Management Committees, Women's Assemblies were an unstructured, open and horizontal form of participation dedicated to women. They were, in this sense, genuine meetings. Additionally, when disciplining the role of users' participation the Lazio regional law explicitly mentioned women as having a voice in «the formulation of programs and choices to be made, verification of their implementation, organization of the clinic, and promotion of initiatives» (Lazio Regional Law 15/1976).

Thus, the impact of feminists and the UDI on the law was significant. In addition, Roman feminists also cooperated with the UDI in organizing a training program for the health centers' future personnel. In an article titled *Health Centers: it is worth to participate*, Donata Francescato, the publisher of the well-known feminist magazine Effe[28] and an active member of Roman feminist groups, provided an account of the aforementioned training course (Francescato, 1977). According to Francescato, the activists' involvement was driven by their intention to incorporate «elements of feminism» into the forthcoming healthcare service. She positively underlined how feminist activists were involved in the building of the program as 'experts'. Among them, Simonetta Tosi and Ulla Tennenbaum of the San Lorenzo FSHC played a key role. In Francescato's view, the influence of feminist activists in shaping the course and its underpinning approach was evident in various ways: One such example was the incorporation of the 'small group' as a method of work during the training course. Additionally, the course allocated a complete session to explore the self-managed initiatives organized by feminists throughout the decade (Francescato, 1976). In her conclusion, Francescato conveyed a mixture of favorable views toward the cooperative process and a prevailing doubt over the future of service in relation to women's political involvement. As she commented,

> less progress has been made, however, regarding the concept of the center as a place of political gathering for women. Some participants,

[28] Founded in Rome in 1973, Effe Rivista Femminista (Effe Feminist Magazine) was one of the most prominent feminist magazines. Besides providing news about the movement's initiatives it also hosted discussions about issues relevant for the movement. See https://efferivistafemminista.it/about/.

> taking refuge in the law and their specific professional roles, have shown themselves to still be attached to the old model of outpatient care, which, while comforting, is recognized as lacking. I believe that on this issue, namely the problem of the social management of the centers - the methods and content of women's participation in the planning and oversight of centers activities - there is a significant battle to be fought. (Francescato, 1977).

As the next paragraph will examine more in detail, women's political participation in the service will in fact remain a contested terrain in the new healthcare service. Francescato's concluding statement, along with the previous analysis of the actions taken by feminist activists from the San Lorenzo FSHC in relation to the implementation of FHCs, indicate the pragmatic nature of feminist participation. Such an approach aimed to exert a feminist influence on the future institution while maintaining (or despite holding) a critical and even skeptical perspective on it.

According to one of the participants of the San Lorenzo FSHC, this was part of the group's broader attitude towards institutions and the legislative changes that unfolded at the time.

> Yes, towards them, as with the abortion law in the end, realism prevailed. It was always preferable to the situation that had existed before. Clearly our aim initially with regards to abortion was decriminalization, considering that abortion was a crime. We hoped for a law that would recognize and respect women's will way more, but then the Left's influence began to dominate, representing women's interests... Nevertheless, it was still a step up from when we were dealing with criminalization and clandestine practices. Similarly, concerning health centers, there was the prospect of having a tool at our disposal when previously there was nothing. In this sense, I speak of realism, and then everything went on... Our networking work continued, for example, women who were our friends and comrades in the 1970s then went to work in health centers and became reference points. (R10, 60, Consultorio San Lorenzo)

As mentioned earlier (4.2.1) most feminist groups in 1970s Italy held a strongly critical view on the traditional political arena, and saw with extreme skepticism the indirect translation of the issues the movement was tackling into formal legislation. This was

especially true for the Law on abortion, which while representing an invaluable advancement with respect to the previously present legal ban, was nevertheless perceived as proceeding somewhat beside or above feminists' concerns. As the above excerpt shows, feminists also deemed the debate on abortion to be an appropriation of feminist issues by the Left. Nevertheless, as the interviewee above contended, in front of such changes, realism prevailed in guiding Roman feminists' attitude towards the Law and the implementation of FHCs. Although activists did not perceive these outcomes as a 'victory', they did acknowledge the significance and the benefits apported by such changes in the legal and institutional framework.

The preceding account also anticipates a significant aspect that will be explored in subsequent chapters: the entering of feminist professionals employed in FHCs. As explored in Chapter 6, the involvement of feminist professionals played a crucial role in bolstering the movement's connection with the service, both in tangible and symbolic terms. Despite the constraints imposed by the institutional framework, indeed, the development of FHCs was notably influenced by the presence of professionals who had previously been involved in the movement.

Prior to delving into the examination of the Women's Assemblies in the newly established Roman FHCs, a final remark on the FSHC of San Lorenzo is noteworthy. Despite its critical engagement with the institution of FHCs, the San Lorenzo group decided to continue its autonomous and self-managed activity until the 1990s.[29] In a document presenting the group in 1984, activists account for what they refer to as a «stubborn continuity»:

> Why such stubborn continuity? Times have changed, we have public health centers now, the abortion law, women's demands flow through institutions and are no longer shouted from outside. We no longer need to squat hospital departments as we did together with other groups in 1978. So, wouldn't it be better to disband, or if we really want to stay together, why not engage in different types of work without overlapping with public services? We've asked ourselves this question. However, the demand we continue to have confirms that our way of working is not interchangeable with institutional services. Not just because we refer

[29] At the beginning of the 1990s the group decided to abandon the building in San Lorenzo and joined other feminist groups in the city who had recently found home in the Casa Internazionale delle donne (International Women's House). For more detail about the history of the Casa Internazionale delle Donne and its root within 1970s feminism see Oddi Baglioni & Zaremba (2003); Pomeranzi, (1982)

> women to London[30]. There are qualities we value... there's still a long road ahead... in the meantime, we persist in keeping a window open, seeking every possibility to convey our own content, which we validate through the interaction among women with different backgrounds. Being outside institutional settings helps maintain sensitivity, encourages women in the medical field to seek different solutions to the problems faced by other women (and themselves), and helps disseminate up-to-date information without waiting for the usual authorities to make it public. (IRIS, 1984)

As this excerpt powerfully highlights, activists of the FSHC of San Lorenzo, decided to continue their activity considering it as «not interchangeable» with existing institutional health centers. Interestingly enough, thus, the San Lorenzo FSHC adopted what could be considered a «dual-strategy» (Suh, 2011) in front of the institutionalization of FHCs. On the one hand, a pragmatic politics of critical engagement and on the other the continuation of self-management. The coexistence of the San Lorenzo Center with FHCs also opened the door for cooperation between activists and professionals. One of my interviewees recalled with particular pride that when the new public health center opened near San Lorenzo, the new staff would come to ask for advice at the feminist center.

> But I remember it as an amusing fact that when the first public health center was established in San Lorenzo at Largo degli Osci, the workers used to come to us for advice (laughs). We had the awareness of holding something valuable, something that struggled to develop within the institutions. (R10, 60, Consultorio San Lorenzo, Rome)

To conclude, the examination conducted in this Paragraph has aimed at illuminating the pragmatic approach, critical engagement and the dual strategy adopted by feminists of the San Lorenzo FSHC, providing a picture of the peculiar dynamic underpinning the relationship between Roman feminism and the establishment of FHCs.

The following Paragraph delves into the exploration of the Women's Assemblies within Roman FHCs.

[30] The San Lorenzo FSHC continued to organize travels to London for those women who could not legally interrupt a pregnancy according to the criteria foreseen by Law 194.

4.3.2 The Case of Women's Assemblies in Rome

The implementation of FHCS in Rome experienced significant delays following the enactment of the regional Law, primarily due to the inefficiencies of the local government. Within a publication authored by several UDI women and significantly titled *Who is afraid of health centers?* (Chi ha paura del consultorio?), one may find firsthand accounts detailing the numerous letters that the group formally presented to the Regional Council denouncing the administration's impasse in the establishment of the new service (Barca, 1981, pp. 33–36). Groups of women were created in many neighborhoods pressuring municipalities and the regional governing bodies to put in effect FHCs as provided by the Law (ibid.). Thus, besides the legislative process, grassroots efforts were required to make FHCs a reality.

Once the first centers started functioning, Women's Assemblies also started being opened.

As already mentioned, Women's Assemblies represent a unique case as they have been autonomous, self-organized, and essentially grassroots women's spaces within a state healthcare service. To a large extent, they have granted a feminist presence within the newly instituted service.

Liliana Barca, a member of the UDI and one of the most engaged participants to Women's Assemblies recalled the peculiarity of this initiative as follows.

> In Rome, in particular, our ability to avoid being confined to institutionalized management committees has facilitated the opportunity to fully experience direct participation. The regional law of Lazio indeed envisions the women's assembly, which from the very beginning was organized into groups of women based on their interests. (A6)

According to existing testimonies, the first meetings held within Women's Assemblies were chaotic and confusional due to the large number of participants (Barca, 1981). For example, the first assembly of the Via Salaria FHC held in 1977 is described as extremely messy: participants presented very different perspectives on the function and meaning of the Assembly itself. As recalled by authors of Who is Afraid of Health Centers, some women believed the priority was to discuss sexuality, others wanted to focus on the overlooked topic of menopause, and still others thought the assembly should address the operational aspects of the center itself. One of the early sensitive issues was the role of doctors, with some

considering specialized expertise essential, while others strongly opposed the presence of experts in the women's assembly.

For example, Liliana Barca recalls:

> It took two meetings to decide whether the gynecologist should participate or not. Initially, there were disagreements: some users said, "Why should I trust you more than the doctor?" and the doctor, on his part, would say, "What do you know about your own diseases?" Our long discussion about menopause opened up with these questions. Then, it was unanimously agreed that we would consult the expert when we deemed it necessary, but certainly not immediately, as we needed to clarify what 'diseases' so to speak, we were actually discussing. It's clear that excluding the healthcare providers from the group at that moment caused their resentment. Only after 8 months of discussions did we decide to pose questions to the gynecologist. (A6)

In general, while some assemblies decided to involve users only and to address experts only if needed, others were built on the co-presence of users and professionals. A lively account of user-professional cooperation is provided by a publication titled *L'equilibrio di vetro* (The Glass Equilibrium), published by a *Local Health Unit* (USL RM9, 1983). It discusses the activity of a subgroup organized within the Women's Assembly of the Aulo Plauzio Health Center in Rome. Gathering both users and professionals, the group focused on women's mental health and illness. It testifies to the key role Women's Assemblies played in breaking the boundaries of user-experts hierarchies and promoting participation from below. Women's assemblies have thus been places in which women could discuss about health and sexuality, while benefiting of the possibility of cooperating with health centers' professionals. For some years, Women's Assemblies have represented a fruitful example of grassroots and lay participation within an institutional healthcare service (see also Bacarini et al., 1983; Cavicchi et al., 1976). However, as time passed, the initial enthusiasm that had characterized Women's Assemblies gradually transformed into a growing sense of frustration.

At the beginning of the 1980s, an informal coordination was formed, comprising feminists, users, and professionals of health centers from all over Italy. The *Coordinamento Nazionale Donne per I Consultori* (CNDC, Women's National Coordination of Health Centers) rapidly started focusing on the limitations of the various experiences of

participation women' had conducted within the service. The Coordination expressed dissatisfaction for the role that user participation had ultimately assumed within FHCs. The criticism concerned the role of social participation more broadly, beyond the case of Women's Assemblies, to include Management Committees and other forms of participation that had been implemented in different cities. The bureaucratic nature and frequently precarious functioning of health centers had required participants to focus on ensuring the effective running of the service, rather than prioritizing the empowerment of women's autonomy. Significantly the Roman group, who had been engaged with Women's Assemblies expressed the harshest criticism. As the group recalled in a publication on Noi Donne, over the years the Assemblies «had to focus on regulations, on budgets, on the leaking tap, on the social assistant who was not coordinated with the other services, and along the way, we had lost our project of a movement, of a change. ». Ultimately, they added «we had shifted our original aim: we ended up pursuing the wellbeing of health centers (perceived as an end rather than as a mean) rather than our own. » (A7, 1985).

In 1982 the Coordination released a statement declaring «the end of the season of participated management». After several discussions held both at the local and national level, the association had agreed that forms of users' participation in the service had been «like cages, which made us stand in an ambiguous position towards women as well as towards professionals and institutions» (A8, 1982).

As the report states, «It has become clear from the comparison of our experiences and the analysis of the results that the institutional terrain is not our terrain, since participation loses strength and political influence decreases.» (ibid.).

Some years after, the Roman group will provide the following account with regard to user presence within Women's Assemblies.

> After the approval of Law 405 and after our entry into FHCs as the Women's Assembly, we soon had to face the impact of a political will that opposed any innovative elements, having a vested interest in not undermining entrenched powers (namely, economic, political, and medical powers). This led us, after over five years of presence and proposals, to a stagnant situation both in terms of public socio-health services (which, despite continued numerical expansion, had lost innovative elements and often carried out routine work) and in terms of women's participation. Within the service, women could not find

> adequate responses to their ideal drive to build a new culture of health and sexuality." (A9, 1988).

In response to the 'crisis' experienced within Women's Assemblies as well as in other forms of user participation, in 1985 the National Women's Coordination for Health Centers was formally founded. Its establishment coincided with the decision to abandon the institutional setting of FHCs. The Coordination was meant to enact a more open and less constrained discussion on health and sexuality, while at the same time maintaining a close – yet independent - relationship with FHCs. Significantly, the first public initiative of the Coordination was a project titled *For a new culture of sexuality* (A10, 1983). Thus, once having abandoned the institutional terrain, the network turned back to the 'original' issue that feminists had raised during the previous decade, namely sexuality.

While bringing sexuality again to the center of women's practices, the group also stressed its willingness not to leave health centers. Despite declaring its refusal to engage anymore with Health Centers from within, that is on the institutional terrain, the Coordination was determined not to abandon health centers. The idea was to keep on fighting for health centers while at the same time opening new spaces for more autonomous discussions among women outside the institutional service.

Thus, by the end of the 1980s, the possibility of genuine cooperation with and within the institutional setting had failed. Partly coinciding with the decline in the movement's strength, this failure is significant in as much as it testifies to the process of depoliticization and bureaucratization that characterized the development of FHCs, despite the grassroots efforts of maintaining a critical presence within. In addition, as Chapter 5 will highlight, at the beginning of the 1990s crucial reforms were implemented that radically altered the nature of the healthcare system in line with neoliberal developments and which also eliminated any form of social and political participation to healthcare services.

To conclude, this section has aimed to provide an account of how the institution of FHCs unfolded in Rome. It has highlighted how feminists engaged in self-managed initiatives adopted a pragmatic politics of critical engagement toward the implementation of FHCs. As the examination of the case has highlighted, one of the key aspects that influenced the development of such a process in Rome was the complex and yet fruitful enlargement of the movement to other social actors, such as the UDI, in a process of mutual influence that allowed core feminist groups to affect the institutional arena, and moderate actors such as the UDI to gradually endorse a more grassroots feminist character. In general, the process

that led to the creation of FHCs in Rome saw strong grassroots participation, especially thanks to the peculiar experience of Women's Assemblies. While the latter have ultimately been abandoned by the most engaged groups, their history has left important traces within the local feminist movement., As Chapter 6 will explore, in fact, the memory of Women's Assemblies has remained central for feminists in Rome, constituting an anchor to the possibility of direct participation within the service.

The next section turns to the examination of the Milanese case, exploring how feminists in the city interpreted and reacted to the establishment of FHCs.

4.4 Milan. A politics of distance.

This section examines how the institution of FHCs was interpreted and addressed by the feminist movement in Milan. It highlights that, differently compared to the process analyzed for the Roman case, Milanese feminists largely maintained a 'politics of distance' from the developments unfolding in the institutional sphere.

As it emerged repeatedly during my interviews, this approach was somehow connected to the broader character of 1970s Milanese feminism, which largely differed from the Roman one. Like in other cities, the feminist movement in Milan throughout the 1970s encompassed diverse political approaches to feminism, defying any reduction to a singular description.[31] Nevertheless, it can be argued that the local movement exhibited a prevailing inclination towards autonomous internal work, being largely skeptical of movement-oriented and protest-oriented practices embraced by other local movements. Pisa depicts 1970s Milanese feminism as embodying a «discontent towards protest-oriented and claim-oriented feminism» (Pisa, 2012, p. 22). Protest-oriented feminism was seen as a manifestation of emancipatory politics that neglected and even contradicted the most profound critique formulated by feminists regarding the enactment of a different politics.

Milan was probably the city were Rivolta Femminile's radical critique, which targeted male and leftist culture, as well as any politics deemed 'inauthentic', was mostly influential. A key example of such an attitude was represented by the *Via Cherubini* group. Via Cherubini constituted for several years the 'headquarter' of Milanese feminism, hosting many feminist collectives.

[31] For a detailed review of the history of 1970s Milanese feminism and the various groups that composed it see Calabrò & Grasso (2004).

According to Calabro & Grasso (2004), the Via Cherubini group was «engaged in an in-depth internal project, which was therefore very distant and critical of any form of mobilization dictated by events and deadlines external to what were considered the real times and needs of women» (p.71). The implications of this stance became notably evident in relation to the discussions and demonstrations surrounding abortion legislation. As mentioned earlier, around the issue of abortion numerous demonstrations were held, at times sustained directly by core feminist groups, as it happened in Rome. In Milan, instead, as activists reminded later «the practice of feminist demonstrations did not take hold.» (Libreria delle donne di Milano, 1987, p. 101).

When in 1976 a demonstration was held in Milan concerning abortion, the Via Cherubini group published a letter in the newspaper *Corriere della Sera* explaining the refusal to participate:

> We have not supported nor participated in the demonstration for free abortion on demand: we are working on a different political approach to the problem of abortion. Free abortion on demand means that we will spend less money and be spared some physical pain: for this reason none of us is against a medical and legal reform which is concerned with the prevention of pregnancy and its interruption. But between this and going on marches in general, and what is more with men, there is a big difference, because such demonstrations are in direct contrast to the political practice and to the consciousness which women engaged in the struggle have expressed in recent years. (A group of women from the feminist collective of Via Cherubini, 1975).

According to Percovich (2005) this statement embodied the «authentic official stance of Milanese feminism» (p.103).[32]

A highly critical stance on the relationship between the movement, the law and institutions was also adopted with regard to the legislation on sexual violence. During the meeting held in 1979 in Milan to discuss the bill promoted by the UDI, the MLD and Roman feminists, Milanese feminists voiced their criticism about it. They contended that the law reduced women's multifaceted experiences by categorizing them as a singular oppressed social group in need of the protection of the State. In addition, Milanese feminists argued

[32] As mentioned earlier, this was also the position of Rivolta Femminile, notably articulated in several texts (Lonzi, 1978; Rivolta Femminile, 1978). Similarly, in a document titled "Self-determination, an ambiguous aim" this position was sustained by the Col di Lana group, the "house" of Milanese feminism after the closure of via Cherubini (Col di Lana, 1976).

that the proposed legislation rested on the misguiding notion that a law could effectively address and resolved «the contradictions between the sexes» (Libreria delle Donne p. 83).

The renowned book *Non credere di avere dei diritti* (Do not believe to have rights, Libreria delle donne di Milano, 1987)[33] by the *Libreria delle Donne di Milano* (Milan Women's Bookstore)[34] eloquently articulates the prevailing vision of Milanese feminism, articulating the rejection of a rights-based politics, which ultimately leads to the integration of women into a political and cultural sphere dominated by men.

The significance of the Libreria in influencing Milanese feminism, as well as its impact on Italian feminism altogether, cannot be overlooked. When other centers of Milanese feminism closed at the end of the 1970s, it became a central point of reference that persists to the present day. Besides, the Libreria played a crucial role in shaping significant shifts in the trajectory of feminist groups at the time.

The establishment of the Libreria in 1975 coincided with the increasing discontent in feminist circles towards the constraints of self-consciousness as a practice. The main limitation identified by feminist founders of the Libreria delle Donne was its inability to move beyond the mere recognition of women's sexual difference. Self-consciousness had proved pivotal in bringing to the fore this crucial recognition, however, its impact on women's social reality remained limited. The Libreria was the embodiment of what would subsequently be referred to as «a practice of doing» (*pratica del fare*, Libreria delle Donne 1987, p.89), as opposed to the predominant role of the spoken word which had characterized self-consciousness groups. This shift aimed to «creating feminine social places to transform reality» (Libreria delle donne di Milano, 1987, p. 96). At the same time the Libreria initiated a turn towards a cultural and theoretical – although grounded in practice – investigation resulting in the elaboration of 'the thought of sexual difference', which became highly diffused and hegemonic in feminist circles starting from the 1980s.[35] This development was significantly influenced by the relationship Milanese feminists entertained with the French group *Psychanalyse et Politique*.[36] At the core of the thought of sexual difference as it has

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[33] The English translation has a different title: Sexual Difference: A Theory of Social-Symbolic Practice (The Milan Women's Bookstore Collective, 1990).

[34] See Martucci (2008); Libreria delle Donne di Milano (1987;1990).

[35] For a review see Libreria delle donne (1987); Martucci (2008); de Lauretis (1990); Cavarero (1987); Muraro (2017).

[36] "Psychanalyse et Politique" was a feminist group in France, founded in the wake of the May 1968 protests and known for its association with prominent French feminists like Antoinette Fouque, Luce Irigaray, Hélène Cixous, and Julia Kristeva. The works of these authors have been extremely influent in the development of theories and thoughts about sexual difference in Italian feminism. In particular, the work of Luce Irigaray has represented a key reference, especially for Milanese feminists. Speculum (Irigaray, 1985) was first translated in Italian by Luisa Muraro and published in 1974.

been elaborated in Italian feminism lies the idea of searching and founding a women-centered symbolic order, that is, a cultural and symbolic collocation and a sexed language able to express women's experiences. In the thought of sexual difference, women's oppression results not as much from women's material subalternity or the discriminations they face, but rather on their lacking of a «female symbolic collocation» (Libreria delle donne di Milano, 1987, p. 18). Deconstructing the male symbolic order which is assumed as universal and finding/founding new categories to think the sexual difference came to represent the main aim of this strand of feminism.[37] Among the key practices that were adopted in the search for a new symbolic order there was the search for a women's genealogy through the reading of women's writings in literature, philosophy, poetry, which led to the publication of the recollection *Yellow Catalogue. The mothers of us all* (Libreria delle donne di Milano, 1982). The new 'political agenda' inaugurated by the thought of sexual difference was presented and diffused through the publication, in 1983 of a new issue of the historical feminist magazine *Sottosopra* entitled *More Women than Men* (Sottosopra, 1983, translated in Bono & Kemp, 1990 p.110).

The aim of this exposition on the developments of Milanese feminism is to highlight the transformative changes that marked its trajectory during the latter portion of the decade and the early years of the 1980s. During the period of FHC establishment, Milanese feminism was experiencing significant shifts in its trajectory. The healthcare sector was evidently not among its foremost concerns. Feminists engaged with the thought of sexual difference were driven by a distinct political agenda that diverged significantly from the developments occurring inside the emerging healthcare institutions. These observations contribute to understanding the politics of distance enacted by the movement regarding FHCs. The detachment that the movement manifested towards the new institution can be attributed both to its generally autonomous and anti-institutional stance and to the evolving dynamics inside the movement itself, including the distinctive trajectory it has undertaken.

In this regard, the movement's politics of distance appears somehow determined less by an openly strategic and oppositional positioning than by a broader 'political culture' and its different priorities.

In what follows, paragraph 4.4.1 explores the initiative of the main FHSC in Milan, the Bovisa, highlighting how the group refused to participate in the institution of FHCs and how

[37] Starting from the 1980s other centers emerged grounded in the theory and practice of the thought of sexual difference such as the Community of Women's Philosophers Diotima (Diotima, 1987), based at the University of Verona, the Virginia Woolf Center in Rome.

it later dissolved. It highlights how the autonomous and anti-institutional approach of the local movement was reflected in the approach that the group upheld in front of the process of institutionalization. Paragraph 4.4.2 examines how a feminist perspective was brought into the service mainly by professionals inspired by feminist ideas but acting independently from the movement.

Paragraph 4.4.3 examines a peculiarity of the Milanese context, namely the role of Secular Private Health Centers (SPHCs). These centers were secular associations, typically headed by 'enlightened' physicians and provided a range of services related to women's health as part of a wider initiative aimed at modernization. Despite their initial distance from the feminist movement, SPHCs have constituted alternative spaces where some individual feminists converged after the institution of FHCs. Thanks to their autonomy from the State, SPHCs have somehow represented institutions considered more suitable for feminist approaches to health.

4.4.1 «When the Law was passed, we withdrew». The Consultorio Autogestito of Bovisa in Milan.

Like the San Lorenzo FSHC in Rome, the Bovisa FSHC took the name of the neighborhood in which it was located. It was opened by the *Gruppo per una medicina della donna* (GMD, Group for a woman's medicine) which gathered some feminists participating in the Collettivo di via Cherubini. The *GMD* started meeting one year before the center's opening and had practiced self-consciousness focusing on the relationship between women, sexuality, and medicine. During that year, it also carried out independent research on existing contraceptive methods, analyzing and discussing their features and countereffects. Grounded upon this collective research work, in 1974, the pamphlet *Anticoncezionali dalla parte della donna* (Contraceptives on Women's Side) was published by the group. The book was an enormous success, and high demand saw it spread all over Italy (Percovich, 2005).

The choice of opening a FSHC was a response to the need to turn to a concrete project capable of encouraging the participation of many women, thus enlarging the circle of small feminist groups. Activists that opened the Bovisa FSHC in Milan, to a greater extent than in Rome, were moved by the limitations they identified in local self-consciousness groups. Groups like the Cherubini collective were largely considered inaccessible spaces where only those ready to engage in a genuine and deep self-transformative practice would participate. These highly demanding features of feminist groups often discouraged many women from joining. As a participant interviewed by Calabrò and Grasso stated:

> there was the will to differentiate us from the largely selfconsciousness-oriented discourse undertaken by part of the movement, especially in Milan… there was a growing dissatisfaction towards the understanding of self-consciousness as an end in itself… we wanted to connect self-consciousness to something concrete, and the health center seemed the most appropriate way to do it. (Calabrò & Grasso, 2004, p. 198).

On their part, Cherubini's feminists who were engaged in self-consciousness largely manifested skepticism towards the newly formed group (ibid.). One could indeed argue that feminist health initiatives in Milan were to a greater extent than elsewhere «considered somehow 'other' in relation to the more theoretical currents within the movement» (Percovich, 2005, p. 15), because of their hybrid character and their orientation to what was seen as emulating a leftist and thus 'inauthentic' politics.

The months leading up to the opening of the center revolved around its character and identity. Participants engaged in discussions over the center's approach toward the provision of direct services, while also considering strategies to prevent the perpetuation of paternalistic forms of assistance. Significantly, the group also debated upon the involvement of experts and how they should be included within the center. Like other FSHCs, the group faced the challenging task of striking a delicate equilibrium between expanding the feminist movement by reaching a wider range of women, particularly through addressing tangible and urgent health-related needs, while simultaneously maintaining a critical perspective on assistance-oriented approaches. Furthermore, the group consistently upheld a constant commitment to the continuation of self-consciousness work. The project sought to simultaneously address profound personal and political development, while also providing timely solutions to the concerns of women.

After lengthy discussions, the center finally opened its doors in 1975. The choice of the location was strongly dependent upon the idea of enlarging the boundaries of feminist practice to proletarian women. The Bovisa was indeed a working-class neighborhood in which some factories were located. Participants in the group had developed a fruitful relationship with women workers of the *Face Standard* factory, located next to the center. This relationship importantly shaped the initial stages of the group: «The project of the center was born from a collective discussion with those of us who work in factories. It is

precisely the lack of time for women and their numerous unmet needs that compel us to organize around something concrete» (A11, 1974).

As the first public statement of the group declares, «We are a group of women with diverse backgrounds. Working-class women, students in medicine with different specialties: gynecology, pediatrics, psychiatry, and others who, although not working specifically in the field, have been interested in it for some time.» (ibid.).

While all FSHCs in Italy generally shared a strong critical gaze on medicine and medical institutions, this stance was particularly strong in the Bovisa center. The fight for women's medicine was crucial for the group. Also, a key aspect of the Center's identity was its differentiation from the clinic model. In the already mentioned document presenting the initiative of the Center the following scheme appears: «Clinic = Assistance / Assistance = Passivity / Passivity = the woman as an object» (ibid.)

Once the activities started, the Center was opened during afternoons for examinations and counseling and during the evening for self-consciousness meetings. This division would later become one of the contradictory elements upon which the group dissolved. The subsequent testimony sheds light on the challenges faced by activists involved in the center, as they tried to achieve an acceptable balance between the practical nature of the Center and the introspective and self-awareness-focused aspects of their work.

> A division quickly emerged among the people who sustained the activity with their presence during afternoon openings and those who only attended evening meetings. This resulted in a significant difference in what was discussed in the evenings - which was more or less a continuation of our self-consciousness practice about sexuality - and the experiences of the girls who worked in the afternoon. Evening meetings were sometimes extremely stimulating but always very abstract; the usual problems of those who worked in the afternoon, which I considered crucial for an assessment of our activities, were never discussed. (A12, 1975)

Soon after the Center's opening, the group was confronted with the challenges posed by the newly enacted legislation instituting FHCs. As already mentioned in relation to the San Lorenzo FSHC, the collective of the Bovisa actively participated in the national assembly of all FSHCs and health-related feminist initiatives, which convened in Florence in early 1976. On that occasion, discussions pertaining to the future of self-managed centers were underway among various groups subsequent to the recent enactment of the legislation

establishing FHCs. During the event, the CRAC put out a proposal advocating for obtaining public funding for the existing FSHCs. The participants from Bovisa voiced a strong sense of disappointment and conveyed their critical perspective regarding this plan. The group issued a public statement vehemently rejecting the proposal suggested by the CRAC and fiercely calling for the maintenance of a clear distinction between FSHCs and the State's institutions.

> The public health centers provided (literally "gifted", *regalati* in Italian) to women by the new law correspond exclusively, as they were conceived, to a service that the state intends to offer to women in order to rationalize and control a situation that is, in fact, becoming increasingly explosive. The logic behind this choice corresponds to the state's need to ensure and implement its demographic decisions at a grassroots level. [...] Therefore, a feminist practice of self-awareness of one's body and autonomous management of one's health cannot take place within these institutions, managed by professionals who are the main mediators of these intentions. In our view, the comrades who have started working in self-managed health centers during this period should not mechanically project their practice into areas regulated by these laws. Because these clinics are where the contradiction between the women's movement and the power of male medicine is starkly evident, we cannot delude ourselves into thinking that they will become "spaces" for constructing and developing our ideas, rather than arenas of conflict with the institution.[...] It is absolutely necessary to distinguish between health centers self-managed by the movement, understood as autonomous research by women, and institutional health centers. These two experiences should be kept distinct and can coexist. This necessary distinction is not found in the [CRAC's] platform; on the contrary, the first experience is nullified in the second, falling naively into the trap. The birth of these centers should, therefore, see us extremely vigilant and critical, ready to challenge, as women-users, all the most glaring misconceptions. (Faré et al., 1976)

This document provides a clear picture of the contrasting approaches adopted by the Roman and Milanese groups regarding the establishment of FHCs. Although both groups expressed significant criticism over the potential of FHCs to reflect feminist ideas and

practices, the CRAC showed a willingness to critically engage with the development of the new service. In contrast, the Milanese group expressed firm opposition to any potential collaboration between feminists and FHCs. Alternatively, it was suggested that the coexistence of the two experiences, feminist self-managed centers and state-led centers, be upheld, notwithstanding their inherent differences and somehow incompatible attributes.

Referring to the group's position within the national meetings in which these discussions were held, one of the participants to the Bovisa's center related:

> During these meetings, I remember always being in the minority positions because of our stance of being extremely critical towards institutions, so to speak, we already knew that public health centers would distort the purpose, they would distort, from a tool for women's sexual liberation, they would become a tool to reaffirm the value of the family, as it actually turned out to be. (M3, 73, Consultorio Autogestito Bovisa, Milan)

When I asked whether any relationship existed between the group and the newborn service, she answered: «Absolutely. No, no. Ours was, let's say, a real research laboratory that acted with complete autonomy, setting its own goals, timelines, rhythms, and methods. For us, the fundamental work was the self-consciousness group.» (M3, 73, Consultorio Autogestito Bovisa, Milan). In this respect, while representing somehow an attempt to build a different project with respect to the small self-consciousness group, the Bovisa center maintained strongly the orientation to internal-oriented work and, in general accordance with the local movement's stance, maintained enacted an autonomous approach from institutions.

The center endured alongside the recently established FHCs for at least one year. According to the accounts gathered by Calabrò and Grasso (2004), the closure of the Center occurred around 1976.

Asking regarding the closing of the Center, I disclosed to the interviewee that based on my initial assessments, I sensed that the group had no continuity after its closure, and I had been unable to identify any indication of their subsequent trajectories. This remark was for me relevant in comparison with the highly different context I had previously investigated in Rome. Confirming my feeling, she related:

> The group disbanded, perhaps because some of the most active members experienced a kind of diaspora. Transfers to other cities for

> work reasons, the identification of other topics to delve into, and so on. So, what you had sensed is indeed true, that is, there was no transfer of knowledge at all, but rather... I don't know, perhaps it has to do with our complete distrust in institutions. It was very strong in those years. The idea that to change reality, one also needs to confront the existing, no, it didn't belong to us in those years. (M3, 73, Consultorio Autogestito Bovisa, Milan)

The closure of the FSHC was thus mostly attributed to the internal dynamics of the group. The excerpt above is of particular interest when juxtaposed with the remarks made by participants of the San Lorenzo FSHC in Rome, as discussed in Paragraph 4.3.1. Compared with the 'realistic' approach Roman activists described, those involved in the Bovisa FSHC project emphasize that their radical anti-institutional position regarding the conventional political sphere played a significant role in their decision of not engaging with the institutional setting of FHCs.

Proceeding with her discourse, the interviewee stated:

> When the law was passed and the public health centers were established, we withdrew. We didn't want to become a service outright. Probably, the fundamental difference between Roman feminism and Milanese feminism also played a role in this, as Roman feminism has always been more political in the sense of being closer to institutions. Therefore, it also engaged in the act of getting involved with and getting its hands dirty with institutions. (M3, 73, Consultorio Autogestito Bovisa, Milan)

Similarly, another interviewee provided the following account of the end of their collective initiative:

> M4: The experience in Bovisa was absolutely interesting, it eventually somehow ended... I wondered how we closed it, and I'm afraid, as often happens, we didn't make it a formal event. I mean, there wasn't a closure where we said, "Let's gather around a table, decide what to do, close it, and explain why we're closing... ".
>
> Me: It just happened, then.

