RESEARCH ARTICLE

The consequences of social movements' institutionalization for subsequent cycles of mobilization: an ambivalent legacy

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ABSTRACT: This article explores the consequences of institutionalization for subsequent cycles of mobilization through the case of Feminist Health Centers in Italy. It examines how the new feminist wave that emerged in the 2010s engages with the process of institutionalization that led to the creation of Public Family Health Centers during the 1970s. While previous studies have examined the immediate impact of institutionalization on the actors directly involved in it, little attention has been paid to its influence on successive cycles of mobilization. Addressing this gap, the study argues that institutionalization constitutes an ambivalent legacy that both enables and constrains subsequent activism. On the one hand, it provides organizational continuity and serves a powerful symbol of past victories in the movement's collective memory. On the other, it represents a controversial legacy for new generations seeking radical organizing. The study contends that the impact of institutionalization varies according to the meanings attributed to it by earlier cycles. When institutionalization is framed as a successful achievement, it may strengthen subsequent activism by enhancing legitimacy yet simultaneously act as a burden that complicates a return to grassroots practices. Conversely, when perceived as cooptation, its weaker symbolic resonance facilitates new generations' ability to contest it and return to grassroots organizing. The article also introduces the concept of "institutionalization of repertoires" as the process by which the State or other actors adopt a repertoire developed by social movements without incorporating movement actors themselves. Drawing on 40 interviews, archival research and document analysis, the study advances the study of social movements by exploring this distinctive type of institutionalization and its consequences for new cycles of mobilization.

KEYWORDS: Institutionalization; cycles of mobilization; feminist health centers; repertoires of action; generations;

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1. Introduction

Institutionalization represents a complex and often ambivalent process for social movements. Scholars have long debated whether it should be seen as an inevitable path to co-optation or as a positive, strategic achievement for collective actors. Some interpret it as a state-driven mechanism aimed at weakening movements and fostering demobilization (Piven and Cloward 1979; Tarrow 1989), whereas others view it as a necessary phase in the development of movements and a key condition for their long-term survival (McCarthy and Zald 1977). More recent scholarship adopts a relational perspective, conceiving institutionalization as the product of strategic interactions between movements and the state (Bosi 2016a; Suh 2011). Despite extensive debate, existing research has largely examined institutionalization within single cycles of mobilization. Consequently, we still know relatively little about how institutionalization shapes later protest cycles. Addressing this gap, this article investigates how institutionalization affects subsequent mobilizations. It asks: how do activists who come of age after a process of institutionalization relate to this significant legacy? How do later protest cycles benefit from earlier institutionalization? How, conversely, does institutionalization constrain new cohorts?

The article addresses these questions through the case of Feminist Health Centers (FHCs) in Italy. These initiatives were established by feminist during the 1970s to address issues related to women's sexuality and reproduction in a context where basic healthcare services for women were largely unavailable, and abortion remained illegal (Barone 2023; Bracke 2017; Percovich 2005). While initially autonomous, the centers quickly underwent a process of institutionalization, leading to the creation of state-run Public Family Health Centers (PFHCs). While the establishment of PFHCs marked progress in women's healthcare access, it also sidelined the feminist movement's more radical critiques regarding women's self-determination and their critical approach to patient-doctor relationship, resulting in an ambivalent outcome for the movement. The establishment of PFHCs gradually led to the closure of feminist autonomous initiatives. Despite initial controversies, these institutional centers eventually became a symbol of feminist struggles for sexual and reproductive health, serving as a crucial resource for women. However, they have also undergone significant transformations due to the implementation of neoliberal policies within the Italian National Health Service (NHS), resulting in funding cuts and staff shortages (Istituto Superiore di Sanità 2022).

In recent decades, the Italian feminist movement has witnessed a resurgence in mass mobilization, largely driven by the rise of *Non Una Di Meno* (Barone and Bonu 2022; Chironi 2019). Within this context, major campaigns have emerged to defend PFHCs from the challenges they face. Simultaneously, the movement has sought to revive the practice of FHCs as a response to the depoliticization of institutional ones (Barone 2024).

This dynamic provides a unique opportunity to investigate how institutionalization in one cycle shapes activism in later ones. The article does so by examining the cases of Rome and Milan, two cities where institutionalization unfolded differently in the 1970s: Roman activists supported the process, while Milanese activists largely rejected it. Today, both cities are central to renewed mobilizations for PFHCs and have experienced the re-emergence of new self-managed health centers.

By exploring how the contemporary feminist wave engages with the history of health centers, the article argues that institutionalization has significant impact on subsequent cycles of mobilization, acting as an ambivalent legacy that both enables and constrains later activism.

First, institutionalization may benefit subsequent cycles by providing continuity, through enduring organizational structures and long-term, experienced activists who carry knowledge and expertise into later mobilizations. Second, institutionalization can sustain subsequent struggles by becoming embedded in the movement's collective memory: when remembered as a victory of past generations, institutionalization serves as an emotionally charged symbol of the movement's achievements, strengthening legitimacy and fostering

pride among activists. At the same time, however, institutionalization can be a contested legacy for new generations seeking more radical forms of action. As later cohorts attempt to return to grassroots activism, they confront both the structural constraints of institutionalization and the negative consequences they perceive in it. In this way, efforts to revive radical organizing may be complicated by the weight of institutionalization as a celebrated achievement of previous generations.

The article further argues that the impact of institutionalization on later activism depends on how it has been perceived by previous generations. When remembered as a victory, it's symbolic weight strengthens the movement's legitimacy but it can make it more difficult for later generations to return to grassroots action. Conversely, when institutionalization is perceived and remembered as a form of cooptation, subsequent generations can more easily contest it and re-embrace grassroots strategies, unburdened by the symbolic significance of earlier legacies.

