Special Issue Combining Safety and Equity in the Post-Covid City: New Trends between Local Policies and Bottom-Up Practices

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Madalena Corte-Real

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Summary

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What is a city? This is the question

Francesco Calicchia[1]

Social Capital and Health: New Frontiers and Old Problems in a Working-Class Neighbourhood in Naples. Testing a Reconsideration of Territorial Healthcare[2]

Introduction

The following paper is part of a wider research effort aimed at investigating the development process of the hospital facility "San Gennaro dei Poveri" in Rione Sanità, Naples, and understanding how the restructuring operation that incorporated it impacted the citizens of the neighbourhood, and their ensuing reaction to it. This analysis must take into account the complex dynamic that exists on a macro, national and supranational level, where the decisions often take place, and on the micro, neighbourhood level, where said decisions unfold. In this arena, where various political levels clash, oftentimes in a direct opposition among each other, civil society also joins the fray. Even the analysis of the political and social action of these constantly evolving realities must always consider the ever-changing relationship between the local dimension and its efforts to reinforce its influence and lobbying power, joining forces, finding supporters and building stronger platforms with other neighbourhoods, on a regional or even national scale.

Herein, though, the focus shall be on some peculiar features that have emerged during the fieldwork, strictly related to the social capital of the neighbourhood. The analysis' goal is therefore to present the social context of the study, the Rione Sanità in Naples, investigating the social capital structures therein, and setting up a reflection on whether they could be implemented in conjunction with the territorial health restructuring Plan issued by the Ministerial Decree 77/2022, which involves the San Gennaro Hospital, envisioning a possible community of care that could involve each and every one of the actors that play a role in it.

This work will begin with a brief history of the case study, the San Gennaro Hospital, so that the context can be presented as clearly as possible. Afterwards, there will be an analysis on the present-day sociological context, through the sociological literature on the concept of social capital, with a comparative focus between the Rione Sanità and the Villa Victoria neighbourhood in Boston, studied by Mario Luis Small, clarifying how the similarities and differences between the two neighbourhoods should help to better frame the case study and provide useful tools for recognizing the sociological categories employed in the analysis itself.

The paper will proceed with a critical analysis of Ministerial Decree 77/2022, through the sociological categories that have been employed in other works on local healthcare and health.

Lastly, after an exposition of the methodology used in the field work, the final section will analyse the results, with a reasoning about the limits, the potential and possible future research possibilities that could stem from this work.

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2 Received: 30/09/2023. Revised: 05/02/2024. Accepted: 30/01/2023. Published: 30/09/2024.
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1. Historical Background

The San Gennaro Hospital is a healthcare facility in the core of Rione Sanità, right below the Capodimonte hill (see fig. 1).

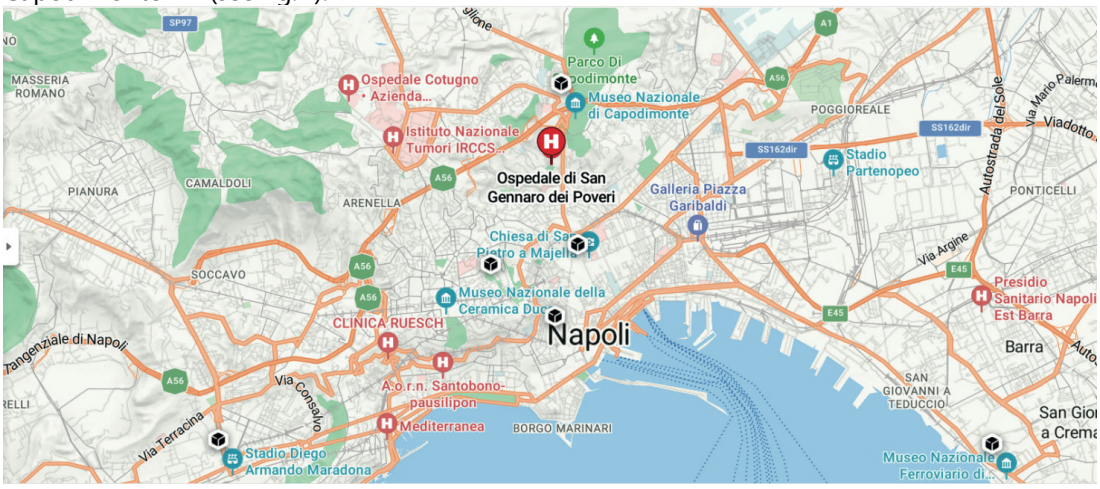

Figure 1: Ospedale San Gennaro dei Poveri. Source: reprocessing from Bing Maps.