> M4: It just happened. In the meantime, public health centers were established. In Milan, well, you probably know a bit about the history of Milanese feminism... it was a feminism that perhaps more than in other cities revolved around self-consciousness, the practice of the unconscious; so, it was more a practice related to private lives, intimate lives, sexuality, etc., rather than a "doing" feminism. In other cities, such as Turin and Rome, initiatives related to health, health centers, etc., had a longer duration, and there was certainly a transfer. Some of the people who worked in self-managed health centers or in initiatives about abortion, well, all of that... many of these people then moved to public health centers. In Milan, it was different. (M4, 72, Consultorio Autogestito Bovisa, Milan)

In addition to emphasizing the activists' own perceptions of the distinctions between Milanese and Roman feminists and how, in their view, this contributed to explaining the particular dynamics that characterized their relationship with the emergence of FHCs, it is noteworthy to underscore that both narratives allude to a process of closure that was somewhat 'natural'. The end of the Center's activity somehow «just happened». Moreover, in response to the transformations engendered by the establishment of FHCs, activists simply «withdrew». In this regard, the stance adopted by Milanese activists emerges as a politics of distance rather than a politics of opposition when it comes to the establishment of FHCs.

As previously suggested in the opening paragraph, the reluctance to participate in the establishment of FHCs can be attributed to the radical anti-institutional position of the local movement, as well as its distance from political parties and leftist groups. Furthermore, as indicated by the last quotation above, Milanese feminist groups mostly focused on personal matters and maintained a largely internally-oriented character, resulting in a general lack of interest toward the institutional arena.

Additionally, when observing the trajectory of the local feminist movement during the following years, it becomes evident how the latter oriented itself towards different priorities: the growing interest in finding/founding a new symbolic order for women's liberation led the local movement toward the investigation of culture, language, theory, and philosophy. In this context, the movement's continuity after the 1970s decade was primarily channeled through women's spaces largely dedicated to women's culture. The healthcare field, in turn, does not appear a core site of continuity for the local movement.

The subsequent paragraph delves further into the development and implementation of FHCs in Milan.

4.4.2 «A Progressive Separation». Feminists and the Establishment of Public Health Centers in Milan

As anticipated in the previous Paragraph, unlike in Rome, the participation of feminist actors was limited if not absent in the course of FHCs' implementation.

The enactment of a 'feminist influence' in the emerging public service was mostly driven by individuals who operated independently from the broader feminist movement. Ida Finzi, a member of the professional team that established one of the city's first FHCs and who later acted as the Coordinator of FHCs activity in Milan, commented on the relationship between feminist movements and the rise of the new service,

> The evolution appears to be in the direction of a progressive separation between the various components, a kind of mutual abandonment... When the health centers became institutions, the relationship between the experience realized in self-management and institutional practice went in only one direction: it was only the public workers who drew inspiration from the path taken in the self-managed centers to shape their own work. Nothing was done by the movement to monitor or accompany the launch of public services. (Finzi, 1996, p. 59).

During the course of my fieldwork, the idea of feminism and health centers following separated paths emerged repeatedly. A former professional of FHCs shared with me the feelings of detachment and neglect experienced by herself and other professionals in relation to the movement (M8, 81, Former Professional FHCs, Milan). As she sharply commented, «Militant feminists did not invest in public health centers» (ibid.).

When discussing her relationship with the movement, she said that she was «a feminist, but not a militant feminist". During the interview, she referred to the group of professionals who led the first FHCs saying: «We were a group of very politicized workers, of course, feminists, but not extreme militant feminists for self-management... Inspired by the 'school' of feminism on self-help and women's health. » (M8, 81, Former Professional of FHCs, Milan).

During our conversation, she illustrated to me the way in which the discussions within the local movement over the issue of institutionalization positioned her differently in relation to other sectors of the movement.

> My position at the time was that if public social policy took charge of this matter, it would be better, I don't know how to put it. We could have more, we could anchor these things in a public structure, that was my stance. But I know that other people were less open to this and leaned more towards the idea that it should still be self-managed... Then Milan had diverse currents of feminism. Some people really didn't want to have anything to do with the institution, etc. There was a debate at some point. On whether women's self-management was better than political management. (M8, 81, Former Professional of FHCs, Milan).

One participant to the Bovisa FSHC expressed a similar view in relation to the divergence between the trajectory of the local feminist movement and the development of FHCs. Her account displays a critical perspective towards the attitude the movement maintained back then:

> At Via Cherubini, which later became the headquarters of Milanese feminism for many years, I don't remember ever having a meeting about public health centers... At all. And looking back on it, this was quite a mistake. Part of it was probably compensated for by the women who still worked inside and brought at least something... certainly, not having a presence as a movement, in my opinion, led to the loss of more revolutionary practices, so to speak. When I think about self-examination, self-help, all these things in public health centers were then lost. What remained was an attitude, an attitude of taking charge, and also therefore, an organization that took this into account... that has remained, thanks to some people, with names and surnames, I would say. (M4, 72, Consultorio Autogestito Bovisa, Milan)

While the disconnection between the local feminist groups and the development of FHCs was grounded in the movement's anti-institutional and autonomous identity, one further issue that contributed to the distancing of feminists from the newly established healthcare service was the framework designed for user participation. As previously stated, in contrast to what occurred in Rome, the involvement of users in FHCs in Milan was

enacted through Management Committees. These committees served as representative bodies for different political and civil society actors. The structure, gender composition, and the somehow traditional political framework of the Committees were strongly repellent for feminists.

> In reality, the Management Committees were abandoned by feminism, but also because Milanese feminism had little connection to political parties, or it was an alternative to political parties. So, many women who, at the time, were already members of the PCI [Italian Communist Party], the trade unions, or other political organizations, were more likely to be involved in the Management Committees on behalf of or alongside their party comrades rather than being closely tied to feminism. (M4, 72, Consultorio Autogestito Bovisa, Milan)

Furthermore, over time it became evident that Committees were a battleground where women and progressive groups frequently encountered opposition from Catholic entities, who held seats within the body and aimed to convert FHCs into conservative and family-oriented healthcare services.

Nevertheless, the Milanese FHCs yielded some positive experiences that went beyond the structured and uneasy framework of Management Committees and took the form of open and autonomous women's assemblies similar to those observed in Rome. These were spontaneous initiatives carried out by women active in the neighborhood and acting largely independently from local feminist groups.

One of these experiences was the *Gruppo donne del giovedì* (Thursday Women's Group), meeting at the *via Cherasco* FHC. In the numerous handwritten minutes of the group's meeting, one can find the history of the establishment of the group, as it was explained to a new participant.

> Our group was formed in 1975 at L.'s house where some of us used to gather… Then, the increasing number of participants forced us to rent a basement, which, in turn, proved insufficient to accommodate all of us. So, we requested and obtained that the XII Scientific High School, which had opened in the neighborhood in the meantime, provide us with a larger space so that any woman from any social and political background could participate. From the High School to the health center, the transition was quick because the issues we were already addressing

> would naturally find a home in the health center. We were allowed to meet here every Thursday from 3 to 5 PM in the presence of social workers and sometimes the psychologist. (A13, May 7, 1979)

The group carried out its activities at the health center over a period of 15 years. The minutes of the group's meetings provide evidence of the discussions on health-related matters such as menopause and sexually transmitted illnesses that women have addressed over time. Additionally, the minutes reflect debates on psychological and cultural aspects pertaining to the experience of motherhood, as well as the group's interactions with the health centers' professional. One of the manuscripts dated 1978, for instance, reports:

> We mentioned the issue of menopause, which we will address in the presence of specialists. Then, the social worker informed us that the health center now has three gynecologists who provide full-day availability, and with whom we hope to be able to do work that goes beyond the usual outpatient visit. (A14, 1978)

From the mid-1980s onwards, the group initiated a collaboration with the *Libera Università Delle Donne* (Women's Free University)[38], with a particular emphasis on cultural activities. Many leaflets provide testimony to this activity, such as the promotion of a course entitled «The Gaze, the Woman, and Cinema» (A16, 1987) as well as another leaflet promoting a cycle of seminars dedicated to the representation of love in 19th century's literature: «Love Tales in the 19th Century» (A17, 1986). As indicated in one of the informational brochures, the rationale behind this decision resided in the belief that «wellbeing encompasses culture as well.» (ibid.) Over time, the organization gradually deviated from its close association with the Center's activities and the health area. Instead, it started to connect itself with the prevailing interest in the local movement sphere, specifically focusing on women's culture.

The *Gruppo Donne di via Albenga* (via Albenga Women's Group) illustrates another autonomous project within FHCs. This was a group that emerged as an initiative of the women of the local neighborhood committee, and which sustained and facilitated the implementation of the health center. The experience of the via Albenga group most strongly resonate with the grassroot engagement that was put forward in the establishment of FHCs in Rome. The group not only played a significant role in the establishment of the FHC by

[38] The Libera Università delle Donne was founded in 1987 and represents still today a key feminist "institution" in Milan.

actively participating in the search for a suitable location, but also organized open discussions for debating the potential impact of such a service on the local community.

> We began to ask ourselves what we wanted from this service, and the first thing we did was to discuss which problems could be addressed in the health center in some way. To do this, we started holding some meetings, selecting pressing issues, discussing them among ourselves, and then inviting experts as needed. (interview in Calabrò and Grasso 2004, p. 217)

Significantly, the group did not identify as feminist and dissociated itself from the typical self-consciousness group, despite occasionally incorporating self-consciousness practices.

Both the Thursday Women's Group of via Cherasco and the Women's Group of via Albenga were significantly influenced by feminist ideas and practices within the realm of healthcare. However, their level of integration and involvement in the movement was comparatively limited when compared to the developments that took place in Rome.

To conclude, while the presence of isolated initiatives such as those of the Thursday Women's Group and the via Albenga Group testify to the dissemination of feminist ideas and the involvement of women's groups within FHCs in Milan, in general, the movement's participation in the development of the service was extremely limited. It was primarily thanks to the initiative of professionals acting independently from the movement sphere that a feminist perspective was brought within the new institution.

The following paragraph examines another element contributing to the intricate portrayal of the local health field: the involvement of Secular Private Health Centers.

4.4.3 The Secular Private Health Centers

As mentioned at the beginning of this section, the presence in the city of private secular nonprofit associations working as health centers constituted an alternative space for feminist engagement. I began investigating the role of these centers in Milan, prompted by the frequent mention of their significance in upholding a feminist heritage provided by present-day feminist activists. As it will be expounded upon in Chapter 6, in fact, in my conversations with activists, SPHCs were often identified as representing a continuation of 1970s feminist health activism in Milan.

The term 'Secular Private Health Centers' is currently utilized by the centers to self-define themselves, in opposition to most other private centers that typically have religious affiliations. At present, the network of SPHCs in Milan consists of three centers: the *Centro Educazione Matrimoniale e Prematrimoniale* (CEMP, Marriage and Premarital Education Center), the *Centro Educazione Demografica* (CED, Center for Demographic Education) and the *Centro Progetti Donna* (CPD, Center for Women's Projects). The CEMP and the CED emerged from a political and cultural milieu that was significantly distant from the feminist movement, as suggested by their names. The birth of the CPD, as examined later in the paragraph, was somewhat distinctive from the other two.

The genesis of the CEMP and the CED can be traced back to a broader movement that sought to democratize aspects related to sexuality and reproduction. This movement was motivated by concerns that diverged significantly from those of women's and feminist groups. The AIED stands as the most pertinent example of such projects in Italy. As previously stated, the AIED was associated with the Radical Party and, while driven by demographic and neo-Malthusian concerns, made substantial contributions to the advocacy for sexual and reproductive health. The Milanese SPHCs are somehow connected to the milieu that gave birth to the AIED. These centers were partially associated with the Radical Party and partially linked to a wider socialist secular progressive culture, which was particularly prominent in Milan. They were often established by doctors and scientists who were motivated by concerns related to modernization and demographic considerations. When asked about these centers, former participants of the Bovisa FSHC reported that they had minimal or nonexistent political connections with them. Instead, they frequently perceived the centers' activity as a means of exerting demographic control (M3;M4).

The CEMP best exemplifies the secular progressive character of these centers and the peculiar milieu in which they emerged. Although the center is currently associated with the CED and the CPD, its historical background and distinct character significantly diverge from the other two centers, particularly in terms of its connection to feminist movements. Established in 1966, the CEMP was affiliated with the International Parenthood Planning Federation, which provided substantial financial support for various initiatives undertaken by the Center. The primary focus of the CEMP was family planning, as suggested by its name. One of my interviewees provided the following description of the origins of the CEMP and its connection to the feminist movement:

> The CEMP was founded in 1966 by a group of individuals who were somewhat part of the socialist elite in Milan. However, it later gave a

> distinctive character to the center, opening up a different perspective compared to the healthcare services offered to couples, families, and women. Regarding the feminist movements of that time... the CEMP worked alongside these movements but without being an active part of them. (M9, 68, CEMP, Milan)

Clearly rooted in a distinctive milieu compared to the feminist movement, the CEMP was nevertheless part of the broader struggle for democratization and emancipation in the field of sexual and reproductive rights. The CED and the CPD were and still are more closely connected to ideas and approaches developed by the movement.

The CED was founded in 1976 by a group of dissident members of the AIED. Included in this group there were some women who had participated to initiatives for the right to abortion with the CISA. The establishment of the CED was undertaken by a group that had previously been working within the AIED. As one of my interviewees recalled, "there was disagreement about how the relationship between experts and users was held within the AIED." (M6). Accordingly, the CED was driven by the aim to challenge and mitigate hierarchies between doctors and users. The Center initially comprised doctors as well as a group of non-medical and often non-professionalized figures, namely counselors.

> The approach with the users, with the patients, was based on dialogue... So, you saw the room over there with that large table, that has remained the same since then. There was collective counseling, meaning there was interaction between counselors, patients, and patients with each other. The patients were accompanied to their appointments by the counselor, who supervised the doctor's work. For example, there was a strong emphasis on the use of language, which had to be understandable to the woman and not purely technical. The appointment had to be explained... And the counselor had the role of overseeing the doctor. (M7, 62, CED, Milan)

For a while, the CED also promoted self-help practices and collective examinations (M7, M9). As participants argued «Our idea, through the space provided by the health center, was to foster among women a new relationship with their own bodies and to transform the gynecological visit into a tool for empowerment in which women were the subjects of their own choices regarding contraception, sexuality, motherhood, and health» (Freire, 1978, p. 34). This quote shows how, despite its distinct genealogy, the center has represented a site

in which feminist approaches have coalesced. Significantly, the CED constitutes today one of the main points of reference for feminist activists in Milan.

The CPD, which opened in 1973 illustrated a rather different experience. The CPD was a women-only initiative. Its initiator was Gabriella Parca, a writer and journalist, who had previously engaged in a correspondence initiative through women's magazines centered around women's sexuality (Sardella, 2014). In 1959, Parca published a book titled *Le italiane si confessano* (Italian Women Confess) which drew from the collection of communications gathered over time (Parca, 1977). The publication garnered significant attention and impact. The CPD was the translation into a physical place of the space of communication previously established through periodicals.

The primary objective of the center was to provide a platform for women to engage in collective discussions about their lives. During the initial stages of activity, the center only offered the service of individual psychological and affective counseling. The establishment of a gynecological clinic occurred just in the year 1978.

A current professional of the Center described to me the history of the Center as follows: «The CPD originates from a long history of women's rights advocacy, in the late 1960s when there was still no law regarding health centers, and thus public health centers did not yet exist.» (M13, 28, CPD, Milan).

As this brief examination shows, centers like the CPD and the CED, despite being initially disconnected from local feminist groups, were nevertheless grounded in a larger movement, that included women's initiatives such as that of the CPD and more hybrid experiences such as the one of the CED. In Milan, these centers have gradually evolved into institutions that embodied a sense of ongoing commitment for certain professionals who were motivated by feminist issues. One of the factors contributing to the collaboration between feminist individuals and SPHCs was the latter's independence from the State. As it will be analyzed more in detail in Chapter 6, one of the key common features of SPHCs is in fact their decision of not acceding to regional funds. Aligned with the prevailing sentiment within the local movement, which nurtured skepticism towards official institutions and placed great emphasis on autonomy, SPHCs have been viewed as a more suitable environment for the dissemination of feminist approaches and practices.

In conclusion, the aim of section 4.4 has been to examine the interpretation and response of local feminist groups to the implementation of FHCs in Milan. The case of the Bovisa FSHC has illuminated the ‘politics of distance’ that Milanese feminists have opposed to the process of institutionalization. Such an approach aligned with the distinct character of Milanese feminism, which was characterized by a strong focus on internal and autonomous

activities and maintained a very critical stance towards any engagement with institutions, leftist actors, and more generally male-dominated politics. The Bovisa FSHC gradually dissolved. FHCs in Milan emerged with an extremely limited feminist presence. Some individual feminists have endeavored to incorporate a feminist perspective into the new service, however, they experienced a sense of disconnection from the broader feminist movement. In addition, the shifting priorities and concerns of the local movement, as it began to place greater emphasis on cultural and theoretical explorations of women's oppression and liberation, may have further distanced it from the healthcare field. Finally, the section has also highlighted how SPHCs have represented a somewhat alternative terrain through which feminist ideas and practices have been channeled and maintained in Milan.

4.5 Concluding Remarks

This chapter has aimed at reconstructing and analyzing the peculiar process of institutionalization that led from FSHCs to FHCs in Rome and Milan.

In the study of social movements, institutionalization is commonly defined as the process by which a movement becomes formalize, professionalized, or integrated within the framework of the State. (Bosi, 2016; Matthews, 1994; Morgen, 1986; Staggenborg, 1988, 2013). Institutionalization is commonly regarded in the study of social movements as the process through which a movement becomes codified, professionalized, or absorbed into the framework of the State.

The institution of FHCs in Italy stands out in this regard due to the unusual dynamic that underpins it. In fact, FHCs have represented a new healthcare institution that was partially fashioned after FSHCs and partly represented the cooptation and reintegration of feminist claims. In this regard, the case of FHCs has provided the opportunity to examine the specific challenges that a process of repertoire institutionalization presents to movements. I define institutionalization of movements' repertoires as the process by which the State takes on the responsibility of addressing the social problems that movements are already addressing through self-managed initiatives.

I identified two distinct approaches to institutionalization in the cases of Rome and Milan, both of which are based on the groups' perception of the institutionalization process as ambiguous and ambivalent: a pragmatic politics of critical engagement in Rome and a politics of distance in Milan.

The decision to take part in the development of FHCs was made with the goal of introducing feminist elements into the new service while retaining the

movement's autonomy. Once the state launched the establishment process, Roman activists deemed it worthwhile to strive to influence it as much as possible, despite the consideration that the new institution would not be able to represent a linear translation of their own practices. Significantly, the choice of engaging with institutionalization did not lead to the closure of the local FSHC, which instead continued its independent activity. As the chapter has shown, the development that unfolded in Rome was possible also thanks to local feminist ties with more traditional leftist actors, such as the UDI, and the latter connections with politicians and parties.

The establishment of Women's Assemblies as a form of user participation inside Roman FHCs was one of the most significant effects of feminists' pragmatic politics of critical engagement and positive cooperation with the UDI.

Instead, Milanese activists maintained a 'politics of distance' in connection to the institutionalization process. They did not support the development of FHCs, viewing it as a cooptation of feminist practices, and contending that any collaboration with the state would be impossible from a feminist standpoint. As a result, feminist engagement in the establishment of FHCs in Milan was limited.

In conclusion, the comparative examination of the cases of Rome and Milan offered in this chapter contributes to a broader field of research that aims at providing a more nuanced understanding of institutionalization (Bosi, 2016; Suh, 2006, 2011). This perspective considers not only the structural and contextual constraints imposed by the State but also the agency of social movements themselves. This chapter brings light on the dynamic interplay between movements and the state by focusing on how activists perceived and responded to institutionalization, as well as the different strategies they devised. In keeping with previous works, this chapter emphasizes the complex and articulated nature of institutionalization processes, which cannot be reduced either to state-led cooptation of passive movement sectors or entirely to movements' strategic agency.

Furthermore, the chapter emphasizes the importance of local settings, as well as the impact of the movements' cultures and ideologies, in defining their responses to the State's intervention.

Indeed, it may be claimed that the pragmatic politics of critical engagement exhibited in front of the institution of FHCs reflected the spirit of the Roman feminist movement more broadly. Similarly, the politics of distance reflected the wider culture of Milanese feminism, which emphasized autonomy and internally-oriented practices, while rejecting institutions and male-dominated political systems.

This chapter provides the context for the subsequent chapters' investigation of how contemporary activists perceive their relationship with health centers as an institution and as a movement repertoire. The next chapter investigates the changes that FHCs underwent with the introduction of neoliberal policies.

5 THE MAKING AND UNMAKING OF AN INSTITUTION. Health Centers in Neoliberal Times

5.1 Introduction

In Chapter 4 I have examined the process of institutionalization resulting in the establishment of FHCs. In this chapter I discuss the transformations that have affected FHCs from the 1980s onwards. The chapter aims to illustrate how the integration of FHCs into the Italian NHS and the implementation of neoliberal reforms in the healthcare sector have had an impact on the identity and functioning of this service.

Scholars have widely recognized that neoliberalism has not merely led to the State stepping back and allowing the market to take over. Instead, it has changed the State's role, making it a crucial player in shaping a new global order (Dardot & Laval, 2013). Understanding institutionalization as a long-term process (Bosi, 2016), this Chapter aims to consider the changing character of the institution resulting from it.

Various studies have examined the effects of integrating health practices into institutional health settings after they have been institutionalized (Abel, 1986; Archibald, 2007; Schneirov & Geczik, 2002; Wolfson & Parries, 2010). However, as Beres argues, «a distinct limitation of much scholarly analysis of institutionalization is the way it isolates questions of state funding and bureaucratic ties from an analysis of changing state forms.» (Beres et al., 2009, p. 141). While the incorporation into an institutional setting can constrain practices or reduce the uniqueness of initially alternative institutions (Abel, 1986), neoliberal transformations have specific consequences that alter the very nature of the institution itself.

To understand why and how contemporary activists mobilize around FHCs and what drives their defensive struggles (Chapter 6) as well as their return to self-management (Chapter 7), it is necessary to analyze how the service changed over the decades following its institution.

The first section of the chapter (5.2) describes and reconstructs the trajectory followed by FHCs, situating it in the broader context of the Italian NHS. It discloses how 1990s neoliberal reforms restructured the NHS promoting a market-oriented and managerial approach, and how such politics continued to be sustained and further implemented in the following decades, especially during the 2008-2011 crisis. It outlines how these changes influenced the trajectory of FHCs, contributing to altering their identity and functioning.

The second section (5.3) foregrounds the specific dynamics that have characterized the transformation of FHCs in the regions of Milan and Rome. The third section (5.4) presents contemporary activists' accounts of how neoliberal transformations impacted the status of FHCs.

Taken together, the sections of this chapter highlight how different processes contributed to affecting the trajectory of FHCs, radically challenging their 'original' character as deployed in the 1970s. *Depoliticization* and *bureaucratization* are identified as phenomena emerging early in the development of the service. Starting from the 1990s, *managerialization*, and *corporatization* impacted the service through politics aiming at containing costs while maximizing efficiency and productivity. Such a process has resulted in an increased *medicalization* of the service and in what activists call «*clinicalization*». With this term, activists identify the gradual dismissal of FHCs' uniqueness grounded upon their holistic socio-medical approach and their reduction to traditional clinics.

5.2 Family Health Centers and the Transformation of the Italian National Health Service.

Law 405/1975 instituting FHCs foresaw the centers' integration in the future NHS, which was implemented only three years after, with Law 883/1978. The transition to a Beveridge model of NHS had been long and complex in Italy. Debates about it had started already in the immediate aftermath of WWII (Giorgi, 2023). However, a Parliamentary agreement was reached only in December 1978 in a highly complex political situation. In that year, the economic crisis was strongly hitting the country, and just a few months before the approval of the Reform, the President of Christian Democrats, Aldo Moro, had been assassinated by the Red Brigades (Ginsborg, 1989; McCarthy, 1997). The Reform was the result of a complex and nonlinear process that was significantly influenced by the season of mobilization taking place during the 1960s and 1970s. As it has been argued, the Italian NHS resulted from the joint efforts of unions, parties, single professionals, and social movements (Giorgi, 2023; Giorgi & Pavan, 2019). The NHS replaced and dismantled the previous social

insurance model, which, apart from being extremely fragmented, highly lacking homogeneity in terms of benefits, and leaving a large portion of the population uncovered, was also showcasing economic unsustainability due to insurance funds' deficits (Giorgi, 2023).

With the new NHS, the State recognized its full and direct responsibility for citizens' health. As Vicarelli argues this was the result of «a long, nonlinear path, with various barriers, where the conditions of implementations were determined by the particularity of the Italian political, economic, and social events that characterized the 1970» (Vicarelli, 2019, p. 21). Based on the principles of universality, equality, and equity, the system was designed to grant universal, free-of-charge, and equal access to healthcare to all citizens. Ferrera refers to it as «the most generous healthcare system in the West». Commenting on its institution Brown stated that «Italy has legislated the stuff dreams are made of» (Brown 1984:80 quoted in Taroni 2019).

The NHS had a decentralized organizational structure, including three tiers: the central government, the regions, and the municipalities. A key and innovative structure introduced by the Reform was the Unità Sanitaria Locale (USL, Local Health Unit). In line with ideas of participatory democracy in healthcare services, the USL was run by a Management Committee composed of members appointed by the Municipal Council. The USL had the power to decide on health spending, while fiscal responsibility remained in the hand of the central government (Terlizzi, 2019).

Law 883 was ambitious and its translation into practice was difficult, slow, and uneven in the various regions. What is more, the came into being of the NHS coincided with important changes in the international political economy that rapidly put into question the sustainability of the system itself. During the 1980s a politics of public expenditure control was inaugurated in most OECD countries, which tackled especially the healthcare sector. Italy started aligning with such politics in the context of the very establishment and expansion of its NHS.

As argued by Vicarelli «In the 1980s, the pressure of these economic and cultural trends put the Italian public health system in such an unfavorable climate for its realization that its establishment coincided with its immediate transformation» (Vicarelli, 1992, p. 465). Quite soon, in fact, the Italian public and political debate started focusing on 'reforming the reform'. As Vicarelli contends, the urgency to change the structure of the system came from «a vision of society and the state way far from that which had for long sustained its institution» (Vicarelli 1992 p. 458).

During the 1980s, therefore, the Italian Health System experienced a paradoxical dynamic. On one hand, there was an expansion of local services and an optimistic attitude towards the newly established NHS, with significant efforts made to implement it at the local level. On the other hand, the decade inaugurated a new politics of costs containment that paved the way for the introduction of neoliberal policies. The period of institutional and policy innovation in the 1970s was quickly followed by a subsequent phase of reducing benefits. The decade was characterized by the escalation of co-payments, the implementation of expenditure limits, and reductions in healthcare expenditure.

In general, the NHS's inception was driven by groundbreaking and ambitious health concepts. However, these ideas were quickly confronted with a significantly altered political and economic environment. FHCs exemplified the dual nature of this period: they received enthusiastic support from experts and users but were mostly ignored by the government.

Furthermore, following the formation of the NHS, FHCs transitioned from being autonomous services directly overseen by the Municipality and possessing a significant level of operational and organizational independence to becoming integrated within the USL. Pocar and Ronfani (1998) underline how the integration of FHCs in the newly instituted NHS contributed to leaving aside the most peculiar and yet most hard-to-integrate aspects of the service.

> Following the implementation of the Law, the medical responsibilities of Family Health Centers became more prominent, primarily because of their incorporation into the new NHS. Thus, their role as a form of 'family counseling' was overlooked. Integrated into the USL, the service was heavily influenced by clinic-oriented practices and underwent a gradual process of bureaucratization. This resulted in medical provisions being primarily focused on traditional models, prioritizing medical and technical aspects rather than psychological and relational ones. (p.80)

Furthermore, as seen in Chapter 4, even its participatory character rapidly disappeared:

> Family Health Centers did not succeed in their objective of merging medical and social support. Additionally, they did not meet the expectations of those who desired them to serve as a privileged platform for grassroots engagement, and a crucial space to challenge the authoritative and standardizing influence of medical authority. (ibid.)

Hence, during the 1980s, the integration of FHCs into the NHS and the weakening of the movement's influence led to the bureaucratization and depoliticization of the service. However, it is important to note, as Chapter 4 has already highlighted, that this decade was also marked by the persistent efforts of users and professionals who maintained optimistic hopes and political aspirations for the future of the service.

Fattorini describes the 1980s as «pioneering» years.

> This period was characterized by the diffusion of contraceptive methods and the difficult application of Law 194 [on abortion]. Professionals, including doctors, obstetricians but also the personnel of the psycho-social field, promoted spontaneous initiatives for health education with a pioneering spirit and dedicated commitment. However, these initiatives were also at times characterized by naive attitudes, excessive enthusiasm and a lack of attention to evaluating the results and effectiveness of their actions. Sexual health education was perceived more as a fight for sexual rights rather than as a means to provide knowledge on contraceptive methods. (Fattorini, 2014, p. 31)

> It was a moment of great enthusiasm, in which professional careers and social and political militancy overlapped. During this season, a significant portion of professionals prioritized fulfilling their civic responsibilities before attending to their job obligations as public servants. (ivi, p. 33)

The 1980s were thus a frontier moment, in which hopes and disillusions coexisted. However, it was throughout the 1990s that the most radical changes began to occur. As previously stated, discussions for a 'reform of the reform' began already in the latter half of the 1980s. In line with other European countries, health expenditure had experienced a significant and quick increase, due to the aging population, the growing demand for healthcare services, and the escalating costs associated with improved treatments and technologies. (France & Taroni, 2005; Pavolini & Vicarelli, 2013; Taroni, 2011).

In Italy, the discussion around the 'weakness' of the NHS focused on two primary concerns: the politicization of USL Management Committees and the inefficiencies stemming from the service's fiscal and administrative framework. USLs were considered too 'politicized' and lacking in financial responsibility. The primary concern being examined was the discrepancy between the municipal level's authority to allocate funds and the central

government's responsibility for providing financial resources. What has been considered a «skewed fiscal federalism» (Buglione & France, 1983) had produced significant budgetary deficits. In the international framework of neoliberal policies, Italian decision-makers and experts started envisioning a healthcare reform in line with New Public Management approaches.[39]

At the beginning of the 1990s, in the context of a severe economic and political crisis,[40] the government obtained a delegation from the Parliament to undertake urgent measures in several public policy areas, including healthcare. Therefore, two legislative decrees (502/1992 and 517/1993)[41] were approved, which introduced key changes in the configuration of the health system. Managerialism, regionalization and privatization were the three new and more radically impacting features that the reforms foresaw for the NHS.

USL were converted into Aziende Sanitarie Locali (ASL, Local Health Enterprise) and major hospitals (research, university, or specialized hospitals) into Aziende Ospedaliere (AO, Hospital enterprises). In this way, USL and major hospitals went from being municipal entities to being public enterprises with legal personality. Replacing the Management Committees, both entities were now administrated by a Direttore Generale (General Manager) who had to be appointed by regional governments according to professional qualifications and managerial expertise. Regions were responsible for allocating resources to the ASL and AO. The number of local structures was also importantly affected: from the 659 USL only 228 ASL were instituted and 81 AO.

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[39] For a review on the gradual implementation of a NPM framework in the Italian debates of the time see (Terlizzi, 2019).

[40] In the early 1990s, Italy faced a profound economic and financial crisis, alongside a massive scandal involving political corruption (della Porta, 1992; della Porta & Vannucci, 1999) that resulted in one-third of Parliamentary Members being subjected to court investigations. Seven Ministers were forced to resign (See Ginsborg, 1989; McCarthy, 1997, pp. 139–165). The inquiry implicated health managers and politicians who were subsequently convicted of engaging in corruption by showing favoritism towards pharmaceutical corporations in exchange for bribes. This particular situation has been often seen as a favorable chance for the endorsement of neoliberal healthcare reforms. As Taroni (2011) recalls the 1990s reform «re-elaborated ideas that had circulated intensely during the previous decade and which had often been translated into normative proposals, yet systematically rejected by the Parliament. It was only when the exceptional procedure to face a regime crisis prevented the reform from the normal parliamentary protocols that the latter was approved» (Taroni, 2011, p. 253). See also Toth 2015.

[41] Decreto Legislativo 30 Dicembre 1992, n.502 Riordino della disciplina in materia sanitaria and Decreto Legislativo 7 dicembre 1993, n.517 Modificazioni al decreto legislativo 30 dicembre 1992, n. 502. Dlg 517/1993 introduced corrective changes to the previously approved "reform" of 1992. Decree 502 had introduced the possibility of voluntarily and individually exit the NHS to adhere to 'alternative forms of assistance". The latter formulation was considered incompatible with the Constitution and was later modified by the 1993 Decree to re-affirm the global and uniform character of assistance in the hand of the NHS, while admitting the possibility of 'complementary forms of assistance'. See (Giorgi, 2023; Pavolini & Vicarelli, 2013; Taroni, 2011).

Regionalization endowed Regions with greater autonomy but also enhanced fiscal responsibilities. While Regions had now the power to take decisions on their regional health system, they became responsible for their own deficits in the budget. This resulted, on the one hand, in the multiplication of sometimes extremely different regional health systems and on the other in increasing politics of cost containment, including the introduction of new regional taxes and increased co-payments. The central government maintained an overall planning responsibility and was fiscally responsible for financing what were called the 'uniform levels of assistance' which were to be granted in every Region and to each citizen.

Finally, the Reform introduced a partial split between purchases and providers, largely inspired by Thatcher's reform of the 1980s. Regions were free to define their own health service supply system, including private providers. A mechanism of accreditation was set up, in order for both public and private entities to be included and operate on behalf of the NHS.

In 1999 another reform was passed by the Center-Left government, with the proclaimed ambition of re-instituting the inspiring principles established in 1978 and contrasting the changes introduced in 1992. Overall, however, while mitigating the extent of market competition in the NHS, and rebalancing the relationships between the three tiers, the 1999 reform did not alter major aspects of the previous one.

During the 1990s, thus, the neoliberal transformation of the Italian health system severely impacted upon its nature. The NHS after the reforms had the shape of a «conditional universalism» (Ferrera, 1995) and was radically altered in its administrative and territorial organization. The strong managerial approach, the politics of cost containment, the focus on maximizing the system's performance and productivity significantly changed the system. Furthermore, big hospitals became the central focus of financing while territorial services, prevention and promotion of health were largely undervalued (Cosmacini, 2010).