The article also contributes to the study of institutionalization by introducing the concept of the "institutionalization of movement repertoires". While existing scholarship has primarily focused on how institutionalization affects movement actors, the case of health centers in Italy highlights an alternative dynamic. In this form of institutionalization, the state or other institutions adopt a repertoire developed by social movements without incorporating the activists themselves. This process has been largely overlooked, despite its historical relevance: in Europe, many welfare institutions emerged precisely through state appropriation and formalization of grassroots practices initially developed by civil society. The concept of institutionalization of repertoires thus expands existing frameworks and opens new avenues for examining how movements shape institutional practices even in the absence of direct incorporation.

Based on research conducted between 2018 and 2024, including 40 in-depth interviews with activists from the 1970s to the 2010s, archival research and documentary analysis, the study advances the study of social movements by exploring a distinctive type of institutionalization and its consequences for new cycles of mobilization.

2. Theoretical Framework

In the study of social movements, institutionalization is commonly understood as the process through which social movements shift from grassroots organizing and radical action to formalized and professionalized structures, often through engagement with the state or other institutional entities (Staggenborg 2013). Scholars have explored institutionalization as a pathway through which movement organizations enter traditional politics, evolve into formal political parties, adopt professionalized structures, or participate in institutional politics to varying degrees (Bosi, 2016a; Goldstone, 2003; Johnston, 2011).

Debates on the consequences of institutionalization for social movements remain central to the field (Castaño 2019; Coglianese 2001; Piven and Cloward 1979; Suh 2011; Tarrow 1989). Early scholarship presented two main opposing views. The first considered institutionalization as resulting from the state's efforts to co-opt social movements, ultimately weakening them (Piven and Cloward 1979). In a similar vein, seminal studies in social movement research have interpreted institutionalization as signaling the end of a movement cycle, leading to demobilization (Tarrow 1989). The negative consequences of institutionalization have been identified in loss of autonomy and depoliticization (Matthews 1994) as well as in the "appropriation, dilution, and reinterpretation" of movement discourses (Jong and Kimm 2017, 2). The opposing view, prominent within resource mobilization theory, emphasized the benefits of formalization and professionalization for movement survival and effectiveness (McCarthy and Zald 1977). For example, Ruzza

(1997) showed that peace groups affiliated with large, institutionalized organizations were more adaptable and better able to persist through periods of low mobilization.

Similar positive accounts of institutionalization have emerged from studies on the women's movement. These have shown that institutionalized feminist organizations have remained important spaces for activism and policy influence (Ferree and Martin 1995; Reinelt 1995) and that activists within institutions can effect social change through "unobtrusive mobilization" (Katzenstein 1990).

A third strand of research takes a relational and strategic approach, viewing institutionalization as the result of negotiation and interplay between movements and the state (Bosi 2016a; Reinelt 1995; Suh 2011). As Suh notes, institutionalization is often "the 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" (Suh 2011, 463). In this vein, scholars have emphasized that movements may strategically adopt a politics of engagement with the state (Reinelt 1995), with activists carefully evaluating the potential consequences of such a process. From this perspective, institutionalization may be a deliberate strategy by movements seeking to influence public policy while weighing its risks and rewards.

Thus, institutionalization is a central and widely debated concept within the study of social movements, and studies on its consequences are rich and lively.

However, with very few exceptions (Bosi 2016a), studies have examined institutionalization almost exclusively within the boundaries of a single protest cycle. As a result, we know very little about how institutionalization shapes subsequent cycles of mobilization and the activism of later generations. Yet many movements extend across more than one protest cycle, and in these cases, institutionalization achieved during an earlier phase may continue to shape later ones in important ways.

Filling this gap, this work offers a novel theoretical contribution by conceptualizing institutionalization as a legacy that subsequent cycles inherit.

To do so, it draws on works within social movement studies that - while not forming a unified body of literature - provide valuable tools for extending temporal analysis beyond single protest waves. Among these, research on the consequences of social movements has shown that movements' outcomes may continue to matter long after mobilization subsides. Successes and failures can be "highly consequential," shaping a movement's subsequent reputation, development, and strategic choices (Gupta 2010, 218). Earlier outcomes and may also generate interrelated effects that unfold over time (Bosi 2016b). In this sense, movements' achievements do not end with the conclusion of a protest cycle.

Additionally, scholarship on collective memory has emphasized that past outcomes, once filtered through memory work, may "maintain the enthusiasm of the faithful, mobilize new activists by providing a script for contemporary actions, and make sense of current political challenges" (Meyer 2006, 293). Thus, past achievements and defeats become symbolic reference points for later waves of activism. More broadly, studies of collective memory have shown how past struggles' frames, repertoires, and collective identities become embedded in the movement's memory and may be reactivated by new generations (Gongaware 2010; Harris 2006; Zamponi 2018). Collective memory becomes a central tool that activists of new cohorts may use to assert their legitimacy, trace lines of continuity with past struggles, and challenge existing narratives (Zamponi 2018; Barone 2024). Relatedly, scholars have demonstrated that new protest cycles do not emerge through an "immaculate conception" but are instead rooted in previous developments, benefiting from movements' continuity in abeyance (Taylor 1989).

Taken together, these studies contribute to provide the analytical tools to conceptualize the legacies that new cycles inherit from past ones.

Building on these insights, this study conceptualizes institutionalization as a central legacy for movements that experience continuity across multiple protest cycles.

Furthermore, this work contributes to and expand the study of institutionalization by introducing the concept of "institutionalization of repertoires". This term refers to a distinctive type of institutionalization in which the State or other institutions adopt repertoires originally developed by social movements without incorporating movement actors themselves. This process differs significantly from the one generally addressed by existing studies, that focuses on the institutionalization of movement actors (Piven & Cloward, 1991; McCarthy & Zald, 1977; Bosi 2016a; Suh 2011). Research on the institutionalization of feminist initiatives clearly illustrates this approach. Studies on women's health centers and anti-violence centers have focused on the consequences of the incorporation of movement-run organizations into state, third-sector, or corporate structures (Morgen 1986; Matthews 1994; Reinelt, 1995; Thomas and Zimmerman). In these cases, institutionalization directly involves movement actors and presents specific challenges, as activists navigate constraints related to the loss of autonomy, dependence on public funding, and increased professionalization.

