

Sociology in the Faculty of Economics



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Abstract The initial presence of Alessandro Pizzorno and Massimo Paci, the founding fathers of General Sociology and Economic Sociology in Italy, has given young students and those graduating from the Economics Faculty the opportunity to embark enthusiastically on research in the fields of sociology. In the beginning, studies centred on the economic development of small and medium size firms and on its interaction with family and parental networks; attention then shifted towards the social and environmental cost of these forms of economic growth and hence to public policies. This triggered the interest in the welfare system, in its actors and the various social policies such as those regarding work, pensions, health, social welfare services, education and the home. Economic development and the welfare state also have a profound influence on inequality structures and social classes both of which have become the focus of important in-depth analyses. Meanwhile the study of health policies and healthcare professionalism was boosted by the setting up of the interdepartmental Research Centre on Integration in Social and Health Services (CRISS). Other lines of research have investigated the ruling classes and the new form of civil and social mobilization of the current period.

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1 The Sixties and Seventies: Research on Industrialization and the Transformation of the Italian Labour Market

At the end of the Sixties, Italy underwent a period of social mobilization that is unmatched in the history of the Republic. It lasted a decade, thus spanning a time frame which is much longer than the cycles of protest seen in the same years in France, Germany and other European countries. The Sociology School in Ancona grew from research on student and worker struggles; from there it was a short step to the examination of what was changing in the labour market.

Reflection and research were focused on the prevalent forms of industrialization adopted in the Marche, based on small and medium size enterprises, on an impressive network of artisan firms and on the ample availability of a workforce both in the factory and at home (Bugarini and Vicarelli 1978). In this way, the image of a 'Third Italy' took shape in which the Marche was grouped together with the other regions of Central Italy and the North East. It was an industrial development of enormous significance based on small units of production and the division of labour among firms in the so-called 'industrial districts' (Ascoli 1975). This was a part of Italy that was growing at a very fast rate when compared with the North West where the growth of big firms was slowing down, and with the South where no industrial fabric worthy of that name had been developed around state industries, commonly called 'cathedrals in the desert'.

Under the excellent guidance of Massimo Paci, the young sociologists in Ancona identified numerous relationships between family kinship networks and forms of work ranging from 'regular', more or less trade unionized work in a factory, to work at home and also in the black market (Paci 1980). Low labour costs, high tax evasion levels, total workforce flexibility with the involvement of the entire family unit that followed precise 'gender rules' (work in the firm was for men and young women; work at home was for young mothers and adult women) coupled with an extraordinary entrepreneurial ability enabled the Marche, in just a few years, to make the happy and fortunate shift from a share-cropping region to one that was highly industrialized. At the same time, the first potential bottlenecks and 'social' cost of these types of growth were becoming evident, namely the effects on workers' health and on the environment, the need for social services to take care of those who were not able to keep pace and on women's growing awareness that they wanted to free themselves from an extremely paternalistic and male chauvinist regime.

Meanwhile social mobilization which included workers' struggles, student protests, the fight for civil rights, the explosion of feminism and the protest by the *Studenti Medi* (high-school students) had a profound effect on party politics and trade unions. On the one hand, the Seventies brought about the most important manifestation of an awakening of civil society in the areas of protection and social well-being and on the other, fundamental policy innovations. It was not without reason that the decade closed with the establishment of the National Health Service (1978). Even personal services had seen important legislative changes, for example, to choose one of many, the law that set up municipal playschools (1971). Pensions, for their

part, had undergone significant reform at the end of the Sixties (1969) which greatly improved the pension prospects for salaried workers and a network had been created to alleviate poverty for the elderly. Politics showed the will to take on the most important social problems in the country, albeit in different ways: the universalistic approach to health and schools and the particularistic approach in the pension and work sectors (Ascoli 1984).

2 The Eighties and Nineties: The First Analyses of Italian Welfare in the European Framework and of Changes in the Social Structure

In the Eighties and Nineties the areas of academic interest slowly shifted from the analysis of structural transformations in the economy and Italian society to the study of institutions and public policies.

Some areas of research remained the same, namely male and female migration, the transformation of the family in the Marche and the roles of the members therein (David and Vicarelli 1983, 1994; Moretti and Vicarelli 1986; Vicarelli 1994). Furthermore, research on the job market and local development led inevitably to interest in the interpretation of the Italian social structure and its change over time (Paci 1982, 1991, 1992; Ascoli and Catanzaro 1987). The focal point of the research was both the growth of the working class, one of the chief players in industrialization (Fordist and widespread), and also the entrepreneurial manufacturing middle class that appeared to guide the development of the Third Italy. Alessandro Pizzorno was one of the fathers of the Ancona sociologists and it was his valuable work that bridged the gap not only between the analysis of social composition and the redistributive and fiscal public policies but also between the socio-economic and socio-political dimensions (Pizzorno 1974). This shone the spotlight on the middle classes which, although multifaceted and heterogeneous, were at the same time, the fulcrum of the new industrial society and keystone of political consensus (Carboni 1981). It was also Massimo Paci's belief that the middle classes played a central role in the Italian social structure, demonstrated both by their very strong growth in urban areas and as salaried workers and by the tenacity and resilience of the independent middle classes which, along with artisans and small business owners, were the leading players in the widespread industrialization (Novelli 1990; Paci 1992).