The Real Ospizio di San Gennaro, commonly referred to as "San Gennaro de' Poveri", was born in 1667 following the will of Pietro Antonio Raymondo de Cardona, who was Viceroy at the time. During those times, the charitable aids of Naples were prevalently handled by private institutions (trusts, monastic orders, etc.). Therefore, the Ospizio San Gennaro was supposed to be the first attempt to secularize and put under the monarchic domain the management of poverty[3]. This policy, far from having charitable intents, was rather answering to the need that the temporal power had to control and repress the poorest elements of the population. A city the size of Naples had always had severe issues related to immigration and vagrancy, which often led to riots and uprisings. The goal was to provide room and board to the needy, with the added benefit, for the Crown, to keep under close surveillance urban marginality within a defined perimeter. Quoting Clemente (2013), the project won't come to fruition, due to the huge management costs of the structure and the conflicts with local noblemen.

The structure is then repurposed into a city Hospital, representing one of the numerous Historic Hospitals of the Centre of Napoli (Diana et al., 2020). The San Gennaro Hospital turned into a key element for the neighbourhood, not only for urban healthcare for the city centre, but also for human and economic interchange. As stated by one of the activists during an informal conversation, the Hospital represented, for the neighbourhood, "the presence of the State", the first and foremost state facility for the health of the territory and those who inhabit it.

Said role grinds to a halt at the beginning of the New Millenium, when the structure is severely downsized and progressively reconverted into an outpatient clinic.

The research stems from the looming threat of closure of the Hospital perpetrated by the Region, which inspired the creation of the "Committee in defence of the San Gennaro Hospital" – a testament of the important social capital possessed by the territory, thanks to which the neighbourhood was able to fight back and even affect the politics – and from the willingness to understand how this resource could prove to be a key asset for the new territorial restructuring plan for healthcare following the emission of the Ministerial Decree n. 77 of 23rd of May 2022.

Said work is the first result of the fieldwork that took place during last year in the San Gennaro Committee, following their activities both inside and outside the Hospital. This includes the role of active observer even in the meetings of the Committee in defence of the Park in front of the

3 A second, far more ambitious attempt (around 10,000 beds versus the 800 of Ospizio San Gennaro) was the Real Albergo dei Poveri, dated 1749 (Clemente, 2013, op. cit.).

Hospital. A public fenced park is situated in front of the hospital, which reopened some years ago thanks to the citizens' efforts. However, due to a land subsidence, it was closed off a few weeks prior to the beginning of the pandemic, and has been closed off ever since. The fieldwork revealed that a group of citizens was pressuring the administration to make the park (the only public green area of the lower part of the neighbourhood) accessible again; the padlock that was sealing the Park's gates was broken and those same citizens began to take care of the area. Weeds were cleared out, trees were pruned, hazardous places were rendered safe again, and the access was provided daily thanks to the efforts of some citizens who, every day, opened and closed to Park to its visitors. Meanwhile, another committee was formed, which pressured the Municipality so that the space could be opened to the public yet again. Some of the residents involved in this operation are part of the Committee in defence of the Hospital, while other members of the Committee for the reopening of the Park are more or less actively involved in the protest for the Ospedale. In addition, many of the meetings concerning the Park were held inside the Hospital, in the Committee office, especially during the cold weather.
The Committee for the Park, then, does not only involve simple citizens, but also several activists coming from associations or movements of the neighbourhood. As in the Committee for the Hospital, the Committee for the Park also has a quite diversified social composition: young and elderly people, Italian residents and new immigrant ones, activists and common citizens, entrepreneurs, students, public employees, professors, unemployed and workers. For this reason, the fieldwork conducted within the Hospital is inextricably intertwined with the neighbourhood itself. The Committee for the Park and the Committee for the Hospital are examples of how deep the neighbourhood relationships run. Being an active observer in the San Gennaro Committee in Defence of the Hospital means having to interact with an intricate, multi-layered network of relations, which is not related to activism or politics separately: it involves both of them simultaneously. Another layer is added with the inclusion of the network of relations among neighbours, friends or relatives, which involves activists or common supporters. In the following sections of this paper we will delve deeper into the matter, because clarifying this specific aspect of the neighbourhood is particularly useful for the aims of this research. Moreover, even on a conceptual level, the research is contaminated by it, since health is a broad concept that also includes the right to green and accessible areas, as it is often highlighted by the two committees to justify their connection.