Regarding FHCs, the reformed System, with its highly performance-oriented standards and its managerial imprinting, made it particularly complex for these services to maintain their holistic and multidisciplinary approach. The elevated prominence of diagnostic and therapeutic activities on prevention and education was now even more rooted in the system. As Fattorini recognizes «it was especially those services whose medical features were less easy to identify, those dedicated to prevention who had the hardest time to get integrated into the new managerial culture» (Fattorini, 2014).

One of the few and yet relevant attempts put in place to relaunch FHCs' activity was the so-called *Maternal and Child Health Project* (Progetto Obiettivo Materno Infantile,

POMI)[42] approved in 2001 within the framework of the National Health Plan 1998-2000 (Fattorini, 2014). The program can be considered one of the most structured state interventions in the field of sexual and reproductive health after the 1970s and includes an entire section dedicated to FHCs. The POMI was oriented by the latest development in the epidemiological culture and was therefore particularly focused on FHC's role in the field of «primary prevention and early diagnosis». The Program identified three primary strategic areas of intervention for FHCs, which focused on specific 'risk populations'. Teenagers were targeted through the establishment of dedicated spaces known as *Youth Spaces* aimed at promoting health education among the youth population. The second area concerned oncological prevention for women, specifically the promotion of screenings for uterine and breast cancer. Lastly, the third area prioritized activities related to motherhood and childbirth. A main tenet of the Program was the idea of a new epidemiological «active offer»: since prevention is not something people will seek autonomously, the service must reach people actively, by carefully selecting the target population, setting precise outcomes, and establishing systems for assessing them. While the POMI represented an important recognition of the service's role in the healthcare system, it drove the service towards a mainly early diagnosis-oriented activity. As it has been noticed, indeed, the POMI contributed to altering the character of FHCs in favor of a performance-oriented and primarily medical activity (Fattorini, 2014).

Over the past few decades, while there have been no dramatic changes in the structure of the healthcare system, there has been a consistent and deliberate reduction in healthcare spending, which has particularly affected programs focused on preventive care. In particular, the 2008-11 crisis led to an increase in the implementation of cost containment policies and a large decrease in healthcare spending. The implementation of austerity politics has exacerbated the state of the NHS by augmenting co-payments and implementing a staff turnover freeze, resulting in a substantial shortage of personnel in many services (Neri, 2019; Pavolini & Vicarelli, 2013). Recovery Plans (Piani di Rientro) have been introduced for those regions that were not able to comply with fiscal balance requirements. The Plans have resulted in a significant reduction of resources allocated to healthcare services and in tax increases. For what concerns FHCs, information about their conditions in recent years can be found in the few official reports that have been issued lately.

[42] Decreto Ministeriale Aprile 2000 'Adozione del Progetto Obiettivo Materno-Infantile relativo al Piano Sanitario Nazionale 1998-2000.

In 2010 the Health Ministry released a comprehensive national study that detailed the operations and structure of FHCs across the country (Ministero della Salute, 2010). This was the first formal investigation carried out on the service since its establishment. The Report provides a comprehensive overview of FHCs nationwide, emphasizing the decrease in their number and the substantial deficiencies in staffing observed in numerous centers. More recently the Istituto Superiore di Sanità (ISS, Health Research Institute), has recently issued a new report on FHCs based on research conducted between 2018 and 2019.. In the conclusions, authors state:

> The ISS report has emphasized the insufficient personnel and the gradual decrease in the number of seats, which impact the functioning of FHCs. The regional comprehensive analysis reveals that different regions have pursued distinct approaches in terms of the composition of their teams and the range of activities provided either by FHCs themselves or through other socio-medical services. (Istituto Superiore di Sanità, 2022, p. 133).

In addition to the changes resulting from the neoliberal reorganization of the welfare and healthcare system in the country, FHCs have also encountered conservative opposition regarding reproductive rights, primarily due to their association with abortion. As previously stated, while FHCs do not directly perform abortions, they are a crucial healthcare resource where women can find support and complete all the required administrative and social procedures outlined in Law 194. Due to their historically secular and progressive nature, as well as their association with feminist movements, FHCs have been regarded as "safe spaces" where women can seek assistance in terminating a pregnancy. On the other hand, their role in granting access to abortion has been the target of right-wing, conservative, and Catholic actors in the country, who have systematically portrayed FHCs as allegedly encouraging abortions. In 2005 the Health Minister Francesco Storace (PDL) promoted an official parliamentary inquiry into the operations of FHCs as a means to verify whether the service was actually fulfilling its mission in also providing alternatives to abortion. In this context, the Minister also proposed that volunteers of the Movement for Life were allowed to provide counseling within FHCs.

Similar attempts to alter the identity FHCs by allowing anti-abortion actors to intervene in it or by reforming their mission in conservative terms have been at the core of the strategy that the Movement for Life has developed starting from the 2010s. This approach was

pursued as an alternative to direct challenges to the law on abortion. Given that threatening the right to abortion was deemed an unsuccessful strategy, the Movement for Life targeted FHCs as places where to promote familial and natalist anti-abortion politics.[43] In addition, the Movement has promoted the institution of numerous Centers Supporting Life.[44]

To conclude, the convergence of neoliberal changes and conservative politics in their emphasis on the importance of the family (Cooper, 2017) have constituted significant challenges to the identity and functioning of FHCs in the field of sexual and reproductive health.

5.3 Family Health Centers in Lazio and Lombardia: a regional overview

This section intends to analyze the distinct characteristics of the Lazio and Lombardia RHSs following the implementation of neoliberal reforms, with a focus on their impact on the functioning of FHCs. As stated earlier, one significant outcome of the reforms in the 1990s was the process of regionalization. This led to the emergence of highly diversified RHSs (Cicchetti & Gasbarrini, 2016; Garattini et al., 2022; Maino, 1999; Mapelli, 2007).

Since the 1990s, the Lombardia Region has consistently been under the governance of center-right and right-wing coalitions. The local politics in the welfare sector has been guided by both a focus on family and the promotion of the quasi-market model. In 1997, the Region became the pioneer in implementing the changes brought about by the 1992-1993 reform of the NHS at the regional level. This involved adopting the separation between the entities responsible for purchasing healthcare services and those providing them.In addition to fostering competition among healthcare providers, regional healthcare politics have also been prioritizing the growth of large hospitals and long-term care facilities, while diminishing the importance of local and primary healthcare services. Moreover, the level of privatization of the RHS has been substantial. Due to these factors, Lombardia has been regarded as an exceptional example in Italy and likely the sole region that has genuinely implemented a quasi-market model (Brenna, 2011; Casula et al., 2020; Ciarini & Neri, 2021). Striking consequences of such a configuration have been particularly evident during the pandemics (Casula et al., 2020).

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[43] See Movimento per la vita italiano, *Famiglia, storia e futuro di tutti. Una strategia politica per la vita nascente oggi in Italia*, Proposte alla Conferenza Nazionale della Famiglia, Milano, 9-10 Novembre 2010.

[44] The *Centri di Aiuto alla Vita* are voluntary associations belonging to the Movement for Life. Their aim is to support women by preventing pregnancy interruption. They have been established in the country since the 1970s but increasingly proliferated during the last decades.

For what concerns the network of HCs, these tendencies have pushed toward increasing the number of private HCs, which according to the latest ISS report constitute 35% of the total (Istituto Superiore di Sanità, 2022). In addition, over the decades, the Region has significantly increased co-payments for FHCs provisions, with only some remaining completely free of charge at the point of use (ibid.).

The Lazio Region has a comparable level of extensive privatization as Lombardia, particularly in relation to hospitals. However, it has experienced significantly greater and consistent financial deficits in its healthcare system compared to the Lombardia Region. For that reason, starting in 2007, the Region has been subjected to a 'Recovery Plan',[45] which has compelled it to implement a rigorous cost containment strategy, frequently leading to the closure of hospitals and local health services.

Regarding FHCs, it is crucial to note that although there are similar patterns in the erosion of welfare affecting healthcare services in both regions, there are significant differences in the approaches taken towards the service. First, it should be noted that all FHCs in Lazio are exclusively run by the public sector, and there are no commercial providers that have been officially authorized inside the RHS. Furthermore, the Region has consistently refrained from implementing co-payments for FHCs' services, ensuring that these services remain completely free of charges (Istituto Superiore di Sanità, 2022).

In addition to management changes and economic contraction, in both regions attempts have been made to reform the nature of FHCs in conservative ways, but with distinct approaches and consequent divergent results.

A structural reform of the service has been proposed in the Lazio Region, which aimed to directly challenge FHCs' identity. Conversely, in the Lombardia Region, there has been the introduction of nuanced and systematic modifications, along with the increase in the number of private religious health centers inside the RHS.

In May 2010 Olimpia Tarsia, a member of the Partito Della Libertà (PDL, Freedom Party) and of the Movement for Life presented to the Lazio Regional Council a law proposal entitled *Reform and requalification of Health Centers*[46] with the aim of «redefining the role of FHCs» as «institution aiming to support and promote the family and the ethical values it embodies». The Reform «recognized the primary value of the family» and introduced a mandatory two-step path for women wanting to interrupt a pregnancy: a first step in which

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[45] Introduced in 2006, Recovery Plans where part of the Pact for Health that Regions and the Central Government agreed upon in order to contain regional deficits. Since 2007, 10 Regions in Italy have undergone such programs of recovery.

[46] Proposta di Legge Regionale n.21 del 26 maggio 2010, Riforma e riqualificazione dei consultori familiari.

«concrete solutions to prevent voluntary pregnancy interruption» had to be proposed to the women, and a second step to activate «only in case the woman refuses the informed consent to the HC proposals» (ibid). The reform also proposed to include «family associations» into FHCs. As mentioned above, this reform embodied a precise strategy devised by the Movement for Life in that year. The proposal encountered fierce and massive opposition by feminist movements and women's association. Eventually, it was dropped before being discussed within the Regional Council, also because of the resignation of the Regional President and the early dissolution of the Regional Assembly due to corruption scandals.[47]

In turn, in 2014 the center-left administration approved an important deliberation on FHCs aiming at empowering the service, enhancing its functions in educating on and supporting contraception, and reinstating the importance of the multidisciplinary approach. Significantly, the deliberation also stated that the personnel of FHCs was not allowed to conscientious objection given that the service was not directly involved in performing abortion.[48] The delibartion of 2014 represented a significant expression of support to the service.

In the Lombardia Region, right-wing neo-conservative politics has employed an indirect approach, by implementing nuanced and less evident modifications that seemed to leave the service unaltered. In May 2010, the Region implemented measures to provide financial assistance to mothers and indirectly discourage abortion. In a nutshell, women were provided economic assistance as an incentive for choosing to proceed with the pregnancy. According to the program, FHCs were required to actively guide women seeking to terminate a pregnancy to the Centers Supporting Life (Fattorini, 2014, pp. 136–137).

In addition, as will also be addressed in Chapter 6, the privatization of FHCs has significantly benefited religious groups with anti-abortion stances, thereby changing the institutional identity of FHCs.

The next section describes how activists interpret the changes that occurred to FHCs after their institution.

[47] O'Leary, Naomi, Graft scandal forces out head of Italy's Lazio region, 29 September 2012, Reuters.
[48] Regione Lazio, *Linee di indirizzo regionali per le attività dei Consultori Familiari*.

5.4 «That's not a health center!». Activists' voices on neoliberal transformations

This section examines the activists' understanding of the transformations that occurred in FHCs. The material is derived from interviews carried out with activists in Rome and Milan, specifically those who possessed extensive experience either as former professionals or as long-term users of FHCs in both cities.

As mentioned in Section 5.2, the originally innovative nature of FHCs began to change once they were incorporated into the NHS. Within that context, the social and political aspects of the service started to be regarded as less significant within an increasingly medical framework. Chapter 4 has shown that the process of bureaucratization and depoliticization of the service began soon after its establishment. Nevertheless, initially the service maintained a strong emphasis on innovative and socially-oriented management, mostly attributable to the presence of committed and politically engaged staff.

Significant transformations have occurred since the 1990s, as governmental health goals have shifted towards managerial and market-oriented approaches. This has led to a redefinition of women's sexuality and health, emphasizing a medical and individualized perspective.

In order to fully comprehend the magnitude of this transformation, it is intriguing to examine the depiction that activists-professionals of FHCs offer about the intended nature and function of the service. The following comment is given by A., a retired professional who previously worked in FHCs in Rome. A. also played a role in the mobilization of the Coordination of Women's Assemblies, which will be described in Chapter 6.

> When you provide a possibility for someone who's having a hard time, someone who has few economic resources and could not afford it otherwise…and you provide her a structure in which she can have medical assistance, social support, and find help in organizing her life, in finding a job…you know how often social assistants have worked in order to create networks among women who were experiencing similar difficulties, so they could find a shared living solution, or they could support each other with the kids, like for example, one would bring them to the school and the other pick them up…and even the psychological side, the FHC offers the opportunity to start an introspective work concerning their current situation, and that's beautiful, because then,

later, you meet that person again and you find out she has learned to solve her problems by herself.

> If you support people when they have these kinds of problems, everyone is better off, everyone is happier, professionals work in a better way and people wouldn't have to go to the ER because they have panic attacks, and they wouldn't receive dozens of cardio exams to solve their anxiety problems…The Health Center model should be the model for all health services, even the medical ones. Instead, the opposite happens! (R1, 67, Former professional of FHCs, Coordination, Rome)

The quote above indicates that FHCs have been regarded as an "alternative model" in contrast to the conventional medical framework, aligning more closely with the concept of community and social spaces.

The social nature of FHCs is strongly emphasized by T., a longtime user of the service in Rome.

> Women tend to create networks autonomously…but FHCs used to be facilitators in this, they were the places where this happened. There were parties, there were meetings for mothers, fathers, children. The HC represented a space at women's disposal, with a staff that could stand next to them, in many different ways. And this thing has been maintained for quite a long time because I am talking about 1992-1994, that's when I got my kids. In 1995 or 1996 I also remember that we did a great initiative, a collaboration with the University and some important professors, on post-partum issues. We did it within my Health Center, and it was done through research that involved the center's users. Plus, I also remember that in those same years, there was a group of women working on menopause in the center. And it was always around 1995-1996. So, up to that point, everything was still working. After that, many things happened. Many changes, political changes, economic changes…corporatization (*aziendalizzazione*). Less money…and when you have less money, you start looking for them by increasing the number of provisions, and you start with vaccinations, and screenings…things that are way far from the real nature of the health center. (R3, 65, Coordination, Rome)

Her experience illustrates the consequences of the shift occurred in the 1990s towards the emerging neoliberal values of healthcare administration. A performance-oriented approach has replaced the former collective dimension that focused on education and considered FHCs as social places.

This process entailed the indirect medicalization of the service and, according to professional/activists, signified a profound alteration of the service's intended nature.

> They dare to say that a FHC is 'working' because there is one obstetrician that provides free screenings every other minute. That's not a health center! That might be a valuable operation of public health, because it helps early diagnosis for women, but it has nothing to do with us. (R1, 67, Former professional of FHCs, Coordination, Rome).

The following excerpt clarifies that activists do not oppose screenings or medical provisions in themselves, but rather view them as a manifestation of a performance-driven approach to health that prioritizes quantity over quality.

> It changes the nature of the health center. It is one thing to offer users the possibility to have free-of-charge screenings in Health Centers, it could even be a good channel to reach more users and meet them. But it is another thing if I have 15 minutes to do the screening. This is a provision, it means that the person gets in, gets the screening and leaves. It has nothing to do with reaching people, there's no dialogue, no welcoming process, nothing. And FHCs can be way more than that for a woman. They can deal with every aspect of her life, her sexual and emotional life. (R2, 65, Former professional of FHCs, Coordination, Rome)

As stated in Section 5.2, this is a phenomenon that has increased during the 1990s and 2000s due to both the corporatization of the health system and its greater emphasis on managerial standards. Emphasizing profitable and measurable provisions and prioritizing a performance-driven administration of the system allowed limited space for other social and educational activities that activists believe to be actually the primary mission of the FHC.

Professionals and activists hold a different perspective on the concept of prevention:

> What's the important thing in the everyday work of a FHC? It's that a woman should be able to gain enough self-knowledge on her health to be

> autonomous in knowing when to do screenings, how to choose and use contraceptives suitable for her, for her age, for her life at that moment. And as she goes on, she will keep the center as a point of reference, and she will acquire consciousness about herself and her health. That's prevention. [...] At the beginning of the 1980s we were focusing exclusively on childbirth. Later we figured out that what happened after childbirth was even more important...So you know what I used to do? I used to bring the group of women users who had just given birth, all together to the park once a week, and we kept the group together for a year after childbirth and at the end, we even had a birthday party altogether. And that's my view of what prevention of post-partum depression looks like. (R1, 67, Former professional of FHCs, Coordination, Rome)

For FHCs' professionals, prevention comes from addressing the isolation experienced by women and providing them with a secure and supportive environment. The FHC allows them to access a multidisciplinary team capable of addressing various areas of their lives.

Activists also highlight the correlation between advancements in medicine and public healthcare, which led to the overall medicalization of women's reproductive health. As K. stresses,

> That's a trend that has been implemented beyond health centers...It is a broader thing, that has fostered medical hyper-specialization, and focused on diagnostic tools, innovative techniques, and technologies... and this has meant mechanizing health interventions... and the amount of money allocated for these instruments, for diagnoses and so forth... it is cut off from all other fields of intervention. Such a process disrupts and fragments health interventions. And so, women's health becomes nothing more than «how many exams you need to do when you're pregnant». (M8, 81, Former professional FHCs, Milan)

Activists also observe a process of "clinicalization" of the service, which is closely linked to the growing medicalization of its activities. Activists use this expression to describe the process by which FHCs have been progressively transformed into equivalents of conventional medical clinics.

> Medicalizing means transforming natural things like sexuality, reproduction, pregnancy into a medical issue. And that also means attributing them a pathological nature they do not have. Health Centers don't cure pathologies, they do prevention. When you find a pathology, you send the person to the service that can cure it. Medicalizing health centers means making them similar to ASLs clinics. Clinics are fine, but FHCs are definitely something else (R3, 65, Coordination, Rome)

This process is materially embodied by the politics of incorporating FHCs within existing ASL clinics. This apparently 'logistic' change represents instead a significant one for activists:

> Recently in Milan, there was a mobilization against incorporating a FHC into the San Carlo Hospital. In this choice of transferring the center to the hospital, you can see the Region's attitude towards FHCs. For them, it is just another place where you do what medical clinics do…you do gynecological visits and screenings. And like this FHCs have lost the meaning they were supposed to have at the beginning, that of a place where you could go without any reservation, without paying, and you could simply tell your issue, if you were pregnant, if you didn't want to have a kid, if you wanted to have sex, if you had questions…everything. And you could find answers there. Now this thing, if it still exists in some centers, that's only thanks to the goodwill and motivation of some professionals. (M4, 72, Consultorio Autogestito Bovisa, Milan)

A similar account is provided by T. who underlines how the character of FHCs as an 'accessible, safe, and private space' requires them to be located in a peculiar spatial setting providing a sense of ease, that hospitals and clinics cannot possibly embody.

> In Rome FHCs have often inherited some old buildings of the Municipalities, of former municipal services. In Via Denina, the HC building is amazing, it's a small house with a garden, it is a separate space that has nothing to do with the other services. This model spontaneously makes you think of social service. Health centers are meant to be socio-medical services, but they are mainly social. If you put them within a clinic, it becomes a medical service and it loses its features of an

> accessible, safe, and private space that it is supposed to have. (R3, 65, Coordination, Rome)

Thus, activists' narrative illustrates the complex relationship between the transformation of healthcare into a management and corporate system, and the increasing emphasis on medical and clinical aspects of the service. The outcome of these interconnected processes has had an impact on the nature of the service, transitioning it from a mostly social to predominantly medical and traditional provision.

5.5 Concluding Remarks. Family Health Centers in Neoliberal Italy

This Chapter has investigated how neoliberal transformations impacted Public Health Centers, following the changes in the Italian NHS.

We the aim of expanding scholarly understanding of processes of institutionalization, the Chapter has analyzed how neoliberal reforms and policies in the healthcare field have contributed to altering the nature and meaning of the service resulting from the institutionalization of 1970s feminist practices. In doing so the chapter contributes to existing studies of the institutionalization of health practices (Abel, 1986; Schneirov & Geczik, 2002; Wolfson & Parries, 2010), expanding these analyses to include the role of the changes in the form of the State (Beres et al., 2009).

As Chapter 4 has shown, once instituted, FHCs faced some typical consequences of institutionalization: depoliticization and bureaucratization. Despite the different strategies deployed by local feminist groups, spaces of grassroots participation within the service rapidly closed. After the first years of activity, the service's relationship with the movement decreased. Despite its depoliticization and bureaucratization, however, FHCs presented important innovative characteristics. They were socio-medical services, based on a multidisciplinary equipe work, and based upon a holistic approach to health prevention and education. They have been conceived as welcoming spaces where women could find support for very different aspects of their lives. The comprehensive socio-medical approach of the service complied with feminists' claims about a largely de-medicalized approach to women's health and sexuality. Overall FHCs have been designed as a unique and extremely innovative socio-medical service, importantly oriented to fostering women's self-knowledge, autonomy, and empowerment.

As this Chapter has shown, over the decades FHCs have faced further changes due to the transformation of the State's role within the healthcare and welfare system.

Indeed, FHCs' transformations are largely connected to the restructuring of the NHS, to which FHCs have been incorporated.

The managerialization and corporatization of the NHS impacted the social character of the service, resulting in its medicalization and clinicalization. With the first term activists point at a turn in the very understanding of health prevention, which passed from being based upon social, collective, and often de-medicalized approaches to one based upon medicalization and screenings. With the term clinicalization, activists refer to the dismissal of FHCs' 'alternative' social character with respect to traditional NHS clinics.

As it has been recently underlined «preserving the uniqueness of FHC services has been and continues to be the result of the struggles that have been fought to safeguard their original mission, the mission that women had fought for» (Verrocchio 2022, p.161). Indeed, despite the negative considerations that activists share about the current condition of FHCs, as the following Chapters will show, these services are at the core of today's feminist mobilization in the country.

6 DEFENDING AND REAPPROPRIATING HEALTH CENTERS

6.1 Introduction

This Chapter explores the meaning contemporary activists attribute to health centers as an institution in Rome and Milan. It does so by examining how activists interpret their mobilizations in defense of the service. As Chapter 5 has shown, neoliberal restructuring of the healthcare system in Italy has hindered FHCs' nature and existence. Increased reductions in public spending for the healthcare sector have resulted in cuts to the centers' funds and staff. FHCs have been reduced in number or have been incorporated into broader healthcare facilities, such as hospitals or clinics; many social-oriented activities – once a key part of the service's identity and mission - have gradually disappeared due to their incidence on budgets and their limited impact in terms of broader profits. Private health centers, in many cases led by religious actors, have continued to increase in number and capacity over the decades and, in cases such as the Lombardia Region, they have been incorporated into the NHS network through the mechanism of accreditation. Moreover, FHCs have faced specific threats targeting their identity of services dedicated to sexual and reproductive health. On several occasions, right-wing political actors in the country have challenged the service's orientation towards supporting women's self-determination by either attempting to reform the character of the service entirely or by gradually authorizing no-choice actors to enter the service, with the explicit aim of discouraging women from interrupting pregnancies.

As mentioned in the introduction to this thesis, when I started conducting this research, FHCs were at the core of the NUDM movement's claims in the health field. In the Plan summarizing all the movements' objectives, FHCs appear in the section dedicated to health, where activists state the need to re-signify the history of FHCs as spaces by and for women and advocate for the reappropriation of the service (Non una di meno, 2017, p. 25). Similarly, both NUDM local nodes in Rome and Milan were reclaiming the defense, expansion, and re-appropriation of the service. However, when I started conducting fieldwork in the two cities, I was faced with two different scenarios.

In Rome, the Coordination of Women's Assemblies of FHCs had formed. Gathering feminist activists, former professionals, and users of FHCs, the Coordination had reopened women's assemblies in several FHCs to restore the service's original character, eroded by neoliberal policies. The Coordination had enacted a strong and visible mobilization in defense of FHCs, through sit-ins and public demonstrations and had opened a working group with the regional administration. Drawing on the memory of women's assemblies of the 1970s and 1980s, activists' discourses and practices displayed a strong sense of belonging to the service.

In Milan, on the contrary, activists lamented their difficulties in attempting to promote mobilizations in defense of FHCs, displaying a sense of distance from the service. Their narratives about their effort to mobilize for FHCs provided a sense of lukewarmness.

Examining the two cases, the Chapter highlights the role of submerged networks resulting from the movement's continuity within institutional settings as key in providing both material and symbolic resources for contemporary mobilization. In particular, it highlights how within Roman FHCs, a submerged network has continued to exist, composed of professionals and users who have continued to interpret the service as inspired by feminist ideas and practices and maintained a connection with the movement. The lack of similar ties in the Milanese context emerges as one of the reasons affecting the weakness of local mobilizations.

Furthermore, the examination of the two cases also suggests that the meaning attributed to the service is shaped by the role that local activists perceive to have played in shaping and defending its institutional identity over time. Scholars studying protests in defense of healthcare services have contributed to bringing to the fore the symbolic, cultural, social, and affective meaning that healthcare facilities hold for local communities (Barnett & Barnett, 2003; T. Brown, 2003; Ivanova et al., 2016; Jones, 2015; Kvåle & Torjesen, 2021; Moon & Brown, 2001; Stewart, 2019). As Kvåle and Torjesen have argued in relation to hospitals, «the symbolic and emotional significance of hospitals make defensive struggles much more complex issue than access and distribution of healthcare provision» (2021). Healthcare facilities are «anchor institutions» holding communities together (Stewart, 2019), enacting their sense of locality (T. Brown, 2003), and their feeling of individual and collective safety (Kvåle & Torjesen, 2021). Studying protests against hospitals' closure, Stewart highlights that «hospitals were defended neither in a consumeristic demand for particular clinical services nor a rejection of the clinical framings of proposals. Interviewees more commonly described the familiar, high-quality care within the hospitals and talked

about them as assets which the community had (in some cases) created and (in all cases) helped to shape.» (Stewart, 2019, p. 12).

Among the elements that emerged in the comparison of the two cases, the way in which local movements framed their role with respect to the service's identity appeared particularly relevant in understanding their different interpretation of it.

Indeed, as scholars have suggested, processes of institutionalization are long-term and dynamic processes in which multiple actors intervene (Bosi, 2016; Castaño, 2019; Suh, 2011). In this regard, the institutional identity of FHCs has consistently been in flux within an ongoing interactive and conflict-ridden dynamic involving feminists, the state, and at times, anti-abortion counter-movements. When examining contemporary activists' interpretation of the service in their defensive efforts, their understanding of their role and the state's role in shaping the service's identity emerged as crucial.

The examination of the Roman case suggests that in the Capital feminist activists defend FHCs as the outcomes and legacies of the movement. Roman activists believe that they have played a significant role in shaping and safeguarding the institutional identity of the service, preserving its political essence. This engenders strong feelings of belonging and identification with the service. Activists view themselves as integral to the service's identity, and they see the service as a part of their collective identity. Conversely, in Milan, FHCs are perceived and defended as vital components of the welfare system, albeit distant from a feminist approach to healthcare. Milanese activists believe that the service has been molded and significantly altered by both the state and neoliberal policies, to the extent that its current institutional identity is influenced and shaped by practices and approaches that may directly contradict feminist ideals. Activists tend to place more trust in and feel politically aligned with Secular Private Health Centers (SPHCs), which are recognized as spaces where feminist legacies and feminist healthcare practices have continued to thrive. Therefore, the defense of FHCs in Milan revolves around advocating for the right to healthcare rather than establishing ties with feminist history and collective identity.

6.2 Rome. The Case of the Coordination of Women's Assemblies

When I started my fieldwork in Rome, FHCs were at the core of feminist struggles in the city. In 2018 the Coordination of Women's Assemblies, an informal network of activists, was established. The Coordination comprised former professionals of FHCs, users, and activists of local feminist groups that had previously mobilized to defend the service in the city, as well as new activists. Drawing on the legacies and memories of Women's Assemblies, the

Coordination enacted a struggle to re-appropriate the service by re-opening several assemblies within local FHCs. Strongly intergenerational, the Coordination was significantly participated by feminists who had represented the first generations of professionals in the newly opened service in the 1980s and who have seen their work as a continuation of their activism. Furthermore, users who had been participating in women's assemblies in the early years of the establishment of FHCs were also present. In addition, the Coordination also benefited from the presence of loosely organized networks in the city that had formed during moments of local protests in defense of FHCs and that, despite not enduring as formally constituted networks, had maintained ties among groups and individuals. While the emergence of the NUDM mobilization offered the occasion for the re-mobilization of this submerged network, the strength of the latter made the local NUDM group particularly active in the defense of FHCs.

The Coordination obtained the opening of a participatory working group with the regional administration and, through both protests and negotiations, succeeded in pushing it to re-open some recently closed FHCs in the city. Furthermore, the Coordination had succeeded in pressuring the administration to reinforce the capacity of the centers by filling gaps in the staff. In line with the NUDM movement's transfeminist perspective, the Coordination also promoted the need to make the service accessible to other subjectivities besides women. For the same reason, after a while it changed its name to the Coordination of Women's and LGBTQ Persons' Assemblies of FHCs and pressured the regional administration to implement training courses on LGBTQ sexual health for professionals.

Among the first initiatives of the Coordination there was the creation of a questionnaire to be submitted to each health center of the city to monitor the conditions and functioning of the service and denounce gaps and lacks to the administration. Furthermore, over the years the group promoted a regional mapping of the number of conscientious objectors within FHCs as well as hospitals and publicly shared the results denouncing the increased presence of professionals not providing services related to abortion.

When I first met Coordination's activists, it was during a sit-in in front of the Lazio Region in December 2019. At stake in this demonstration was the re-opening of a previously closed FHC, called after the name of the road in which it was located, via Silveri. The Coordination had already obtained from the Region an agreement for its reopening months before, and yet the center was still closed at the time of the sit-in. On that day, a meeting was scheduled between 'representatives' of the Coordination and members of the Region. Activists decided to refuse to participate to the meeting and turned it into a protest sit-in, denouncing the inconsistency of the Region's promises. Activists' asked representatives of the Region to get

out of the building and discuss publicly with those attending the sit-ins the reasons for their missing intervention. After a while, since local administrators did not reach the sit-in, activists decided that the sit-in would have reached them. Around 40 activists entered the building of the Region and walked into the meeting room. The formal meeting between representatives of the Region and representatives of the Coordination was thus turned into a crowded assembly within a too-small room. Despite the relatively friendly attitude of local administrators, activists from the Coordination completely led the discussion, urging immediate actions and leaving little space for administrators to explain the delay of their intervention, deeming it was no longer time to listen to bureaucratic excuses. Observing the discussion between activists and administration representatives, I was impressed by the deep knowledge of the service's functioning that activists displayed, clashing with the poor understanding of the everyday life of it that instead, administrators showcased.

A month later, the FHC of via Silveri re-opened, and the Coordination called a sit-in for its inauguration. When I arrived in the street, I expected to find activists celebrating their victory. Instead, I found them extremely angry since the spaces of the old health center had been split and were now shared with a different healthcare service dedicated to infantile traumatic diseases. According to the Coordination, the spaces left to the health centers were insufficient, since only two rooms were available for individual activities, and no space was granted for group activities. Thus, they decided to enter the building and squat it symbolically. Once entered, they immediately started figuring out how to 'find space' for the health center's activities. They started opening all the doors, evaluating where it was possible to do certain activities and where not, and, despite having no formally recognized authority about it, they started discussing and deciding together where some activities had to take place. They literally 're-made the space' according to the necessities of their vision of what a health center should be, taking over the authority on the space.

On both occasions, my attention was particularly retained by the feeling of belonging that activists were manifesting toward the service. Their attitude and their practices seemed to me to show that they perceived FHCs as something (also) belonging to them.

To understand, unpack and explore this sense of belonging, I start by discussing the rise of the Coordination as a case of re-mobilization of a submerged network of feminist activism within FHCs. Secondly, I analyze activists' narratives, disclosing how they understand the service as part of their collective and individual legacies and as a feminist outcome.

The last part of this section underlines the contradictions activists face in defending FHCs in neoliberal times. While their symbolic and affective attachment to the service fuels and strengthens their mobilizations, it also pushes them to act as substitutes for the state when the latter fails to support and grant the existence of the service.

6.2.1 A feminist submerged network

The rise of the Coordination results from a re-mobilization, fostered by the presence of the NUDM movement, of a submerged network of feminist activism existing within and around FHCs in Rome. Submerged networks are «the submerged reality of movements before, during, and after visible events» (Melucci 1988 p. 338). In this sense, they represent a movement's activity falling outside highly visible moments of protest. Submerged networks are those where collective identity is formed, transformed, and sustained over time. They are ways through which movements put into practice the alternative meanings they have elaborated. Submerged networks are also «abeyance structures» (Taylor, 1989), granting continuity over time throughout moments of low mobilization. They preserve the movement's collective memory and identity, and they enact the movement's vision of the world besides moments of protest (Melucci, 1989), but they also sustain movements' continuity over time and provide resources for further moments of mobilization. Movements in abeyance contribute to subsequent cycles of mobilization by promoting the survival of an activist network, by sustaining a repertoire of goals and tactics and promoting a collective identity that offers participants a sense of mission and moral purpose (Taylor, 1989, p. 762).

Moments of protest in defense of FHCs have repeatedly unfolded in Rome. The mobilization against the Tarsia regional law proposal (see Chapter 5) represents a key episode in local feminist history. In 2010 regional counselor Olimpia Tarsia - of the rightwing PDL Party, and member of the Movement for Life – issued a proposal to reform FHCs, turning them into family-oriented structures where anti-abortion actors would have supported pregnant women, discouraging them from interrupting pregnancies and granting help and economic support to them. On that occasion, a strong mobilization took place, and the law was dropped before being discussed in the Regional Council.

In the following excerpt, T., an activist of the Roman NUDM network, reconstructs the mobilization against the Tarsia Law. Her account shows how the protest was the occasion for revitalizing the idea of FHCs as part of the movement's history.