However, the majority of research was oriented towards welfare policies, focusing on the actors who presided over them, the relation between public and private and the comparison between the main European countries. The research showed the specific form assumed by the Italian system within the European welfare model: little space allotted to services and more emphasis on money transfers. On balance then, a particularistic approach and one of patronage in the planning and distribution of services, a weighty devolution of responsibility to families as well as the strong and growing importance of organized voluntary work, co-operatives and associations in general

(Ascoli 1984). The market appeared to provide welfare tools that were effective only for the elite and upper middle classes. Policies in the southern regions were revealed as being less able to cope with the principal social risks; the social dualization process was already materializing with increasing momentum, a circumstance which in the following years was to lead to a situation at odds with the idea of national welfare, referring instead to 'northern welfare' and 'southern welfare' (Ascoli 2011).

The Welfare State, in fact, emerged as a complex structure to which factors of varying nature contributed. These conformed to both the ideological and moral tendencies (altruism, egotism, etc.) found in society and to the principal forms of social aggregation (in particular classes and organized groups) as well as what were really more political factors (role of the parties, governments, etc.). Moreover, an awareness was gaining ground that it was necessary to study and analyse 'long-term processes' in order to understand the continual oscillation between the different possible combinations of types of social protection (state, market, community) (Paci 1982, 1989). Alongside the State and political and administrative elite other key players appeared. These were not just the parties and the big trade unions but also professional bodies, voluntary organizations, insurance companies, social movements, informal mutual aid groups, big class groups and the new emerging classes, the family and the family network (Ascoli 1985, 1987; Ascoli and Pasquinelli 1993; Ascoli and Pavolini 1999; Ascoli and Ranci 2002, 2003).

In those years, the welfare policies that had developed in Europe from the latter half of the nineteenth century became the object of a growing body of studies and research which led both to the accumulation of a great deal of quantitative and qualitative comparative data and to the elaboration of numerous explanatory theories. In general terms, there were two approaches that typified the explanations of the welfare state. On the one hand, there were the living conditions resulting from industrialization and urbanization and this was the case whether pluralistic or Marxist theories were used to explain the new social policies. On the other, the necessity for social needs to be interpreted and legitimized so as to become the object of claims and focused policies. With regard to this debate, the research by the Ancona sociologists was carried out with a view to integrating the two approaches and principally the interconnection between different mechanisms for regulating politics, the economy and social issues (Ascoli 1986, 1988, 1992a, b). This meant recognizing that cultural factors and social movements (including professional movements) played an appreciable role in the definition of the emerging models of welfare.

It was this aspect that became the subject for the long-term analysis of Italian healthcare policies (Vicarelli 1986, 1997a, b). The intention was to highlight, in the process of the creation and development of the National Health Service, the role played by some at risk categories (women, children, the elderly, mentally ill etc.) and the intermediate social classes (doctors, social workers, self-employed lower middle class) who had at times found the healthcare policy advantageous and at times disadvantageous and for this reason chose to support it or forgo it. With this perspective in mind, the aim was to identify the thread which linked late nineteenth century healthcare policies with those of the twentieth century in order to be able to reflect on the present. In fact, the delay in Italy in starting to pinpoint policies in

support of the physical and material well-being of the population as well the forms that were employed seemed to play a determining role in the configuration of the successive welfare system. The space set aside for private charities, the role constantly attributed to family solidarity, the professional power long denied to doctors, the political dominance of some of the big public and semi-public organizations, the growing territorial and social inequalities in the distribution and access to services and the participatory but also fragmented zeal of the civil society were some of the features that are evident right from the initial phases of development of the healthcare policies but that are repeated in the following phases typified by the slowness in drafting laws and the difficulty of enforcing them (Vicarelli 1988, 1989; David 1989). On the whole, these were theoretical hypotheses that grew out of a long work of documentation and empirical research by some sociologists of the Ancona school and which proved the importance of cultural and social factors in explaining the welfare state. Consequently, in academic debate it was deemed necessary to express a sociocultural viewpoint to support and integrate with those of the more widespread economic-structural and political-institutional matrix.

This research also triggered interest in the role played by some social classes (among which, that of doctors) whose professional growth was tied to the transformative dynamics of the welfare systems. The international debate on the processes of professional development were characterized, therefore, by the presence of two widely recognized types of professionalization: the Anglo-Saxon and the continental. In the former, professional groups that initially worked on the market had succeeded in obtaining the monopoly of their profession from the State thus keeping extensive autonomy and control over their working conditions. In the latter, it was the bureaucratic hierarchies that had transformed themselves into professions driven by the acquisition of academic qualifications and that had challenged the power and elevated social status of the dominant aristocratic groups. Whereas the research carried out by the Ancona school tended to show that in Italy a third professionalization model seemed to be developing centred on clan identity rather than on the predominant role of the market or state. At least for the medical profession, in a polycentric system like the insurance and corporate schemes that had been created in the Fascist years and been re-proposed after the war, the opportunity of having a position of control could only come about by being able to be present simultaneously in the various health facilities (hospital, specialized healthcare and that of the GPs) supplying each with limited economic resources, prestige or power. However, this sum total of professional positions could prove to be dispersive or ambiguous in terms of social identity and political representation if not supported by solid grids of membership originating from family and parental networks, scientific-academic networks and the more or less legal associational networks of masonry and territorial mafia. Following this line of reasoning, it was therefore possible to affirm that the professions represented a fourth and distinct institutional basis of the social order alongside the State, the Market and the Community. It was thus able to provide a long-term autonomous contribution to making the performance of the social players reciprocally flexible and predictable. In Italy, examples supporting this approach were to be found in specific sectors of the medical profession such as in the surgeries of GPs. Moreover, the

teachings of Elias were seen as theoretical and empirical bases worth re-evaluating in a scientific context like that of Italy which was poorly disposed to both the study of historical sociology and relational interdependences.