2. Social Territorial Capital

As a territory, the Rione Sanità possesses a social capital that allowed it to face several issues, which, among other things, favoured the creation of the San Gennaro Committee, thus preventing the closure of the San Gennaro Hospital.
To truly comprehend the perspective that inspired the research, we should insist again on one of its basic elements, the social capital concept. The three scholars that are traditionally quoted when approaching the topic of social capital are Pierre Bourdieu (2018), James Coleman and Robert Putnam. While, according to Bourdieu, the social capital is the sum of the resources available to the individual or the social group, meaning relationship networks, knowledge and financial availability, which allow the individual to succeed in its society though power relations, Coleman (1988) focuses on the power that the social capital possesses in influencing individual success through the interaction with the other. The distinguishing feature of Coleman is the application of the concept of rational choice, which is more related to financial sciences, since it is the method used by the individual to traverse society in order to achieve their goals. Naturally, said choices cannot escape the conditions imposed by the limits and the inner characteristics of the social context in which one operates. Putnam (2000), lastly, utilizes the social capital to explain the cohesion of a community and the quality of the civil networks it can take advantage of.

The definition of social capital by Putnam has gained a lot of traction in the last years, especially outside of academia. Later on, we shall analyse the critical aspects that have questioned this approach. Ultimately, this paper opted for the definition by Minelli (2007, p. 9), since it distils the concept efficiently: the social capital «consists of the resources coming from civic participation, relationships based on trust and reciprocity norms that characterize social networks».
The definition of territorial social capital by Alessandra Landi (2021, p. 152) is particularly apt to the aims of this paper, stating that «we can say that collective efficiency[4], organisational resources of a community and collective civic engagement help shaping a territorial social capital that is differently distributed among the neighbourhoods, and which is influenced by the density of organisations and community and neighbourhood associations, as well as individual social networks and traditional affiliations to civic groups».
Landi is suggesting that displaying social capital in a spatial key can turn it into a set of territorial resources ready to be valorised (simultaneously exposed to the opposite risk, of course). This dynamic reading of social capital, in other words, helps us to analyse the neighbourhood following a process of ever-constant, ever-evolving change, with a three-dimensional, ecological approach that can properly render a complexity which would otherwise risk being hidden. This exercise is necessary, as Landi argues, so that social capital doesn't appear as it was declining, since it is conventionally measured through national criteria such as voter participation or attendance to national-level protests. When adopting a different set of lenses, instead, more focused on local matters and other participation forms, reality can show a different shape, far from a socially lethargic one. In this sense, the qualitative research on micro contexts and the study of different forms of aggregation and protest, such as informal reunions of groups of citizens, mutual aid activities, public events not formally related to protests, and commitment to issues with a heavy impact on the territory, such as public healthcare, can offer a different perspective about these territories, unveiling different ways to show participation and aggregation.
Despite what has been said so far, a further distinction should be made, since the indeterminateness of the definition has often created some confusion in the meanings attached to the concept of social capital. For example, it is often discussed whether it is an individual or collective asset (Carlson, Chamberlain, 2003). Another risk one could easily run into when analysing the concept of social capital, both in its individual or collective conception, is to consider it as a manifestation of an individual or territory's incapability of improving their conditions. In doing so, the responsibility of the socio-economic conditions of social groups is attributed to the individuals or the community, losing sight of the structural causes that strongly affect the life trajectories of people and the conditions of neighbourhoods or whole cities. In fact, as previously mentioned, Putnam (2000, op. cit.), whose work on social capital is considered today as the main reference point for this line of academia, is criticized for excluding in his analysis some conditions, such as inequalities due to class, race and gender which could severely impact people lives (Navarro, 2020), and which end up being ignored due to the alleged power social capital has in improving the life of social groups, which is often used indiscriminately and without consideration of social and economic contexts. About the specific relationship between social capital and health, Muntaner et al. (2020) explained how considering and studying the informal relations among family, neighbours and friends is surely important, but equally important is to consider the connections that influence which individuals and which groups have access to public healthcare resources, meaning connections with institutions and broader social networks. To further clarify how social capital cannot be considered as the only determining factor in shaping one territory's fate, we refer to how Petrillo (2018) uses the distinction by Wacquant (2008) on external, top-down violence on the neighbourhood and internal violence, focusing on the former. External violence can take up many forms, and could be essentially connected to the presence/absence of the State. Its presence can be felt through the use of force exerted by law enforcement, a material violence

4 For an in-depth analysis on the concept of collective efficiency, Sampson, 2009.

which often follows different directories in specific neighbourhoods, which face daily and overwhelming oppression, or in determined political choices, which concentrate public residential buildings in already degraded areas. There is also a kind of top-down violence which is manifested through the absence of the State, occurring whenever suburban districts are abandoned, educational services are cut down, local hospitals are closed (the very same kind of violence that was employed in Rione Sanità, so this is what we are referring to when we talk about the choice of closing down the hospital, even if it will not be explicitly quoted), welfare aimed at most deprived classes is cut down, and so forth.
Even the stigmatization process can be classified as external violence, whenever it creates an irremovable label on one's body, which modifies one's self-perception outside of the neighbourhood, in the job market or when buying a house, also turning into severe defamation forms.