When institutionalization concerns repertoires, instead, movements are not automatically included in the process and may lose direct control over the practices they initiated and helped creating. This positioning creates a unique tension: movements may attempt to maintain influence by engaging with the institutions that adopt their repertoires, or they may choose to distance themselves when these are perceived as co-opted or depoliticized. Importantly, this form of institutionalization enables movements to retain autonomy outside formal structures, preserving the capacity for independent mobilization. This type of institutionalization also shows that movements may influence public policy not just through claim-making but also by acting as examples and models for developing innovative institutions.

While this dynamic has received little scholarly attention, it is far from rare and has historically played a pivotal role in the development of modern welfare states and related programs. Across Europe, public welfare institutions often emerged as states adopted and formalized grassroots practices - such as mutual aid, self-management, and community-based service provision - that civil society had initially developed (Barker and Lavalette 2016; Beito 2000; Busso and De Luigi 2019). The case of health centers analyzed here provides a lens to examine the unique challenges and consequences this type of institutionalization poses for social movements.

3. Methodology

This article is based on research conducted between 2018 and 2024 in Rome and Milan, the two largest cities in Italy, both of which have witnessed significant feminist mobilization in the 1970s and continue to do so today. While during the 1970s the feminist movements in these cities shared many characteristics, they also exhibited notable differences. Rome and Milan, in fact, represented two distinct strands of feminism. In Rome, feminism was generally more open to engaging with traditional politics, political parties, and state institutions, whereas in Milan, feminism was strongly anti-institutional and critical of traditional political structures (Bracke 2014; Calabrò and Grasso 2004). While FHCs were established in both cities at the beginning of the decade, the movements in Rome and Milan followed different trajectories of institutionalization. As the next section will explore, in Rome feminist activists supported institutionalization while in Milan, they opposed it. The similarities and differences between the two cities provide an opportunity for a comparative analysis of the consequences of institutionalization on subsequent activism.

Data collection for this research involved 40 in-depth interviews with activists, archival research, and analysis of documents produced by the movements.

Interviews have been particularly crucial to this study. As scholars have argued, interviews allow 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 and Taylor 2002, 95). Interviews offer a unique perspective on activists' thoughts and ideas "in their own words rather than in the words of the researcher» and they "bring human agency to the center of movement analysis" (Blee 2013, 96). Interviewees were selected among activists involved in FHCs during the 1970s and those currently active in mobilizations to defend PFHCs or in new forms of self-management. Interviews followed a flexible outline, beginning with an exploration of participants' backgrounds and their initial involvement in feminist activism. Subsequent questions focused on their views regarding the impact of past mobilizations on PFHCs, their perception of the relationship between their movement and institutions, and their current practices and understanding of health. The interviewees' ages ranged from 25 to 81. Prior to the interview, participants were provided with information regarding the research topic and the themes to be addressed during the conversation. All interviews were recorded and transcribed. To ensure confidentiality, all interviews have been anonymized.

Archival research was conducted in three different archives: *Archivia – Archivi, Biblioteche e Centri di Documentazione delle Donne*[1], the *Central Archive of the Unione Donne Italiane*[2] in Rome, and the *Fondazione Elvira Badaracco*[3] in Milan. While research on 1970s Italian feminism has expanded in recent decades, historians have long noted a "historiographical void" (Bertilotti and Scatigno 2012, VII) regarding it. This gap is particularly evident with respect to the movement's role in the health field: historical accounts of feminist health activism in Italy remain scarce, with most insights coming from direct participants (Jourdan 1976; Percovich 2005; Tozzi 1984). As a result, archival research and interviews with protagonists were essential to investigate the process of institutionalization that unfolded during the 1970s and its lasting impact on contemporary mobilization.

The research was further complemented by the analysis of documents of contemporary movements, including publications, flyers, pamphlets, and group websites.

All materials have been analyzed using MaxQDA. Thematic analysis (Squires 2023) has been conducted through an inductive coding approach, proceeding from concrete descriptive codes to more abstract analytical categories (Mohajan and Mohajan 2022). Initially, I developed first-order codes capturing participants' concrete expressions and experiences (e.g. "pragmatic approach", "withdrawal from institutionalization", "half-hearted mobilization", "health centers' depoliticization", "heritage", "movement legacy" "horizontal practices", "belonging", "detachment"), closely reflecting the language used by activists in the interviews. Subsequently, I grouped these first-order codes into second-order analytical themes that captured broader patterns and theoretical dimensions emerging across the data (e.g. "ambivalent legacies of institutionalization", "institutionalization as resource vs. constraint", "generational assessment of the legacy", "return to self-management", "collective memory of past victories").

To conduct the comparative analysis, I have first explored their similarities and differences in narratives about the process of institutionalization in the 1970s, both through interviews and archival material. Afterward, I have analyzed narratives in contemporary mobilizations and self-managed initiatives. Analyzing these two cycles of mobilization in both cities, I have aimed to understand how past trajectories shaped their characteristics in the present. This comparative approach allowed me to analyze how the specific histories of institutionalization in each city influenced contemporary activism, revealing both common patterns and contrasting trajectories in the ways activists negotiated institutional legacies across cycles of mobilization.

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[1] https://www.archiviaabcd.it
[2] https://archiviodigitale.udinazionale.org/archivio-digitale/
[3] https://www.fondazionebadaracco.it

While my initial aim was to compare only two phases of mobilization - the 1970s and the 2010s - the fieldwork in Milan revealed that the existing self-managed health center had been established already in the 1990s. Consequently, I included this intermediate phase of activism in my analysis, as this temporal difference between the two cities constituted a key result, revealing how distinct trajectories of institutionalization shaped divergent timings and forms of subsequent activism.