3 The Twenty-First Century: From the Study of Individual Welfare Policies to New Thinking on the Structural Features of Italian Society

At the end of the Nineties, the chief achievements of the Ancona sociologists on the characteristics of the welfare system became a reference point for the debate in the country on the future of social protection policies. Since then, deeper analysis has been focused, on the one hand, on individual welfare policies in healthcare, personal social services, pensions, work, education and housing sectors and on the other, the role of voluntary work and associations in the planning and provision of welfare measures (Pattarin 2005, 2011; Moretti 2008; Ascoli 2011; Ascoli and Pavolini 2012; Giarelli et al. 2012). At the same time, one line of research developed which was directed at analyzing the characteristics of the elite and ruling classes, underlining the peculiarities with regard to other European countries such as the role they played in the national political system.

It is within this framework that some sociologists of the Economics Faculty have focused their research on the Sociology of Health and Medicine (Vicarelli 2013; Ingrosso and Vicarelli 2015), the foundation of which as a specific section of the Italian Association of Sociology took place here in the Ancona branch (2005), one of whose members was the first national president. At the same time, the creation of an interdepartmental research centre to study the themes of healthcare and welfare (CRISS) has created the institutional context for carrying out a variety of studies on emerging subject areas (Vicarelli 2005, 2011). In the following two decades these have become the basis for a wide range of specialized courses and university Master degrees for employees of the National Health System on the subjects of health management in the new organizational networks. Furthermore, in the academic year 1990/1, at the Economics Faculty, university courses in the social services sector were launched in which the sociologists have played an extensive role in the planning and institutional responsibility as well as in the lecturing and research. The curriculum offered includes the Specialization School, the three-year undergraduate degree in Social Services and the Master in Organization and Management of the Social Services.

Since the early 2000s, a line of research has been developing which concerns the professionalization of the non-medical healthcare occupations (Pattarin 2009). In healthcare systems that were undergoing a phase of profound change, processes of requalification and socio professional relocation of various healthcare jobs such as that of obstetricians, nurses and social workers became part of the debate on the crisis in medical dominance (Vicarelli 2001, 2007; Spina 2009; Moretti et al. 2012;

Vicarelli and Spina 2015). The study on obstetricians, for example, carried out by the Ancona School from a historical-comparative viewpoint, aimed to understand if and to what extent the process of professionalization, which had taken place on a formal level through a long regulatory process, had repercussions on the practical level thus determining the professional growth of this category. The new professional position of social workers has also become the object of study with the aim of demonstrating the specific features (for example, in relation to more vulnerable social occupations like educators or nursing aides) and the possible new location in the network of social services for example, in GPs' surgeries. At the same time, the reconstruction of the processes of the creation and development of the medical profession for women (Vicarelli 2003, 2008; Spina and Vicarelli 2015; Vicarelli and Bronzini 2018a) or what characterized the young doctors from the Marche tended to demonstrate the way in which the welfare policies were closely interwoven with generational changes and gender (Spina 2017). This led to structural and subjective conditions that differed over time for the very profession which until then had been dominant (Vicarelli 2000, 2006, 2010a, b; Bronzini 2004; Speranza et al. 2008).

It was the combination of these studies that led members of the Ancona group to take a new interest in the sociology of professions in Italy as they recognized the need to 'rethink the foundations. They not only observed the European debate on hybrid forms and new professionalism, but were also inspired by the theoretical thought of Elias. This resulted in several lines of research: on the possible hybridization of the medical profession following the privatization of the Health Service (doctor-managers) (Vicarelli and Pavolini 2017), on the transformation of dentists in the new contexts of economic crisis (Vicarelli and Spina 2015), and on the influence of the New Public Management with regard to the teaching profession (Bronzini and Spina 2018).

In this period, one of the emerging topics of research was the question of social inequalities in health (Bronzini 2009). Several international studies, starting from the beginning of the Nineties, attested that the extension of the forms of health protection, the progress made in medicine and increased life expectancy went hand in hand with a growing inequality in health among social groups. The work of the Ancona sociologists enter this debate with a theoretical contribution aimed at demonstrating the way in which the social distance between individuals based on gender, socio-economic class, working conditions, cultural group and not least, the territorial context all reflect on actual and perceived health conditions but also on the actual demand for health, on the possibility of access to the provision of healthcare services and on the consumption of those services (Moretti 2016, 2017a).