3. Villa Victoria and Rione Sanità: Similiarities and Differences

For a better understanding of the relation between social capital and suburban neighbourhoods, it could prove useful to have a short comparison between the Villa Victoria neighbourhood of Boston, narrated and analysed by Luis Small (2004), and Rione Sanità. The two realities, in fact, present some undeniable similarities. What should prove more useful to the goals of this work are the differences between these two experiences, since what has been pervading this research is the need to understand the quality and the shapes that social capital can assume in the various contexts it is present in.
Villa Victoria is a suburban neighbourhood in Boston whose inhabitants are almost entirely composed by South Americans migrated in the United States, mainly from Puerto Rico. During the past years, it has been interested by a bottom-top urban regeneration and redevelopment process, and currently (meaning at the moment of Small analysis) is going through a crisis, because apparently the new generations weren't able to fully honour the legacy of the changing process that improved the neighbourhood conditions.
Rione Sanità, as Villa Victoria did, went through positive stages and stages with increasing unease, criminal activity and neglect. Nowadays the neighbourhood is living a renaissance moment, as already stated, thanks to an urban regeneration process which has drawn investment, tourists and new residents.
Small, in his analysis on social capital, claims that said resource might very well be a strong asset in helping a neighbourhood to break out of isolation, exclusion and even stigmatization processes. This element, obviously, has to be properly framed, since its success could be made or unmade due to the participation of several aspects: in Villa Victoria, as Small wrote, the combination between a decent amount of public services and a social capital ripe with more or less thick social relations guaranteed, especially for the older generation, the possibility of not having to go out of the neighbourhood that often and/or developing contacts with the middle class residing outside of the neighbourhood. This peculiar aspect can also be found in Rione Sanità; in fact, the quality of the social capital gives the residents the possibility of taking advantage of relationship networks which answer to many needs, creating a concrete mutual aid structure that can provide a service where the public sector is instead absent. Actually, as already stated multiple times throughout this work, despite the scarcity of public services, a closed down emergency department, a severely crippled hospital, no banking branches, no accessible park areas and so forth, the mutual aid strategies mentioned above and the relatively central position of Rione Sanità granted its residents the possibility of not straying far from it, nor looking for relationships with people from outside.
In light of the fieldwork conducted insofar, it should also be noted that although the neighbourhood is experiencing this phenomenon of insularity, it is still able to build networks and to rally

up relational capital when needed. This is especially true for the activism forms present within the neighbourhood. This dynamic can be attributed to several synchronous factors.
In the first place, while in Villa Victoria language has been a formidable obstacle for many residents, due to the social composition consisting mostly of South American immigrants, Rione Sanità, naturally, didn't have a similar problem. Secondly, even though Rione Sanità is a suburban neighbourhood with several forms of vulnerability, poverty, school dropout etc, it also has a diversified social composition, as proven by the San Gennaro Committee itself. In fact, the Committee counts among its members people who are unemployed, uneducated, marginalized, but also nurses, doctors, university researchers and retirees. On a macro level, this feature pertains to the whole neighbourhood, allowing a connection to higher social classes which is instead absent in the case of the Villa Victoria residents, as Small describes. Such heterogeneity can be found also in daily life, in gathering places and in activism, allowing it to build networks outside of the neighbourhood and to engage with every possible scenario, ranging from a simple café to the halls of government, if the situation demands it.
This feature, which can be considered one of the resources of territorial social capital, is exemplary in the San Gennaro Hospital's case, and maybe the hospital itself has been a catalyst for it in the past, contributing to its strength. In an informal conversation with Luca, he said: «The Hospital opened up the ghetto». The Rione Sanità, due to its geographical location, which encloses it within its own boundaries, has always been considered as a sheltered neighbourhood, almost protected from the outside world. The San Gennaro Hospital represented not only the presence of the State within the neighbourhood, but also an entry gate for uninterrupted human exchanges. The accounts that emerged during the fieldwork have effectively framed the San Gennaro as something more than a healthcare facility. It was the fulcrum of a lot of economies that gravitated around it: the cafeteria service, the laundry service, the cafeteria inside the hospital, the stalls outside of it. It was a local statal healthcare facility where doctors were on a first-name basis with the patients, who they would meet while buying groceries, and they would ask for a quick medical opinion during the process. An exchange of goods and people that allowed for a constant renewal of connections within the neighbourhood.
When looking at the first results of the fieldwork, one should come to the conclusion that, compared to Villa Victoria, Rione Sanità, also due to the (not always positive) deep modifications that have been affecting it, possesses a wide array of resources that made up the territorial social capital which allows the neighbourhood to create networks that go beyond its own boundaries, so that protests can be structured on a meso-level platform. In this sense, a particularly pertinent example is the constitution of the Public Consultation in defence of community health, a city organ acknowledged by the Municipality, with members from the civic society of every urban territory, of which the San Gennaro Committee is one of the founders. In the following pages, we shall point out how this asset could be valorised by public power when building a shared vision of healthcare.