> The major battle we fought, in coordination also with other spaces such as the International Women's House [*a women's space rooted in*

> *1970s Roman feminism*], a very wide network that also held together unions and others, is the one against the regional bill of Olimpia Tarsia, who is basically a member of the Movement for Life here in the Regional Council that had proposed this law reforming FHCs basically by allowing the entry of anti-abortionists and reconfiguring the service. […] that law then sank, it didn't pass, it never made it to the council. It just never made it to the council, we developed a big mobilization at the municipal and regional level on this, denouncing already at that time the fact that FHCs were being put under a lot of strain, here. Both by downsizing them, and by altering the meaning of the service in the territories. And even today there is that legacy, about the fact that in any case FHCs have a specific history which is that of being born from a path of mobilization of feminism in the 1970s that was then institutionalized. So, the instrument of women's assemblies had to be taken up again. (R13, 44, NUDM, Rome)

Thus, previous mobilizations had created networks that have persisted over time and have also fostered a sense of 'victory' given the movement's ability to prevent drastic changes in the service. These moments of protests have been the occasion to maintain the memory of the movement's role in the past.

Other local protests in defense of FHCs have also occurred when single FHCs faced closure or incorporation into another healthcare service, that had mobilized activists at the neighborhood level. However, the case of the Coordination shows that besides moments of protest, a less visible submerged network has resisted within FHCs, granting continuity to feminist ideas and practices. In this sense, feminist activism around and about FHCs has not been limited to external defenses. The FHCs' feminist submerged network comprises professionals, users, and forms of political participation in the service that, while remaining less visible, have contributed to keeping a connection between the service and the movement. It constitutes a borderline area where the boundaries between the political and the personal, the collective and the individual, are blurred. Through this submerged network, a feminist presence has continued within the service, although less visible, which has contributed to shaping its character and identity. Playing the role of an abeyance structure this network, although informally and loosely organized, has resisted over time and was re-activated when a new moment of mobilization resurged.

Among participants in the Coordination, a key role was played by professionals who had been active in the early stages of the formation of FHCs and had perceived their careers within the service as part of their feminist activism. Once they got retired, they returned to activism aiming at defending the service. A., for example, is a psychologist who was born in 1952 and started working within FHCs in 1979. When I met her in 2018, she had just retired.

> I retired and left my health center by calling back some comrades I knew would have been ready to reformulate the women's assembly, because the assemblies didn't exist anymore, maybe there were formally some representatives however there was no longer a movement behind [---], so before quitting, I asked them to start meeting again and re-built the assembly. And we made it resurge again. (R1, 67, Former professional FHCs, Coordination, Rome).

S. has worked as a psychologist within Roman FHCs and is now an active Coordination member. She has a long experience within the service and had also been one of the participants, as a professional, to the Women's Assemblies of the 1980s. Other activists referred to her as having played a central role in gathering participants through her previously established networks within the service.

> To be honest... I have been working there for 38 years, and I was a bit tired of it... but faced with these trends, I said: let's try to stop this drastic change (R2, former professional FHCs, 65, Coordination, Rome).

Former professionals mobilized their colleagues and those users of FHCs they had kept contact with. T., for example, is a member of the Coordination whose ties with FHCs lie in her relationships of friendship and her own experiences as a user of the service. In this sense, the submerged network of activism within Roman FHCs blurs the boundaries between collective and individual experiences.

> The Coordination was born in 2018... the assembly of the FHC of via Denina, Iberia and Monza was reconstituted, mainly on the impulse of T. whom I knew through a friend from the via Monza FHC... because health center workers were friends... we used to go to the center just to chat... the doors were open... anyway T. was a psychologist at via Iberia... I knew her by name, I had seen her a few times, for example at some seminars that took place at the center in via Monza... I got to know her

> better because then my son at 15 had some meetings with her, and my husband and I as well (R3, 65, Coordination, Rome)

These accounts contribute to showing the peculiarity of the feminist submerged network of Roman FHCs, in which the boundaries between the movement and the institution, and between activism and professional or individual trajectories are blurred. This has been shown to be a typical trait both of feminist activism in general and of healthcare activism in particular (Banaszak-Holl et al., 2010; Geiger, 2021).

While individual trajectories and ties established through the daily life of the centers have been essential for the emergence of the Coordination, when accounting for its establishment most interviewees also referred to the persistence of one women assembly: that of the Piazza dei Condottieri FHC. The latter is located in the Pigneto neighborhood, a lively and politically active city area. As shown in Chapter 4, by the end of the 80s women's assemblies within FHCs had disappeared. The persistence of the Condottieri's Assembly has represented an important material and symbolic resource for activists of the Coordination. While it is not certain that the assembly had actually persisted since its origin, its uninterrupted continuity resurfaced repeatedly in my interviews:

> That's how it went, in one health center, the one in Condottieri Square, a women's assembly has always continued to exist, it has resisted...this is something important to say, it is quite a unique case... there might have been a moment in which the assembly was not working, but it was there since very long. (R3, 65, Coordination, Rome)

> Condottieri is the only health center in which the women's assembly has endured. (R6, 45, Coordination, Rome)

According to a long-term participant into the Condottieri's assembly, the latter has somehow persisted through ups and downs since its birth. However, it was especially in the 2000s that the group had been revived thanks to the participation of some women's activists of the close social center Ex-Snia. As V. reported to me, the revitalization of the assembly by her group was also supported by a feminist professional of the center who encouraged them to reopen the assembly and provided the relevant administrative support to obtain formal recognition of the latter.

The Condottieri's assembly, because of its (real or imagined) uninterrupted continuity holds a peculiar symbolic relevance for activists of the Coordination. It is not by chance that the first demonstrations organized by the Coordination ended precisely there.

> The demonstration started in Largo Agos and ended precisely at Condottieri. Why? Because Condottieri's assembly had always been there, in a quite continuous way, it has never stopped existing. (R6, 45, Coordination, Rome)

Besides representing a symbol of the movement's presence within the service and a line of continuity between the past and the present, the assembly has also represented for activists of the Coordination a model and a point of reference in terms of know-how.

> we created a mailing list, of people who are part of the area of San Giovanni where we were active... and we had our first assembly, to which we invited Condottieri's group... and they told us how they did it and we did the same (R3, 65, Coordination, Rome)

The Condottieri's assembly also constituted a source of legitimacy for other assemblies. In the early days of the Coordination, when activists from other areas of the city decided to reopen women's assemblies in their FHCs, they were faced with strong resistance on the part of the services' administrations. However, the presence of the Condottieri's Assembly helped gained strength in the group's negotiations:

> They told us «you can meet as an assembly, but not within the Center, you should meet outside, in another place». They faced us with great resistance, asking the women's assembly to form an association for example... they were saying «this is a health service, is not like anyone can come in, there are the children, you may bring diseases»... as if you were entering a hospital... this was one aspect... The other point was «okay but who are you, who do you represent?» and we would say «We are the users». In the law, the article is there but by then it had fallen into oblivion. So they were saying «you can constitute yourself into an association» and we were saying «we didn't want to make the association, we were the women's assembly!» Then we told them «Since this works in the Condottieri FHC, we will do the same.» (R3, 65, Coordination, Rome)

The rise of these assemblies has fostered new connections with other isolated groups that had previously mobilized at the neighborhood level. Indeed, FHCs have a rooted territorial character, and as such, some sparse mobilizations in defense of single FHCs have emerged discontinuously and often disconnectedly from broader feminist mobilizations. For

example, L., before joining the Coordination, was a member of the group *Women's of Centocelle and Environs* (Donne di Centocelle e Dintorni), a neighborhood women's committee tied to social centers of the area, who had promoted initiatives against the closure of two local FHCs and through these local mobilizations had connected with the Condottieri Assembly.

> And even though I didn't know the Condottieri assembly then, with another group, we had formed in 2007 the group Women of Centocelle and environs. Which basically gathered the women of the social centers of our municipality. And we had started mobilizing around because in 2007 the administration closed the center in Piazza dei Mirti, which was one of the two centers of Centocelle. Due to the works for the construction of a new metro line, they closed the center [...].Later, in 2012 we squatted the health center of Via Manfredonia, because it was basically downsized from having two floors to having only one, the other one had been given to another service. And so we symbolically squatted the health center for a day. At that time we got in touch with Condottieri, because we were part of the same municipality. (R7, 55, Coordination, Rome)

The group of women of Centocelle established the fifth of the initial assemblies of the Coordination (Monza, Iberia, Denina, Resede and Condottieri). Later, many other assemblies mushroomed in the city, and the Coordination grew in number and strength, reaching many other areas of the city and its peripheral suburbs.

To sum up, this paragraph has shown how the emergence of the Coordination resulted from the re-mobilization of a submerged network that has maintained an invisible continuity within and around the service. FHCs have represented abeyance structures in which a feminist community has survived through professionalization, personal ties, and hybrid experiences such as Condottieri's assembly. The persistence of this network has also represented a way to maintain alive the idea of a service in which the boundaries between the institution and the movement are blurred. Furthermore, within this submerged network, the memory of women's assembly has been preserved and re-mobilized when a new cycle of feminist mobilization has emerged.

The next paragraph explores activists' feelings of belonging to the service and their recognition of the latter as a legacy and an outcome of feminist activism.

6.2.2 «The concretization of everything we had thought»

This paragraph aims to examine the symbolic and affective meaning FHCs hold for activists of the Coordination. It shows how activists identify the latter as a legacy and an outcome to be defended. Scholars of social movements have shown how making reference to the movement's successes in the past is a powerful strategy through which activists may construct their collective identity in the present (Polletta, 1998b). Claiming credit for the movement's influence in the past «maintains the enthusiasm of the faithful, mobilizes new activists by providing a script for contemporary actions and makes sense of current political challenges.» (Meyer, 2006, p. 293). However, as Polletta has argued, «narratives may be employed strategically to strengthen a collective identity, but they also may precede and make possible the development of a coherent community, or nation, or collective actor» (1998a). The case of the Coordination shows how activists make sense of their current mobilization as a defense of something they contributed to build and defend over time. FHCs are perceived as having embodied feminist ideas and practices and thus hold a peculiar meaning for activists going beyond the simple defense of a healthcare service.

As literature on healthcare activism has shown, it is often the case that activists mobilizing in defense of healthcare services do so in light of the symbolic and affective meaning the latter hold to them and to local communities. As Stewart highlights, in fact, healthcare activists often mobilize in defense of something they have «(in some cases) created and (in all cases) helped to shape.» (Stewart, 2019, p. 12)

In the case of Roman activists', the meaning they attribute to their current defensive struggle is tied to the local history as well as to individual trajectories of activists who have contributed to shaping the development of the service or who see it as a concretization of feminist ideas and practices. The threats posed to FHCs represent way more than simply the – yet harsh – reduction of free-of-charge service provisions. Rather, they constitute a challenge to a service which is recognized as part of the local feminist collective memory and identity.

Activists' sense of belonging and identification with the service is particularly strong for those who had previously worked within it. A key example is A. account:

> when I talk about this place, the public family health center, I know I am on the right side [...] it belongs to us, and it is the concretization of

> everything we had thought (R1, 67, former professional FHCs, Coordination, Rome)

As mentioned in the previous section, A. had started working as a psychologist in a Roman FHC in 1979 and continued to work there until she retired. A. is especially proud of her job within the service and refers to it as «a marvelous adventure».

As she continues, her account points to the relationship between the service's identity and the ideas and practices feminists had developed in the health field. Indeed, as the following excerpt shows, professionals like A., believe that FHCs methodology and their underpinning approach to health make them different from other healthcare services. While medical institutions are understood as holding a top-down approach, FHCs' identity is grounded upon providing solutions and supporting the person's choice as a tool to foster empowerment and autonomy.

> well, that's the point. The difference between health centers and the medical institution is that the latter is patriarchal... it imposes the solution, it provides the diagnosis, and gives you the cure in a predefined modality. While health centers are places in which nothing gets imposed. You are provided with different proposed solutions, and you choose the one you feel is better for you. You learn to choose, and you get supported and helped. (R1, 67, former professional FHCs, Coordination, Rome)

Thus, the identity of FHCs differentiates them from the medical institution because «nothing gets imposed» and professionals do not provide diagnosis and treatment but rather support users in their path towards making the choice that is best suited for them.

According to A., it is precisely this peculiar character of FHCs that makes them a legacy to defend and a collective value that is getting eroded.

> If you get to know people in-depth, you can help them, but not in a vulgar assistance-based sense. You can support them, and you can formulate solutions that can be adequate for them. And this is beautiful. It's a heritage I don't want to give up on. I can't stand to give up on that. That's why I am passionate about this and continue to participate. Because it not only makes sense to me personally... but this is also a collective value, and I don't want the society I live in to lose it. I want that, not only in Rome but all over Italy, people can have the possibility

> to claim and re-propose this experience again. (R1, 67, former professional FHCs, Coordination, Rome)

This account makes particularly evident how the strength of Roman mobilizations can benefit from the persistence of a precise vision of what a health center can be and should be. The strong and passionate claim of reappropriating and reproposing what is the true nature of health centers is imbued with the sense of identification with the latter. In general, professionals feel strongly attached to the service, perceiving their work as a continuation of their feminist activism. Since they perceive the service and their job as an interweaving of their individual trajectories and feminist collective values, the defense of FHCs is particularly affect-laden.

As the following excerpt shows, professionals also perceived their work as shaped by the collective experience of women's assemblies that had set the track upon which they continued to work. As S. accounts,

> The people who entered in the early stages, they worked with the women's assemblies, because assemblies were present everywhere in health centers in Rome... I started working in 1979 and in the women's assembly, you know what was going on? they had such an experience! [...]With the assembly we talked about contraception, how to do it, we discussed how we could do things together, we had projects... we thought them up and shared with them [the users], or rather they thought them up and shared with us... [...]Then in the late 1980s the decline in participation began, but whatever, the health center had started... With the full awareness that some things were fundamental, the teamwork, the active offer, the initiatives with the neighborhood... we also did a long work on alternative medicine, homeopathy, prevention... and we made posters, we organized events. (R2, 65, former professional FHCs, Coordination, Rome)

Thus, similarly to A., S. underlines the continuity existing between the ideas and practices developed within women's assemblies and the work of professionals who have brought those inspirations within their daily job. Significantly her account underlines precisely those aspect of health centers activity that are currently reclaimed by activists as part of the original nature of the service. The relationship with users, the construction of

common projects, an holistic a non-medicalized approach to health, a diffused presence in the neighborhood.

A similar account about the role of professionals in maintaining a feminist presence and approach within the service is given by D., who frequented FHCs as a user. Her account represents the 'other side' of the S's one quoted above. From the perspective of an external user, L. similarly provides a narrative underlining how, despite the disappearance of Women's Assemblies, «comrade doctors» maintained the service's identity and made them «work».

> From the 1990s onward women's assemblies stopped, however, there were the comrades doctors who had wanted the creation of the health centers and so they made the centers work... So much so that my gynecologist, Dr. J. - of Resede's health center - who was a feminist from the 1970s in Centocelle... I used to go to her because I used to be part of the university student collective and when I would go there she would always say «Hey you have to do the women's assemblies, you have to do women's assemblies!». She opened the center on Sunday to give the morning-after pill to some girls. She's a great person who follows us and is very happy that we are doing women's assemblies again. (R7, 55, Coordination, Rome)

The above excerpt also shows how the current re-opening of women's assemblies represents a reconnection with the past and with the generations that experienced them directly in the early years of FHCs establishment.

Another element composing activists' sense of belonging appears throughout the words of a participant in Condottieri's Assembly. V. showcases pride when accounting for the assembly's role in defending the center from facing restructuring or being closed.

> Condottieri, where we have been as a women's assembly almost continuously from the founding to now, the Asl doesn't put hands on it, it doesn't touch it, the Asl is absolutely not thinking of closing it down. (R6., 45, Coordination, Rome)

As mentioned earlier (6.2.1), the Condottieri's assembly represents a symbol of the movement's uninterrupted continuity within the service. V.'s account manifests the recognition of the assembly's role in contributing to the defense of the center. In this respect,

V reclaims the movement's influence in preventing Condottieri's center from undergoing downsizing or closure as happened to other centers where the movement was not present.

Activists' sense of belonging is also grounded upon their understanding of FHCs as part of feminist collective history and identity. The following quote comes from the perspective of a user in her 60s. When I started the interview with T., I asked her about how she came to join the Coordination. Her account began situating her current participation in the group within both the karstic history of the feminist movement and her personal biographical experiences. She presented the feminist movement and her interiorization of its ideas and practices as having gone 'underground' for decades and having resurfaced when realizing that what she took for granted was no longer so. Accounting for her 'return' to feminist mobilization, she jumps back to her participation in women's assemblies in the 80s. In this sense, for her, FHCs have represented part of this 'underground' feminism that has continued to exist, and that is now threatened.

> The experience of feminist movement had a continuity that the others did not have... A kind of karstic path... I tell you about my personal experience, for a long time this thing was buried... however, it was there, because if you have formed yourself on many things, these are not things you forget, they become part of you. .[...]... And after many years you say, I want to take this thing back, so conflicts in the family reborn and you say «I believed one thing and instead it's not so»... both in your personal life and within society... this thing of women's assemblies, they were born together with the health centers. I used to go to the health center in via Monza, which I think was opened in 1980, and there was a well-structured and active women's assembly, it was a very equal relationship with the workers who interacted with the women's assembly. In the '80s I saw this at an embryonic level, then I left for work reasons, but I kept in touch because a very dear friend of mine worked inside the center... so I always had the news (R3, 65, Coordination, Rome)

In this sense, activists' feeling of belonging also derives from their understanding of FHCs as one of the materializations of a feminist path. Even if T. didn't work within FHCs, and even though her life proceeded outside them and without forms of political activism in the field, the threats faced by FHCs today are seen as part of a broader threat against what

feminists considered as conquests they had reached and wouldn't have been questioned anymore.

Thus, for activists of the Coordination, FHCs represent a symbolically and affect-laden healthcare institution in as much as it is perceived as a legacy and a feminist outcome. This perception stems from the memory of professionals and users who have participated and contributed to the establishment and development of the service, as well as from the identification of the service's overall methodological approach to health as inspired by feminist ideas. Activists feeling of belonging resonates with scholarly accounts of how social movements may «claim credit» for past influence (D. Meyer, 2006; Polletta, 1998b). However, it differs from references to outcomes of an insurgent past, rather it appears grounded in a micropolitics of individual and collective actions, and political and personal ties, which are typical of hybrid settings such as healthcare institutions (Campbell & Cornish, 2021). The next section explores the contradictions arising from activists' feeling of belonging, strongly rooted in their collective memory of the past, in front of the radically changed context in which their current mobilization unfolds.

6.2.3 Reappropriating healthcare services in neoliberal times.

The previous section has highlighted how activists perceive FHCs as belonging to them, as a legacy, and how they express a sense of familiarity and closeness to the service.

Women's assemblies represent, in this sense, a channel and a symbol of their 'ownership' of the service. To a certain extent, women's assemblies and activists' understanding of the service challenges the idea that a public institutional(ized) service would necessarily turn into an entirely state-led institution. Women's assemblies enact an alternative vision of the 'public', where users hold a key voice in the decisions and management of a service that 'belongs' to them. As discussed in Chapter 4, this model of social participation in public services was elaborated in the context of a massive social mobilization and in a phase of expansion of the Italian welfare state. FHCs have been part of a nascent phase, where not only were state funds largely injected within the welfare system, but society felt involved and participated in the actual development of it. This is especially true for FHCs that were largely made 'from below', as discussed in Chapter 4.

However, as detailed in Chapter 5, starting from the 1990s neoliberal transformations have started altering drastically the nature and the functioning of the service. In addition, anti-austerity politics in the aftermath of the 2008 economic crisis has further hindered the

service's condition. Scholars studying movements in defense of NHS and healthcare services against neoliberal restructuring have highlighted the possible contradictions activists may encounter. In her work on anti-austerity mobilizations in defense of the NHS in Spain, Kehr highlighted how «by longing nostalgically for a fully public and truly universal healthcare system, they also imagine a perfect one that, in reality, never quite fulfilled its promises» (Kehr, 2023). Thus, the memory of a glorious past may also result in the depiction of a idealized model to defend and restore despite its historically partial existence. In addition, mobilizations in defense of the NHS are often confronted with the ambiguity and ambivalence of the role of the State, on the one hand as a provider and protector of social right and universal public healthcare and on the other as a key actor in the privatization and demolition of the public sector (ibid.).

Activists of the Coordination face similar and other challenges related both to the specific history of the relationship between the movement and FHCs and to the effects of neoliberal restructuring.

The ambivalence of the State appeared in many conversations I had with Coordination's activists. While the state is recognized as holding the responsibility to provide and protect the service, activists also recognize that control from below is essential to grant it.

> So, the fact that the state must ensure the infrastructure, personnel, and training is crucial… on the other hand, however, the oversight and control on our part must be continuous and constant because the attempt is to transform everything in the medical institution, into a commodification of the body, which becomes a source of profit as in the private sector. (R4, 70, Coordination, Rome)

As mentioned in the introduction to this section, monitoring and denouncing represent a significant portion of the Coordination's political engagement. Thanks to the group's ramified presence within and around FHCs, the Coordination constantly monitors changes unfolding within the service and reacts promptly. As such, besides being engaged in broader mobilizations for FHCs in general, the group is often absorbed in the energy and time-consuming activity of bringing to public attention, through denounces and sit-ins, what goes on within single FHCs. Since most of the time, the threats FHCs face are not direct political attacks on their identity and nature but rather small and subtle changes affecting the everyday sustainability of the service, Women's Assemblies are often 'stuck' in the role of controlling, monitoring, and denouncing. In this respect, the current action of the Coordination through Women's Assemblies resonates with the conditions that led the

activists of 1980s women's assemblies to publicly and critically leave FHCs, as a denounce for having been constrained in a bureaucratic trap where they had to deal with «the functioning of the sink» rather than with their political activity (see Chapter 4).

In fact, activists' feeling of belonging tends to push them to intervene on behalf of the state in order to support the service's existence. As the following excerpt shows, while users' direct participation is recognized as the key element accounting for the 'uniqueness' of the service's identity, activists are also aware of the difficulties of translating it into practice in a completely changed context.

> In my opinion, this is the central aspect of the health center as a service, which may not be found in other services. It was originally designed with the feature of always having direct engagement and involvement of the users, and I believe that's what makes health centers unique today. Of course, nowadays, this direct participation faces numerous challenges in translating into practical action... we often find ourselves truly fighting for the service's very survival, in reality... (R8, 26, Coordination, Rome)

An example of such complex contradiction comes from the account of the aftermath of a 'won battle'. As mentioned in the introduction to the section, in fact, the Coordination has often succeeded in pressuring the regional administration to reopen previously closed centers. However, as the following account shows, in the aftermath of such a victory, activists were faced with new contradictions.

> Now, with the Coordination, we've finally managed to have the center of Via Spencer reopened. So, now we're trying to set up a Women's Assembly there, and the first thing we did was distribute flyers in the neighborhood to promote the health center. Because health centers are not well-known anymore. In the case of Spencer, you can imagine, it was closed, so people still consider it closed... when we distributed flyers, we said, «Do you know the health center has reopened?» «Oh no, I didn't know, I knew it was closed... ». Many people were aware of it but thought it was still closed. So, even communication within the community about the centers doesn't exist anymore. And in this sense, we can act as a megaphone, so to speak... but even more basic things, for example, there isn't even a sign identifying the center at the entrance... so, for example,

> we attached a sign with the center's name, opening hours, and phone number. (R8, 26, Coordination, Rome)

In this respect, while activists feeling of belonging enhances and fuels their passionate defense of FHCs, it also pushes them to act as substitutes for the State in the promotion and preservation of the service.

The other side of their feeling of belonging, moreover, is a certain degree of nostalgia for what FHCs used to be. From this perspective, as the following quote shows, beyond the memory of a golden past lies the decadent reality of the present, which makes activists feel that what they are defending today is nothing but a skeleton of the past.

> Unfortunately, I must tell you, in my opinion, our presence is in defense of something like a skeleton of what the original project was. What a health center used to be...you can tell from the words of women in their 60s that we meet in our sit-ins...now it is no longer the case. (R6, 45, Coordination, Rome).

To conclude, this section has aimed to analyze the meaning Roman activists attribute to FHCs today. By examining the case of the Coordination, I have highlighted the persistence of a submerged network acting as an abeyance structure and linking FHCs to the movement. FHCs in Rome have been spaces where a feminist community endured through professionalization, personal bonds, and unique experiences such as the Condottieri's assembly. This network retained the memory of Women's Assemblies and reactivated during a new cycle of feminist mobilization. The analysis of activists' narrative has also highlighted how current struggles are sustained and fueled by activists' feeling of belonging, grounded in their perception of having contributed to shaping and defending over time the institutional identity of the service. Thus, I have suggested that Roman activists perceive FHCs as a legacy and an outcome of the feminist movement. Finally, this section has also highlighted the difficulties activists encounter in reconciling their feeling of belonging, grounded in the movement's collective memory and identity, with the radically changed neoliberal context in which they act.

In what follows I will examine the different dynamics I encountered in the Milanese context.

6.3 Milan. Feminist Practices and the Right to Healthcare in Neoliberal Times

When I started my fieldwork in Milan, I found a significantly different context compared to Rome. A coordinated mobilization in defense of FHCs was absent, and in my conversations with local feminist activists, I repeatedly heard about the challenges they encountered when attempting to rally support for the service. Like in Rome, the local node of NUDM advocated for the preservation of FHCs, aligning with the movement's national campaign. In this context, activists were reclaiming that FHCs should receive financial support, be increased in number, and maintain a secular, free-of-charge character. The local group was also strongly active in addressing other issues related to sexual and reproductive health. For instance, they were actively engaged in disseminating information about abortion, advocating for the availability of the abortion pill RU486, and promoting various initiatives related to sexuality and pleasure.

Nevertheless, when it came to defending FHCs, their efforts were described to me as «half-hearted».

In the quest to comprehend the difference between the Roman and Milanese contexts, this section underscores how the interplay between the extensive neoliberal restructuring of the healthcare system and the complexity of feminist legacies in the city played a role in hindering feminist mobilization in support of FHCs in Milan when a new cycle of protest arose.

As detailed in Chapter 4, the institution of FHCs in Milan has followed a different trajectory compared to Rome. Unlike in the Capital, feminist groups in the city during the 1970s did not directly participate in the implementation and development of the service. I have argued that the distance between the movement and the service back then was also due to the strongly anti-institutional nature of 1970s Milanese feminism, as opposed to the more pragmatic approach developed in Rome. Furthermore, by the end of the decade, the turn towards feminism of difference had shifted the focus of the movement towards philosophical and theoretical investigations about women's liberation. The health field has thus not been a strong site of continuity for the local feminist movement.

In addition, users' participation in Milanese FHCs had been channeled through Management Committees. Differently compared to the experience of Women's Assemblies in Rome, Management Committees, while granting a form of political participation to the

service, were designed as representative bodies, and included members of political parties, unions and neighborhood associations. Rapidly, they became highly bureaucratized bodies.

As a result of these different processes, there was limited feminist involvement in Milan's FHCs.

As an alternative to state-led institutionalization, feminist activists and professionals had turned to SPHCs, considered a more suitable platform for advancing feminist ideas and practices because of their autonomy from the State.

When examining contemporary mobilizations in defense of FHCs in the city, the absence of a cohesive network bridging the gap between the internal and external realms of the service emerged as key in activists' account of the weakness and difficulties of their current struggles. The lack of support from professionals within the centers, and the absence of avenues for political participation appeared as hindering activists' mobilizations.

In addition, in line with the trajectory that the feminist movement had previously taken, the activists I interviewed acknowledged a historical connection with SPHCs. The latter were not only seen as embodying the legacy of 1970s feminism but also as providing safer and more inclusive environments compared to FHCs. However, this association with private centers posed a conflict with the advocacy for universal and free-of-charge public healthcare, a fundamental principle of contemporary feminist mobilizations.

While thus on the one hand the legacies of the past were relevant in understanding the difficulties activists were encountering in their struggles, the socio-political context of the city also appeared as a key element. Chapter 6 has illustrated how the neoliberal restructuring of the healthcare system unfolded rapidly and forcefully in the Lombardia Region, serving as a prototype for changes that subsequently occurred in other Italian regions. Since the 1990s, right-wing regional administrations have significantly altered the nature of the public healthcare system by actively promoting privatization. Local healthcare services have swiftly decreased in number or been shuttered in favor of larger, centralized institutions. Moreover, the proliferation of private entities within the public healthcare system has particularly favored religious institutions. According to the latest report from the ISS, private accredited religious health centers now constitute 35% of the health centers in Milan. Furthermore, the Region has gradually reduced the number of free-of-charge services provided by FHCs, introducing several fee-based interventions (Istituto Superiore di Sanità, 2022).

The rapid and extensive changes that have transformed the regional healthcare system into a hybrid of partly public and partly private entities, coupled with the increasing presence of anti-abortion religious actors within the Regional Health System, have made it

challenging for activists to establish trusting relationships with these centers. Additionally, the regional administration's political stance has been notably closed and resistant to negotiations with activists and professionals advocating for change. In general, activists' narratives provided a sense of disempowerment. FHCs' institutional identity appeared entirely and radically shaped by the local government, bearing little or no sign of its movement-based genealogy.

Thus, this section suggests that both the local political opportunities, the socio-economic context, and the movement's legacies contribute to explaining the 'half-hearted' character of Milanese mobilizations in defense of FHCs.

6.3.1 A half-hearted defense in a hostile political environment

Like Rome, Milan has been the stage for local and even national feminist mobilizations focused on sexual and reproductive health promoted by feminist networks. Of particular significance in this regard was the movement Let's Break the Silence (Usciamo dal silenzio), which originated in Milan and gained nationwide recognition, emerged as one of the most prominent and influential protests in 2006 (Gambardella, 2022). The latter was sparked by the persistent and increasing attacks on the right to abortion in the country. In fact, in 2005, Francesco Storace, the Health Minister from the center-right Freedom Party (Partito della Libertà), initiated a parliamentary investigation into the implementation of the 194 Law on abortion, which also encompassed FHCs (see also Chapter 5). The latter faced allegations of supposedly encouraging abortion rather than offering women the range of alternative options mandated by the law. During these debates, the Minister suggested allowing anti-abortion volunteers associated with the Movement for Life to participate in the services. As a response to these threats, a massive demonstration was held in the city, gathering more than 200.000 persons in defense of women's rights. Apart from this major mobilization event, Milanese activists, recount some other local mobilization efforts in defense of FHCs over time. However, their narratives often convey a sense of disempowerment and frequently reference a general «lack of passion». B., who has been part of different local feminist networks that have surfaced over time in the field of health reported to me:

> So over the years, we have... in these networks that have dissolved and reformed many times, like the Women's Health Observatory network, which then fell apart, and then in 2008, we formed another one, and we organized a demonstration on March 8th with these issues at its core,

> and we took actions to prevent the closure of public health centers, such as the one in Castelvetro, with a large signature collection, and we succeeded in keeping it from closing. In other words, there have been moments when, especially driven by external events, we have activated networks, or rather, connections with activists on specific issues, mostly situations in public spaces, protests, press releases, but always involving a few of us because, in any case, it has never been a topic that has stirred great passions. (M10, 48, Pro Choice Network and NUDM, Milan)

F., a core participant to the NUDM local node, reported to me about the recent mobilization effort to protect the Castelvetro FHC. Her account illustrates that despite a dynamic akin to what I have observed occurring in Rome, the relationship with professionals and the level of emotional involvement differed significantly. As she explained, this mobilization was a 'unique' and isolated occurrence that did not lead to broader discussions about the significance of FHCs.

> Well, now there's a health center... one of the few true public health centers, which is the one of Via Ricordi...Last year, we organized a mobilization for it, which unfortunately was interrupted by COVID-19...we mobilized because it was at risk of closing, not exactly closing, but it was being merged with a center for addiction... In practical terms, it was closing in the sense that its premises were being given to this addiction center, and there was one room left for the health center, but it became somewhat symbolic because the number of people it could serve was truly minimal... and there was a mobilization, even involving some of the center's workers who otherwise would have either lost their jobs or been transferred who knows where. However, it was a somewhat unique case, and, in any case, it started from a very specific need, namely, one center was at risk of closing, so let's mobilize to support it, it wasn't a longer-term reflection. (M5, 35, NUDM, Milan)

Overall, although the new NUDM cycle had been involved in mobilizing to defend FHCs in the city, the activists I interviewed tended to underscore the relative frailty of their efforts and the feeling of half-hearted engagement. As the following quote illustrates, activists viewed their mobilizations as primarily external actions, serving more as assertions of their demands rather than direct attempts to reclaim FHCs.

> In general, the mobilizations we carried out were more like those of 'patients', meaning we defended, supported the health centers, and asked for their expansion and refinancing, but with, I must say, little emphasis...(M5, 35, Non Una Di Meno, Milan)

The other side of this picture is eloquently voiced by K., whom I previously cited in Chapter 4. As mentioned, K., was a former healthcare professional at FHCs in Milan and played a pioneering role in the development of the local service since its establishment. Her narrative extends our understanding of the factors that might explain the present situation over a longer period, providing insights from the perspective of someone who has experienced the inner reality of FHCs. In this regard, a significant aspect that comes to light is the interaction between the evolving socio-political environment - and the notably severe challenges the service has encountered - along with what she views as an inadequate response from the movement.

> Since the process of corporatization [aziendalizzazione] and the dismantling by the Lombardy region took place, there hasn't been any defense. Actually, as far as I know, the women's movement hasn't been concerned with health centers anymore... And gradually, for us, there hasn't been a way to do it anymore because there was no longer an interlocutor. I mean, the people who work in the service have as an interlocutor an absolutely non-existent and hostile regional department. So, people have also become tired of fighting... And the movement hasn't taken charge of this matter... it's possible that we [as professionals] made a mistake. We should have stayed more connected. (M8, 81, former professional, Milan).

Importantly, the quoted passage above underscores the feeling of detachment experienced by professionals like K. in relation to the movement over the decades. It also underscores how the absence of such connections made professionals feel rather isolated and powerless in the face of the significant changes brought about by neoliberal reforms. In her view, it was also the fragmentation and diversification of the local movement that contributed to this complex relationship:

> because, again, some were with the CED, the CEMP... Others didn't deal with this stuff at all, like the Libreria delle Donne... they were very theoretical... they didn't get involved in the practical aspects, it was all

> theory. Of course, theory is also necessary, but I mean, there wasn't a connection. So, we defended the service as best as we could…(M8, 81, former professional, Milan)

Therefore, in addition to facing particularly severe challenges from local neoliberal policies, K. argues that the defense of FHCs was only partially carried out due to the divergent paths that the feminist movement had taken in the past. As previously highlighted in Chapter 4, by the end of the 1970s, some feminists had chosen to collaborate with SPHCs as an alternative to state-led institutionalization. Meanwhile, other core groups in the city had experienced a more 'theoretical' shift. Notably, the Libreria delle Donne was often seen, even by many of the activists I interviewed, as representing a somewhat 'intellectual' feminist sphere that, despite its significance, remained detached from street protests and what K. identifies as the 'practical aspects' – that is, the day-to-day workings of a healthcare service.