Moreover, the changes in the epidemiological and demographic scenario, the spread of chronic illnesses and the transformation in family structures in the new contexts of the economic crisis of the early years of this century seemed to call for a re-composition of the traditional split between formal and informal curative pathways as well as between professional knowledge and that of the layperson (Vicarelli and Bronzini 2009; Bronzini 2016; Vicarelli 2016). These scenarios opened the way to new reflections on the need for the co-involvement of citizens, both in the fostering of the quality of life in relatively illness-free periods and in the therapeutic pathways

especially those dealing with chronic cases. Hence, on the one hand, the necessity to rebuild and re-contextualize the sociological debate on the role of the patient within the social sciences and on the other, to embark on the study of some practical lines of action (Moretti 2011). These ranged from the institutionally recognized voice, the citizens in the regulatory context of the Italian National Health Service, the active commitment of families in the processes of horizontal subsidiarity and lastly to covering specific cases of activism expressed by patients and organizations often with the support of the more involved social and healthcare professions.

This line of study was reflected in the creation of a model of “Therapeutic education of patients and their family care-givers” (Family Learning Socio-Sanitario—FLSS) which has been adopted for various chronic diseases. On this issue, the Ancona school created a specific pathway ‘the Third Mission’ which, in close collaboration with the territorial and hospital services of the Marche Regional authority, has contributed to developing self-care skills of families and patients as well as increasing their empowerment. Most recently, starting from these lines of research and training, some of the sociologists of the Economics Faculty have turned their attention to the influence of Information and Communications Technology (ICT) both regarding citizens’ demands for healthcare and for professional and organizational responses given within the National Health Service and the new private care markets (Vicarelli and Bronzini 2009, 2018b).

As a whole, the research in the different thematic areas has led to establishing that in the last twenty years there has been a tendency to reduce the range of public actions of the so-called Social Welfare (Ascoli 2011; Ascoli and Pavolini 2015): faced with new social risks, Italian Welfare has appeared incapable of recalibration in order to effectively tackle the new challenges which range from chronic illness to disability, from the need to find a balance between private and working life, to the necessity of reorganizing the transition from school to the job market (Vicarelli 2015). To this can be added the many aspects of the new poverty, long-term unemployment, migratory movement from the ‘south’ of the world and new housing emergencies. The prospect, for example, of making Italians a nation of house owners, nurtured since the great post war reconstruction plans, has contributed to the weak development of housing welfare. Yet from the beginning of this century, first, the speculative house market bubble and secondly, the prolonged economic crisis have underlined that the ‘housing question’ was anything but resolved for a swathe of population (on the increase) whose access to the housing market remains barred. This is the background then to the line of research on housing policies carried out by the Ancona school. The work was organized on two fronts: on the one hand, the in-depth study of public housing and the problematic issues associated with it, on the other, the study of the most recent experiences of social housing (Bronzini 2014, 2017; Moretti 2015, 2017b, c). Moreover, the last few years have seen the start of significant privatization processes, families have been burdened with increasingly heavy charges and the divide between southern and northern welfare has widened. Within the individual sectors, the area covered by voluntary work and organizations has diminished while the role of non-profit companies and cooperatives, but above all, of for-profit companies and the market in general has increased.

Some Ancona sociologists then turned their attention towards focusing on the forms of welfare connected with employment that were escalating in importance, the so-called occupational welfare, namely pension funds and health benefits; the provision in firms of personal social services ranging from nursery schools to other welfare measures for reconciling work with personal and family issues (Pavolini et al. 2013).

The Ancona sociologists were the first in Italy to understand the importance of this aspect of welfare and through the first national survey of the topic in 2012, they succeeded in measuring its spread and growth trend, while at the same time, emphasizing the advantages and disadvantages regarding universalist cultures and citizenship, as well as the processes of social differentiation. They underlined the risk of a return to forms of social protection based not, as formerly, on social citizenship but on the type of job, where there is an increasing divide between the employed and unemployed, between workers in medium size and big companies and workers in small and tiny companies, between employees with permanent contracts (typical) and employees with fixed term contracts (atypical), between the communities of the Centre North and South, and lastly between private and public sector employees. In the South and in the public sector occupational welfare barely exists. In the face of the Great Recession that engulfed the country for almost a decade, a clear trade-off has taken shape between wage restraint policies and the development of the so-called enterprise-based welfare: pension funds however, struggle to take off while health funds have seen strong growth to the point where they involve almost half of private employees (Agostini and Ascoli 2014; Ascoli and Pavolini 2015; Ascoli et al. 2018). The critical state of the National Health Service has meant that workers look very favourably on substitute healthcare financed mainly by firms (Vicarelli 2015). In the light of the healthcare actually provided by health funds and of the eventuality of 'substitution', research in general has fuelled great perplexity regarding the possible reshaping of the universalist service, while the sociology department in Ancona has clarified possible ways of reorganizing and strengthening the public service (Arlotti et al. 2017).