4. Background

At the beginning of the 1970s in Italy, abortion was illegal, and services dedicated to women's health were virtually non-existent (Bracke 2017; Gissi and Stelliferi 2023; Paggio 1976; Percovich 2005). In 1971, the Constitutional Court legalized the dissemination of information about contraception, which had previously been a criminal offense under the fascist Rocco Code (Gissi and Stelliferi 2023). FHCs emerged in this context as a direct response to the unmet needs of women. These initiatives not only provided essential services but also embodied a radical critique of the male-dominated monopoly on medical knowledge about women's bodies. Their goal was to reclaim autonomous knowledge and techniques, engage in open discussions about women's sexuality and enact self-determination.

FHCs shared with the broader feminist movement in the country what Di Cori describes as the "practice of distance" from male-dominated politics, society, and institutions (Di Cori 2012). The movement adopted separatism as a strategy, reflecting women's active disengagement from a society and political system that dismissed sexual difference and concealed its male-centric nature under the guise of equality and universality. A key feature of 1970s feminism in Italy was its rejection of the emancipatory women's politics that had defined earlier waves of feminist activism (Lonzi 1978). By forming women-only collectives and deliberately detaching themselves from mainstream politics and society, women challenged the underlying assumptions of a political landscape that marginalized them. This perspective also sustained the movement's anti-institutional stance, which rejected engagement with policymaking and viewed the law as an expression of patriarchy (Libreria delle donne di Milano 1987; The Milan Women's Bookstore Collective 1990).

In 1975 the Parliament approved Law 405 instituting state-led PFHCs. This law marked an ambivalent outcome for feminists involved in self-managed health initiatives, compelling them to an interaction with the State they had previously avoided. The creation of this new service represented a significant improvement for women's healthcare: it was the first public healthcare service to center women's sexual and reproductive health, bringing these aspects of women's lives out of the private sphere.

The law defined PFHCs as having both a social and medical character. This holistic approach responded to feminist critiques of medicalization. Additionally, the service was entirely free of charge, making it a precursor to the NHS, which would be established in 1978. Furthermore, the law included provisions for users' participation in the administration of the service. However, the service also presented significant limitations from the perspective of feminists. First, it was primarily oriented towards families and couples, rather than focusing exclusively on women. Secondly, its general approach diluted more radical feminist critiques, particularly those challenging the hierarchies between users and experts (Pocar and Ronfani 1998).

Despite these tensions, the first decade after the implementation of PFHCs was one of "pioneering years" (Fattorini 2014, 59). During this time, highly committed professionals viewed the centers as having the political mission of enhancing women's self-determination in the healthcare field. The participatory character of the service created innovative spaces for cooperation between laypeople and experts. However, starting in the 1990s, the service was significantly impacted by neoliberal reforms that led to cuts in public spending and the corporatization of healthcare (France and Taroni 2005; Giorgi 2024; Maino 1999; Mapelli 2012; Pavolini

and Vicarelli 2013). A 2022 report published by the *Istituto Superiore di Sanità* (National Health Institute) found that PFHCs have been systematically reduced in number, faced increasing staff shortage, and have scaled back their services, with significant regional disparities in their availability and quality (Istituto Superiore di Sanità 2022).

Given the regional character of the healthcare system in Italy, it is also important to address the different developments that the service had in the two regions of Rome and Milan. The Lombardy region (where Milan is located) has been regarded as an exceptional case, and likely the only region that has fully implemented a quasi-market model (Brenna 2011; Casula, Terlizzi and Toth 2020; Ciarini and Neri 2021). This has impacted PFHCs as well: only 35% are public, while the rest are private. In addition, over the decades, the region has significantly increased co-payments for PFHCs' services, with only some services remaining completely free of charge at the point of use. The Lazio region (where Rome is located) has a comparable level of extensive privatization as Lombardy, particularly in relation to hospitals. However, all PFHCs in Lazio are public. Furthermore, the region has consistently refrained from implementing co-payments for PFHCs' services, ensuring that these services remain completely free of charge (Istituto Superiore di Sanità 2022).

5. The institutionalization of repertoires: from feminist to family health centers

The process of institutionalization that shaped FHCs in Italy unfolded differently from similar developments in other countries (Beres, Crow and Gotell 2009; Looker 1993; Reinelt 1995). While the institutionalization of women's health centers elsewhere generally involved the formalization and professionalization of feminist-run services, in Italy, the establishment of PFHCs did not automatically include feminist actors previously involved in grassroots initiatives. Instead, the new public service emerged as part of broader social reforms that integrated social movement demands into an evolving welfare system (Tarrow 1989).

I define this process as a case of institutionalization of movement repertoires. In the case of FHCs, this meant that activists were compelled to decide whether to actively push for their involvement in the process or remain outside it.

In what follows, I reconstruct the process that led to the institutionalization of FHCs in Rome and Milan, highlighting the different strategies adopted by feminist groups in each city. In fact, the law establishing PFHCs delegated their implementation to regional governments through specific regional laws, resulting in variations in how institutionalization unfolded across different territories.

5.1 Rome

In Rome, a FHC was established at the beginning of the 1970s and was named San Lorenzo after the neighborhood in which it was located. The center was actively engaged in providing information about contraception, fostering horizontal knowledge-sharing, and facilitating access to abortion (Barone 2023; Gissi and Stelliferi 2023).

When Parliament passed Law 405 in 1975, which established PFHCs, feminists from the San Lorenzo center were initially highly critical of the new service. At a national assembly of feminist groups held in Florence in 1976, the group - along with other local collectives gathered under the CRAC (*Coordinamento Romano Aborto e Contraccezione* - Roman Coordination for Abortion and Contraception) - expressed strong opposition to the institutional model outlined by the law and suggested that the new service should be modeled upon existing feminist initiatives.