In general, what I have more intensely remarked in my interviews is both a sense of separation between the local movement and the service and a sense of despair and disempowerment. Moreover, a crucial aspect that surfaced during my interviews was the impact of privatizations on reshaping the institutional identity of healthcare centers, as it enabled religious institutions to obtain accreditation within the RHS. Given that FHCs are generally considered one of the few places where a woman can seek support when seeking an abortion, the growing presence of religious actors with anti-abortion stances represents a highly significant transformation in the perception of what a health center is.

> Instead, an incredible number of private religious-affiliated clinics were accredited. This was the entire era of Formigoni,[49] which operated in this manner. It was evident that there was a trend to accredit Catholic and diocesan private entities, over the public sector. It was against the public sector. (M8, 81, former professional)

> In addition, public health centers, aside from being very few in Milan compared to the population's needs, often turn out to be… frequently, they are accredited health centers that are essentially clerical institutions. So, it's a somewhat complex situation from this perspective. (M5, 35, Non Una Di Meno, Milan)

[49] President of the Lombardia Region from 1995 to 2013.

As the following section will delve into further, one of the factors contributing to activist distrust of the service is the potential of encountering anti-abortion professionals when accessing FHCs through the channels of the Regional Health System. This is also the reason why SPHCs are regarded as 'safe spaces', where users can be assured of not encountering obstacles when seeking access to the right to abortion and can expect not to face judgmental attitudes. Thus, to conclude this section, both the absence of a submerged network connected to the movement and the way in which neoliberal restructuring has altered the institutional identity and hindered possible negotiations contribute to making sense of the current difficulties in Milan.

6.3.2 Feminist Legacies and the Right to Healthcare

This section aims to highlight the tensions existing in the Milanese context between the feminist struggle for the right to healthcare and the identification of feminist legacies in SPHCs. In all the interviews I have conducted, SPHCs were generally identified as the health spaces in the city embodying a feminist legacy. As discussed in Chapter 4, Milanese feminists had been particularly adamant about maintaining the autonomy of feminist health practices from the state. While the local feminist groups engaged with self-managed health centers did not support the institution of FHCs, some feminist professionals and users saw secular private health centers as an alternative to state-run facilities. Consequently, SPHCs have maintained a connection with feminist activism in the city and are recognized by activists as embodying and carrying forward the legacy of feminist healthcare practices. However, as this section shows, contemporary feminist activists are committed to defending public healthcare as part of a struggle for the right to healthcare for all, which includes universally accessible and thus free-of-charge healthcare services. In this respect, an interesting element that emerged during the interviews I have conducted is the difficulty of reconciling on the one hand the recognition of a more welcoming, feminist-oriented and non-judgmental approach in SPHCs and the necessity to keep defending FHCs because of their universally accessible character.

As activists reported to me, when the local NUDM groups was initially constituted, it immediately turned to SPHCs as a reference:

> In the NUDM working group dedicated to health, we tried to reconnect with Secular Private Health Centers, because, in Milan, the legacy of the 1970s is represented by Secular Private Health Centers. (I9, 29, Non Una Di Meno, Milan)

SPHCs in Milan are entirely self-funded and to a large extent autonomous. In fact, they reclaim their decision not to seek accreditation to avoid the constraints that come with such a process. As it emerged clearly in the conversation that I had with two current workers of the CED (Centro Educazione Demografica – Center for Demographic Education), one of the SPHCs in the city, this choice is justified as a way to preserve the center's autonomy. As they reported to me, initially the center could access public funding while maintaining a level of autonomy in their practices. However, starting from the 1990s onwards, the accreditation process introduced stricter regulations for private centers seeking to become part of the RHS. In exchange for funding «you had to face a constant control». The increased bureaucracy and the extensive controls were seen as «a way to uniform the style and the approach of the work» (M9, 68, CED, Milan) Consequently, since that time, while these centers remained authorized to function as health centers, they had to fully self-finance their activities.

As the following quote shows, activists of the local NUDM network, while identifying SPHCs as the spaces in which the legacy of a feminist tradition has been preserved, also refer to this as one of the reasons that made it harder to construct mobilizations about FHCs. In fact, the lack of politically grounded ties with professionals of FHCs has made it harder for activists to mobilize. The reason for this absence is identified in the previous movement's trajectory.

> In Milan, compared to other cities, it has been more challenging to establish relationships with public health centers because the experience of feminist centers, so to say, has essentially migrated within secular private centers. There are three of these centers in Milan...and they reject accreditation from the Lombardia region, which is the reason they remain private...Because the rules imposed by the Lombardia region are, in fact, unsustainable for centers that aim to follow, I am not going to say a feminist practice but at least a feminist orientation. (M5, 35, Non Una Di Meno)

Thus, the narrative about the choice of maintaining a form of independence in order to preserve at least a feminist approach from the intervention of the regional administration is generally shared by activists.

Furthermore, as the following quote shows, activists recognize that SPHCs grant users to be «at least sure» about the approach, compared to FHCs.

> There are women in Milan who have come to us escaping from public health centers. Not because they had to wait in line, but because they encountered a very low level of care… so even there, to get a decent level of care… we have the experience of the Centro Problemi Donna [Woman's Problems Center], which was the first self-managed health center of the 1970s, a secular private clinic with regulated prices… you pay 40 euros for a visit instead of 150, it's not cheap… but it's one of the places where you can be sure, at least. (M1, 33, Consultoria Autogestita, Milan)

Thus, the activists I interviewed generally acknowledge SPHCs as spaces that have retained a feminist approach and offer a welcoming and non-judgmental environment for sexual and reproductive health. However, they also acknowledge the contradictions that arise from these centers being private institutions. As mentioned in the introduction to this chapter, contemporary feminist groups in Italy typically advocate for healthcare equality and universal accessibility. SPHCs, despite maintaining controlled prices for their services and operating as nonprofit organizations, do not provide universal access. Therefore, despite the emotional and political bonds between these centers and the feminist movement, their private nature poses a contradiction for broader feminist mobilization.

B. reported to me:

> However, the fact that these centers are private means that, despite their affordability, they still charge fees. Moreover, it's quite challenging from a political perspective to imagine organizing assemblies within these centers, as Roman activists do, because they are private spaces, welcoming and run by wonderful women, but still, they are private spaces. (M5, 35, Non Una Di Meno, Milan)

The above quote is also important as it highlights how Roman Women's Assemblies are seen as a model of participation. However, B recognizes that such an example cannot be reproduced in Milan. While lacking ties with FHCs that could allow them to open forms of political participation within the service, the private character of secular health centers makes it meaningless to think about forms of grassroots participation. Being an organism of direct democracy and social management, women's assemblies make no sense in private no-profit structures where a form of self-management already exists, grounded in the cooperative structure underpinning these private institutions. In addition, this idea

somewhat clashes with the importance accorded to the idea of the 'public' as a collective and common good.

Indeed, despite the prevailing sense of distrust and the often-harsh criticism voiced by local activists regarding the state of FHCs in the city, all the activists I interviewed unanimously emphasized the centrality of defending these centers. Even without the symbolic and emotional attachment stemming from historical legacies, feminist activists in Milan, like in other Italian cities, maintain their dedication to the defense of FHCs as an integral part of their broader struggle for the right to healthcare. The issue of accessibility to the service remains a critical concern for activists, even when recognizing that other entities like SPHCs are closer to their ideals and practices in the health field.

> It's like when we fight for free-of-charge public healthcare, even though I think it has significant flaws. I want everyone to be able to access a doctor's visit or a hospital while we work towards a revolution. Because it would be hypocritical to say, especially for those of us who have some extra privileges, that everything is bad, because it's easy to talk when we can easily access other options… because I can go to the CED or elsewhere… I mean, there are many women who can't access these things. (M18, 43, Consultoria autogestita, Milan)

In conclusion, when examining the significance of FHCs for Milanese activists, it becomes evident that the absence of connecting networks between FHCs and local feminist movements in Milan hampers contemporary mobilization efforts.

The intense effects of decades-long neoliberal restructuring have significantly transformed the institutional identity of the service, and simultaneously, the movement's efforts to defend it have been relatively feeble. Consequently, the activists I have engaged with often express a sense of skepticism and detachment. Activists' involvement in defending FHCs appears somewhat lukewarm, although it remains central to the broader defense of the right to healthcare. On the other hand, as discussed in section 6.3.2, the legacies of the feminist movement have been preserved and are now recognized within SPHCs. These SPHCs are seen as places where a feminist-inspired approach is upheld, promoting a more welcoming and supportive environment. They are also identified as spaces where feminists have continued to implement a healthcare approach rooted in feminist ideals and practices. Thus, SPHCs emerged as part of the local feminist history and collective identity.

However, given that activists are deeply committed to defending equal and universal access to public healthcare, the role of SPHCs appears ambivalent due to their lack of universal accessibility. Activists must navigate between the feminist ideals embodied by SPHCs and their limitations in providing universal access to healthcare.

In general, the analysis of the Milanese case suggests that both the effects of neoliberal restructuring on the institutional identity of FHCs and the historical trajectories of the feminist movements in the city contribute to the challenges contemporary activists face in defending FHCs and influence the meaning they attach to the service.

6.4 Concluding Remarks

This chapter has delved into how activists today interpret their mobilization efforts in defense of FHCs, shedding light on the significance they attribute to this service. Scholars who studied struggles in defense of healthcare services have emphasized that such mobilizations are often motivated by symbolic and emotional connections that tie users to these services (Brown, 2003; Kehr, 2022; Kvåle & Torjesen, 2021; Moon & Brown, 2001). In other words, healthcare services are defended not only based on issues of access and distribution but also because they are intertwined with the history and identity of a community. FHCs, in particular, have deep roots in feminist history. Therefore, this chapter examines how activists perceive FHCs in the context of their history as a movement.

FHCs emerged through a process of institutionalization of movements' practices and ideas. However, the degree of feminist participation in the institution and development of the service varied between Rome and Milan. Furthermore, feminists' efforts to influence the institutional identity of the service were met with resistance from neoliberal restructuring processes that challenged some of the core principles of the service. The latter, while overall similar in the two cities, have been particularly harsh in the Lombardia Region.

Building on this, the chapter has identified two distinct interpretations of the service by activists in the two cities.

In Rome, activists defend FHCs as a feminist legacy and an outcome of their movement. The significance they attach to FHCs depends on their perception of the movement's role in shaping the institutional identity of the service through visible forms of collective action and the presence of a submerged network of professionals and users who have continued to uphold a feminist presence within the service.

In Milan, conversely, FHCs are seen as a necessary component of the welfare system due to their public, universally accessible, and free-of-charge nature. Nevertheless, they are

perceived as disconnected from feminist history, ideas, and practices in the realm of healthcare. This perception is influenced by the absence of feminist groups in the development of the service and by the changes wrought by neoliberal restructuring in the Lombardia region, which have altered the institutional identity of the service. FHCs, along with public healthcare more broadly, have been hindered by severe cuts in public spending and the proliferation of private accredited actors, often associated with religious (and anti-abortion) institutions. As a result, activists' defense of FHCs in Milan is somewhat lukewarm.

Milanese activists acknowledge a feminist legacy in the experience of secular private health centers and view them as more welcoming and politically aligned spaces. However, their private nature conflicts with feminists' moral commitment to public healthcare, making them less reliable allies in promoting defensive struggles for public health centers.

This Chapter, thus, suggests that the long-term interplay between the movement's dynamic, and the State action may play a role in accounting for the meaning that healthcare services issued from the institutionalization of movement repertoires may have in subsequent cycles of mobilization. It suggests that the movement's role in institutionalization may continue to matter in subsequent cycles of mobilization. On the one hand, institutions that have been supported by movements participation in the past may represent sites of continuity in abeyance (Taylor, 1989) and anchors for a submerged network (Melucci, 1989) that re-mobilize in a new cycle. On the other, institutions resulting (also) from movements' engagement become part of the movement's collective identity as an outcome of their activism. Filtered through collective memory, institutions resulting from movements' engagement become sites of defensive struggles when the latter are threatened. The analysis conducted in the chapter also highlights how defensive mobilization may be empowered by activists' feeling of belonging and their agency in «claiming credit» (D. Meyer, 2006) for the multiple ways in which they have contributed to shape and defend a healthcare institution.

The next Chapter focuses on the re-emergence of the practice of self-managed health centers.

7 THE RE-EMERGENCE OF SELF-MANAGED HEALTH CENTERS

7.1 Introduction

This chapter examines the re-emergence of self-managed health centers as a grassroots form of action after institutionalization. It centers on two cases: the Consultoria Autogestita in Milan and the Consultoria Transfemminista in Rome.[50]

As discussed in Chapter 4, most self-managed initiatives ceased to exist after the implementation of FHCs. However, already at the beginning of the 1990s, a group of Milanese feminists in their twenties, inaugurated a new self-managed health center: the Consultoria Autogestita in Via dei Transiti. While the Consultoria in Milan constituted initially an isolated endeavor, self-managed health centers experienced a resurgence in the 2010s, gaining renewed prominence in Italy. The re-emergence of this repertoire in the 2010s was primarily fostered by its political relaboration within the Sommovimento NazioAnale (NationAnal Upheaval), one of the first transfeminist networks in the country. Transfeminist Consultorie began proliferating in cities like Bologna, Padova, Pisa, Catania, Rome, and more recently, Turin. Later, the practice of Consultorie became integral to the repertoire of the NUDM movement, being incorporated into the movement's Plan (Non Una Di Meno, 2017). The transfeminist Consultoria of Rome, examined in this Chapter, was part of this wave of transfeminist resurgence of self-management in the health field.

By delving into the re-emergence of self-managed health centers, this chapter aims to understand how institutionalization affects subsequent activism and how activists interpret FSHCs as a grassroots repertoire. Consistent with the overarching approach of this thesis, the primary objective of this chapter is to expand the temporal analysis of institutionalization, in line with the growing body of scholarship challenging the assumption

[50] As stated in the introduction to the thesis, *consultoria* is the same word used to identify both 1970s initiatives and FHCs (*consultorio*) but ending with a feminine vowel.

that this process represents the conclusion of a movement's lifecycle (Bosi, 2016; Suh, 2014). The analysis conducted in this chapter sheds light on how subsequent generations engage with prior instances of institutionalization, underlining how the interplay between memory, generational dynamics, and the socio-political context can contribute to the resurgence of self-managed initiatives after institutionalization.

The analysis of the two cases suggests that, when examined through a more expansive temporal framework, institutionalization may constitute a new point of departure, being the background upon which/against which new self-managed initiatives emerge.

The chapter also sheds light on the distinct paths that led to the resurgence of self-management in Rome and Milan, highlighting the intricate interplay between local historical legacies and the active engagement of subsequent generations with the past. Building upon the insights garnered from prior chapters, I suggest that the different historical interactions between the local movements and FHCs, as well as the different ways in which the latter were framed within the context of the local movement's history, influenced the trajectory followed by subsequent generations as they embraced self-management once again.

As examined in earlier chapters, feminists in Rome and Milan held distinct perspectives regarding FHCs. In Milan, these services didn't serve as a thread of continuity within the movement, nor were they considered an outcome linked to the movement's efforts. In contrast, FHCs carried significant symbolic importance for the Roman movement, serving as a continuous focus of engagement for activists. Thus, unsurprisingly the Milanese Consultoria emerged in the 1990s, stemming from the disillusionment and disenchantment felt by a new generation of feminist activists, who perceived a void of feminist legacy within FHCs.

Conversely, the trajectory of the Roman Consultoria unfolded quite differently. It arose amidst the proliferation of a transfeminist discourse within the movement and exhibited a more nuanced relationship with FHCs, acknowledging them as outcomes of prior cycles of mobilization. This distinction in approach illuminates the multifaceted ways in which subsequent generations engage with the movement's history, contextualizing their return to self-management within the broader dynamic of the movement's development.

While the chapter delves into how the legacies of the local movement influenced distinct paths towards the resurgence of self-management, it simultaneously highlights how the emergence of Consultorie stemmed from activists' agency in interacting with the past. Specifically, it exposes how the adoption of self-management served as a tool through which

activists positioned themselves in relation to both the movement's historical trajectory and its contemporary context. This perspective aligns with existing scholarship that underscores collective memory as a space for movements' agency (Eyerman, 2016; Gongaware, 2010; Harris, 2006; Jansen, 2007; Zamponi, 2018b). The chapter underlines activists' agency in depicting their identity, drawing lines of continuity and discontinuity with the past, through the (re)adoption of self-management. It hence shows how past repertoires can act as symbols for subsequent generations' collective identity with regard to the movement's history. In this respect, contributing to the literature on repertoires of collective action and collective memory, this Chapter highlights how new generations may adopt repertoires of the past not only as strategic means to an end but also to situate themselves in a movement tradition.

Investigating the re-emergence of self-managed health centers, the chapter also aims to contribute to recent studies on direct social action (Bosi & Zamponi, 2015, 2019; Forno & Graziano, 2014; Guidi & Andretta, 2015; Zamponi, 2018a). Scholars in this field have highlighted how the practice of self-management, while constituting a traditional component of the collective action repertoire, goes through phases of visibility and periods of latency (Bosi & Zamponi, 2015). According to the authors, what particularly contributes to the resurgence and proliferation of direct social action are economic contexts marked by welfare contraction, which drive movements to focus on concrete and material needs. The proliferation of such initiatives in Italy was notably evident during the economic crisis of 2008 (ibid.). Furthermore, the pandemic context has also seen the proliferation of forms of mutual aid in the health field (Chevée, 2022; Travlou, 2021; Vallerani, 2023; Zamponi, 2023). As a response to the crisis of the healthcare system, many initiatives have emerged in the aftermath of the crisis, as well as during the Covid-19 pandemic such as social clinics, popular clinics, pharmacies and other mutualistic practices (Cabot, 2016; Kokkinidis & Checchi, 2023; Kotronaki & Christou, 2019; Malamidis, 2021; Vallerani, 2023). Feminist and transfeminist self-managed health centers exhibit a similar trend while simultaneously presenting interesting specificities.

To begin, the chapter underscores how self-management within the realm of health holds a vital place within the collective identity and historical narrative of the feminist movement in Italy. From this standpoint, the revival of these practices is connected to the movement's internal dynamics, its generational changes (Whittier, 1997), and the preservation of this repertoire the movement's repository of memory (Zamponi, 2018b).

Clearly, the changing socio-political context plays a significant role in explaining the resurgence of FSHCs. However, differently from other forms of DSAs, the cases analyzed in this chapter did not emerge as immediate and direct responses to the healthcare crisis. Instead, their emergence is rooted in the pursuit of gender-based approaches to health, specifically centered around the experiences, perspectives, and empowerment of women and LGBTQ individuals. Their objectives encompass dismantling gender-based healthcare inequalities, reclaiming autonomy, and empowering women and LGBTQ persons through lay knowledge. Their primary orientation remains that of challenging patriarchal norms and establishing autonomy and agency in health decision-making. Moreover, these initiatives engage in a critical discourse countering hierarchies based on user expertise and medical authority, thereby challenging medicalization. While both cases embrace essential mutualistic practices, they are primarily rooted in peer-to-peer approaches that focus on sharing knowledge and lay expertise horizontally, while also providing information.

This ideological approach is evident in their organizational structure and preferences. As highlighted in the chapter, both initiatives involved experts and professionals only on rare occasions. They tended to critically view direct medical service provision as reproducing hierarchies between users and experts, which can result in depoliticizing effects. A key practice that emerged in both the cases analyzed in the chapter, involved mapping and evaluating existing healthcare services and professionals. This was and is done to offer filtered information about the healthcare system, specifically aiming to prevent the experience of gender-based violence and discrimination. In this regard, activists served as 'filters' between users and the healthcare system, offering information that is rooted in users' lived experiences. More broadly, the Chapter reveals how in both cases activists worked to prevent the replication of prevailing dynamics within institutional healthcare services. This approach is also rooted in their assessment of the depoliticization that unfolded after the institutionalization of FHCs.

Lastly, the chapter also sheds light on the challenges and dilemmas confronted by activists of the two Consultorie regarding the project's sustainability and continuity. It delves into activists' introspective considerations concerning the inherent risks of depoliticization associated with service provision and sheds light on the contradictions activists grapple with as they attempt to avoid the reproduction of assistance-oriented healthcare delivery.

In what follows, I will start by examining the case of the Consultoria Autogestita in Milan (7.2), given its earlier emergence, and subsequently explore the case of the Consultoria Transfemminista in Rome (7.3).

7.2 The Consultoria Autogestita in Milan

The Consultoria Autogestita in Milan was founded by a group of young feminists active in the city's autonomous social centers. The collective began to meet in the late 1980s and established the Consultoria at the beginning of the 1990s. The Consultoria was situated within a larger initiative known as the Popular Medical Clinic.[51] This broader project, located in a squatted building, is still active today and represents a politically engaged project with a mixed-gender composition, characterized by a strong militant stance. Positioned in a multicultural Milanese neighborhood, the Clinic provides free medical care to individuals excluded from the NHS, particularly undocumented migrants, and actively engages in local social movements advocating for universal access to healthcare. Within this larger initiatives, the Consultoria emerged with a distinct character: it was a women-centered and separatist initiative, rooted in the tradition of critical feminist perspectives on medicine. It aimed at promoting a non-medicalized approach to women's health, nurturing autonomy and self-determination. Anchored in a feminist, anti-racist, anti-capitalist, and autonomous movement culture, the Consultoria was and is part of a loose network of anarchist and radical feminist collectives.

Since its establishment, the Consultoria has undergone a karstic development, been marked by a series of openings and closures. It initially operated from the 1990s until the 2000s, when it was voluntarily closed. It remained inactive until 2006 when the encounter of former and new participants brought to the reopening of the project. This phase endured until 2016, when the initiative closed once more. When I began my fieldwork in December 2019, the Consultoria was inactive. However, it experienced a resurgence in 2021, prompted by the aftermath of the pandemic. Throughout these cycles of visibility and latency, new participants joined the collective while the core of 'historical' activists, some of whom were also part of the Popular Medical Clinic, provided continuity. According to activists, closure periods were often due to the project's energy-intensive nature and fluctuating participant numbers. During inactive phases, a blog maintained virtual continuity, documenting the collective's activities and offering information about access to abortion.

Over time, the Consultoria has engaged in various activities, including feminist mutualistic practices such as sharing information on contraception and abortion, offering free gynecological examinations with the assistance of a feminist gynecologist, conducting group sessions to explore women's embodied experiences, and organizing cultural and political events spanning topics of racism, migration, labor, and caregiving.

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[51] See the Popular Medical Clinic Website https://ambulatoriopopolare.noblogs.org

In what follows, paragraph 7.2.1 examines the Consultoria's emergence in the 1990s within the local Milanese context. Paragraph 7.2.2 explores the Consultoria's karstic path and analyzes the reasons behind its discontinuity and re-establishment over time. Paragraph 7.2.3 focuses on the group's organizational choices and practices. Lastly, paragraph 7.2.4 delves into activists' self-reflections regarding the role of direct service provision in their initiative.

7.2.1 The Origins of the Consultoria: Without Big Sisters

As mentioned above, the origins of the Consultoria are closely tied to those of the Popular Medical Clinic. The latter was established in the context of 1990s political transformations in the country. As Chapter 5 has discussed, the first reform of the Italian NHS was approved in 1992, altering the institutional framework of the healthcare system and initiating the first wave of privatizations. Furthermore, in Milan, the 1990s witnessed significant political changes: in 1993, the candidate of the Northern League party (LN, Lega Nord) won the municipal elections for the first time, marking a shift from previous decades in which center-left coalitions had governed the city.[52] Also thanks to the growing power of the LN party, the 1990s were more broadly marked by an increasingly racist discourse in the country. Migration became a relevant topic also for the healthcare field, where any regulation guaranteeing primary healthcare to undocumented migrants was lacking. The Popular Medical Clinic, thus, was born in one of the first emergencies and crises of the NHS, in which it intervened by granting access to healthcare from below.

Two years after the opening of the Clinic, the Consultoria was established as a satellite project. While emerging in this broader political context, the Consultoria had a distinct discourse and character compared to the Clinic. Accounting for the choice of establishing this project, the activists I interviewed all referred to a sense of generational disenchantment with respect to the legacies of the previous feminist cycle, and in particular concerning FHCs depoliticization. In this regard, the emergence of the Consultoria Autogestita in Milan is inextricably tied to the local feminist history and the feminist movement's previous trajectories in the health field. As F. reported to me,

[52] The election of Marco Formentini of the Northern League was a largely unexpected electoral result, given the city's traditional leftist political culture and the relatively little political power the NL party had in the country by then. From then on, Milan and the Lombardia Region became key right-wing electoral bases, especially for the NL. See Alan Cowell, *Regional Party in Northern Italy And Ex-Communists Gain in Vote*, New York Times, June 22, 1993; For a review, see also (Agnew, 1995; Agnew et al., 2002; Barbieri, 2012)

> The project started from a collective of women in their twenty-something, who were part of the territorial political collectives of the Autonomy area, and who had begun to meet among themselves in a separate sphere to deal with politics, the world, and everything, in a separate sphere because of a need to enhance a women-only internal discussion. Gradually we started focusing on the topic of women's health, because it was what concerned most directly all of us [...] and all of us more or less, let's say we came into adolescence with existing health centers, with big sisters and a whole series of discussions that had already been done, of magnificent fates, and instead, we were faced with the disillusionment of what health centers had become, so we weren't finding the answers we needed within those spaces. So that's how this project was born. (M2, 55, Consultoria Autogestita, Milan)

F. is one of the founders of the Consultoria. She is part of a generation of feminists that came of age in the aftermath of the 1970s cycle of protest. Activists who became politically active after peaks of mobilizations are often confronted with the movement's demobilization and transformation. This was the case for F. and her group. In Milan, as elsewhere in Italy, by the end of the 1970s, the feminist movement had shifted from its strong and visible presence towards what has been called 'diffused feminism', turning towards cultural, professional, intellectual, and other forms of organizations (Calabrò & Grasso, 2004).

As F. explained to me, at the end of the 1980s, faced with a phase of movement decline, younger activists were confronted with a feeling of misalignment with older generations, for whom «a whole series of discussions had already been done» and were thus no longer necessary. The disillusionment with what FHCs had become, emerges in F's narrative as a generational evaluation of the outcomes of past seasons of mobilization.

> We all went there expecting something... I think we can call this thing political because it is political... the centers were supposed to be places where women gain awareness, self-awareness and self-determination, and they were not. Because most of the staff working there didn't believe in it or didn't believe in it anymore... Or had never believed in it. We all had experienced paternalism and the feeling of not being considered capable of choice, pushing us to seek alternative answers. (M2, 55, Consultoria Autogestita, Milan)

While F's perception of the movement's demobilization was probably shared by other feminists of her age in other Italian cities, the local context of Milan may have significantly affected her evaluation of the lack of a feminist approach within FHCs.

As Chapters 4 and 6 have discussed, the institution of FHCs in Milan had unfolded by and large without the movement's active engagement. The presence of feminist professionals within the service had been relatively scarce and weakly connected with the broader movement's sphere. In addition, as Chapter 6 has analyzed FHCs have not been considered and framed as a movement's outcomes, differently from what had happened elsewhere, like in Rome. FHCs in Milan rapidly became standardized healthcare services holding almost no connections with the movement. It is not surprising, thus, that activists who decided to open the Consultoria in the 1990s did it in reaction to the lack of a feminist approach within the service.

Some of the activists that opened the Consultoria had been participating in FHCs' Management Committees and had seen their closure in the aftermath of the first reform of the NHS at the beginning of the 1990s.

> As long as there have been the Management Committees within public health centers, there was somehow this possibility to say, «Okay but what do women in this area need? Why don't we do this instead of this other thing? Why don't we work on this?». There was this internal observatory that the women inside the Committees could have... We have remained inside the Committees as long as they have been there because then they were sawed off by the health care reform, the reform that turned the USLs into corporations, and that cut the Committees off. (M2, 55, Consultoria Autogestita, Milan)

Hence, when F. and her group decided to open a new self-managed health center, such a choice was driven by the realization that FHCs were not, or no longer, sites where feminist health politics could be enacted. Furthermore, F. reported that a feminist legacy in the health field was lacking more broadly in the local movement's area.

> There was a void, really... we found ourselves in the late 1980s having to start again to reweave a route almost from scratch because we couldn't find footholds... there weren't any. (F., Consultoria Autogestita, Milan)

F's account underlines the lack of continuity with the experiences of self-management that unfolded in the 1970s and, more generally, with a critical feminist approach to medicine.

Her words provide powerful images of the discontinuity perceived in the field of feminist health practices. Activists that opened the Consultoria in 1990s Milan felt to be acting in «a void», with «no footholds» to follow and needing «to start from scratch».

When I asked F. if her collective had any relationship with 1970s feminist groups that were still active in the city, she answered:

> No. In the sense that... it's not that they were not present, but we found them all either too theoretical or too institutional. So, we had no Milanese references. We didn't have contact with other realities of big sisters, let's say so [...] pre-existing groups like the Libreria delle Donne, or others, we didn't have contacts with them. Maybe we needed more concreteness, a more everyday-oriented approach. And especially in the health field, there was nothing we could refer to. (F., Consultoria Autogestita Milan)

The absence of a legacy of health radical experiences of the 1970s in the Milanese movement of the 1990s again comes as no surprise. Feminism of difference, which was particularly strong in Milan and became the hegemonic feminist discourse in Italy starting from the 1980s, had represented a shift towards more theoretical, intellectual, and symbolic challenges to male domination. As mentioned previously, the Libreria delle Donne di Milano had been among the most prominent representatives of feminism of difference in the country (Bono & Kemp, 1991; Libreria delle donne di Milano, 1990; Martucci, 2008). Starting from the 1980s, the attention towards the symbolic and linguistic dimension of women's liberation had somehow pushed further the already weak consideration that the Milanese movement had towards the issue of health and healthcare. As Chapter 4 has discussed, even 1970s FSHCs in the city had been somehow marginal experiences compared with the broader feminist area. In this respect, it is significant that Milanese activists of the Consultoria found themselves in the 1990s as «acting in a void» and having «no big sisters» in the health field. It is also interesting to notice how opening a self-managed health center was perceived as marking a difference with existing feminist groups in the city, seen as too theoretical or institutional.

Thus, the emergence of the Consultoria Autogestita in Milan was shaped by the peculiar local context and the local movement's internal dynamics. The absence of a strong feminist legacy in the health field and within FHCs, made the critique of the service's depoliticization rapidly emerge in the 1990s, pushing younger activists to return to self-management. The disillusionment with the consequences of institutionalization, and activists' missed

expectations about FHCs favored the return to the practice of feminist self-managed health centers.

On the one hand, activists' immediate disillusionment with FHCs' depoliticization may be considered a linear result of the Milanese movement's previous disengagement with the service. FHCs in the city had not been a site of the movement's continuity and had not been embedded in a strong movement discourse Thus, the return to self-management appears shaped by the trajectories that the movement had followed at the local level. On the other, framing their return to self-management as resulting from the disillusionment with the outcomes of the previous cycle and arguing about their missed expectations, can also be considered part of activists' agency in accounting for the legitimacy of their return to self-management. In this respect, just as much as claiming credit from outcomes of the past can be a strategic resource for activists (Meyer, 2006), so can narratives of disillusionment and disappointment. That 'defeat' and 'disillusionment' are not forcibly demobilizing elements in social movements has been notably underlined by several studies (Allam, 2018; Beckwith, 2015). The case of the Consultoria Autogestita in Milan highlights how this may be particularly relevant for subsequent generations who are confronted with a phase of demobilization and wish to re-enact a more grassroots political stance. Disillusionment with the outcomes of previous cycles of mobilization may represent a strategic way of accounting for the need for renewed radical activism. In addition, F's account also shows how 'acting within a void' concerning previous generational legacies can somehow make it easier for activists to return to self-management after a process of institutionalization. As the section dedicated to Rome will show, in a context where FHCs have been framed as successful outcomes of previous mobilization and have acquired and maintained a strong symbolic significance for the local movement, the return to self-management has followed a different and less immediate trajectory.

The following section examines the Consultoria's karstic path to analyze the elements that contributed to its re-emergence over time and its discontinuous trajectory.

7.2.2 The Consultoria's Karstic Path

As mentioned in the introduction, the Consultoria experienced a karstic path, going through phases of visibility and latency. During the latter, activists maintained some forms of continuity. The Popular Medical Clinic, in which some of the activists of the Consultoria participated represented an abeyance structure (Taylor, 1989) for the moments in which the Consultoria was inactive. Furthermore, the Consultoria's blog constituted a virtual

continuity of the project, through which activists kept providing information about contraception and abortion. Finally, when the Consultoria was closed, activists remained engaged in feminist politics through different channels, other collectives, and a larger submerged network (Melucci, 1989). Each new phase of the Consultoria brought together former and new activists. This paragraph aims to highlight how each instance of re-opening of the Consultoria was sparked partly by the broader socio-political context and partly by activists' aim to reinstate a more radical discourse and practice in the health field. Recent research about continuities and discontinuities in adopting self-managed practices has underlined the role of the economic context: scholars have shown how moments of crisis tend to increase the proliferation of forms of self-organization as a response to welfare contraction (Bosi & Zamponi, 2015). Examining the Consultoria's different phases, this paragraph foregrounds other factors that may prompt the re-emergence of self-management. As this section highlights, activists opened and re-opened the Consultoria for different reasons. On the one hand, because of its significance in the movement's history as a symbol of grassroots and radical feminism. The adoption of the repertoire, therefore, appears as representing the group's collective identity in opposition to the more moderate and institutional strands of the feminist movement in the country. On the other, the re-emergence of the Consultoria has been prompted by changes in the socio-political context that are not limited to welfare dismantling, such as the increased strength of counter-movements and the growing attacks to women's sexual and reproductive rights.

By highlighting the Consultoria's 'ups and downs', this paragraph also shows the difficulties in sustaining continuity that the project has experienced.

The previous paragraph has already analyzed how the first emergence of the Consultoria was sparked by younger activists' disillusionment with the legacies of previous generations and the desire to enact grassroots health politics, which the local feminist movement had dismissed. As already mentioned, the broader socio-political context of the 1990s affected this choice as well: in the 1990s, the first reform of the NHS was implemented, radically changing the health system through its corporatization. As a result, Management Committees, which had granted at least an allure of social participation to FHCs, were closed. However, as activists repeatedly told me, FHCs were still in their most flourishing phase at the time. Contrary to what would happen in the following decades, in the 1990s, Milanese FHCs had a significant presence in the territory. Among the employed staff, all the professional figures envisaged by the law were still included, social initiatives and information activities were carried out, and women's basic needs were largely met. However,

what activists were looking for was a different approach to health. As G. commented, «the service was accessible, it was working, any information was easily available. However, what we were looking for was a different way of understanding and practicing health» (M1, 33, Consultoria Autogestita, Milan).