4. Ministerial Decree 77/2022: Restructuring Local Healthcare

In order to justify the following analysis, it should be best to first explain the contents of the Ministerial Decree 77/2022, whose goal is to restructure territorial healthcare. San Gennaro Hospital, in Naples, is one of the structures present in the city primed for a strategical role, since it is supposed to accommodate both the Casa di Comunità (Community House) and Ospedale di Comunità (Community Hospital) at the same time.
The Ministerial Decree 77/2022 (Vicarelli, 2022) aims at renovating the hospital structure of our NHS, following a request[5] that has been present for several years, which brought changes on a regional scale, such as the creation of Case della salute (Health Houses), which have been pres-

5 The push came not only from civic society, as mentioned before – with the intervention, among others, of Giulio Maccaro, founder of Medicina Democratica – but also from sociological literature, which shall be presented herein.

ent for some time already in Tuscany, Emilia Romagna and Veneto. COVID-19 revealed some important weaknesses in our healthcare system and its structure, which nowadays is still based on large hospital centres and, most of all, large polyclinics[6]. The pandemic period highlighted the inadequacy of an organisation that leaves territories undefended, depriving citizens of local facilities that could provide a targeted, quick and tailored assistance according to the context and the patients; not just in terms of medical intervention, but also in terms of listening to the patient, communication and health promotion (Lenzi, 2021). The organisation is also being affected by the gradual cutting to public spending on healthcare, following a trend that started during the nineties with the dismantling of the public welfare system, and which has been steadily defunded ever since the 2008-2011 crisis (Gimbe, 2019; Neri, 2026)[7]. The combination between the historic hospital-centric vocation of our NHS and the spending-review which cut down the territorial healthcare facilities has created frail areas, incapable of reacting to crises such as the pandemic one.
The new Piano Nazionale di Ripresa e Resilienza (Recovery and Resilience National Plan) was planned by keeping the shortcomings the pandemic revealed in mind, and by considering the demographic changes that are affecting our society, with an important intervention aimed at restructuring territorial healthcare and investing in the redevelopment of physical structures and updating most of the infrastructure. Measure 6 of the Plan identifies the following critical points in need of intervention (PNRR, 2021, pp. 225-226):

1. massive territorial discrepancies in service delivery, especially in terms of prevention and territorial assistance;
2. an inadequate integration among hospital services, territorial services and social services;
3. high waiting times for the delivery of some services;
4. a low degree of skill in achieving synergies for defining response strategies for environmental, climate and health hazards.

After highlighting the critical points, the Plan is scheduled to proceed following two major trajectories: 1. Local networks, structures and telemedicine for territorial healthcare; 2. Innovation, research and digitalization of the national healthcare.
The Plan is seemingly focusing, for the first line of intervention, on local healthcare, by reinforcing the territorial intermediate hospital facilities and by reorganizing the system as a whole around a spread-out, osmotic vision based on the territory. The fulcrum of the intervention is the creation of two new healthcare facilities, the Community House and the Community Hospital, and the enhancement of home healthcare.
Specifically, Community Hospitals and Community Houses are territorial socio-health facilities aimed at offering a continuous, easy-to-access socio-health assistance. Quoting Mission 6:«The Community House shall be a physical structure with a multi-disciplinary team of primary care doctors, freely chosen paediatricians, specialist doctors, community nurses, other health professionals, also including social workers» (PNRR, 2021, p. 228); as for Community Hospitals: «A healthcare facility of the territorial network with a short-term hospitalization system aimed at patients in need of health interventions with a medium/low clinic impact and short-term stays. Said structure, with an average capacity of 20 beds (up to a maximum of 40 beds) and with a management mostly handled by nurses, contributes to a better appropriateness of care, causing a reduction in improper accesses to healthcare services, such as the ones related to the emergency department» (PNRR, 2021, p.229).
The other major goal pursued by this intervention approach is the enhancement of home health-

6 The Ministerial Decree 70/2015 marks a turning point toward the closure of small local facilities in favour of large polyclinics.