Occupational welfare has grown in importance fostered largely by the State through generous tax breaks, but also because of the increasingly glaring shortcomings of public Social Welfare. Following the intuition of Richard Titmuss, some of the Ancona sociologists turned their attention to researching the so-called fiscal welfare, that is, the missing state revenues, tax expenditures, which were the consequence of precise political decisions aimed at favouring certain categories or of supporting certain policy decisions (Pavolini and Ascoli 2019). Tax expenditures linked to welfare alone, according to some estimates, amounted in 2107, to forty-seven billion euros. Nor should it be forgotten that tax evasion has for years annually subtracted over one hundred billion euros from the State coffers. Recent and very recent history shows how the Italian welfare system is increasingly refining its 'model' based on money transfers and tax breaks. The resources earmarked for the big universalist service systems, ranging from health to education, continue not to grow, in fact they are diminishing. However a succession of measures are directed at improving the conditions of certain categories of pensioners, and a timid attempt to tackle poverty

is taking shape. At the same time, through tax exemption mechanisms laid down in the recent stability laws, the so-called ‘enterprise-based welfare’ has been further strengthened; firms are pushed to transforming themselves into ‘mini welfare states’, providing their employees with supplementary pension and health protection on top of what they are entitled to from the state system. They also provide personal services which are scarcely or not available at all in the territories.

This process of transformation and evolution of the welfare system poses a series of important questions on the effects this can have on the structure of the inequalities in a country that is seeing a steady growth of the numbers of people in poverty (Ascoli et al. 2015; Ascoli and Pavolini 2017). Social inequalities have been growing furiously in the last few years: increasingly significant splits in labour market participation are appearing not only between the territories but also between gender, age and nationality (Orazi 2017). The country seems to be divided into two between Centre-north and South: access to the universalist healthcare and education is becoming problematic for the weaker classes.

While reflecting on the large social protection systems and on the role of the leading players both public and private, attention could not but also be drawn to the role of the ruling classes. And this is what some of the Ancona sociologists did. With work behind them on the middle classes and classes in general, classes and citizenship, they started from the simple observation of citizens’ growing degree of distrust of the elite, particularly those actually elected, the choice of which seems less and less to depend on merit and increasingly on devotion to the leaders (Carboni 2000, 2007a, b, 2015a, b). A theory tested also at the comparative level (Carboni 2015c). The present disenchantment and social cynicism as well as the loss of political authority lie in the fact that citizens cannot rely on the preferences of the politicians who are concerned not with public policies which meet the preferences of citizens, but their own individual interests, above all the interest in being re-elected (Carboni 2008). From this point of view, Italy seems like a “failed country” also because the ruling classes have not known how to guide it but have rather followed their own self-interest. Fifty years of studies by the Ancona sociologists on Italian society, its structure (Carboni 2002), change and ruling classes have also kept interest alive on another borderline issue, such consumerism, solidarity-based economics (Orazi 2013, 2018) and social movements. In recent years, some sociologists in the group have studied ‘grillismo’, beginning with the setting up of the ‘meetup’ to the current Five Star Movement (Orazi and Socci 2014). Others have examined the so-called Italian ‘generation gap’ and the duty of public policies to cope with it (Carboni et al. 2017).

All the results of the Ancona group’s research and those of sociology nationally demonstrate that a change of direction is necessary, aimed principally at: bolstering education, training and research; increasing the efficiency and effectiveness of healthcare provision, trying to close the growing divide between the southern regions and the rest of the country; recovering public resources by tackling tax evasion, so as to provide the country with robust personal social services ranging from child-care to care of the disabled and the integration of migrants. These actions, if they were promoted by a ruling class attentive to the ‘public good’, would contribute

substantially to creating new employment, especially for the young and for women. Management of large systems of social protection should remain in public hands in a project that is able to best utilize the third sector resources (particularly voluntary work) and the market in order to enhance and expand the system and meet the needs of families with committed policies aimed at supporting parenting and care work. To this end, the Ancona group has recently developed a stream of research on how public administrations and services deal with pressures ‘from above’ aimed at adopting a managerial logic, ‘from below’ claiming more tailored services (Coletto and Bronzini 2018), and from the context to meet changing social problems.