Thus, the Consultoria emerged in the 1990s primarily as a response to a lack of a political feminist approach in the health field, both in FHCs and within the movement. The group chose to resort to self-management rather as a response to the depoliticization of FHCs and to enact a demedicalized and critical approach to health.

The first phase of the Consultoria closed at the beginning of the 2000s. In F's account, this happened because of the group's lack of energy and the reduced number of participants:

> The first closure was related to the fact that there were only two of us left, and we were also doing work within the Popular Medical Clinic and taking also care of the Consultoria had become untenable even if it was a reduced activity because, in the first phase of the Consultoria, we were doing only an information desk, or at most self-visit, or information about contraceptives. (M2, 55, Consultoria Autogestita, Milan)

When the Consultoria was re-opened around 2007, the context had radically changed. Neoliberal policies had fundamentally affected the Italian NHS and FHCs: cuts to public spending had dramatically reduced both the number of existing healthcare services and their capacity. Moreover, in the mid-2000s, attacks on women's self-determination were repeatedly enacted by political forces both at the national and the regional level. As already mentioned in Chapter 5 and 6, in 2005, the Health Ministry *Francesco Storace* of the center-right Freedom Party (Partito della Libertà), launched a parliamentary inquiry into the application of the 194 Law on abortion that involved FHCs. In a quite tense national debate, FHCs were accused of allegedly fostering abortion rather than providing women with an array of alternative possibilities as required by the Law. In the context of these discussions, the Minister proposed allowing anti-abortion volunteers of the Movement for Life into the service. In this context, the debate on conscientious objection and abortion regain centrality both in public discourse and the movement. The repeated attacks on the right to abortion during those years sparked a massive mobilization that started precisely in Milan. *Usciamo dal Silenzio* (Let's Break the Silence) was a network constituted of feminist, women's association, women's of trade unions and political parties. The network launched a national demonstration, held in January 2006, which saw the participation of 200.000 persons, in defense of the right to abortion (Gambardella, 2022). While mobilizing vast numbers of

persons, the *Usciamo dal Silenzio* mobilization also prompted criticism from more radical sectors of the movement due to its largely institutional character. In response to the limitation of the discourse and the form of this protest, a younger and more radical Milanese network was established, provocatively called *Mai State Zitte* (Never Been Silent), which started a grassroots campaign against conscientious objectors in Milan. Activists from this grassroots network joined activists who had previously run the Consultoria and decided to open the Consultoria 2.0. The various phases of the Consultoria have become a standard narrative in activists' accounts, which also highlights the different environmental conditions in which it emerged.

> The Consultoria had different phases... the first Consultoria was born in the 1990s... at the time, the services were functioning, it was easy to access information, but what the comrades wanted was a different way of thinking about health... then this experience was interrupted, but some of the comrades who were inside the first consultoria remained active through a popular outpatient clinic... then, around 2007, with the collective *Mai State Zitte* we had done the campaign against conscientious objectors, because in Milan with Formigoni (President of the Region during a center-right regional government) the situation of conscientious objection was really harsh..and so we had done this campaign also trying to involve obstetricians, hospital workers, to try to cope with this situation...and from there another Consultoria was born. (M1, 33, Consultoria Autogestita, Milan)

The second Consultoria was thus sparked by the broader socio-political context in which national and regional governments were strongly threatening women's reproductive rights. However, it was also an attempt to enact a grassroots response to more institutional feminist mobilizations in the field. This second phase of the Consultoria lasted until 2017. Z., who was part of the second phase, also accounts for its ending by pointing at a general fatigue and the group's dispersion.

> Then, of course, for various reasons, it is somehow natural... projects have a beginning and an end, they have ups and downs... Some of us moved and left Milan, others were no longer able to continue, there were many difficulties, then the group shrank. It went on until 2017, between

> ups and downs, with women entering and leaving. (M18, 43, Consultoria Autogestita, Milan)

In 2021, activists decided to reopen the project of the Consultoria in the aftermath of the COVID-19 pandemic. As Z. argues in the following excerpt, the pandemic has brought health back to the center stage of public debates. In the complex emergency scenario, health had become both an urgent need and a politically loaded issue. On the one hand, as R's account shows, the reactivation of the Consultoria was pushed by the realization of the increased political attention in public debates to the meaning and value of care, a concept that had been central for feminist movements in the country as elsewhere (Cox & Federici, 1976; Dalla Costa & James, 1975; Fragnito & Tola, 2021; Morini, 2010; Tronto, 1998). On the other the worsening of the condition of the NHS, whose weakness had been violently evident during the pandemics (Casula et al., 2020; Ciarini & Neri, 2021) pushed activists to decide to reactivate their network and reopen the Consultoria.

> I came back to Milan three years ago, after having lived elsewhere for long...and during the last year, it was especially the pandemics that pushed me to propose to undertake this initiative again. Everything that happened, which brought health back to center stage... That's not to say that we had dismissed the focus on health or care before... But it kind of urged me to say gosh, during the pandemic or even after, right now, it would be important to have a place like that... both to have a space for discussion and to be able to provide some kind of service, like information, care, just being available... Being able to have both those two aspects could have been important during the pandemic. So, I said okay, all the more that public health is still moving in the direction of more privatizations and that the pandemic has shown that there is a lack of what we mean by care and what we would like to create, let's try and do it again. (M18, 43, Consultoria Autogestita, Milan)

Scholars of social movements have widely discussed the activation of mutualistic and solidarity networks during the pandemic, highlighting how the emergency context both sparked a sense of urgency in direct social action and prompted the creation of new social ties (Agostini & Gisotti, 2020; Chevée, 2022; Travlou, 2021; Zamponi, 2023). The Consultoria was re-opened through a similar dynamic, with the desire of being 'available' and provide some services but also promote spaces of political discussion.

However, in activists' account of the choice to reopen the Consultoria, the wish to re-enact a more vigorous feminist discourse in the movement emerges. As the following quote shows, implicitly, this move represents a way to mark a difference from what R. sees as a fashion-feminism proliferating in the country.

> Maybe this is a bit more of a personal thought... there is a bit of a lack of general feminist discourse, we feel a bit of a lack after years when, instead, feminist groups have been very active, we have been present, now we feel that a voice is missing. Although there are so many groups in Italy, even of young people, but I feel like feminism has become a bit fashionable, let me say this. (M18, 43, Consultoria Autogestita, Milan)

Thus, once more, the choice to re-open the Consultoria was sparked, on the one hand, by changes unfolding in the socio-economic context and, on the other, by the attempt to enact a more radical feminist initiative.

To sum up, the karstic path of the Consultoria shows how the shifting socio-political context and the movement's internal dynamics played a role in the reactivation of the Consultoria's network. For what concerns the larger context in which the project was opened, the Consultoria has (re)emerged in times when FHCs had been considered as still well-functioning, as much as in moments in which the NHS had been radically restructured and dismantled by neoliberal and austerity politics. Furthermore, public debates and political threats to women's rights have also represented sources of re-activation of the Consultoria. Regarding the movement's internal dynamics, the excerpts above have shown how activists perceive the practice of self-managed health centers as symbolizing a radical feminist stance in the health field. Thus, in all its different phases, the Consultoria re-emerged also to testify and enact grassroots feminist politics reacting to the more moderate and institutional strand of the movement.

The following paragraph examines the practices and the approach that the Consultoria followed over time, highlighting its primary orientation towards a de-medicalized approach rather than a service-oriented provision of welfare from below.

7.2.3 A De-medicalized Approach to Women's Health

> Women's liberation can only start from knowing our own bodies, our own bowels, and listening to ourselves and other women.

> We are convinced that only women can talk about their own bowels *(viscere*), and that separatism is necessary for this to happen without taboos, instrumental criticism, or external conditionings.
>
> We do not want to delegate health and well-being *in toto* to the sexist and capitalist medical system, and that is why we pursued the Consultoria project, guaranteeing a meeting point for all, where the whole woman was at the center and not a part of her body, where we could confront each other free of any conditioning.
>
> Through the bonding of women, and through different ways of dealing with illnesses, problems and questions about one's health, we attempted to overcome the pathologization and medicalization to which all phases of our lives are subjected, in the constant search for a balance between discomfort and well-being that is created through conscious and responsible choices. For us, health and wellness are distinct terms: and it is precisely wellness that we seek against the performance, salutist and juvenile logic imposed by society and the media.
>
> Taking care of ourselves and doing it together, devising tools of resistance and change, is in itself a political act: it breaks the isolation that is the foundation on which patriarchal control is built. (Consultoria Autogestita, Website, Milan)

The presentation of the Consultoria on its website outlines the approach to health that activists wish to enact and put into practice: the project aims to embody and promote a woman-centered approach to health that recognizes the value and the power of women's experiential knowledge about their health and bodies and seeks alternatives to delegating this knowledge entirely to experts.

This paragraph presents and analyzes the organizational choices, practices, and ideas that have guided the initiative of the Consultoria Autogestita during all its different phases. As examined above, the Consultoria experienced a karstic trajectory, going through phases of activity to moments of latency, during which only its website has remained active. Throughout its history, the Consultoria has always been characterized by a strongly de-medicalized approach to health. While mutualistic practices have been a key component of this initiative, the latter differs sensibly from those of other self-managed experiences in the health field, including that of the Popular Medical Clinic to which the Consultoria

participates. In fact, rather than being driven primarily by the urgency to respond to unfulfilled basic needs in the health system, the Consultoria remained anchored to promoting an alternative and de-medicalized approach to health. The Consultoria's mutualistic practices have been primarily oriented to women's self-empowerment and self-determination rather than providing immediate healthcare access. This paragraph aims to highlight the initiative's specific character, which strongly resonates with the approach of 1970s feminist experiences it draws from.

As previously mentioned, the Consultoria started as a satellite project of the Popular Medical Clinic. Despite sharing the same broader political goals, the two projects present significant differences for what concerns their approach to health. As highlighted in the previous section, the Clinic emerged as an urgency-driven response to the Italian NHS's inability to cope with the necessities of undocumented migrants. As activists argue on their website, the Clinic was an instance of 'militant solidarity' aiming at granting, through the direct enactment of practice, the right to health for all (Ambulatorio Medico Popolare, Website's Homepage). The Consultoria, instead, had different purposes and a rather different orientation. F. described it as follows.

> The main goal [of the Clinic] was to provide primary health care to the migrant population who, at the time, could not access health care for free. Then there were parallel projects. One was the Consultoria which was more directed... to offer a somewhat more equal and de-medicalized approach and also to provide information... we felt that we needed a point of reference in the city, to orient women in situations like «I need an abortion what do I do?», «I want a contraceptive but in the health centers I don't' receive the answer I like or they don't listen to me», «I think I have a sexually transmitted disease, what should I do?». (M2, 55, Consultoria Autogestita, Milan)

Thus, while the Popular Medical Clinic can be considered as an expression of health self-management inserted in the field of economic solidarity and welfare from below, the Consultoria is more closely related to the tradition of critical and autonomous health movements, primarily oriented towards challenging medical authority (Braine, 2020; P. Brown et al., 2010; Epstein, 1996; Ruzek, 1978; Simmons et al., 1984).

As F. reported to me:

We had a completely demedicalized approach, starting from the idea that for a whole range of things that affect women's health, the expert is not strictly necessary, so a basic set of information on how to manage yourself, how to figure out if you're okay or if you're sick, whether you have problems, whether you have gynecological diseases or STDs, whether you need to learn how to use a condom or a diaphragm, you don't need the gynecologist to give you information, but also for example to learn natural methods of fertility control. And so starting a little bit from this approach, the work that we were doing was really a work that in the intentions was equal, that is, I did a training work internally, I learned things, I gained knowledge, awareness, I have a number of information useful for self-management and self-determination about what concerns my health and I share it with others who want to share it. (M2, 55, Consultoria Autogestita, Milan)

The Consultoria's strongly de-medicalized approach to health is one of the elements that distinguishes it from the Clinic. In my interview with G., on many occasions, this difference emerged as significant:

For example, in the Popular Medical Clinic, we have a huge problem ... those of us who are not physicians have a big problem with doctors, because the moment you talk about something vaguely clinical, the medical jargon starts, the attitude of saying no, we – as doctors - have to talk about this, as if others don't have the elements to understand... so actually, from this point of view with doctors there are big difficulties.

A discourse of self-awareness, and of trying to remove... or rather... to look a little bit with a critical eye at medicalization is not present [in the Popular Medical Clinic]... in fact when at times we have had meetings together between the Consultoria and Clinic... we were making a broader discourse and they were asking for the references of the handbook...

Even when you find a doctor with a libertarian intent, it's easier for him to talk to you about the right to health for all than about the problem of medicalization (M1, 33, Consultoria Autogestita, Milan)

Thus, despite the strong connection and cooperation between the two projects, activists of the Consultoria are aware and self-reflective about different existing approaches to health

in the movement field. As G.'s account foregrounds, the lack of a critical gaze toward medicalization tends to reproduce, even in a militant setting, a hierarchy between users and experts.

As the initial quotes have shown, activists understanding of a de-medicalized approach to health comprises several elements: the refusal of delegating to medical experts those aspects of life and health that could be addressed autonomously, the positive evaluation of experiential knowledge, the search for natural methods, and also the importance of peer-to-peer horizontal practices in sharing knowledge among women as a tool for empowerment.

Along these lines of thought, in 2016, a series of workshops was organized called *Our Things (*Cose Nostre). The initiative aimed to recover women's bodies from the biomedical gaze and promote self-knowledge. It was articulated in different thematic cycles: the first focused on the menstrual period, the second on the vagina, the third on genital infections, and the last on the uterus. As the group states on its website, these workshops were meant to reflect «materially» on the body, as an attempt to fundamentally reconsider how women perceive and imagine parts of their body (Cose Nostre, Consultoria Autogestita, Website). In this context, the group found that women know very little about their bodies because they are accustomed to delegating such matters to medical professionals and interiorize the biomedical gaze.

> The meetings were beautiful, because we tried to go beyond explanation and communication about how an organ works or how an anatomical part works and so on. We tried to go back to our lived experience… for example, when we started the workshop cycle on the vagina, we started the first meeting by saying, 'let's draw a picture of how you imagine yourself'… and there, many things came out. The perception you have of what you have inside… also for the uterus that we tend to imagine it as if it's a big and challenging stuff, especially when you have your period… it looks like it's almost as big as the whole belly while instead, it is a little dab… right? [these perceptions] rely on quite an uncreative and medicalized imagery. (M1, 33, Consultoria Autogestita, Milan)

During our dialogue, G. also mentioned this de-medicalized and autonomous approach to women's health and their bodies as something recovered from the 1970s.

> We recovered the suggestion to start from ourselves to take care of our body, our health, to get to know ourselves… the self-examination is not just a feminist slogan, but it means: I have a physical problem, I try to touch myself, I see how the uterus is, why is moving… it means knowing the basics to understand how my body feels (M1, 33, Consultoria Autogestita, Milan)

While a peer-to-peer, horizontal, and experiential approach to health has always been essential for activists, during the second phase, the Consultoria was participated by a gynecologist who provided free gynecological visits. This choice was potentially contradictory due to activists' firm refusal of user-expert hierarchies and their orientation towards fostering lay expertise and experiential knowledge. However, activists referred to the presence of the gynecologist as positive and fruitful, thanks to the latter's feminist background, which made her willing to question her role as an expert in the group:

> She came to look for us and not the other way around, she knew who we were and how we worked, she liked the approach, she sought us out, and she was there until we closed in 2017[…] She was also studying naturopathy, so she was a person of a specific type, you know. She knew the scientific evidence but knew that it was possible on some things to avoid a medicalized path… and she came from a feminist background, so she knew that a person's awareness, the knowledge she has about herself, comes before the knowledge of the doctor

> Because the gynecologist was a comrade who came from a specific feminist path… so she had deconstructed her role as an expert… our gynecologist was able to give explanations when they were needed because sometimes they are needed, otherwise there would be no medical degrees, but then also to put herself in the game and to respect the things that came out… during meetings of 'Our Things' for example we had tried to organize vaginal wellness kits, so like vegetables that are good for you when you have candidiasis, or I don't know certain types of natural soaps that you can use… also when we had the meeting on candida, other elements came up… I would say 'natural methods' but like, for example, diet issues… That when you have candidiasis, you eat certain vegetables, like bitter things, and not like flatbread […]so talking

> about wellness on a more global level for a moment was something that you didn't need the expert's word for... During the workshop in which we were drawing the inner parts of our bodies, the gynecologist was participating; however, she was also very good at not intervening as the expert... and we were very happy about that because actually, it's not so obvious that a doctor deconstructs his role. (M1, 33, Consultoria Autogestita, Milan)

As the quotes above show, the relationship with the gynecologist was evaluated positively due to the shared political affinity with the collective's approach to women's health. Her feminist background, interest in alternative medicine, and interest in fostering self-knowledge have represented elements that have mitigated user-experts' hierarchies. Significantly, the presence of the gynecologist was thus seen as an integral part of activists' de-medicalized approach to health. The account that activists provide of their affinity with the gynecologist stands in contrast with what has been previously highlighted regarding the complex relationship they experienced with doctors of the Clinic.

Nevertheless, in this quite positive and trustful relationship with the gynecologist, activists devised some strategies to avoid reproducing the setting of medical service provision. As the following excerpt shows, activists encouraged users to first participate in a collective meeting where the Consultoria would present itself as a project, while the user would present herself in an informal conversation where, besides the clinical or medical reasons of her visit, many other aspects of life could emerge. Later, conditional on the woman granting her consent, she would be accompanied by activists during the first stage of her gynecological visit. This welcoming approach was believed to challenge the sense of isolation and the subaltern position that women tended to experience in interactions with doctors.

> We used to structure the meeting with a woman with a first collective moment, if the woman wanted of course. All of us together or at least two of us to start getting to know this woman, obviously also introducing ourselves and presenting what was our project and everything no? So we would make it a moment to get to know each other... and then if it was okay with the woman one of us would also come in during the first phase of the gynecological visit... so not during the actual visit however at the interview with the gynecologist yes... and we saw that actually as a practice it enriched both us but it also made the woman feel... more

> welcomed, and made her feel it was not just a place where you could get a consult and that's it. (M1, 33, Consultoria Autogestita, Milan)

Another practice through which activists attempted to put in place their alternative vision of health was how they recorded users' clinical history. Not only were medical aspects of women's lives recorded, but more broadly, their social condition, since this was considered to affect their health status equally:

> In the Consultoria we had come to make even really a folder… not a clinical folder but like, something where to keep a little bit of the history of the women who came to the Consultoria, and at a certain point, we designed one, which was very well-made because in addition to the part, let's say, reserved to the gynecologist for the issues more pertinent to the visit, we had a first part where instead we collected a little bit of the experience… not only why did you come here, why did you decide to… but also what is your relational life like, what is your living situation, if you are not Italian and you have problems with the residence permit, or in accessing to the healthcare services. (M1, 33, Consultoria Autogestita, Milan)

Thus, activists attempted to translate their holistic and social vision of health into practice, not limiting their account to medical aspects of life. Resonating with approaches that have underlined the importance of social determinants of health and on the social roots of health inequalities and status (Farmer, 1996, 2009; M. Marmot & Bell, 2012; M. Marmot & Wilkinson, 2006), their recording implied a relational and social understanding of a user's history.

Apart from gynecological visits, the most significant part of the Consultoria's mutualistic practices has been based on a peer-to-peer approach. In particular, the group has been highly active in sharing of information and knowledge about contraception and abortion. In the field of abortion, activists of the Consultoria have provided a digital map, accessible on their website, providing information about how to access services to interrupt a pregnancy, how to obtain the certificates required, and what type of procedures are available in the city. In Italy, feminist groups in the health field have been engaging in this practice, especially concerning abortion and conscientious objectors (Settembrini, 2020). Indeed, accessing abortion in Italy may become extremely difficult despite the guarantee offered by the Law.

On the one hand, information about how to access abortion services are often difficult to find, on the other hand, the presence of conscientious objectors in both health centers, pharmacies, and hospitals makes the endeavor even harder. Thus, activists have been developing and sharing maps that aim to facilitate access to abortion while also providing relevant information about different existing procedures. The Consultoria Autogestita in Milan was one of the first groups in Italy that started to adopt such a practice and provided a crucial map of abortion services in Milan that became a point of reference for many.

Besides providing information, activists also adopt the practice of 'accompanying' (accompagnamento), the person needing an abortion and staying by her side to reduce the feelings of loneliness and weakness that people often face in such situations and in other interactions with medical institutions.

Mapping and sharing knowledge and information about healthcare services is not limited to the issue of abortion. Indeed, activists possess a wealth of informal knowledge about healthcare services based on their or others' experiences. The aim is often to prevent other users from experiencing violent or judgmental attitudes from doctors or other professionals within medical institutions. Other times, the aim is rather to orient other women toward trusted specialists and professionals that are considered either friendly towards women's autonomy and self-determination or have a background that is not simply medical. In this sense, among the most significant mutualistic practices adopted by the Consultoria, activists act as 'filters' between users and healthcare services. As the section dedicated to Rome demonstrates, this is an increasingly diffused practice that testifies to activists' distrust of medical institutions concerning gender and their willingness to build strength and autonomy through peer-to-peer solidarity, including sharing knowledge and building networks of mutual support.

Thus, this paragraph has highlighted how the Consultoria's activity, in all its different phases, was based upon a de-medicalized approach to health, aiming to share experiential and horizontal knowledge about health and empower women. It has also shown how activists understood and framed their relationship with experts as driven by political affinities. Finally, the examination has accounted for the type of mutualistic practices activists engaged with, which are primarily peer-to-peer practices aimed to re-orient and support women in their access to healthcare services: mapping and filtering appear as crucial mutualistic practices that are based on sharing users' experiences and knowledge about healthcare services.

The following section examines activists' self-reflective work about the risks and potentials of forms of direct service provision.

7.2.4 The Potentials and Challenges of Providing Services

This paragraph examines activists' self-reflective work about the role of service provision in their initiative. In the tradition of feminist movements, forms of service provision have always been considered to embody a political and prefigurative stance. Self-help and mutualistic practices have represented political means against patriarchal oppression (Morgen, 2002a; Nelson, 2015; Ruzek, 1978). As Morgen argued in her work on the Women's Health Movement in the US:

> While all women's health movement groups self-consciously aimed to create organizations that practiced what they preached about women's empowerment, the clinic sector of the movement was most intentional about actually embodying in organizational practices the political values that were at the core of the movement. [...] Training in breast self-examination, knowledge of risks of different birth control methods, even such radical acts as cervical self-examination, only represented means towards the end of empowerment. (Morgen, 2002a, p. 71)

Nevertheless, service provision presents potentials and pitfalls upon which activists reflect, both in the past and today. Already in the 1970s, the practice of self-managed health centers was, on the one hand, seen as enlarging the movement's reach and addressing the needs of women besides small feminist self-consciousness groups; on the other, however, the risk of depoliticization was quite clear for activists engaged with health centers or providing self-managed abortion (Jourdan, 1976; Percovich, 2005).

In this paragraph, I highlight three different visions that coexist in activists understanding of the risks and potentials of service provision. On the one hand, activists recognize that offering services that address women's basic needs enlarges the target of participants/users. Secondly, activists see service provision as risking of slippering into assistance-oriented practice. Finally, in evaluating the choice of adopting forms of service provision, activists also discuss its risks regarding the time and energy required.

As mentioned in the previous paragraph, for some time, the Consultoria was participated by a gynecologist who provided free of charge gynecological consultations. Providing this

kind of service responding to immediate and concrete needs has enlarged the Consultoria's reach. As the following two quotes highlight, while the first phase was predominantly participated by militant feminists who wanted to experiment with a different health approach, the presence of the gynecologist has broadened the type of participants.

> Much of the audience of the first phase of the Consultoria was mainly young women from the area of leftist militancy who were really wishing for a different approach (M2, 55, Consultoria Autogestita, Milan)

> I have to say that having the gynecologist, in addition to allowing having a visit at no cost in a short time, also allowed many women to come closer, including young women. So many also came for the morning-after pill... it was also a way to shorten the distance a little bit. So, some people went through our place even just to get the information and the visit, while some decided to stay to come again. (M18, 43, Consultoria Autogestita, Milan)

The activists of the Consultoria also self-reflect on the risks of depoliticization that underpin service provision. The major risk in this respect is turning into assistance-oriented welfarism. As F. argues, however, the Clinics and the Consultoria have constantly addressed and avoided such a risk.

> Because the risk of slipping into assistance-oriented welfarism is just around the corner...Let's say that both the Popular Medical Clinic and the Consultoria have always stemmed this potential drift quite well, the Clinic because in parallel with the practical activity of the help desk and the actual assistance, it does a lot of political work [...] For the Consultoria I would say there was hardly any. (M2, 55, Consultoria Autogestita, Milan)

Finally, besides reflecting on the political meaning of service provision, activists also evaluated it by discussing the energy and time required. As already mentioned, among the reasons that account for the Consultoria's discontinuous path over time, the lack of energy and the fatigue experienced by activists have represented the most relevant factors. During the interview, F. remarked on this element, underlining the problem of activists' availability in terms of time and energy in doing voluntary work.

> The experience of the Consultoria kind of crashed upon the fact that at a certain point the self-management and availability of those who were doing voluntary activities, was no longer possible, it decreased. (M2, 55, Consultoria Autogestita, Milan)

When activists decided to re-open the Consultoria in the aftermath of the pandemic, the group went through a one-year-long preparatory phase, during which activists engaged in deep debates about the type of activities the new Consultoria should promote, with the aim of avoiding reproducing «the mistakes made in previous ones» (M18, 43, Consultoria Autogestita, Milan).

> We have done several meetings, and there is this issue now...we are discussing what we want to do because the alternatives are... either we do only and exclusively self-education and information, so we don't do any helpdesk, we do meetings, initiatives... or we do a helpdesk but we do it only informative, and maybe we don't even do it physical but virtual, by reactivating our blog or whatever. Another option is to do a real helpdesk with the gynecologist and the obstetrician. Those three options require a different degree of participation, commitment, and level of continuity and presence. And so, now we are still reflecting on all this. (M2, 55, Consultoria Autogestita, Milan)

Thus, the organizational choices activists make in terms of the type of services to provide, and the character of their initiative are led both by political considerations, self-reflexive work on the potentials and pitfalls of service-oriented practices, and by pragmatical reasonings about the energy and time required by different choices.

The Consultoria re-opened in 2023 when my fieldwork was already over. Some public initiatives, including a public meeting on the meaning of care during the pandemic, preceded the official re-opening. The new Consultoria was inaugurated in January. As activists explained to me later, the new project includes a monthly helpdesk, a support group for chronic diseases such as endometriosis and vulvodynia and will probably be joined by professionals.

To conclude, the examination of the Consultoria Autogestita in Milan has offered the opportunity to analyze how the practice of self-managed health centers re-emerged in the peculiar Milanese context. It has foregrounded how the interplay between the local

movement's previous trajectories in the health field and subsequent generations' active engagement with the past has made the return to self-management a pretty immediate reaction to the disillusionment with the lack of feminist approaches within FHCs. The section has also accounted for the Consultoria's karstic path, showing why the group dissolved and re-emerged over time. In doing so, it has outlined how contextual factors have been as relevant as the symbolic significance of self-managed health centers, perceived as embodying a grassroots and radical feminist stance in the health field. The section has also examined the organizational choices and the practices the group has adopted along its different phases. It has highlighted how the primary orientation of the Consultoria has always been towards enacting and promoting a de-medicalized approach to health, fostering women's autonomy and self-determination through the horizontal sharing of lay expertise and knowledge. Finally, this Section has also provided an account of activists' self-reflective work about the potentials and pitfalls of forms of direct service provision.

The following section turns to the case of the Transfeminist Consultoria in Rome.

7.3 The Transfeminist Consultoria in Rome

The Transfeminist Consultoria of Rome was initially promoted in 2016 by the Cagne Sciolte (*'Mavericks',* declined in feminine), a queer collective born in 2013 that runs a squat in the Ostiense neighborhood. Launched by Cagne Sciolte, the Consultoria, became a network comprised of different actors and groups in the city, variously engaged in the health field. Participants in the network included *Libellula ('Dragon Fly')*, a trans collective established in 1986 to provide legal and psychological assistance to trans persons in the city, *Conigli Bianchi ('White Rabbits')*, a group engaged in the field of HIV/AIDS, *Parsec*, a social cooperative providing outreach unit activities of harm reduction for substance users, as well as feminist collectives active in the field of contraception and abortion. In this sense, the Consultoria embodied multiple struggles and actors that had so far rarely coalesced and represented probably the first transfeminist network in the Roman context. The Consultoria of Rome had a quite ephemeral life and never actually turned into a concrete project. The network of collectives has continued to gather for some years throughout ups and downs. It has been characterized by moments in which the project was lively and visible, others in which the project was almost completely dismissed, and times in which the need for such a project resurged again, and attempts were made to open it anew. The project remained in a constant preliminary phase and was ultimately abandoned. Nevertheless, it represented the site of important political elaborations. Its ephemeral character offers the opportunity to examine the challenges activists faced.

The Transfeminist Consultoria of Rome cannot be examined simply as a local project. Indeed, the latter was part of a nascent transfeminist movement in the country. Transfeminism in Italy has a relatively recent history. While the term was already in circulation within movement areas by the end of the 1990s, it was only in the 2010s that many collectives in the country began to define themselves as transfeminist. The diffusion of a transfeminist perspective in Italy was widely influenced by the translation of the Spanish *Manifesto Para La Insureccion Transfeminista (Manifesto for the Transfeminist Insurrection*, see Baldo 2019*)*. Drawing on the Spanish debate, transfeminism in Italy has been understood as a form of feminism opposed to binarism and cisnormativity but also as an anticapitalist, antiracist, and intersectional movement (Arfini, 2023; Baldo, 2019). Transfeminism aims to situate itself within the feminist tradition while contesting a unitarian and universal vision of women's experiences and the centrality of women themselves as a feminist subject. In other words, the term «materializes the political

necessity of accounting for the multiplicity of the feminist subject» (Miriam Solà quoted in Busi & Fiorilli, 2014, p. 8).

Within this context, transfeminist Consultorie were elaborated and promoted especially by the the *Sommovimento NazioAnale* (‘*NationAnal Upheaval*’), to which the Consultoria of Rome belonged. The *Sommovimento* had been established in 2012 and was arguably the first and the largest transfeminist network in Italy before the rise of the *Non Una Di Meno* movement, to which it has significantly contributed. The *Sommovimento* elaborated the practice of transfeminist Consultorie by explicitly recovering the memory of 1970s feminist self-managed health centers and translating it to address the needs of LGBTQ subjectivities, largely excluded from feminist movements in the country. In this regard, as will be explored more in detail later, the emergence of transfeminist Consultorie was the result of explicit memory work, aiming at reconnecting a transfeminist perspective with a feminist genealogy while challenging the boundaries of the feminist subject. Furthermore, Transfeminist Consultorie were also the result of activists’ memory work in examining the process that led to the institutionalization of feminist practices.

Finally, it is important to highlight that Transfeminist Consultorie also emerged in a peculiar socio-political context, that of the aftermath of the 2008 economic crisis and the implementation of austerity politics in the country. Such a context increasingly pushed movements towards focusing on concrete needs and the material conditions of living (Bosi & Zamponi, 2015). Transfeminist Consultorie, thus, were a transfeminist mutualistic response to the crisis context.

In what follows, paragraph 7.3.1 examines transfeminist memory work in retrieving the practice of 1970s self-managed health centers, paragraph 7.3.2 discusses the role of local legacies in shaping Roman activists’ understanding of the return to self-management, paragraph 7.3.3 examines the organizational choices and practices adopted by activists, paragraph 7.3.4 analyzes activists’ understanding of service provision in their mutualistic practices and highlight the challenges and limitations of the experience of the Roman Consultoria.

7.3.1 Repertoires, Collective Memory and Genealogy Work

This section aims to highlight transfeminist activists’ memory work in reappropriating the repertoire of 1970s self-managed health centers. Scholars of collective memory and social movements have widely discussed the agency implied in reconstructions of the past (Olick, 1999; Zelizer, 1995; Zerubavel, 1996), emphasizing how movements may employ and

depict their relationship with past seasons of mobilization as a strategy to frame and situate their current struggles (Eyerman, 2016; Jansen, 2007; D. Meyer, 2006; Zamponi, 2018b; Zamponi & Daphi, 2015). The case of transfeminist Consultorie interestingly shows how the adoption of repertoires of the past may represent a tool to explicitly frame a movement's relationship with past seasons of mobilization. It situates such a move in the context of the affirmation of a new movement's discourse challenging and disputing the boundaries of the latter's collective identity. As mentioned in the introduction, transfeminism reclaims a feminist genealogy while at the same time questioning the unity of the feminist subject. The proliferation of transfeminist self-managed health centers played a role in the affirmation of a transfeminist collective identity in the Italian context.

As some scholars have shown, repertoires may be adopted 'symbolically' as a reference to the past (Traugott, 1993). Interestingly enough, the way in which transfeminist activists adopted the practice of 1970s self-managed health centers was meant to trace both lines of continuity and discontinuity with the legacies of previous cycles and feminist generations.

In fact, transfeminist activists make explicit reference to the 1970s as a model for their current initiative.

> We also wanted to start talking about us, doing what health centers did in the 1970s…because the reference was that of health centers, of course. We wanted an approach to health…that could be from below, self-managed, that would work through networks…in which human relationships could be at the same level as medical issues…at the same level. (R19, 41, Consultoria Transfemminista, Rome)

As the above quote shows, health centers are seen as a model, somehow mythical, of self-management. Activists also foreground narratives that account for how those self-managed experiences have constituted the ground upon which existing institutional healthcare services have been formed.

> The laws on public health centers and abortion, before they became institutions, there were already a series of networks that did it, and it is from those experiences that everything was born. (R14, 33, Consultoria Transfemminista, Rome)[53].

[53] For what concerns this section, while most of the quotes cited are attributed to activists as members of the Consultoria Transfemminista, it is important to notice that tracing the boundaries between the Consultoria and the Sommovimento network from the point of view of their political elaboration was not entirely possible. Thus, quotes must be read bearing in mind that these reflections are not specifically grounded in the Roman

While thus activists recognize 1970s experiences as a model and explicitly refer to them in order to trace a line of continuity between their current initiatives and those of the past, this retrieval is far from being nostalgic: the adoption of the practice is part of a transformative attempt, which aims at addressing and bring to the fore the needs and desire of LGBTQ subjectivities that had been excluded both from FHCs' formation and more largely from the movement's sphere. As the following quote shows, the recovery of 1970s self-managed health center enacted this double strategy of reappropriating and transforming.