7 The report by Fondazione Gimbe explains how, despite the funding share had increased from 2010 to 2019 in absolute terms, accounting for inflation makes it so that the share couldn't even keep the purchasing power unchanged.

care, so, conceiving one's home as the starting point for treatment, with an integrated plan for territorial healthcare which begins with people's homes and involves every possible level, until it reaches the hospital. The underlying concept of the document is made clear: answering to the ever-growing population aging of the Country and the unavoidable increase of chronic diseases, bridging the territorial gap between the North and the South, and the gender and generational gap. Despite the limitations and the critical points emerging from the Decree, the text seems receptive to the several issues revealed by social research during the last years. Two of the theories that have been the most discussed in the scientific discourse (Antonovsky, 1996, Singer, 2009, Singer et al. 2017) are specifically going to be analysed here. Both models, in fact, the Syndemic Theory by Singer and the Salutogenic Model by Antonovsky, despite their differences (which shall not be investigated), push for a clinical practice that takes into account the social determinants when approaching territorial healthcare. Ideally, this passage tries to explain why this paper links the restructuring of the territorial healthcare system to the urban neighbourhood examined, the Rione Sanità in Naples. It is evident that nowadays, in order to properly set up an efficient healthcare system, the social, economic, cultural and political conditions cannot be ignored. These two aspects are examined together in order to provide a complete picture, quoting Ingrosso's proposal (2023) which considers territories in holistic terms as care communities, which shall be developed in the following paragraph.

5. Methodology

As previously mentioned, this paper is the first partial result of a research that has been progressing since September 2022. This work is still being carried out through active observation within the Committee in defence of San Gennaro Hospital and, as said, by an inextricable participation to a wide array of events occurring in the neighbourhood, as well as activism networks that unfold on a macro and meso level also outside of the Rione, sometimes even outside of Naples. There is a specific clarification to be made about the fieldwork conducted inside the neighbourhood, related to the researcher's position. The research on Rione Sanità and the following interest started with two University exams, and was followed by a Master's degree thesis, which, through ethnographic interviews, was about cultural endeavours in Rione Sanità, and the beginning of the gentrification and turistification processes that were unfolding at that time. At a later time, although a couple of years before the beginning of the doctorate, the Rione Sanità became the residential neighbourhood of the author. Therefore, this research is contextually inserted in a framework where the researcher had already been present in for some years, not just as a resident, but also as an activist. This aspect has been initially positive, since it guaranteed an advanced level of previous knowledge; and, while it allowed for an easy and immediate access to the field, it also created some issues, which have surfaced after some time, during the research itself. In fact, it can sometimes be difficult to distinguish between the research field and one's own living environment. Moreover, when being a resident of the neighbourhood can sometimes take precedence over being a researcher, keeping the roles separated can prove difficult. More often than not, I was perceived more as a member of the Committee rather than a researcher, both within the Committee and outside of it. This, obviously, had a twofold impact on the research: internally, it was harder not to take a stand and asking to not be involved in decisions that might influence the actions of other members; externally, it often implied being considered as a member of the Committee, with what that entails: conflicts, political differences, personal stances. This implies having to overcome distrust and more in order to proceed with the research. To put it shortly, these factors created an environment where it was necessary to keep the balance between the inescapable perception coming from being a resident, which leads to being more involved, and keeping one's role as a researcher (Davis, 1973).

In addition to active observation, other survey tools have been implemented. In the first place, the study of materials coming from secondary sources: Ministerial Decree 77/2022 (which shall be analysed later on), Board rulings, Corporate acts of ASL Napoli 1, but also press releases, fliers and videos coming from the civil society.
Lastly, semi-structured interviews have been carried out, to key players, activists, residents, politicians; so far, 18 interviews have been conducted. This paper is going to utilise the ones to Mauro, president of the San Gennaro Committee; Luca, the youngest member of the Committee; Fabio Greco, president of the Third Municipality[8]; and Paolo Fierro, national vice-secretary of Medicina Democratica, an association composed by doctors, healthcare workers and researchers, whose founder, Giulio Maccacaro, was one of the first theorists of the healthcare approach that inspired the idea of Health House. More than once, there have been attempts at getting in touch with the executives of ASL Napoli 1 and the Region, through formal and informal ways, but, at the time this paper is being written, no feedback has been received yet. This aspect shall also be analysed further on.