> 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)

Despite their critical vision of institutionalization, San Lorenzo activists decided to try to have an influence on the development of the service at the local level, with the aim of inserting "elements of feminism" in it (Francescato, 1977). This approach was the result of pragmatic considerations, as one activist from the group explained:

> Yes, towards public family health centers…realism prevailed. […] 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... (L., 60, San Lorenzo FHC, Rome)

The center's pragmatic and realistic approach yielded important results. Some individuals from the San Lorenzo center were recognized as experts and invited to participate in the training courses for the new service staff (Francescato, 1977). Activists also played a role in drafting the regional law regulating PFHCs, successfully advocating for the recognition of "women's assemblies" as spaces for direct user participation in the service. This was a unique experience in Italy. In most cities, PFHCs adopted structured and bureaucratic management committees, composed of representatives from political and social organizations. In contrast, women's assemblies in Rome were horizontal and open spaces where women could gather freely. As an activist stated:

> 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. (Barca 1981)

When the service was first implemented, women's assemblies became crucial spaces for engagement, covering a wide range of topics, from sexuality to motherhood and menopause. These initiatives were often supported by the participation of health center professionals (Barca, 1981). However, by the late 1980s, as large-scale mobilizations declined and the bureaucratization of the centers advanced, these experiments came to an end. Activists ultimately decided to leave the assemblies, as the increasingly bureaucratic nature and precarious functioning of the health centers shifted the focus from empowering women's autonomy to simply ensuring the effective operation of the service itself. As participants recalled "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". (Coordinamento Nazionale Consultori 1985).-Activists believed 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" (Coordinamento Nazionale Consultori 1982). Thus, Women's Assemblies were closed by the end of the 1980s. However, feminist professionals continued to work within the service, granting continuity to the movement's presence within the institution.

5.2 Milan

In Milan, a FHC was established in the Bovisa neighborhood in 1972. Like the one in Rome, this center engaged in peer-to-peer initiatives, spreading information about contraception and practicing self-examinations and consciousness-raising.

In response to the 1975 law, the Bovisa group took a markedly different approach from its Roman counterpart, maintaining a strict stance of separation from institutional structures. The group embraced a politics of distance refusing to engage with the newly established PFHCs. According to them, FHCs and state-run PFHCs should have remained entirely distinct processes.

> 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 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 […] 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 […] 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, Percovich, Robutti, Castiglioni and Cuccu 1976).

After the establishment of PFHCs the group disbanded. As an activist reports "when the law was passed and the public health centers were established, we withdrew" (S., 73, Bovisa FHC, Milan). Unlike in Rome, where feminist activists sought to influence the implementation of PFHCs, Milanese feminists chose not to engage with the process. As a result, the development of the service in Milan saw only limited participation from feminist activists.

As a former professional of Milan's PFHCs described:

> 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, 59).

Thus, the process of institutionalization that led to the establishment of PFHCs was approached differently in the two cities. In Rome, feminists adopted a politics of pragmatic engagement, actively working to shape the new public service, whereas in Milan, a politics of distance prevailed, leading activists to withdraw from the health scene. The following sections explore how these different trajectories influenced subsequent activism and cycles of mobilization.

6. Continuity and collective memory

In 2016, when a new wave of massive feminist mobilizations emerged in Italy, and a national campaign was established, protesting cuts to PFHCs, Rome and Milan presented two very different scenarios. In Rome, a strong and massive mobilization was taking place, aiming at defending and reclaiming PFHCs. In contrast, in Milan, while mobilization was not entirely absent, it proved more difficult and halfhearted. As I argue, these divergent approaches were rooted in the cities' distinct histories of institutionalization. In Rome, the historical legacy of feminist involvement in shaping and maintaining PFHCs in the city facilitated a robust and cohesive mobilization. In Milan, instead, the lack of a deep-rooted connection to the centers made it harder for local mobilizations to gain the same momentum

6.1 Rome

In 2017 in Rome, the Coordination of Women's Assemblies was established as an informal network of activists, composed of former professionals of PFHCs, users, and members of local feminist groups.

The Coordination organized protests and lobbying campaigns, ultimately achieving important victories, including the re-opening of PFHCs that had been previously closed, and the hiring of new staff to address longstanding understaffing issues.

A key strength of the Coordination lay in the continuity maintained between past and present activism. As scholars have argued, social movements often survive during phases of latency beyond visible protest cycles (Melucci 1989; Taylor 1989). In the case of Rome, these networks had persisted both within the institutional structure of PFHCs - through the presence of feminist professionals - and in local communities - through ongoing activism. This long-term continuity enabled activists to quickly remobilize when the service came under threat.

Many members of the Coordination had been part of the first generations of feminist professionals working within the newly established PFHCs in the 1970s and 1980s. For example, A., a psychologist born in 1952, had worked in PFHCs since 1979 and, upon retiring, helped reviving the practice of women's assemblies, contributing the formation of the Coordination.

> 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 (A., 67, former professional PFHCs, Coordination, Rome).

Former professionals like A. played a pivotal role, mobilizing colleagues and users they remained connected to.

Equally important to this continuity was the survival of specific organizational structures from the previous phase of mobilization. In particular, many interviewees pointed to the ongoing existence of one women's assembly – the one of the Piazza dei Condottieri PFHC - which had continued since its founding in the 1970s.

> 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. (G., 65, Coordination, Rome)

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

The continued existence of the Condottieri assembly, together with the presence of former activists in institutional roles, illustrates how the continuity of feminist presence within the institution has acted as a bridge between mobilization cycles.

In addition to continuity from the previous cycle, the mobilization of the Coordination was sustained by a strong collective memory that framed PFHCs as deeply meaningful feminist spaces, integral to the local feminist movement's history and embodying its core ideals. Activists remembered the centers as open, social, and empowering places, rooted in feminist values and shaped by the presence of women's assemblies.

T., for example, emphasized the sense of belonging and egalitarian relationships that characterized her experience as a user:

> 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 […]health center workers were friends... we used to go to the center just to chat... the doors were open...(T., 65, Coordination, Rome).

G., a former psychologist at a PFHC, similarly described these early years as vibrant and participatory:

> There were parties, there were meetings for mothers, fathers, children. The center represented a space at women's disposal, with a staff that could stand next to them, in many different ways […] 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. (G., 65, Coordination, Rome)

This strong emotional and symbolic attachment to PFHCs, and in particular to the experience of the women's assemblies, was a crucial resource for contemporary activism.