> The idea started by noting that the institutionalization of the health centers led very far from the starting point, with regards to the self-governance of that place, where... it is not only an issue of participation, of the possibility of collective participation of women or of the kind of reception that a center can provide, it is an issue of management, and those experiences had started as absolutely self-managed or self-governed experiences... while this is definitely no longer so. On the other hand, it also arose from the fact that some subjectivities remained completely excluded in the ideation of health centers. And so, the idea was, in some way, to revive a methodology, to make those experiences re-emerge in a self-managed way that was, however, inclusive of all those subjectivities that participated in our movement and could therefore feel that need, inclusive of the different needs in health brought by those personal and collective experiences. [...] This idea seemed to me extremely important because it brought together different existing instances that were not addressed by the National Health Service, and let me say this, up to very recently - when within Non Una Di Meno these dynamics were affirmed - also not addressed by other movement experiences. (R15, 33, Consultoria Transfemminista, Rome)

This quote shows the multiple aims of transfeminist activists' move in recovering the practice of 1970s self-managed health centers. The affirmation of a transfeminist perspective in the movement offered the occasion to engage with the negative consequences of institutionalization of FHCs and repropose a self-managed practice grounded upon the 1970s model. On the other hand, by adopting the practice of 1970s self-managed health

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context. Furthermore, in this section I also employ material not directly connected to the experience of the Roman Consultoria, such as publications about transfeminist Consultorie and interviews with activists of the Sommovimento located in other cities.

centers, activists also engaged in a critical and somehow conflictual discourse with feminist movements concerning the exclusion and marginalization of LGBTQ subjectivities.

As mentioned in the introduction, activists of LGBTQ and transfeminist groups in Italy had remained marginalized in the feminist movement, where a women-centered vision of feminism had dominated[54]. Transfeminist activists have thus a complex relationship with legacies of 1970s feminism.

In particular, feminism of difference, the dominant and hegemonic strand of feminism that persisted after the 1970s cycle of mobilization at the national level, has frequently been charged by transfeminist activists for contributing to the marginalization of LGBTQ subjectivities by promoting an essentializing vision of bodies and gender. In general, constructivist approaches to gender promoted by LGBTQ and transfeminist groups in the countries have represented a terrain of confrontation with adherent to the feminism of difference.[55]

On the one hand, thus, transfeminist activists drew on the memory of the 1970s, recognizing in it a model and a legacy. On the other, they expressed a harsh critical gaze on the trajectory that activists from that cycle have followed in subsequent decades. As activists argued, the reappropriation of the practice of 1970s self-managed health centers was meant to «re-enacting this political background» while recognizing its «historical limitations» (Busi & Fiorilli, 2014, pp. 9–10).

As the following quote highlights, this was an explicit move aiming at «reclaiming a feminist genealogy» despite the complex present relationship with 1970s feminists.

> There was this idea that in the 1980s feminism had to a certain extent… that the feminism of difference had cut the legs to all the possible alternative roads… and yet there were many other possibilities. So, the reference to 1970s feminism was crucial for what concerns health and body politics, because there was the experience of health centers at that time. In this sense… it allowed us… it allowed us to get over this… it was an attempt to reclaim a feminist genealogy despite the difficulties of

[54] For a review about the relationship between LGBT groups and feminism in Italy in the 1970s and 1980s see (Biagini, 2018; Bono & Kemp, 1991, pp. 162–167; Borghi et al., 1987; Marcasciano, 2015, 2018; Voli, 2014).

[55] It is important to notice that among feminists recognizing themselves with the feminism of difference, various positionings exist that cannot be conflated in a unitarian vision about the relationship between sex and gender and in their dialogue with LGBTQ and transfeminist positions. One of the most adversarial positioning against transfeminism and queer has been promoted by a lesbian group, ArciLesbica (Villa, 2020). As it will be mentioned more extensively in the chapter, among the most prominent issues of conflict have been the topic of surrogated motherhood (Cossutta, 2018) For a review about the debates on queer and difference feminism see also (Bazzoni, 2019).

> our relationships with the monopolization of feminism enacted by some feminists. (R20, 38, Consultoria Transfemminista, Rome)

Transfeminist activists, through their reappropriation of the practice of 1970s self-managed health centers, performed what I define 'genealogy work'. Reclaiming a feminist genealogy, activists situated themselves in the line descending from 1970s feminism, reclaiming a continuity between themselves and the 1970s. At the same time, this operation was meant to question and dispute the linear trajectory of the feminist movement, including the unity of the feminist subject. In fact, when transfeminist activists resorted to the practice of 1970s self-managed health centers, they also claimed the necessity to blend this 'tradition' with others. In a publication in the feminist magazine Donna Woman Femme (DWF), two activists/scholars who were part of the Sommovimento, argue that a transfeminist approach to health should draw on multiple genealogical trajectories: 1970s feminism is only one of the references that a transfeminist movement can find in the past. Others are the fight of trans persons against pathologization, the struggle of intersex persons against medical treatment at birth, and the mobilizations of HIV/AIDS activists. (Busi and Fiorilli, 2014). Blending these different genealogies, activists' memory work materializes in the present an encounter between different traditions that never coalesced in the historical reality of Italian movements. In this respect, turning to the past represented a source to cast on the future the possibility of an alternative that feminists had somewhat dismissed in the past.

Finally, it is important to remark that the gesture of reappropriating the repertoire of self-managed health centers was significant because it was precisely in debates about bodies, health and reproduction that the tensest conflicts arose between a transfeminist approach and feminism of sexual difference. Indeed, the legacy of the struggle against the medicalization of women's bodies fought in the 1970s has often been the ground for opposition to medical and technological interventions on bodies. These positions were clearly at odds with LGBTQ and transfeminist positions. This appeared particularly evident during the debate about surrogate motherhood (Ammaturo, 2020). In that context, feminists subscribing to the feminism of difference opposed the idea of surrogated motherhood on the one hand, claiming that it was a step towards the marketization of women's bodies, but on the other, also arguing in defense of the natural and fundamental (biological) relation established between a mother and her child during pregnancy. Transfeminist and LGBTQ groups, instead, considered surrogate motherhood a tool to overcome the model of the supposedly natural family, that of the monogamic

heteronormative couple, and that of the relationship between reproduction and the practice of parenthood (Cossutta 2018).

Thus, in general, a biologically grounded vision and defense of women's nature and bodies has contrasted with a constructivist approach to bodies and gender and, more generally, with a positive evaluation of bodily technologies and transformative and emancipatory use of medical techniques. While drawing on the legacy of the 1970s feminist critique of medicalization, transfeminist activists also marked their different approach, arguing in favor of

> a critique of medicalization which is not transphobic, which does not rely on the problematic notion of an authentic/natural body and which can escape the risks of woman/man binary essentialism; a critique, hence, which is not technophobic and which takes seriously both the refusal of mandatory medical treatments (as those on intersex bodies), as well as the desire/ need to access medical technologies, as expressed by trans subjectivities and others. (Busi & Fiorilli, 2014, p. 8).

From this standpoint, a transfeminist approach to health doesn't simply represent an 'additive' transformation, but implies also a revision of some of the epistemological underpinnings in the consideration of bodies, gender and their relationship with medicine and technology.

In conclusion, the transfeminist adaptation and reinterpretation of 1970s self-managed health centers underscore the symbolic power inherent in repertoires. While it is widely acknowledged that repertoires are chosen not only for their strategic utility but also due to their alignment with a group's collective identity (Gillan, 2019; Polletta, 2005; Taylor et al., 2004; Taylor & Van Dyke, 2007), the case of the transfeminist Consultoria illustrates the relationship between repertoires and collective memory. It does shows how activists can employ past repertoires to intervene in the internal dynamics of a movement concerning its collective identity. Within the movement, marginalized voices can borrow repertoires from the past to assert their presence in the movement's history. By reconnecting with prior mobilizations, activists can reclaim that historical period as a part of their own legacy.

Through the adoption of 1970s self-managed health centers, transfeminist collectives in Italy not only incorporate transfeminism into the lineage of feminism but also challenge the definitions and boundaries of the movement's shared identity. Furthermore, through

genealogy work, they meld together traditions and identities from different movements that had previously remained separate, actively constructing their 'own' collective past.

7.3.2 Dealing with Local Legacies

The previous paragaph has highlighted the role of collective memory and genealogy work in the transfeminist re-elaboration of 1970s self-managed health centers. As mentioned earlier, such a reading of the 1970s was elaborated at the national level by the Sommovimento, to which the Roman Consultoria belonged. It can be argued that it was not by chance that the emergence of a new initiative of self-management in Rome unfolded filtered by a national elaboration and through the affirmation of a transfeminist perspective. As discussed in Chapter 6, FHCs hold a peculiar symbolic significance for the Roman movement. Largely framed and defended as outcomes of the movement, they have also represented important sites for its continuity. In this respect, the return to self-management in the Roman context didn't happen in a «void» as claimed by Milanese activists concerning their local context. On the contrary, such a return unfolded in a context where the service had represented a key anchoring of the movement. Some of the activists who participated in the Roman Consultoria had previously been engaged in mobilizations to defend FHCs and had more broadly 'grown up' politically within a movement constantly engaged in these struggles.

In activists' accounts, a sense of closeness to the experience of FHCs as part of a feminist local history, and a sense of unease with their contemporary functioning coexist. As the following excerpt shows, Roman activists resorting to self-management perceived that the presence of feminist activists within local FHCs, while embedding a strong connection between the movement and the service, had contributed to constraining feminist health politics to exclusively defensive struggles for the service.

> However, oftentimes, in this relationship with the women of FHCs, with the professionals of FHCs, who were often also... came from a political experience... all these militant gynecologists that were there. In this relationship with FHCs, often the problem was that we always ended up defending the service, and this was something we reflected upon with the transfeminist Consultorie, that in the end, the urgency to defend the public service, ended up prevailing over the attempt to rethink it. (R20, 38, Consultoria Transfemminista, Rome)

Activists of the Consultoria tend to combine critical visions of the service and grateful narratives that recognize the importance of it, not only as offering key service provision but also as a legacy of previous generations. For example, J. referred to the law instituting FHCs in 1975 as «one of the most advanced in Europe» and added, «we are grateful for that.» (J., Consultoria Transfemminista, Rome).

The reason why they turned to a self-managed experience was largely grounded upon their negative experiences within existing healthcare services, including FHCs, because of the latter's heteronormative and binary character.

> To all of us, it happened to go for a consultation in a FHC and be asked if we used condoms…instead of like, «Do you use contraceptives or transmission protection tools»… no, they always ask about condoms because that's a given…and so embodying our subjectivities we recognized a whole series of gaps concerning access to health services (R17, 37, Consultoria Transfemminista, Rome)

> we started to think about it concerning the bad experiences we had with the health care system, let's say, for example, for lesbian bodies, because simply going to the gynecologist was not a good experience because the questions you are asked are always related to an assumption of heterosexuality and the assumption of the desire for motherhood. So, this is for lesbian bodies, then trans bodies, and the lousy service they were also receiving concerning the need to have a diagnosis to access the pathway for gender affirmation (R19, 41, Consultoria Transfemminista, Rome)

Despite their criticism of how FHCs and other healthcare services treated LGBTQ subjectivities, the group had maintained a close relationship with the local legacies of the past in the field.

It is not by chance that one of the first initiatives that the Consultoria promoted was a self-inquiry within the Women's Assembly of the Condottieri Health Center. As discussed in Chapter 6, the Condottieri's assembly has a critical symbolic significance in the city, embodying both a material and symbolic continuity with Women's Assemblies of the 1970s and 1980s.

> We went to the health center in Piazza dei Condottieri, which was a very active center where there was the women's assembly and several

> comrades… Several of us used to go there because we all live there in the area… although we were not participating in the assembly inside, we had close relationships with some comrades who animated it. So, we went through them to present the project, they were enthusiastic, and they invited us to one of the center's assemblies (R17, 37, Consultoria Transfemminista, Rome)

> Because the relationship with health centers is something that we decided to build precisely in this perspective so obviously not with all centers because not all centers have that approach, but with those that we recognized as more akin […] The idea was to bring there a whole series of subjectivities that no matter how welcoming that center may be or if it may embody feminist practices. in truth, other subjectivities remained excluded or marginalized. (R19, 41, Consultoria Transfemminista, Rome).

In this sense, the return to self-management unfolded in Rome through a highly different path than in Milan. On the one hand, as the previous paragraph has shown, it was thanks to the emergence of a new discourse on the movement's collective identity that self-managed health centers re-emerged, and that a renewed critique of the consequences of institutionalization was put in place. The affirmation of a transfeminist perspective in the movement brought to the fore the needs of subjectivities that had been excluded also from FHCs' target. The fact that the health system had been grounded upon an essentially heteronormative and binary vision of health was one of the reasons that sparked the return to self-management. On the other, it is significant that the Roman Consultoria maintained a more nuanced account of the local history of feminism concerning FHCs. It also maintained stronger connections with local experiences that had represented a source of continuity of the movement within the service, such as the Condottieri's assembly. Among the aim of the Consultoria in Rome was the idea of bringing a transfeminist influence to those already sensitive spaces within the institutional setting, such as women's assemblies.

The next paragraph examines the Consultoria's organizational choices.

7.3.3 Imagining Transfeminist Health Alternatives in/beyond the Crisis

> The experience of self-management is crucial, it is the space of freedom where you can imagine and enact things differently (R14, 33, Consultoria Transfemminista, Rome)

This paragraph examines the organizational choices made by Roman activists in the attempt to build the project of the Consultoria. As the quote above highlights, activists' saw self-management as a space of freedom and as a tool for imagining and experimenting «things differently». During my conversation with activists, this was framed as opposed to the impossibility of affirming such a free, creative and experimental approach within institutional settings (ibid).

As mentioned earlier, transfeminist Consultorie started proliferating in the 2010s as part of the Sommovimento's reflections on mutualistic initiatives in the aftermath of the economic crisis. During that decade, the precarity of work and lives, and the refusal of austerity measures and narratives were at the core of movements' discourse and practices. Increased unemployment, the precarization of job stability, and the erosion of welfare provisions were crucial elements shaping the context and the lives of activists in the early 2010s. In this respect, Consultorie's genealogy resonates with other initiatives of self-organization, welfare from below and economic solidarity that proliferated during the economic crisis (Bosi & Zamponi, 2015). However, the choice of turning back to self-management in a context were FHCs and healthcare services were in crisis due to cuts and dismantling neoliberal policies was not primarily framed as a response to the urgency of fulfilling the needs institutions could not fulfill. Instead, they were primarily framed as sites of experimentation toward an epistemologically and methodologically different approach to health. In this respect, the crisis context represented the occasion to re-think health and healthcare from a transfeminist perspective.

As Busi and Fiorilli have argued, the choice of opening new transfeminist Consultorie was the result of activists' realization that the crisis context was constraining health struggles (and social struggles more generally) into exclusively defensive mobilizations against welfare contraction (2014). Movements were forced by the urgency of the crisis and of austerity politics to engage in defense of public services under attack by neoliberal restructuring and cuts. The crisis, indeed, was further restraining the space for alternative visions of health to emerge since its extreme effects on services and people pushed inevitably toward concrete and immediate responses. Activists of the Consultorie resorted to self-managed health centers to open a transformative rather than defensive space in the field of health struggles in the country. Their turning back to the experiences of the 1970 was hence

framed as a conflictual and transformative response to neoliberal restructuring and austerity politics:

> We are convinced, in fact, that this political heritage is fundamental for all those who today intend to build a response to the neoliberal restructuring and austerity policies that are dismantling welfare and health care as we have known them to date in Europe. We believe it is necessary to build a confrontational and transformative response to these policies, without giving in to the temptation of a pure defense of what already exists (Busi & Fiorilli, 2014, p. 7)

In this respect, while the crisis context contributed to push activists to resort to self-management, such a choice was made to open new spaces to re-think health rather than to respond the immediate and direct effects of the crisis on the healthcare system.

This perspective significantly shaped the organizational choices of the Consultoria of Rome. In fact, the Roman Consultoria was radically refusing to offer any form of service provision, being rather oriented towards creating a political laboratory of imagination that could spur new visions in the health field.

In part, the refusal to provide services was also grounded in activists' reconstruction of the process of institutionalization of FHCs. A common narrative in activists' accounts referred to the «logic of service provision» as one of the causes of depoliticization in the health field.

> Looking at the experience of the health centers of the 1970s but not only that, at so many experiences that then revolved around health and welfare more generally…from a very political moment that often determines their birth and origin… the moment you then offer a service, the space that you create, the initiative that you create then becomes in some way functional to the service… so an argument that had been made was perhaps one of the points that determined the increasing institutionalization of the health center, which cut off its political dimension, and ceded more and more space to the health institution, is that basically provides services, however necessary they may be. So the idea was: we will have to try to create an experience that can be participated, that also responds to people's needs, but that is not a service, so not a helpdesk, not professionals who are there for someone

> else, but an experience that is a collective thing and that is not directly reducible to a provision. (R14, 33, Consultoria Transfemminista, Rome)

Hence, grounding their reflections upon reconstructing the negative consequences of institutionalization, activists structured their project as the opposite of a space providing services. On a general note, Consultorie which rose between 2010 and 2017, rarely assumed the shape of service delivery. For example, Consultorie in Padova, Bologna, Pisa, and Rome did not offer visits with health specialists nor assumed the form of a gynecological or endocrinological helpdesk. While scholars have highlighted how, during the crisis in Italy, political collectives started adopting service provision to enlarge their constituency by politicizing basic needs (Bosi & Zamponi, 2015), transfeminist Consultorie tended to see service provision as depoliticizing. The activists of the Consultoria feared that providing services would risk reproducing exactly those user-experts dynamics they wished to counter.

Indeed, among the participants in the Roman Consultoria, some activists were training as doctors, and it was especially they who were suspicious of service provision initiatives, due to their prior involvement in social clinic experiments. As L. reported to me, «Participating as a doctor in some of these movement experiences, the request I was getting was 'can you make the prescription for this thing?'» (L., Consultoria Transfemminista, Rome). According to L., doctor-activists' participation in social clinic initiatives illustrated the structural limitations of a user-provider approach to health in as much as it exposed and embodied the idea that 'users' could not be active subjects of their own health. Furthermore, it constituted for her the evidence of a limited imagination about what a health space can be.

> It is very easy that setting up an outpatient clinic ends up having similar dynamics as a traditional clinic... Not exactly the same, of course, because it will be difficult for you to open the door of the outpatient clinic and encounter an environment that is hostile, for various reasons, or politically hostile. [...] Yet, in the various experiences from below the moment you have to set up an experience that's about health, you can't imagine yourself doing anything other than that [providing services], and somehow all the other practices that you already put in place, and that are already part of a collective process of building health, of taking care of yourself and of the others get lost. (R15, 33, Consultoria Transfemminista, Rome)

Hence, Roman activists believe that the very 'grammar' of service provision was foregrounding a particular vision of health that constrained its boundaries and impeded further needs and desires from emerging.

As a laboratory to re-imagine health the Consultoria wanted to put in brackets already established and institutionalized visions of health. As L. reported to me, the Consultoria was «an attempt to enact something methodologically and structurally different from a clinic» (R14). This different methodological and structural approach is reflected in the endlessly drawn-out 'instituting' phase of the Consultoria. Activists believed that to avoid structuring their project upon pre-defined and institutionalized visions of health, they needed to open a space for new needs and understandings of health to emerge. Such an approach was considered particularly relevant for the subjectivities composing their network, given the fact that, as discussed earlier, their needs had not inspired the very nature and structure of existing healthcare services. For this reason, the first meetings of the project were dedicated to an open 'self-inquiry'[56]. The practice of self-inquiry was meant to represent in itself a suspension of pre-defined questions and solutions in the health field: it aimed at leaving open the space for un-named needs and desire to emerge. As a self-inquiry, it was based upon the model of starting from oneself, thus it embodied the idea that each person could name both the definition of health from a subjective point of view and bring to the fore exigences and ideas that were coming from his/her individual experience.

One of the questions included in the self-inquiry was: *what does health mean for you?* This question testifies to activists' desire to leave the definition of health open. Asking such a question to participants, they wished to signal that the meaning of health, as well as its boundaries, are not determined by experts or institutions but are rather the result of both individual and collective constructions.

> When you start reflecting on this, you re-signify what health is, what is a disease, and you ask others to do it… . it is obvious that in this way, many concepts that you may take for granted, as dogmatic, start failing: for example that the definition of health is given by the one in with the

[56] The practice of self-inquiry was developed within the Sommovimento, as a translation and reappropriation of the 1970s practice of workerirst inquiry. As activists state in a document «Doing self-inquiry means pooling and analyzing our experiences, our needs and desires, starting from ourself; from these to gradually focus on the questions we ask ourselves or want to ask; and from there to reflect and act through sharing. This practice is not exclusively aimed at mapping the experiences of each one or outlining a plan of action, but rather at catalyzing, on the one hand, the sharing and discussion of knowledge and strategies and, on the other, processes of subjectification to resist mechanisms of normalization and appropriation.». See Sommovimento, Autoinchiesta Che cos'è per noi.
https://sommovimentonazioanale.noblogs.org/post/2017/12/27/autoinchiesta-cose-per-noi/.

> coat. And instead, it becomes something, on the one hand, very personal because it starts from personal meanings that each person perceives in his or her own life, and on the other hand, it is always a collective construction. (R15, 33, Consultoria Transfemminista, Rome).

The Consultoria in Rome was thus generally thought and presented as holding very blurred definitional boundaries. Given the large and open-ended definition of health that activists had in mind, the project in itself represented way more than a 'health space'. On a poster meant to identify what the Consultoria was, activists listed its multiple definitions:

> A place to exchange experiences and knowledge about health, bodies, sexuality, desires, other initimities networks of care and mutualism. A safe space. A laboratory of reappropriation of desires, of free and self-determined sexuality. A refuge to build and compose together. A place in which to overcome the concept of health as merely the absence of disease and to find together strategies of resistance to the normativity of health services and the medicalization of all that is outside the norm. An intersectional and self-aware space. A listening and non-judgmental space. (Poster, Consultoria Transfemminista, Rome)

Among the activities that could be included in the Consultoria, they listed the followings:

> self-inquiry, workshops, laboratories, self-management, horizontal discussions, starting from oneself, safe parties in which to play with bodies and desires, experiencing and respecting consent and limits, mutual listening and questioning of the self, prevention, self-defense, support and exchange, mutual aid, collective care networks, mapping services, information on sexually transmitted diseases (Poster, Consultoria Transfemminista, Rome).

Thus, the Consultoria was thought as a political laboratory in which health could be imagined and re-imagined, through a multiplicity of practices that were oriented towards the active engagement of participants rather than towards forms of service provision.

Nevertheless, the Consultoria did foresee forms of mutualistic practices. In particular, it aimed at providing a map of existing healthcare services and specialist for LGBTQ persons in the city.

As J. underlined, while somehow in Rome an informal network of feminist specialists already existed, especially for what concerned abortion, a similar network for LGBTQ persons was to be built:

> The idea was to share positive and negative experiences and map the more or less friendly places based on the experiences that each one had… there are of course some specialists who are feminists who are already part of a network in the city, especially with regard to abortion, this was already existing. But other maps had to be built. (R19, 41, Consultoria Transfemminista, Rome)

Not differently from what was discussed in the Milanese case, thus, the Roman Consultoria was meant to provide a map that could orient other persons in order to avoid negative experiences based on gender and sexuality in the health field:

> This thing of mapping the services, the pharmacies, the friendly specialists, was one of the goals. From the gynecologist to the endocrinologist [...] we hoped to be able to redirect people to a specialist who did not have prejudices, or who was not discriminating and was especially informed about non-heterosexual lives, gender identity, STDs among people who are not in straight relationships for example. To avoid experiencing again the trauma of all the times you go to the specialist and he doesn't understand you (R19, 41, Consultoria Transfemminista, Rome)

This practice was explicitly meant to respond to concrete needs also as a way to enlarge participation, similarly to what has been discussed for other experiences like this. However, it was also a way to provide a service and responding to a need, without necessarily providing direct services involving specialists or professionals.

> There are many things that are more informal and yet are not available to all but arise within political networks. The goal of the Consultoria was to get this knowledge or this co-construction of knowledge out even to those who are not already activists. (R19, 41, Consultoria Transfemminista, Rome)

The Consultoria thus aimed to find a balance between responding to concrete needs and avoiding reproducing user-expert hierarchies. Sharing informal knowledge was thus the main tool that the Consultoria aimed to adopt in terms of service provision.

The next paragraph examines activists' reflections about their organizational choices and the limitations they have encountered.

7.3.4 The problem of concreteness

The Consultoria in Rome was an ambitious project that has never really been implemented, remaining trapped in an endless ideational phase. The work-in-progress character of the project was both a strength and its most relevant weakness, which eventually determined its 'failure'. However, I believe that its 'failure' constitutes a unique point of view to highlight the dilemmas faced by activists and the contradictions stemming from the very nature of the project. The failure of the project indeed originated in the activists' objective of not wanting to reproduce already established responses in the health field, but to open a laboratory of imagination to rethink health and its practices beyond standardized and medical approaches. Such an open-ended stance had a negative impact on activists' capacity to translate ideas into concrete practice:

> there were a few moments when we tried to have some workshop, to start from ourselves, saying: we are trying to imagine what the consultoria is, what it should be for us, let's try for a moment to express it in concrete terms... there were a couple of moments when we tried to organize things however it was all very much at this still embryonic stage, somehow always to encourage ideation on this, in the sense that there was a general idea but then in concrete what could serve us or what we might want to create at that moment as a consultoria was kind of something to be discovered (R14, 33, Consultoria Transfemminista, Rome)

Furthermore, activists' social and political vision of health, grounded in the idea that all aspects of life could be a health matter, made the project's identity unclear. The activists' idea of health included many already existing care practices that the collectives composing the Consultoria were involved in providing, ranging from solidarity parties to workshops against gender-based violence to trans peer-to-peer support. As such, it became difficult to

understand what the project of the Consultoria would have added to such practices besides a broader framework for keeping them together.

As T. argues, activists themselves were trapped in the imaginary associated with mainstream health spaces and were unable to give due centrality to those activities that embodied their broader conception of health as well-being.

> probably because we tend very much to somehow reproduce an imaginary and perhaps, I don't know, we don't yet have a great awareness of how much some of the practices of care that we constantly put in place are not incidentally part of a Consultoria's activity, they are probably among the constituent parts of it. (R15, 33, Consultoria Transfemminista, Rome)

On the other hand, activists' refusal of service provision – a choice that complied with their idea of health as wellbeing – made the participation of a broader constituency more complex and less linear. Their radical refusal of the 'clinic' structure is mentioned by activists as one of the possible reasons why the Consultoria never started. Indeed, the absence of direct services made it difficult for non-militant persons to participate. As such the resulting project was more a network of collectives than a larger social and political space.

> Because either you do the service... the limitation is always that... either you do the service... or... the problem was that in this being everything, potentially, if you don't want to do the service, then you can do everything... however, it becomes a little bit vague... it risks alienating people who are not militant in a certain way. (R20, 38, Consultoria Transfemminista, Rome)

As an activist reported to me, the choice of not providing any kind of service was later reconsidered:

> Looking at this years later, maybe that's also one of the things that obstacles the emergence of these experiences... I still think that maybe a service in the strict sense is not useful in that context..but the idea of giving people something that normally the state and the institutions offer, but that is not accessible, is also a way to bring people in, to somehow give a direction to what you do and thus ensure a continuity... and so I'm always left with this question... how do you have to do something like this... if you get out of the idea of service, then the biggest

struggle, the biggest difficulty, then, is to define what do you do. (R14, 33, Consultoria Transfemminista, Rome)

Hence, the Consultoria's stance towards enacting a space for a radical alternative imagination to emerge clashed with the problem of 'concreteness'. While providing a space in which pre-defined conception of health would be put into brackets represented a strongly political stance, challenging the idea of health as something to be 'delivered', it also represented one of the challenges that led to the project's failure.

To conclude, the Section dedicated to the transfeminist Consultoria in Rome has examined the trajectory that led to the re-emergence of self-management in the city. It has shown how the latter was driven by two main elements: on the one hand, the affirmation of a transfeminist identity within/beyond feminism; on the other, the crisis context and the increased attention to concreteness.

The section has foregrounded how Roman activists resorted to self-management through the elaboration conducted at the national level by the Sommovimento network, and it has analyzed how the choice of recovering the practice of 1970s self-managed health center had represented a way to both reconnect transfeminism with a feminist genealogy and at the same time challenging the unity of the feminist subject and its historical trajectory. Examining transfeminist activists' relationship with the legacies of previous cycles of mobilization, the Section has discussed how the Roman context and the movement's previous trajectory in the city for what concerns FHCs shaped activists' nuanced critique of the service, which was mainly grounded upon the exclusion of LGBTQ subjectivities, rather than simply resulting from the service's depoliticization.

The section has also analyzed activists' organizational choices and the limitations and dilemmas encountered. It has shown how evaluating the negative consequences of institutionalization and the depoliticization of health care services, activists identified the «logic of service provision» as one of the main elements contributing to reducing users' agency and fostering hierarchies with experts. This analysis contributed to shaping the organizational choices made by activists, who decided not to adopt any form of direct service provision apart from mutualistic practices devoted to mapping and filtering existing healthcare services and specialists to avoid other people experiencing judgment, violence, or discrimination based on their gender identity and sexual orientation.

Finally, the Section has highlighted the problem of translating an open-ended vision of health into practice. The never-ending ideational phase of the Consultoria has been discussed as representing both its strength and one of the reasons leading to its 'failure'.

7.4 Concluding Remarks

This chapter has examined the re-emergence of the practice of self-managed health centers after a process of institutionalization. It has discussed the cases of the Consultoria Autogestita in Milan and of the Consultoria Transfemminista in Rome.

The Chapter has foregrounded how grassroots practices may re-emerge after processes of institutionalization, thus contributing to provide a nuanced, temporally sensitive and dynamic account of institutionalization. It has shown how the return to self-management results from activists' evaluation of previous cycles' outcomes and institutionalization's negative consequences. This observation appears relevant in considering institutionalization as a long-term and dynamic process (Bosi & Zamponi, 2015; Suh, 2011), whose consequences are evaluated not only by those actively engaged in it (Suh, 2014) but also by those who come afterward in the movement's generational change.

Additionally, by analyzing the trajectories that led to the emergence of the two initiatives, the chapter has foregrounded the interplay between the legacies of previous cycles at the local level and activists' engagement with the past through memory work. The comparison between the two cases has shown how the different dynamics of institutionalization that unfolded in the two cities and the way in which FHCs have been framed over time by local movements tend to influence the path of the return to self-management. In Milan, where 1970s feminists did not engage in the process of institutionalization of FHCs, never assumed the latter as resulting from the movement's effort, and where the presence of the movement within the service has been weak and limited, the return to self-management was an immediate reaction to the service's depoliticization. In Rome, where instead FHCs have been largely framed, supported, and defended as a movement outcome and have represented sites of the movement's continuity, the return to self-management has taken place several decades after and unfolded through a completely different path. It was, in fact, thanks to the affirmation of a transfeminist collective identity in the country that Roman activists came to engage with the negative consequences of institutionalization and decided to open a new self-managed health center.

The difference between the two cases also appears in the different degrees of memory work implied for activists in the return to self-management. Given the relatively short

distance from the 1970s and the absence of strong ties with the previous generations, Milanese activists resorted to self-management in a rather pragmatic way. Differently, Roman activists resorted to self-management through a much deeper memory work and a more symbolically grounded relationship with the past.

While the chapter has highlighted the role of previous legacy and local movements' long-term dynamics, both cases have also shown the relevance of subsequent generations' active engagement with the past. Scholars of social movements and collective memory have widely investigated how activists may benefit from references to the past (Eyerman, 2016; Harris, 2006; Jansen, 2007; Polletta, 2006). Memory work represents a space of active engagement with the past, testifies of how much activists do not simply passively inherit the legacies of previous generations and cycles but rather actively construct their relationship with them (Daphi & Zamponi, 2019; Hajek, 2013b, 2017; Jansen, 2007; Zamponi, 2018b; Zelizer, 1995; Zerubavel, 1996). Memory work involves not just the passive act of remembering, but also a deliberate effort to interpret, reinterpret, and sometimes even contest or reshape historical events and their significance.

Both cases have displayed the central role of activists’ agency in both constructing and reconstructing a connection with the past, as well as with prior generations and their outcomes. Rather than being a demobilizing sentiment, disillusionment with the outcomes of preceding generations has emerged as an empowering framing strategy. The adoption of self-management has been also identified as a symbolic act by transfeminist activists, a means of reclaiming their position within a feminist lineage while simultaneously challenging the unity of the feminist identity.

Thus, the chapter highlights the depth of activists' engagement with historical legacies through memory work, revealing how subsequent generations intentionally forge their relationship with the past. This process coexists with the acknowledgment of the role of earlier movement trajectories, shaping the backdrop against which further activism unfolds. In this vein, the chapter underscores that activists find themselves, on the one hand, influenced in their subsequent decisions by the legacies and narratives transmitted by prior generations. On the other hand, they exhibit the capacity to critically interact with and innovate legacies through their agency.

Examining the two cases, the chapter has also discussed how the re-emergence of the practice of feminist self-managed health centers resulted from the interplay between the shifting socio-political context and the movement’s internal dynamics. While recent studies have predominantly focused on the role of the socio-economic context in fostering the adoption of self-managed practices (Bosi & Zamponi, 2015), the analysis conducted in this

Chapter has highlighted how internal movement's dynamics also play a key role: on the one hand, self-managed health centers are part of the feminist movement's collective identity, history, and memory in Italy. On the other, retrieving such a practice is often the result of generational change and shifts in the movement's collective identity.