6. Rione Sanità, San Gennaro Hospital and the Committee: a Care Community Concept

Rione Sanità is a neighbourhood administratively pertinent to the Third Municipality. Looking at ISTAT data[9], it is immediately apparent how deeply affected it is by some issues: it ranks among the first areas of Naples in unemployment, school dropout, social distress, foreign population. Despite its proximity to the city centre, it is more classifiable as a suburban area, not only because of its severe social issues, but also due to the absence of services: obsolete schools, urban hygiene issues, no green areas, lack of banking services and, case in point, no adequate healthcare facilities.
Actually, the whole city of Naples suffers from a lacking healthcare structure. Throughout the years, most of the small city hospitals have closed down, due to several restructuring plans. The situation is even more critical as far Emergency Departments[10] are concerned, with the only Emergency Department currently active in the city centre being the Pellegrini Hospital. All the others are gathered in the hospital neighbourhood, with Cardarelli as the main reference point; or the Ospedale del Mare in Ponticelli. A severely inadequate infrastructure for a city the size of Naples. As for Rione Sanità, the neighbourhood, during the last part of the 20th century, went through a rather dark period, plagued with neglect, social exclusion and marginalization.
The economic boom, and the fortunate political-economic conjuncture of that timeframe, favoured the recovery of a thriving leather manufacturing industry and the opening of some factories, which improved the economic outlook of the area. The situation changed dramatically during the Nineties: the factories began shutting down, often resorting to delocalization. Mario Valentino, among them, shut down its production department. Said company played a major role in the neighbourhood, since the local manufacturing texture was composed by leather

8 The City of Naples is divided into Municipalities, administrative divisions of the city. Each Municipality has its own Board and its own Municipal Council. While the Municipality President represents an important spokesperson, matters related to public healthcare and its organization pertain to the region. As such, the micro dimension of the Municipality works more as an intermediator actor between the territory and the Region, rather than as an actor with enough weight to influence decisions taken elsewhere.

9 https://www.comune.napoli.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/34362. Last available data dates back to the ISTAT 2011 census.

10 Loria, Fierro, Referto Epidemiologico Popolare, 2019. With the Covid-19 pandemic, so after the publication of this Report, the Emergency Rooms of the Loreto Mare Hospital and San Giovanni Bosco were also closed. After being repurposed into Covid Centers, they have not been reopened yet. In the case of San Giovanni Bosco, whose reopening was originally planned by the Region, the problem is the lack of doctors. The tenders published by the Region for the Emergency Room of the Hospital have received no bids, https://napoli.repubblica.it/cronaca/2022/05/11/news/napoli_il_paradosso_del_san_giovanni_bosco_pronto_soccorso_nuovo_ma_deserto-349010022/.

workers whose jobs depended almost entirely upon its commissions. Poverty and unease kept increasing, the neighbourhood plunged into chaos. The Camorra became stronger, the "stese"[11] phenomenon started. In the same years, territorial services are reduced, schools are depowered, and as the New Millennium rolls in it's the turn of healthcare facilities. The Rione Sanità, along with Quartieri Spagnoli, during those years benefitted from the European Plan URBAN, aimed at suburban areas (Laino, 1999), which will requalify some urban furniture elements in the market square, also setting in motion immaterial interventions for youth employment. The neighbourhood, as the New Millennium unfolds, also thanks to the activity of some personalities, went through a regeneration stage: tourist sites were born, the Cimitero delle Fontalle was reopened – an important worship place turned touristic attraction (Monaco & Calicchia, 2019) - new cultural projects and social promotion activities were created. The Rione drew interest, tourists and even new residents (Corbisiero, 2021). Its urban regeneration process is a model that sparks discussion even outside the city borders, sometimes even outside national borders. Funding, from UNESCO and other bodies, entered the picture, supporting requalification interventions. Meanwhile, the neighbourhood was living a paradoxical situation: while the bottom-up regeneration process drew in investment, tourists and new residents, triggering a gentrification process, services aimed at residents were still severely lacking. So, even if the territory was proving to be responsive and operating toward a real improvement of its lifestyle conditions, the same cannot be said about state power, which, apart from some cases (for example, the municipality, which was following closely the territorial situation and was receiving input from it constantly), wasn't capable of properly supporting this progression.
The looming threat of shutting down the Hospital is an example of how this happened in reality. The closure of the Emergency department of San Gennaro was announced in 2011. Activists, residents and territorial associations[12] decided to act. The San Gennaro Committee in defence of the Hospital[13] was born. In 2016, as Luca retells, the conflict deflagrated. The Region made its move for the definitive closure of the hospital facility by taking away the machinery.

> «Suddenly, it happened: daily meetings and a daily garrison, outside of the hospital. A gazebo outside of the hospital, with the Insurgencia (one of the collectives participating) guys taking turns, and also people from the rione, guarding the hospital, to halt the total, definitive dismissing, because the aim was the complete shutting down of the hospital» (Luca, 04/05/2023)

The shutdown project was part of a wider regional project for restructuring territorial healthcare:

> «during that same period I began working with a friend, an university colleague, we were building a political collective which was actually going to be working on the hottest issues the city had, like the health system, health… national healthcare, it was the most urgent issue because it wasn't only about San Gennaro, there were five city hospitals, including Ascalesi, and we were involved also with the Ascalesi (another hospital in the Centre, situated near the Forcella neighbourhood)». (Luca, 04/05/2023)

The struggle heated up, and the garrison outside of the San Gennaro was starting to become more structured, attaining a physical space where the protest could continue on. Mauro, President of the Committee:

> «We saw this place, one morning Antonio said: 'hey, why don't we open it?', we set up a meeting, meanwhile we were meeting in the evenings, the tent was working, the debate was lively […] Antonio took his

11 "Stesa" is a term of the local vernacular which the national media also picked up, and that nowadays is commonly used. This expression means an ambush of camorra forces in the streets of the neighbourhood, whose victim is often the member of a rival clan. It has happened more than once that the victims of a "stesa" ended up being common citizens hit by mistake.