References

- Agostini, C., & Ascoli, U. (2014). Il Welfare occupazionale: un’occasione per la ricalibratura del modello italiano? *Politiche Sociali*, 2, 263–280. <https://doi.org/10.7389/77343>.
- Arlotti, M., Ascoli, U., & Pavolini, E. (2017). Fondi sanitari e policy drift. Una trasformazione strutturale nel Sistema Sanitario Nazionale italiano? *RPS*, 2, 77–92.
- Ascoli, U. (1975). Dispersione produttiva e occupazione precaria nelle Marche. *Inchiesta* 5(20).
- Ascoli, U. (Ed.). (1984). *Welfare state all’italiana*. Bari: Laterza.
- Ascoli, U. (1985). Welfare State e azione volontaria. *Stato e Mercato*, 13(1), 111–158.
- Ascoli, U. (1986). The Italian welfare state between incrementalism and rationalization. In L. Balbo & H. Nowotny (Eds.), *Time to care in tomorrow’s welfare systems: The Nordic experience and the Italian case* (pp. 107–141). Vienna: European Centre for Social Welfare Training and Research.
- Ascoli, U. (Ed.). (1987). *Azione volontaria e Welfare State*. Bologna: Il Mulino.
- Ascoli, U. (1988). The Italian welfare system in the 80’s: Less state and more market? In R. Morris (Ed.), *Testing the limits: International perspectives on social welfare change in nine countries* (pp. 165–192). Hanover, NH: University Press of New England.
- Ascoli, U. (1992a). L’azione volontaria nei sistemi di Welfare. *Polis*, 6(3), 429–436.
- Ascoli, U. (1992b). Towards a partnership between statutory sector and voluntary action? Italian welfare pluralism in the ‘90’s”. In S. Kuhnle & P. Selle (Eds.), *Government and voluntary organizations* (pp. 136–156). Aldershot: Avebury.
- Ascoli, U. (Ed.). (2011). *Il welfare in Italia*. Bologna: Il Mulino.
- Ascoli, U., & Catanzaro, R. (Eds.). (1987). *La società italiana degli anni ‘80*. Bari: Laterza.
- Ascoli, U., Natali, D., & Pavolini, E. (2018). Still a weak occupational welfare in Southern Europe? Evidence from the Italian case. *Social Policy Administration*, 52, 534–548. <https://doi.org/10.1111/spol.12382>.
- Ascoli, U., & Pasquinelli, S. (Eds.). (1993). *Il Welfare mix. Stato sociale e terzo settore*. Milano: Angeli.
- Ascoli, U., & Pavolini, E. (1999). Le organizzazioni di terzo settore nelle politiche socio-assistenziali in Europa: realtà diverse a confronto. *Stato e Mercato*, 57(3), 441–475.
- Ascoli, U., & Pavolini, E. (2012). Ombre rosse. Il sistema di welfare italiano dopo venti anni di riforme. *Stato e Mercato*, 96(3), 429–464. <https://doi.org/10.1425/38645>.
- Ascoli, U., & Pavolini, E. (Eds.). (2015). *The Italian welfare state in a European perspective*. Bristol: Policy Press.
- Ascoli, U., & Pavolini, E. (Eds.). (2017). *Volontariato e innovazione sociale oggi in Italia*. Bologna: Il Mulino.
- Ascoli, U., & Ranci, C. (Eds.). (2002). *Dilemmas of the Welfare mix*. New York: Kluwer.
- Ascoli, U., & Ranci, C. (Eds.). (2003). *Il Welfare Mix in Europa*. Roma: Carocci.
- Ascoli, U., Ranci, C., & Sgritta, G. B. (2015). *Investire nel sociale: La difficile innovazione del welfare italiano*. Bologna: Il Mulino.

- Bronzini, M. (2004). Quanti sono i medici in Italia? *Una difficile risposta. Salute e Società*, 3(1), 145–160.
- Bronzini, M. (Ed.). (2009). *Sistemi sanitari e politiche contro le disuguaglianze di salute*. Milano: Angeli.
- Bronzini, M. (2014). *Nuove forme dell'abitare: l'housing sociale in Italia*. Roma: Carocci.
- Bronzini, M. (Ed.). (2016). *Vissuti di malattia e percorsi di cura. La sclerosi multipla raccontata dai protagonisti*. Bologna: Il Mulino.
- Bronzini, M. (2017). Contested issues surrounding social sustainability and self-building in Italy. *International Journal of Housing Policy*, 17(3), 353–373. <https://doi.org/10.1080/14616718.2016.1223450>.
- Bronzini, M., & Spina, E. (2018). Italian teachers: A profession in transition? *Cambio*, 8(16), 83–98. <https://doi.org/10.13128/cambio-23255>.
- Bugarini, F., & Vicarelli, G. (1978). Interazione e sostegno parentale in ambiente urbano. *Rassegna Italiana di Sociologia*, 3, 464–493.
- Carboni, C. (Ed.). (1981). *I ceti medi in Italia*. Roma-Bari: Laterza.
- Carboni, C. (Ed.). (2000). *Le power élites in Italia. Chi conta nella società della comunicazione*. Roma: Ediesse.
- Carboni, C. (2002). *La nuova società. Il caso italiano*. Roma-Bari: Laterza.
- Carboni, C. (2007a). Verso un'analisi della ristrutturazione sociale. *RPS*, 4, 77–90.
- Carboni, C. (Ed.). (2007b). *Élite e classi dirigenti in Italia*. Roma-Bari: Laterza.
- Carboni, C. (2008). *La società cinica. Le classi dirigenti italiane nel tempo dell'antipolitica*. Roma-Bari: Laterza.
- Carboni, C. (2015a). Il ceto politico locale e regionale. In M. Salvati & L. Sciolla (Eds.), *L'Italia e le sue regioni* (Vol. I, pp. 251–270). Roma: Treccani.
- Carboni, C. (2015b). Liberal and licensed professions. In E. Jones & G. Pasquino (Eds.), *The Oxford handbook of Italian politics* (pp. 541–553). Oxford: Oxford University Press.
- Carboni, C. (2015c). *L'implosione delle élite. Leader contro in Italia e in Europa*. Soveria Mannelli: Rubbettino.
- Carboni, C., et al. (2017). *Il Divario generazionale tra conflitti e solidarietà. Vincoli, norme, opportunità: generazioni al confronto*. Roma: Dialoghi.
- Coletto, D., & Bronzini, M. (2018). Street level bureaucracy under pressure: Job insecurity, business logic and challenging users. In F. Sowa, R. Staples, & S. Zapfel (Eds.), *The transformation of work in welfare state organizations* (pp. 182–202). Routledge: New Public Management and the Institutional Diffusion of Ideas.
- David, P. (1989). L'integrazione sociosanitaria: storia di un principio mai realizzato. *Stato e Mercato*, 25(1), 73–109.
- David, P., & Vicarelli, G. (1983). *L'azienda famiglia. Una società a responsabilità limitata*. Bari: Laterza.
- David, P., & Vicarelli, G. (1994). *Donne nelle professioni degli uomini*. Milano: Angeli.
- Giarelli, G., Nigris, D., & Spina, E. (2012). *La sfida dell'auto-mutuo aiuto. Associazionismo di cittadinanza e sistema sociosanitario*. Roma: Carocci.
- Ingresso, M., & Vicarelli, G. (2015). Nascita ed evoluzione della sociologia della salute italiana. In M. Ingresso (Ed.), *La salute per tutti. Un'indagine sulle origini della sociologia della salute in Italia* (pp. 13–43). Milano: Angeli.
- Moretti, C. (2008). L'associazionismo familiare nel sistema di welfare regionale. In A. Genova & F. Palazzo (Eds.), *Il welfare marchigiano: attori, strumenti, criticità* (pp. 235–245). Roma: Carocci.
- Moretti, C. (2011). L'integrazione del servizio sociale negli studi medici. In M. Bronzini (Ed.), *Dieci anni di welfare territoriale: pratiche di integrazione socio-sanitaria* (pp. 219–229). Napoli: ESI.
- Moretti, C. (2015). La mediazione sociale abitativa nei contesti di edilizia pubblica. In E. Appetecchia (Ed.), *Idee e movimenti comunitari. Servizio sociale di comunità in Italia nel secondo dopoguerra* (pp. 281–296). Roma: Viella.
- Moretti, C. (2016). Servizio sociale e salute. In A. Campanini (Ed.), *Gli ambiti di intervento del servizio sociale* (pp. 241–258). Roma: Carocci.