Furthermore, the chapter has highlighted the peculiar character of feminist and transfeminist self-managed health centers with respect to other types of self-managed initiatives in the health field. In particular, it contributes to expanding the typology of health direct social action by adding the perspective of feminist and transfeminist experiences in the field. While most studies have investigated contemporary health self-management from the point of view of welfare from below and economic solidarity (Cabot, 2016; Kokkinidis & Checchi, 2023; Kotronaki & Christou, 2019; Malamidis, 2020, 2021), the cases investigated in this Chapter offer the opportunity to investigate other factors leading to the (re)emergence of self-management in the field. Feminist and transfeminist self-managed health centers are, in fact, primarily driven by concerns shared with other health movements that have put at the core of their practices and claims the critique of user-expert hierarchies and have promoted knowledge sharing and empowerment against medicalization and medical authority (P. Brown et al., 2004, 2010; Epstein, 1995; McCormick et al., 2003). In this respect, both experiences have been analyzed as entailing methodological and epistemological considerations about health and healthcare rather than urgency-driven responses to the health system crisis. Feminist and transfeminist self-managed health centers aim to contstructing a space for alternative and de-medicalized health (Ruzek, 1978; Simmons et al., 1984; Yates, 2015). The Chapter identifies Consultorie as grassroots feminist health practices that are characterized by a strong critique of user-expert hierarchies, by an open and transformative understanding of health and its boundaries, and by alternative practices that include mutualistic and peer-to-peer forms of service provision.

Finally, the chapter has accounted for the challenges and dilemmas such experiences face in translating their idea of health into practice and in ensuring the longevity of their self-managed project over time. Both cases demonstrate that self-managed initiatives that aim to avoid reproducing standardized forms of service provision face difficulties in safeguarding the continuity of their project. While direct service provision is an energy and time-consuming activity that risks shifting into depoliticization (Kokkinidis & Checchi, 2023; Kotronaki & Christou, 2019), this chapter also emphasized the challenge which the constant attempt to keep a highly politicized and critical perspective on health and healthcare represents in terms of continuity.

8 CONCLUSIONS

This chapter summarizes and discusses the analytical elements that emerged in previous Chapters. Subsequently, it addresses the research's limitations and suggests possible venues for further research.

This research aimed to answer the following question: how does institutionalization affect subsequent activism?

It draws on and contributes to two research fields within the study of social movements. On the one hand, the study of social movements' temporal dynamics, focusing on the consequences of social movements (Bosi et al., 2016; Giugni, 1998; Giugni et al., 1999; Whittier, 2007), on movements' continuities and change (Rupp & Taylor, 1987; Staggenborg, 1996; Taylor, 1989; Whittier, 1995), on collective memory (Berger et al., 2021; Daphi & Zamponi, 2019; Eyerman, 2016; Kubal & Becerra, 2014) and movements cycles (Staggenborg, 1998; Tarrow, 1989, 1993; Traugott, 1995). On the other hand, the study of the relationship between social movements and the state. In particular, it draws on studies of movements' institutionalization (Bosi, 2016; Lima, 2021; Piven & Cloward, 1979; Staggenborg, 2013; Suh, 2011) and of autonomous and self-managed experiences that enact prefigurative alternatives beyond state-oriented claim making (Bosi & Zamponi, 2015; Leach, 2013; Martínez, 2019; Yates, 2015).

To answer the above-mentioned research question, I have examined how today's feminist activists in Italy engage with health centers both as an institution and as a repertoire of self-management. This duplicity lies in the history of 1970s Italian feminism. At the beginning of that decade, feminists in Italy had been experimenting for some years with Feminist Self-Managed Health Centers (FSHCs), autonomous experiences that provided peer-to-peer support to women in the field of sexual and reproductive health, challenging the monopoly of medical knowledge, subverting user-experts hierarchies and promoting women's self-determination through the diffusion of lay expertise. In 1975 the Italian Parliament

instituted Family Health Centers (FHCs), a state-led institution that addressed women's needs in the field of sexual and reproductive health. The new institution anticipated the legalization of abortion, established in 1978, and the rise of the National Health Service introduced that same year.

The process of institutionalization of FSHCs and the approval of the Law regulating abortion coincided with the decline of the feminist movement's mass visibility and its transformation into diffused feminism, articulated in cultural, social, and professional experiences (Calabrò & Grasso, 2004). The practice of FSHCs gradually disappeared, appearing less legitimate and less urgent once the new institution started addressing women's sexual and reproductive health.

Almost 40 years later, mobilizations to defend FHCs appear central to the contemporary feminist movement in the country. At the same time, new experiences of self-managed health centers have proliferated, which counter the institutionalization of feminist practices in the health field and respond to new needs.

Thus, the context of a renewed mobilization cycle that started in 2017 offers a unique opportunity to study the temporal dynamics underpinning the institutionalization and the re-emergence of autonomous practices.

In what follows, I discuss some of the analytical elements and the theoretical contributions that the thesis has suggested.

8.1 The Temporalities of Feminist Movements

By investigating the feminist movement dynamics through broader temporal lenses, this research has aimed to understand the relationship between past and present activism, following the long trajectory of FSHCs as a repertoire of action.

Feminism and the study of feminist movements have a peculiar relationship with considerations about temporality. While all social movements imply a temporal dimension, in as much as they are in motion, pursue future-oriented or immediate social change, and experience a cyclical dynamic of emergence, endurance, and decline, feminist movements are concerned with and concern the study of temporality because they embody all at once a dynamic of long-term continuity and change.

The cyclical nature of feminist movements has often been portrayed in the media, by scholars, and by movements themselves through the metaphor of waves. This narrative, although widely adopted, has been the target of various critiques, pointing to the risks and limitations of overemphasizing newness and differences over similarities and continuities in

the history of feminist movements (Laughlin et al., 2010). Scholars and feminists have challenged such a vision of feminist temporality by highlighting how the latter tends to hide the relevance of movements' dynamics in between cycles of protest while at the same time providing a homogenizing and unitarian vision of what constitutes each wave, downplaying internal differences. Furthermore, as it has been widely noticed, a wave-oriented vision purports that each new wave would be based upon different priorities and approaches, somehow overcoming and dismissing the past as past. Hence, the wave narrative tends to depict feminist movements as being situated within a single progressive temporal line, in which successive cycles would both challenge and overcome the limitations of previous ones.

However, assuming waves as overcoming one another implies a vision of a linear and progressive temporality that downplays the complex and interactive relationship that new cycles have with previous ones, the generational encounters that may link one moment of visible protest to another, and the persistence of similar goals over time.

This work contributes to complexify accounts of movements' cycles and feminist waves by showing how movements are always a complex mixture of tradition and innovation.

As this thesis has shown, in the Italia context, intergenerational interactions and forms of organizational continuity have persisted over time, and contributed to strengthening following mobilizations, notwithstanding the significant changes in the movement and the broader social and political environment. Moreover, this study has emphasized how traces of past feminist activism influence subsequent forms of action both implicitly and explicitly. Indeed, past seasons of feminist activism both implicitly influence subsequent ones and are explicitly reclaimed by activists who seek to establish their collective identity.

Furthermore, this study adds to academic debates over the (contested) linearity of feminist temporality by proposing that social movements might revisit the past as a means of promoting societal transformation. In fact, this work suggests that 'returning to the past' does not inherently suggest a nostalgic or backward-looking position. Conversely, references to previous movements can serve as platforms for movements to confront novel challenges and generate societal change. As scholars have highlighted, movements can 'recollect forward' (Browne, 2013), that is, turn to the past to produce new and multilinear directions in the present. This study contributes to the existing research by indicating that in the various and occasionally conflicting dynamics associated with the collective identity of feminist movements and its change over time, the interaction between persistence and transformations shows both the impact of the past as a heritage, as well as the active involvement of activists in dealing with it. While past seasons of mobilizations and their outcomes represent 'legacies' with which subsequent activism is inevitably confronted,

further generations can critically engage with them, tracing both lines of continuity and difference with respect to the movement's previous trajectories.

In addition, this thesis has emphasized the importance of local and often contingent historical dynamics by employing a historically informed approach to the study of social movements. First, examining feminist movements at the local level provides a more nuanced understanding of their variety and heterogeneity. Although the Italian feminist movement exhibits notable similarities on a national scale, its local differences were just as significant in the 1970s as they are today. Varying paths of the movement at the local level and different local political conditions contribute to shaping distinct routes in the current scenario. Secondly, an analysis that takes into account the local context with historical sensitivity reveals the significance of the frequently unnoticed patterns of continuity and change that occurred between major periods of mobilization.

I have begun my thesis by focusing on the claims made by the Non Una Di Meno (NUDM) movement, which is the most recent and largest feminist mobilization that emerged in Italy. I was particularly interested in comprehending how activists reconciled their dual position: one advocating for the preservation and reclamation of FHCs, while simultaneously calling for the development of new self-managed health centers. In this duplicity I saw a connection with the peculiar process of institutionalization that unfolded in the 1970s. Throughout the study, however, it became evident that the current context was the result of dynamics that had unfolded beyond the 1970s and prior to the rise of the NUDM movement.

The defense of FHCs, as displayed in today's mobilization in Rome and Milan, was notably influenced not only by the events of the 1970s but also by subsequent local changes in these two cities. Moreover, the examination of the resurgence of self-managed health centers following institutionalization has raised doubts about the cyclical perspective of the movement. In Milan, a new self-managed health center had emerged as early as the 1990s, during a period of decline in feminist mobilizations. In Rome, the establishment of a local self-managed health center in 2017 was rooted in the efforts of a transfeminist network that emerged prior to the NUDM movement. Hence, the analysis undertaken in this study substantiates the argument that the developments occurring between episodes of visible protest are just as important as the transformational nature of massive mobilizations.

Furthermore, this research contributes to the study of social movements' temporal dynamics by highlighting the role of collective memory even for what could be considered 'unspectacular' pasts. Much of the studies on collective memory in social movements have

largely focused on the memory of glorious protest events or traumatic episodes (Armstrong & Crage, 2006; Harris, 2006). Alternatively, studies have focused on the memory of movements' cycles as represented within the public sphere and in the media (Daphi et al., 2016; Zamponi, 2018b). 1970s Italian feminism lacks many of the characteristics that would make a movement's cycle 'commemorable': primarily relying on non-protest oriented repertoires, far less spectacular than other coeval movements and not engaged in violent episodes of conflict, 1970s Italian feminism has not entered public memory as other movements of the time did (Hajek, 2016).

For quite a long time, both 1970s feminist activists and scholars of the movement have been reflecting and complaining about such a lack, often lamenting the absence of a true generational transmission. This research suggests that memories and legacies of past mobilizations may be found in many aspects of contemporary feminism that are often less visible and that yet play a crucial role in the current mobilization. Thus, just as scholarship on social movements' continuity has foregrounded the importance of examining movements' latency and persistence besides moments of protest (Taylor, 1989; Whittier, 1995), this research suggests that the study of movements' collective memory may benefit from relying less on how public and spectacular pasts are remembered and analyzing instead those more subtle ways through which memory of the past influences and persists in subsequent cycles.

Overall, this research suggests that analyzing social movements through a temporally sensitive, historically grounded, sociological perspective, can shed light on otherwise invisible aspects of social movements developments.

8.2 Institutionalization and Movements' Cycles

The comparative reconstruction of the institutionalization of FSHCs in Rome and Milan has shown how Roman and Milanese activists interpreted and reacted differently to the institution of FHCs in the 1970s. Despite their strong skepticism towards the State, Roman activists enacted a pragmatic politics of critical engagement during the legislative and implementation process of the new healthcare service. Thanks to coalitional work with other civil society and political actors, they have influenced the character of the new institution. Among the most significant results of the local movement's engagement in institutionalization was the recognition of Women's Assemblies as hybrid organisms of horizontal and informal participation within the Regional Law. Milanese activists, instead,

strongly opposed any form of negotiation with the State, enacting a politics of distance from the process of institutionalization. Without the movement's engagement, users' participation in Milanese FHCs was channeled through the spaces provided by the Law: Management Committees. The latter represented a bureaucratized and institutional form of participation that left little space for the movement's activity. In contrast, Women's Assemblies have represented an open and horizontal space that has somehow granted a feminist continuity within the institution. Despite the different choices made by the two movements, both processes of institutionalization had similar consequences in the short term. Even the Roman movement's initially cooperative stance with the institution lasted shortly. By the beginning of the 1980s, the movement abandoned Women's Assemblies with an explicit denouncement of the service's bureaucratization and the impossibility of conducting feminist politics within the institution. In this respect, the institutionalization of FHCs in both cities primarily resulted in gradual depoliticization, bureaucratization, and increased distance between the movement and the institution.

However, despite the historically similar negative dynamic of institutionalization, Chapter 6 has disclosed how the different trajectories that the movement had followed in the past continue to matter in the new cycle of mobilization.

Roman mobilizations today can count on the institutional legacy of Women's Assemblies inscribed within the Regional Law. They can also rely on the movement's continuity in the doldrums within and around FHCs. The persistence of ties between the institution and the movement through the presence of professionals, activist-users, and the subterranean persistence of Women's Assemblies all represent resources that contribute to the mobilization in the current cycle.

FHCs in Rome have represented abeyance structures that have maintained the connection of a submerged network of individuals and collectives over phases of movement latency. This continuity appears particularly relevant in the context of a renewed mobilization that has put the defense of FHCs at the core in light of the neoliberal attacks the service faces.

Milanese activists, in contrast, lament the lack of ties with the service and the difficulties of mobilizing in defense of an institution that has no connection with the movement's history and whose institutional identity has been entirely altered by local neoliberal policies, which had favored anti-abortion religious actors' presence in the regional health system. The different trajectory that the Milanese movement followed back then appears still relevant today, not only in the lack of a feminist presence within FHCs but also in the recognition of ties of trust with feminist actors involved in Secular Private Health Centers (SPHCs), which

are still today deemed as more suitable space for a somehow more autonomous health practice in contrast with the constraining character of the State.

Chapter 7 has examined the different trajectories that led to the re-emergence of self-managed health centers in Rome and Milan, highlighting that the different continuity that the movement had within FHCs and more broadly in the health field shapes the dynamic through which activists in Rome and Milan return to self-management. The Consultoria Autogestita in Milan was established in the 1990s, when a new generation of activists that came of age in the context of law mobilization felt disillusioned with the absence of a feminist approach within FHCs. Instead, the Consultoria Transfemminista in Rome followed a very different path. Rather than an immediate reaction to the negative consequences of institutionalization, Roman activists restored the practice of self-managed health centers to enact a transfeminist perspective that challenged the exclusion of LGBTQ subjectivities both from the target of healthcare services and from within the movement's collective identity. Compared to Milanese activists, Roman activists have also maintained a more positive relationship with FHCs and stronger ties with the previous generations active in the health field.

Thus, this research contributes to the study of institutionalization in social movements by providing a relational, dynamic, and temporally sensitive understanding of such a process. Traditionally, institutionalization has been analyzed in social movement scholarship as an inevitable result of movements' formalization or as the consequence of the State's ability to coopt social movements (Morgen, 1986; Piven & Cloward, 1979; Staggenborg, 2013; Zald & Ash, 1966). Recently scholars have provided a more nuanced account of such a process, disclosing the interactive and dynamic relationship between social movements and the State in the making of institutionalization (Bosi, 2016; Castaño, 2019; Suh, 2011). In line with these works, this research highlights the role of the movement's agency in influencing processes of institutionalization, even when the latter are initiated entirely by the State. It also contributes to a dynamic understanding of institutionalization by showing how the balance of cooperation and cooptation might shift over time and how activists can react to this change after institutionalization. In line with other works (Suh, 2014), this research points to how activists engaged with institutionalization constantly assess and evaluate the consequences of their relationship with the State and might act accordingly to change and shift their position.

Contributing to and expanding existing studies, this research has analyzed how institutionalization in one cycle might affect subsequent activism. Different approaches to movements' institutionalization have conceived it either as the end of a movement cycle

(Kriesi, 1995; Meyer, 1993; Tarrow, 1989) or as a form of movement's transformation and continuity (Ferree & Martin, 1995; Staggenborg, 1998; Taylor, 1989). Recently scholars have called for enlarging the temporal lenses of institutionalization to examine it as a long-term process unfolding through different cycles of protest (Bosi, 2016). However, rarely studies have addressed the consequences of this process for subsequent cycles. Engaging with this question, the research has highlighted how a movement's role in institutionalization unfolded in the past may continue to matter in subsequent cycles of mobilization. On the one hand, institutions that have been supported by movements participation in the past may represent sites of continuity in abeyance (Taylor, 1989) and anchors for a submerged network (Melucci, 1989) that re-mobilize in a new cycle. On the other, institutions resulting (also) from movements' engagement become part of the movement's collective identity and collective memory, as an outcome of their mobilization.

Thus, the research shows how movements' agency in institutional change influences both the legacies and the memories of subsequent cycles of mobilization (della Porta et al., 2018). However, rather than a deterministic or path-dependent relationship with the legacies of past institutionalization processes, this work suggests that it is the movement's continuity and activists' agency through collective memory that affects how subsequent cycles of mobilization perceive past instances of institutionalization. In fact, one of the findings of this work suggests that how movements perceive an institution today, depends only in part on the role that the movement played in it during the "event" of institutionalization. By and large, indeed, it is through the subsequent developments within the institution and in the movement, that the perception of the institution is constructed. The narrative and discourse that the movement produces and transmits across generations emerged as key in understanding contemporary visions of FHCs in the two cities. Thus, this work suggests that movements' internal dynamics and activists' agency interplay with the historical legacies they inherit from the past in shaping contemporary activism.

Furthermore, examining the re-emergence of self-managed health centers, this research discloses subsequent generations' agency in evaluating and assessing the outcomes of past generations, reacting to the negative consequences of institutionalization.

Scholars studying movements' institutionalization have underlined how movements can intervene on the negative consequences of institutionalization by altering or shifting their relationship with the State (Suh, 2014). By examining how subsequent generations resort to self-management after institutionalization, this research highlights that «the consequences of movement institutionalization and other collective efforts of social movements are

internally screened, appraised, debated» (Suh, 2014, p. 9) not only by those actively engaged in it but also by those who come afterward. Examining the cases of new self-managed health centers, Chapter 7 has shown that subsequent generations, countering the depoliticization that follows institutionalization, restore self-management to engage with non-hierarchical, non-bureaucratic, and non-medicalized approaches to health.

8.3 Collective Memory, Movement Outcomes and Institutions

Chapter 6 has underlined the role of collective memory in shaping defensive mobilizations around FHCs. In particular, the case of the Coordination has shown how mobilizations in defense of outcomes of the past are strengthened by activists' perception of the role that they have played in creating and maintaining the institutional identity of FHCs. An extensive body of research has investigated the consequences of social movements in terms of biographical, cultural, policy, and institutional outcomes (Bosi et al., 2016; Giugni, 1998; 2004; Giugni et al., 1999; Van Dyke & Taylor, 2018; Whittier, 2007). However, few studies have investigated how movements engage in the defense of outcomes obtained in the past. This issue has been addressed partly by scholars studying movements and counter-movements' dynamics. The latter field of research has foregrounded how threats to movements' past victories prompt strong re-mobilizations (Meyer & Staggenborg, 1996; Staggenborg, 1995). Contributing to this trend of research, this work has underlined the role of collective memory in sustaining mobilizations in defense of movements' outcomes.

Studies on collective memory in social movements have widely shown that references to the past can enhance mobilizations in the present and be employed strategically to strengthen and foster collective action (Eyerman, 2016; Meyer, 2006; Polletta, 1998a; Zamponi, 2013). References to past outcomes are part of how movements can symbolically draw on the past to foster their mobilization in the present. Filtered through collective memory, the representation of past outcomes resulting from movements' influence «maintains the enthusiasm of the faithful, mobilizes new activists by providing a script for contemporary actions and makes sense of current political challenges.» (Meyer, 2006, p. 293). However, the analysis of defensive mobilizations has shown that how activists make reference to the past is not simply part of a conscious strategy oriented to mobilization. As argued by Polletta «narratives may be employed strategically to strengthen a collective identity, but they also may precede and make possible the development of a coherent community, or nation, or collective actor» (Polletta, 1998a). The case of the Coordination has shown how rather than strategically claiming credit for an insurgent past (Polletta,

1998b), the mobilization in defense of FHCs showcases an affective and symbolic component that is grounded in the sustained activism of professionals, users, and feminist activists within the institution. FHCs are defended as part of the movement's collective identity, which is built upon the shared and transmitted collective of the role that feminist activism has played in establishing, advancing, and sustaining the service. The role of collective memory in this regard appears to be interesting also for studies about healthcare activism.

Scholars studying protests in defense of healthcare services have contributed to bringing to the fore the symbolic, cultural, social, and affective meaning that such places hold for local communities (Barnett & Barnett, 2003; Brown, 2003; Ivanova et al., 2016; Jones, 2015; Kvåle & Torjesen, 2021; Moon & Brown, 2001; Stewart, 2019). Healthcare facilities are "anchor institutions" holding communities together (Stewart, 2019), enacting their sense of locality (Brown, 2003), their feeling of individual and collective safety (Kvåle & Torjesen, 2021) and are defended «as assets which the community had (in some cases) created and (in all cases) helped to shape.» (Stewart, 2019, p. 12). Expanding on these observations, Chapter 6 has emphasized that these dynamics are even more pronounced in circumstances where a social movement views healthcare services as direct results of its activism. As illustrated in this thesis, activists, professionals, and users of FHCs in Rome coalesce to support a service that they consider as integral to their personal and collective feminist identity.

Hence, this thesis suggests that defensive mobilizations in the healthcare sector might be influenced by emotional and symbolic connections between social movements and institutions, which arise from their long-term involvement.

8.4 Collective Memory and Repertoires as Symbols

Chapter 7 has provided the opportunity to discuss the relationship between repertoires and collective memory. It is widely acknowledged that movement actors don't choose their tactics only for strategic purposes but also according to their collective identity and ideology (Taylor e Van Dyke, 2007, p. 277). As Polletta has powerfully pointed out «organizational forms, like strategies, tactics, and targets, are often appealing for their symbolic associations and especially their association with particular social groups» (Polletta, 2005, p.27).

This study emphasized the relationship between repertoires of the past and collective identity in the present. It suggests that activists may adopt a repertoire from past mobilizations not only as strategic tools to achieve their goals, but also as symbols.

Movements almost always inherit repertoires from their predecessors (della Porta, 2014b; Tarrow, 1993; Tilly, 1978). This is often part of an 'implicit memory', a form of

routinized and tacit inheritance (Zamponi, 2018b). However, especially when forms of action tend to have a discontinuous presence in the movement's history, the choice of repertoires from past phases of mobilization might assume symbolic relevance (Traugott, 1995). In this regard, borrowing a form of action from previous cycles of mobilization may represent a way to reclaim an ideal connection with that past.

Research on collective memory has investigated how activists can appropriate symbols, ideas, events, or of key public figures of the past for present purposes (Armstrong & Crage, 2006; della Porta & Tufaro, 2022; Fevry, 2019; Harris, 2006; Jansen, 2007). An under-researched aspect in this literature however regards the way in which repertoires can be part of those elements of the past that activists might appropriate and use to define their collective identity in the present. Those works that have addressed this topic, have generally highlighted the role of repertoires of the past in performing a symbolic continuity with previous struggles. Some scholars have argued that this is often the result of nostalgic perspectives, purporting an 'imagined continuity' and unity in the movement's collective identity, especially in cases in which the movement's unity appears threatened (Quéré, 2021).

This research has presented other possible paths in the symbolic relationship that movements establish with the past by adopting repertoires of previous cycles. In particular, it has evidenced how the choice of repertoires of past phases of mobilization may play an important role in internal movement dynamics.

First, a repertoire of the past can be borrowed to testify to a more radical stance in a context where the movement seems to be undergoing a phase of institutionalization and demobilization. Activists embrace previously dismissed repertoires as they seek to reconnect with a radical collective identity preceding the movement's decline or institutionalization. In this respect, the decision to adopt a repertoire from a previous phase of mobilization can also indicate divisions between different generations. Younger generations, who are faced with the institutionalization and moderation of their predecessors, reappropriate grassroots practices from the past to signal their difference with respect to the broader movement. They do so, by reconnecting with a political tradition that symbolizes a radical positioning.

Secondly, this research has shown how marginalized subjectivities within the movement can borrow past repertoires to claim their presence in the movement's historical narrative. Adopting the practice of 1970s self-managed health centers, transfeminist collectives in Italy position transfeminism as an integral part of feminism's historical development and dispute the meaning and boundaries of the movement's collective identity. Drawing a line of continuity with the 1970s, activists reclaim that past as belonging to them. Obviously, in

movements where the boundaries of collective identity are a field of internal conflict, referring to the past may gain increased significance. The case of the Consultoria Transfemminista in Rome has offered the opportunity to examine how repertoires, in such a context, may constitute symbols through which activists trace both lines of continuity and discontinuity with the past.

8.5 Feminist Self-Managed Health Centers and Direct Social Action

Finally, examining FSHCs in the past and today, the research also contributes to the study of direct social action (Bosi & Zamponi, 2015, 2019; Zamponi, 2019b), by shedding light on the specificity of feminist approaches to this form of action. Recent literature has renewed the attention on non-protest-oriented forms of action as a critical part of the repertoire of collective action. Studying forms of self-organization and self-management, scholars have accounted for both their continuity and discontinuity throughout time (Bosi & Zamponi, 2015). On the one hand, direct social action has been recognized as a traditional component of the repertoire of collective action, at least in the Italian context. On the other hand, scholars have highlighted how these forms of action tend to proliferate especially within crisis contexts when the State fails to meet the needs of citizens. These studies have been particularly driven by the recent proliferation of these forms of action in the European context, where a renewed centrality of mutualistic practices has been observed as part of anti-austerity mobilizations and as a response to welfare contraction (Cabot, 2016; Guidi & Andretta, 2015; Luciano, 2012; Malamidis, 2020). The health field has been a key site in which mutualistic forms of action have resurfaced (Cabot, 2016; Christou, 2022; 2023; Kokkinidis & Checchi, 2023; Kotronaki & Christou, 2019; Malamidis, 2021).

This research shows how forms of mutualism and peer-to-peer support have been a critical component of the feminist movement's repertoire, and part of the movement's collective identity and history. Feminist mutualism in the health field, rather than resulting primarily as a response to crisis contexts, appears as embodying a feminist vision of self-determination which is critical of user-experts' hierarchies and medicalization. While existing research has primarily explored health direct social action as part of welfare from below and economic solidarity, the study of FSHCs in the past and the present showcases the re-emergence of direct social action in the health field as primarily characterized by ideological choices connected to the movement's collective identity. FSHCs symbolically and practically embody a feminist critique of medical institutions and are interpreted as performing an alternative, non-hierarchical and peer-to-peer approach to health. As Chapter 7 has discussed, even as

the socio-political context changed, the choice of self-management for feminist and transfeminist groups remained primarily grounded upon the experimentation of alternative health practices rather than on forms of direct medical provisions. What contemporary activists challenge through their action is not only the crisis of existing services in terms of answering health needs but also the epistemological and methodological underpinnings of the latter. Thus, the karstic trajectory of FSHCs in Italy emerged in this thesis as part of a feminist tradition of health mutualism aiming at enhancing self-determination through peer-to-peer and self-help practices.

To summarize, this research has provided an account of the relationship between the past and the present in social movements by examining the institutionalization of movements' practices and how the latter influences subsequent activism. It has shown that processes of institutionalization that unfolded in the past matter for subsequent generations and cycles of mobilization. On the one hand, institutionalization represents an institutional and historical legacy that can enable and constrain activists in the following cycles. It may represent a site of movement continuity, maintaining its presence in abeyance and fostering further mobilizations in subsequent cycles. Movements' agency in institutionalization matters not only objectively, in terms of the influence that movements may have on the character of such a process, but also symbolically. Filtered through collective memory, institutionalization may be represented as an outcome. How movements frame their agency in processes of institutionalization and how they claim credit for the influence they have played matter for subsequent cycles, shaping the perception of such a process for following generations.

On the other hand, it has underlined movements' agency by examining how subsequent generations challenge processes of institutionalization and their negative consequences and resort to grassroots practices.

Thus, overall, the research shows movements' agency in processes of institutionalization through a long-term perspective, contributing on the one hand to the study of the dynamic and relational character of institutionalization and on the other to a temporally sensitive study of such a process.

Furthermore, this research foregrounds how the past may influence and shape subsequent collective action looking at the role of collective memory both in defensive mobilization and in the re-emergence of self-managed health centers. It has highlighted how collective memory may sustain the defense of outcomes of the past, situating this

analysis in the peculiar context of institutional settings and, more specifically, of healthcare services. Furthermore, it has highlighted the relationship between movements' repertoires and collective memory, analyzing how repertoires may function as symbols that allow movements to reconnect with past seasons of mobilization to construct their collective identity in the present.

Additionally, the research also sheds light on the specificity of feminist direct social action in the health field, by showing how past and present activists understand these forms of action as part of a broader struggle for self-determination, grounded in the vision of peer-to-peer support as embodying emancipatory power.

Finally, throughout this work, I hope to have suggested that a historically sensitive approach to social movement may benefit from a genealogical vision of present movements that considers the dynamic resonances between the past and the present as both shaping the context in which movements take place and as shaped by movements themselves.

8.6 Limitations and Further Research

This section aims to highlight the limitations this research has encountered and suggests directions for further research.

As with any research endeavor, this work presents shortcomings that future works in the field could address. A crucial limitation of this research lies in the limited number of cases investigated. Conducting research through large temporal spans, from the past to the present, has forced me to operate a selection. Further research could provide essential insights by adding comparative cases at the national level and by researching similarities and differences with other national cases. At the national level, my choice of studying two major cities in Italy has been partly due to the presence of previous historical works and secondary literature that has supported my work. Further research could expand our empirical knowledge on the relationship between past and present feminist movements in health by examining other cases, such as smaller and peripheral city contexts where the relationship between movements and the State could have been different.

In addition, comparative research on other national contexts could provide fruitful insights into different possible trajectories in institutionalizing movements' practices and their consequences on subsequent cycles of mobilization.

Another limitation of this research lies in the methodological constraints it has encountered. Due to the pandemic context and the ephemeral character of feminist and

transfeminist self-managed health centers in contemporary Italy, I have not been able to conduct deep ethnographic work and have instead primarily relied on interviews with activists. While interviews are a key method to dig into activists' perceptions and meaning-making (Blee, 2013), they leave out the possibility of directly observing activists in action. As other scholars have highlighted, in the study of direct social actions, ethnographic research could provide important insights into the organizational choices activists make, the challenges and dilemmas they encounter, and the type of practices they develop (Bosi & Zamponi, 2015). Ethnographic research and participant observation would shed light on difficulties and contradictions between stated aims and their practical translation. While activists' self-reflexive analysis has emerged by and large in my interviews, deeper ethnographic participation in the groups' everyday activities would have provided richer insights into how activists face the contradictions they encounter. Participant observation would also have provided information about the group's internal dynamics, going beyond activists' self-representation. In this respect, I suggest that further research could explore through in-depth ethnography how activists engaged in self-managed health initiatives put into practice their vision of health and how they address the challenges they face.

Another possible line of research that could be explored, building on the findings of this work, is a comparison between different types of institutionalization of movement repertoires. As I have argued, the case studied in this work is significant in that it highlights the peculiar challenges and consequences of the institutionalization of movements' repertoires, when state institutions substitute self-managed initiatives taking over responsibility for addressing the issues the movement was already addressing. However, as I have briefly mentioned, other forms of institutionalization of repertoires exist, and indeed are more frequent, consisting of incorporating movement-led institutions into the welfare field. Comparing these different processes may also shed light on their consequences for subsequent mobilization cycles.

Finally, this research also suggests that further work should explore the relationship between repertoires of action and collective memory in accounting for the continuity and discontinuity of forms of action. While a consistent body of work has discussed forms of diffusion of repertoires through different spatial settings, little research has focused on the temporal diffusion of forms of action. In the latter field, the role of collective memory has been explored as a channel through which repertoires may travel. This research suggests that exploring the adoption of past repertoires could be investigated as part of the active relationship that movements have with their predecessors and, thus, as part of the active symbolic construction of the past rather than as part of a tacit inheritance.

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List of Interviews

ID	Group	Age	Gender	Place	Date
R1	Coordination of Women's Assemblies	67	W	Rome	4/12/2019
R2	Coordination of Women's Assemblies	65	W	Rome	6/12/2019
R3	Coordination of Women's Assemblies	65	W	Rome	20/01/2020
R4	Coordination of Women's Assemblies	70	W	Rome	22/01/2020; 23/01/2020
R5	Coordination of Women's Assemblies	69	W	Rome	23/01/2020
R6	Coordination of Women's Assemblies	45	W	Rome	6/07/2020
R7	Coordination of Women's Assemblies	55	W	Rome	7/07/2020
R8	Coordination of Women's Assemblies	26	W	Rome	13/07/2020
R9	Non Una Di Meno	35	W	Rome	21/04/2021
R10	Consultorio San Lorenzo	60	W	Rome	17/05/2021
R11	Gruppo Femminista per la Salute della Donna	67	W	Rome	18/05/2021
R12	Gruppo Femminista per la Salute della Donna	60	W	Online	19/05/2021
R13	Non Una Di Meno	44	W	Rome	21/06/2021

R14	Consultoria Transfemminista	33	M	Rome	29/06/2020
R15	Consultoria Transfemminista	33	W	Online	8/07/2020
R16	Consultorio San Lorenzo	61	W	Online	28/07/2021
R17	Consultoria Transfemminista	37	W	Rome	13/05/2021
R18	Consultoria Transfemminista	54	T	Rome	18/05/2021
R19	Consultoria Transfemminista	41	W	Online	22/05/2021
R20	Consultoria Transfemminista	38	NB	Online	10/05/2022
R21	Vita di Donna	66	W	Rome	19/95/2021
M1	Consultoria Autogestita	33	W	Milan	12/12/2019; 29/09/2021
M2	Consultoria Autogestita	55	W	Milan	12/09/2020
M3	Consultorio Autogestito Bovisa	73	W	Milan	13/09/2020
M4	Consultorio Autogestito Bovisa	72	W	Milan	18/09/2020
M5	Non Una Di Meno	35	W	Milan	04/10/2021
M6	CED	65	W	Milan	04/10/2021
M7	CED	63	W	Milan	04/10/2021
M8	Professional FHC	81	W	Milan	10/11/2021

M9	CEMP	68	W	Milan	24/11/2021
M10	Non Una Di Meno / Pro-Choice	48	W	Online	11/12/2021
M11	CEMP	59	W	Online	14/12/2021
M12	CEMP / FHC	60	W	Milan	16/01/2022
M13	CPD	28	W	Milan	17/01/2022
M14	Libreria delle Donne	70	W	Milan	19/01/2022
M15	Casa delle Donne	65	W	Milan	20/01/2022
M16	Casa delle Donne	60	W	Milan	20/01/2022
M17	Non Una Di Meno	30	W	Milan	25/01/2022
M18	Consultoria Autogestita	43	W	Milan	15/04/2022; 22/07/2022
M19	Non Una Di Meno	34	W	Milan	24/01/2020

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