A., a former professional who had worked in PFHCs since the late 1970s, expressed her attachment to this heritage with pride:

> 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 […] It's a heritage I don't want to give up on. […] That's why I am passionate about this and continue to participate. […] It is also a collective value, and I don't want the society I live in to lose it. (A., 67, former professional PFHCs, Coordination, Rome)

This narrative was central to the way the Coordination mobilized. The struggle for PFHCs in Rome was not merely a defensive response to current threats, but also an act of reclaiming and preserving what activists perceived as an outcome of past feminist mobilization and as a victory that needed to be safeguarded. Through "claiming credit" (Meyer 2006) for the establishment of these services and their original political meaning, activists legitimated their current struggles.

Thus, the process of institutionalization that took place in the 1970s and 1980s continued to hold profound relevance in the new cycle. It shaped subsequent activism not only by providing long-term experienced activists and organizational models, but also through its powerful presence in collective memory, where it was narrated and remembered as a feminist victory. This symbolic legacy was actively mobilized by activists to sustain and legitimize their struggles and was transmitted to subsequent generations.

6.2 Milan

In Milan, on the contrary, such passionate mobilization was lacking, and activists shared the difficulties they encountered in their efforts to mobilize in defense of PFHCs. Like in Rome, the local node of *Non Una Di Meno* mobilized in defense of the service, advocating for the rise in state's financial support of PFHCs and for the defense of their secular and free-of-charge character. However, their efforts to defend the centers were often described to me as "half-hearted". Activists' narratives were characterized by a sense of disempowerment.

B., who had been part of various local feminist networks involved in health-related issues over the years, shared her reflections:

> So over the years, in these networks that have dissolved and reformed many times, […] We organized a demonstration on March 8th with these issues at its core, and we took actions to prevent the closure of public family 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. (B., 48, Pro Choice Network and NUDM, Milan)

Contrary to what was happening at the same time in Rome, activists in Milan viewed their mobilizations as primarily external actions, led by users and patients, without any strong connection to the internal life of the service.

> 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. (R., 35, Non Una Di Meno, Milan)

L., a former professional at PFHCs in Milan who played a pioneering role in the development of the local service since its establishment emphasized that the broader feminist movement in Milan did not strongly defend PFHCs in the city. Instead, the attacks the service faced throughout neoliberal reforms and privatization were primarily met by the engaged professionals working within the centers.

> Since the process of corporatization 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 a non-existent and hostile regional department. So, people have also become tired of fighting...And the movement hasn't taken charge of this matter. (L., 81, former professional PFHCs, Milan).

The excerpt highlights the sense of isolation and powerlessness that professionals of PHFCs in Milan felt in response to the challenges posed by neoliberal reforms and funding cuts. This emotional distance from the broader feminist movement only deepened the sense of disconnection.

The distinct trajectories followed by feminist movements in Rome and Milan during the 1970s continued to shape the dynamics of feminist mobilizations over four decades later. In Rome, the continuity that had been maintained within the institution over the decades and the collective memory of the role that the movement had played in establishing PFHCs, became crucial resources for the new wave of feminist action. In contrast, Milan's mobilization was far less cohesive. The lack of a sustained connection between healthcare professionals and feminist activists hindered efforts to effectively defend PFHCs. Additionally, the establishment of PFHCs did not represent for the local movement a collective victory embedded in activists' memory, as was in Rome. This made the mobilization in defense of the service less passionate and strong.

7. From institutional to grassroot

After the establishment of PFHCs in 1975, self-managed feminist health initiatives gradually faded, as the new public services were seen as a step forward in meeting women's healthcare needs. However, in the following decades, new generations of activists began to reintroduce self-managed health centers in response to what they perceived as the limitations and compromises introduced by the process of institutionalization. These new grassroots centers reclaimed the political and radical approach of 1970s feminism. These initiatives sought to recapture feminist values of autonomy, horizontality, and self-determination, offering alternatives to institutional services increasingly perceived as bureaucratic and disconnected from feminist ideals.

While in Milan a self-managed center had already opened in the 1990s, in other cities such as Rome, this return to self-management occurred later, in the 2010s, particularly within the broader framework of *the Non Una Di Meno* movement. This section examines the different paths that led to the re-emergence of grassroots health centers in both cities.

7.1 Milan

In the early 1990s, a group of feminist activists in Milan opened the *Consultoria* Autogestita, a new FHC. Although public health services were functioning and access to information was relatively easy at the time, activists felt the need for an alternative space where feminist ideas of health and care could be reimagined. As one activist noted, "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" (P., 33, Consultoria Autogestita, Milan).

This initiative was rooted in dissatisfaction with the institutionalization of PFHCs, which activists saw as a betrayal of the original feminist project. In response, the new generation of feminist activists embraced grassroots, community-based approaches to health and challenged what they saw as the patriarchal and medicalized logic of the public system.

Activists' narratives capture the disillusionment that stemmed from the failure of PFHCs to live up to their initial promise. B., for example, reflects on the gap between the ideals that were central to the feminist health movement of the 1970s and the reality of the institutionalized centers, which, for many, had become spaces of paternalism and disempowerment.

> All of us more or less, let's say we came into adolescence with public health centers already established, with big sisters, and a whole series of discussions that had already been done, 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 […] 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. (B., 55, Consultoria Autogestita, Milan)

Furthermore, B. argues that at the time there was a broader absence of a feminist legacy in the health field of Milan.

> 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. (B., 55, Consultoria Autogestita, Milan)

The new generation of activists came of age in a context where they saw the tangible results of the institutionalization of FHCs. Initially promising, PFHCs had become increasingly bureaucratized and detached from the radical feminist principles that had driven their creation. For activists of the Consultoria, the shift from grassroots, self-managed services to institutionalized ones represented a loss of autonomy, empowerment, and collective decision-making. The return to self-managed health practices was both a response to the negative consequences of institutionalization and to the lack of continuity with past feminist struggles, which made activists feel compelled to start from scratch.