- Moretti, C. (2017a). From the hospital towards social reintegration: the support path for people with severe acquired brain injury and their families. *European Journal of Social Work*, 20(6), 858–868. <https://doi.org/10.1080/13691457.2017.1320529>.
- Moretti, C. (2017b). Politiche abitative pubbliche e welfare locale: nuove sfide per il servizio sociale. *RPS*, 15(1), 109–120.
- Moretti, C. (2017c). Social housing mediation: Education path for social workers. *European Journal of Social Work*, 20(3), 429–440. <https://doi.org/10.1080/13691457.2017.1314934>.
- Moretti, C., Spina, E., & Ciaschini, U. (2012). Formazione e operatività nel sociale: l'assistente sociale, l'educatore e l'operatore socio-sanitario. *Rivista Trimestrale di Scienza dell'Amministrazione*, 3, 53–72. <https://doi.org/10.3280/SA2012-003004>.
- Moretti, E., & Vicarelli, G. (1986). *I lavoratori stranieri nelle Marche*. Bari: Cacucci.
- Novelli, R. (Ed.). (1990). *Industrialization without development: NGOs and growth in South East Asia*. Ancona: Clua.
- Orazi, F. (2013). Innovazione sociale e sviluppo locale: i Distretti di Economia Solidale. *Rivista Trimestrale di Scienza dell'Amministrazione*, 2, 63–79. <https://doi.org/10.3280/SA2013-002005>.
- Orazi, F. (2017). False myths and labour market reforms in Italy. *International Journal of Social Science and Technology*, 2(5), 1–11.
- Orazi, F. (2018). *Dalla notte dei tempi ai giorni senza tempo*. Milano: Meltemi.
- Orazi, F., & Soggi, M. (2014). *Il grillismo: tra democrazia elettronica e movimento personale*. Roma: Carocci.
- Paci, M. (Ed.). (1980). *Famiglia e mercato del lavoro in un'economia periferica*. Milano: Angeli.
- Paci, M. (1982). Onde lunghe nello sviluppo dei sistemi di welfare. *Stato e Mercato*, 2(6), 345–400.
- Paci, M. (1989). *Pubblico e privato nei moderni sistemi di welfare*. Napoli: Liguori.
- Paci, M. (1991). Classi sociali e società post-industriale in Italia. *Stato e Mercato*, 32(2), 199–217.
- Paci, M. (1992). *Il mutamento della struttura sociale italiana*. Bologna: Il Mulino.
- Pattarin, E. (2005). La riforma della scuola in Italia. In G. Vicarelli (Ed.), *Il Malessere del Welfare* (pp. 51–70). Napoli: Liguori.
- Pattarin, E. (Ed.). (2009). *Traduttori di culture: i mediatori linguistico culturali*. Ancona: Affinità Elettive.
- Pattarin, E. (2011). Le politiche scolastiche. In U. Ascoli (Ed.), *Il Welfare in Italia* (pp. 173–195). Bologna: Il Mulino.
- Pavolini, E., & Ascoli, U. (2019). The Dark Side of the Moon: il ruolo del welfare fiscale nel sistema di protezione sociale italiano. *Politiche Sociali*, 6(1), 23–46.
- Pavolini, E., Ascoli, U., & Mirabile, M. L. (2013). *Tempi moderni. Il welfare nelle aziende in Italia*. Bologna: Il Mulino.
- Pizzorno, A. (1974). I ceti medi nel meccanismo del consenso. In F. L. Cavazza & S. R. Graubard (Eds.), *Il caso italiano* (pp. 315–338). Milano: Garzanti.
- Speranza, L., Tousijn, W., & Vicarelli, G. (2008). *I medici in Italia, motivazioni, autonomia, appartenenza*. Bologna: Il Mulino.
- Spina, E. (2009). *Ostetriche e Midwives. Spazi di autonomia e identità corporativa*. Milano: Angeli.
- Spina, E. (2017). Generational gap e nuovo professionalismo medico. Note preliminari per una ricerca empirica. *Rassegna Italiana di Sociologia*, 58(1), 127–152. <https://doi.org/10.1423/86361>.
- Spina, E., & Vicarelli, G. (2015). Are young female doctors breaking through the glass ceiling in Italy? *Cambio*, 5(9), 121–134. <https://doi.org/10.1400/234060>.
- Vicarelli, G. (1986). Professioni e welfare state: i medici generici nel Servizio sanitario nazionale. *Stato e Mercato*, 16(1), 93–122.
- Vicarelli, G. (1988). Il personale della salute. In AIS, ISTAT (Eds.), *Immagini della società italiana* (pp. 353–378). Roma: ISTAT.
- Vicarelli, G. (1989). Il medico al femminile. Le donne nello sviluppo della professione medica in Italia. *Polis*, 2, 225–248.
- Vicarelli, G. (Ed.). (1994). *Le mani invisibili. La vita e il lavoro delle donne immigrate*. Roma: Ediesse.