7.2 Rome

In Rome, a new self-managed health center emerged only in 2016. This initiative was established within the framework of a new transfeminist approach[4] which aimed to rethink the practice of FHCs in a way that was inclusive of LGBTQ+ persons.

> 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. 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. (M., 33, Consultoria Transfemminista, Rome)

Thus, transfeminist activists in Rome, like those in Milan, returned to the practice of self-management as a result of their critique to the consequences of institutionalization. At the same time, their initiative aimed at fulfilling the needs and aspirations of LGBTQ subjectivities previously excluded both by feminist and family health centers.

Roman activists, unlike their Milanese counterparts, operated in a city where PFHCs still carried strong feminist symbolism. However, they also expressed concern that this legacy, while valuable, could be constraining. Activists pointed out that in defending PFHCs against neoliberal cuts, mobilizations in the city had somehow hindered the capacity to push for more radical changes.

> However, oftentimes, in this relationship with the women of PFHCs, with the professionals of PFHCs, who often also came from a political experience...all these militant gynecologists that were there. In this relationship with PFHCs, often the problem was that we always ended up defending the service, and this was something we reflected upon with the transfeminist health centers, that in the end, the urgency to defend the public service, ended up prevailing over the attempt to rethink it. (C., 38, Consultoria Transfemminista, Rome)

Despite this tension, the *Consultoria Transfemminista* sought to build bridges between past and present. One of its first public actions took place within the women's assembly of the PFHC in Piazza dei Condottieri - symbolically significant as one of the only assemblies to survive from the 1970s.By engaging with the

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[4] Transfeminism in Italy has gained prominence since the 2010s, influenced by the Spanish Manifesto for the Transfeminist Insurrection (Arfini, 2023; Baldo, 2019). Emerging as a challenge to binarism and cisnormativity, it also incorporates anticapitalist, antiracist, and intersectional perspectives. Italian transfeminism seeks to engage with feminist traditions while rejecting a singular, universal notion of womanhood as the central feminist subject.

Condottieri Assembly, the transfeminist health center not only reconnected to this legacy but also sought to build on it, bringing in their critique and expanding the conversation to include LGBTQ+ voices.

> 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. (E., 37, Consultoria Transfemminista, Rome)

To conclude, in both Rome and Milan, feminist activists returned to self-managed grassroots initiatives as a response to the consequences of institutionalization of PFHCs. However, their trajectories were different: in Milan, this shift began in the 1990s due to the almost immediate disillusionment with the institutionalized service, perceived as having lost its feminist roots. In contrast, in Rome, the return to self-managed initiatives was influenced by the rise of transfeminism and unfolded only decades after the process of institutionalization. In Rome, the new grassroot center maintained strong ties to the legacy that PFHCs represent and sought to establish connections between their initiative and this history. The return to grassroot action in Rome was delayed and rendered more complex by the important symbolic relevance of PFHCs as a victory of past feminist struggles. It was only in the context of a new transfeminist approach, that the need - and the ability - to return to self-management emerged.

8. Discussion

This study sets out to understand how institutionalization affects subsequent cycles of mobilization.

The analysis of feminist activism around health centers in Rome and Milan in the 1970s and in the 2010s shows that institutionalization constitutes an ambivalent legacy that subsequent generations of activists and new cycles of protest inherit, interpret, and sometimes contest.

First, the analysis has shown that processes of institutionalization that unfolded in past cycles of mobilization benefit subsequent protest phases by providing continuity and long-term, experienced activists. Indeed, the case of Rome demonstrates that when a new protest cycle emerged in 2016, it could count on the organizational persistence of the movement, maintained through the presence of professionals within the service as well as by the enduring organization of a women's assembly. Thus, these findings enrich existing studies about movements' continuity in abeyance (Taylor 1989) by showing how processes of institutionalization contribute to grant movements' continuity beyond and between different protest cycles.

Secondly, the analysis highlights that institutionalization becomes a symbolic resource within the movement's collective memory. As scholars have shown, memories of past mobilization can serve as crucial tools for later activism, shaping collective identities and repertoires and enhancing collective action (Armstrong and Crage 2006; Daphi and Zamponi 2019; Gongaware 2010). The memory of past victories can also function as a way to "claim credit" (Meyer 2006), reinforcing a movement's legitimacy and reputation.

This study shows that such dimensions of collective memory become particularly salient in cycles that inherit previous processes of institutionalization. The examination of contemporary mobilizations in Rome reveals that institutionalization, understood as a successful outcome of earlier struggles, became embedded in

the movement's history and collective memory. It fostered activists' sense of pride and emotional attachment, thereby strengthening their collective action.

Third, the analysis highlights that institutionalization affects subsequent activism by interplaying with generational change (Whittier, 1995). By exploring the return to self-management and grassroot action after institutionalization in Rome and Milan, this study demonstrates that subsequent generations seeking more radical forms of action are confronted with institutionalization as an ambivalent legacy. Activists from successive cohorts scrutinize the consequences of institutionalization and elaborate choices on their strategies accordingly. The return to self-management needs to be considered the result of activists' assessment of the negative consequences of institutionalization. This finding represents an important contribution to existing literature. Scholars studying movements' institutionalization have underlined that 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 such a process is not limited to the cycle of protest directly involved in it, but remains relevant also for subsequent generations. Thus, "the consequences of movement institutionalization and other collective efforts of social movements are internally screened, appraised, debated" (Suh 2014, 9) not only by those actively engaged in it but also by those who come afterward.

Furthermore, building on these findings, this study shows that institutionalization affects subsequent activism in different ways, depending on the meanings attributed to it by earlier cycles of mobilization. As the comparison between the two cases demonstrates, contemporary mobilizations relate differently to institutionalization based on the trajectories of the movement in the 1970s. At that time, activists in Rome and Milan responded differently to the establishment of PFHCs. Roman activists took a pragmatic approach, engaging in the implementation of the new service. In contrast, Milanese activists resisted any form of negotiation with the state, adopting a politics of distance from institutionalization. These divergent paths have had lasting effects on contemporary mobilizations. In Rome, activism is reinforced and energized by the collective memory of institutionalization as a past victory. In Milan, by contrast, this symbolic resource is largely absent, and mobilization remains limited and tentative.