- Vicarelli, G. (1997a). *Alle radici della politica sanitaria in Italia. Società e salute da Crispi al fascismo*. Bologna: Il Mulino.
- Vicarelli, G. (1997b). La politica sanitaria tra continuità e innovazione. In F. Barbagallo (Ed.), *Storia dell'Italia repubblicana, Volume III, L'Italia nella crisi mondiale. L'ultimo ventennio* (pp. 569–619). Torino: Einaudi.
- Vicarelli, G. (2000). Fiducia e stima nei riguardi della professione medica in Italia. Un'interpretazione di carattere storico-comparativo. *Rassegna Italiana di Sociologia*, 41(3), 389–412. <https://doi.org/10.1423/2545>.
- Vicarelli, G. (Ed.). (2001). *Eliot Freidson: la dominanza medica. Le basi sociali della malattia e delle istituzioni sanitarie*. Milano: Angeli.
- Vicarelli, G. (2003). Identità e percorsi professionali delle donne medico in Italia. *Polis*, 17(1), 93–124.
- Vicarelli, G. (Ed.). (2005). *Il malessere del Welfare*. Napoli: Liguori.
- Vicarelli, G. (2006). *Medicus omnium*. La costruzione professionale del Medico di medicina generale (1945–2005). In C. Cipolla, C. Corposanto, & W. Tousijn (Eds.), *I medici di medicina generale in Italia* (pp. 50–99). Angeli: Milano.
- Vicarelli, G. (Ed.). (2007). *Donne e professioni nell'Italia del Novecento*. Bologna: Il Mulino.
- Vicarelli, G. (2008). *Donne di medicina. Il percorso professionale delle donne medico in Italia*. Bologna: Il Mulino.
- Vicarelli, G. (2010a). *Gli eredi di Esculapio. Medici e politiche sanitarie nell'Italia unita*. Roma: Carocci.
- Vicarelli, G. (2010b). Per un'analisi storico-comparata della professione medica. *Stato e Mercato*, 90(3), 395–424. <https://doi.org/10.1425/33148>.
- Vicarelli, G. (Ed.). (2011). *Regolazione e governance nei sistemi sanitari europei*. Bologna: Il Mulino.
- Vicarelli, G. (Ed.). (2013). *Cura e salute. Prospettive sociologiche*. Roma: Carocci.
- Vicarelli, G. (2015). Healthcare: Difficult paths of reform. In U. Ascoli & E. Pavolini (Eds.), *The Italian welfare state in a European perspective* (pp. 157–178). Bristol: Policy Press.
- Vicarelli, G. (Ed.). (2016). *Oltre il coinvolgimento. L'attivazione del cittadino nelle nuove configurazioni di benessere*. Bologna: Il Mulino.
- Vicarelli, G., & Bronzini, M. (2009). From the “expert patient” to “expert family”. A feasibility study on family learning for people with long-term conditions in Italy. *Health Sociology Review*, 18(2), 182–193. <https://doi.org/10.5172/hesr.18.2.182>.
- Vicarelli, G., & Bronzini, M. (2018a). Les femmes médecins en Italie: peu de traces, aucune mémoire et une histoire difficile. In G. Ferréol (Ed.), *Traces et mémoires* (pp. 241–250). Louvain-la-Neuve: Eme editions.
- Vicarelli, G., & Bronzini, M. (2018b). La sanità digitale: dimensioni di analisi e prospettive di ricerca. *Politiche Sociali*, 5(2), 147–161. <https://doi.org/10.7389/90591>.
- Vicarelli, G., & Pavolini, E. (2017). Dynamics between doctors and managers in the Italian national health care system. *Sociology of Health & Illness*, 39(8), 1381–1397. <https://doi.org/10.1111/1467-9566.12592>.
- Vicarelli, G., & Spina, E. (2015). Professionalization and professionalism: The case of Italian dentistry. *Professions Professionalism*, 5(3). <https://doi.org/10.7577/pp.1324>.