Thus, the way institutionalization is experienced, perceived, and transmitted shapes how it becomes embedded in collective memory. At the same time, the comparison shows that when institutionalization is inherited as a successful outcome, it can also constrain new grassroots initiatives. In Rome, where PFHCs have been framed, supported, and defended as a movement achievement and as sites of continuity, a return to self-management occurred only decades later. In Milan, by contrast, where 1970s feminists did not engage with institutionalization and did not view PFHCs as a product of the movement, the return to self-management happened earlier, unburdened by the memory of past struggles.

In this sense, the memory of institutionalization as a victory, while sustaining mobilization in defense of this legacy, can act as an obstacle for new grassroots action, delaying and complicating activists' return to self-management. Conversely, when institutionalization is perceived by previous generations as cooptation, subsequent activists can more readily and immediately reengage in grassroots organizing

Additionally, the examination of the institutionalization of health centers in Italy sheds light on the distinctive dynamics of the "institutionalization of repertoires." In both Rome and Milan, the creation of PFHCs presented unique challenges because the movement was not automatically included in the process, even though it had contributed by providing a model on which the state could base the new healthcare service. As the divergent approaches of activists in Rome and Milan show, the institutionalization of repertoires represents an ambivalent challenge: on the one hand, activists retain their autonomy and are not forced to change their organizational structures; on the other, they have only limited influence over the development of the new institution. This dynamic differs notably from the institutionalization of women's health centers in other

countries, where feminist-run centers were integrated into state frameworks but remained, at least formally, under activist control (Beres, Crow and Gotell 2009; Looker 1993; Reinelt 1995). By exploring this distinct dynamic, the article expands the concept of institutionalization, shifting the focus from actors to repertoires. While existing studies have primarily examined how movement organizations navigate the consequences of incorporation into state frameworks, the case of health centers in Italy illustrates an alternative process, whereby the State or other institutions adopt repertoires originally developed by movements but they do not incorporate movement actors themselves.

9. Conclusions

While institutionalization represents a key aspect in the study of social movements, its impact on subsequent cycles of mobilization has remained underexplored. This article has argued that institutionalization impacts new protest waves by acting as an ambivalent legacy, that both enables and constrains them.

Institutionalization benefits new cycles by constituting an organizational legacy that grants movements' survival and endurance across cycles of mobilization. Furthermore, institutionalization represents a symbolic resource embedded in the movement's collective memory: as an outcome of previous generations, its symbolic and emotional relevance enhances the movement's legitimacy and strength. On the other hand, institutionalization interplays with generational change, representing a controversial legacy for new cohorts seeking more radical organizing and becomes the target of their critique. As they seek to reclaim autonomy and re-politicize practices perceived as depoliticized through institutionalization, activists return to grassroots organizing.

Importantly, this study demonstrates that institutionalization has a differential impact depending on how it was framed and remembered by previous cycles. When seen as a movement victory, it can strengthen mobilization by enhancing legitimacy and collective identity, but its symbolic weight may also hinder more radical organizing. In contrast, when institutionalization is perceived as cooptation, later activists are less attached to its legacy, making a return to grassroots action more immediate and less constrained.

These findings contribute to and expand social movement theory going beyond the analysis of institutionalization in single cycles of mobilization. By showing how institutionalization continues to shape subsequent activism across new cycles and generations, the study responds to recent calls for examining it "beyond a single protest wave" (Bosi 2016b, 355). It offers an innovative framework for understanding institutionalization not just as the outcome of a protest cycle, but as a dynamic and ambivalent legacy that subsequent ones inherit, interpret and sometimes contest.

Furthermore, this study contributes to the study of institutionalization by foregrounding the concept of "institutionalization of movement repertoires". This term refers to the process by which the State adopts and formalizes a repertoire originally developed by social movements without incorporating activists themselves. This is a distinct type of institutionalization compared to the more widely studied dynamic in which movement actors and organizations are formalized and incorporated into the State or other institutions. This new concept has the potential to illuminate dynamics that have largely been overlooked in the study of social movements, yet are neither rare nor insignificant. The emergence of welfare states in Europe, for example, can be seen as resulting in large part from similar processes, in which grassroots solidarity initiatives developed by civil society were formalized and institutionalized by the state. In this sense, the process appears particularly relevant to those repertoires through which movements address concrete needs via service-oriented, solidaristic, and mutualistic practices (Bosi & Zamponi, 2015).

The findings of the present study are relevant beyond the case of the Italian feminist movements. Any movement that has undergone some form of institutionalization and persisted beyond a single protest cycle may experience similar dynamics. New cycles of mobilization tend to rely on grassroot action and protest-oriented initiatives, often aiming at radical social change. Institutionalization, thus, represents a rather controversial inheritance from previous generations, one that one the one hand testified of the movements' victories and on the other act as a burden against the possibility of new grassroots organizing. Such a challenge thus may be of relevance for a wide range of movements that are confronted with outcomes of past cycles of activism.

Future research could expand the insights of this study through broader comparative approaches, exploring how different national contexts shape the meanings and consequences of institutionalization, as well as the trajectories of return to grassroots organizing. Additionally, new research could investigate how the meaning of institutionalization shifts between phases of movement latency and periods of intense mobilization, offering deeper insight into how the broader context influences activist strategies and orientations toward institutionalization. Furthermore, future studies might consider how the institutionalization of actors and the institutionalization of repertoires differ in terms of their consequences for subsequent cycles of mobilization.

Overall, by studying institutionalization across different protest waves, this work contributes to widening the temporal analysis of social movements, going beyond the exclusive focus on single protest cycles. In doing so it also highlights how the relationship between different phases of protest is marked by the coexistence of both continuity and change. Institutionalization, as a legacy, represents both an element that ties together past and present activism and a contentious inheritance that subsequent generations contest and transform.

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