12 https://napoli.repubblica.it/cronaca/2011/11/10/news/chiude_il_pronto_soccorso_rivolta_all_ospedale_san_gennaro-24788279/.

13 https://www.facebook.com/profile.php?id=100064346996227.

chance, he said 'come on, come on Mario, let's do it'. We were 5-6-7, we forced our way into the door a couple of times and it opened. After a while the forces of the city joined in, you know, the CARC, Insurgencia, OPG, the social centres were the strongest before, they were there, they had an even stronger voice. To put it briefly, we began doing this internal activity». (Mauro, 28/05/2023).

The first years of activity of the Committee have been particularly intense. The shutdown of the Hospital made the waves in the city, especially in the neighbourhood; the methodical dismantling of territorial healthcare perpetrated by the Region created a united front from the citizens opposing this action. The Municipality also added its support, led by the De Magistris administration, along with the Third Municipality, which was also led by a member from the same list as the Mayor, Ivo Poggiani.
Luca remembers those first years:

«at the beginning things were extremely hot, Francè, really… because we were under attack by the enemy, see? The enemy was attacking you, because it was closing down your hospitals, the attack was materially visible. And clearly, when it is materially visible, when they take away the machinery, the department is suddenly closed down, the mobilisation, the response is inevitably greater. I mean, at the beginning we could organize manifestations in the Rione, or roadblocks in Museo. They were real roadblocks, with 100-150 people, 200 people from the Rione, not militants, people from the Rione». (Luca, 04/05/2023)

He utilizes military jargon: the Region, the State, are the enemy, those who take the decisions from their high seats, without caring about the context, an ineffable act that calls for the external violence mentioned before, to which the neighbourhood answers by fighting back[14].
The mobilisation and the constant presence of the Committee led to the opening of a small First Aid space, and the shutdown project of the Hospital is halted. The Hospital was joining a new restructuring Plan for territorial Healthcare, whose goal was to turn it into a Community Hospital. While the protest, throughout the years, stopped the Hospital from shutting down, the pandemic and the ensuing emerging weaknesses of territorial assistance of healthcare facilities solicited the Administration and the Campania Region, in line with the national trend, to restructure the system[15]. In line with the Ministerial Decree 77/2022, and taking advantage of the PNRR funds, the structures bound to turn into community hospitals were selected, and San Gennaro was among them[16].
The ways with which the protest unfolded must necessarily change, as Luca also noticed:

«you can't count on that level of mobilisation now, on that heat supporting you in your most intense actions, where even the response of the enemy cannot destroy you (…) these factors have kind of changed how we fight today. It changed because the San Gennaro has been repurposed, now it truly is an outpatient clinic. There's not much else to do, except fighting to have more active clinics, and improve their performance. Unless you wanted the complete reopening of the hospital, in which case you need to involve other powers of the city and move outside the hospital borders. That's where the fighting is happening now, I believe, the battlefield is not just the San Gennaro anymore, and the fighting and tension level can be turned up on those topics, it can be turned up on the Emergency Department, which is not present in the San Gennaro anymore; it can be turned up, possibly, on the waiting lists, it can be turned up on themes that people are literally experiencing on their skin today. And this requires you to step out of the San Gennaro and setting up deals with other forces (…) you need to find new formulas. Today, with a roadblock set up like this… nobody would show up». (Luca, 04/05/2023)

14 The term is not chosen loosely, but it aims to refer to the warlike aspect of the protest, emerging from the words quoted here.

15 Not without oppositions and slowdowns. Actually, it was President De Luca himself who refused to vote for the Decree during the State-Region Conference, due to a controversy with the Ministry of Health about the allocation of healthcare personnel (Vicarelli, 2022, op. cit.).

16 For an in-depth analysis on the territorial restructuring Plan of the Campania Region, see the Deliberazione n. 682 of 13/12/2022.

Even Mauro, the President, realizes that: «the development of the Committee is tricky, because we could also become part of the institutions, the protests are there, but I always say: before the fight seized the moment, the fight was about the shutdown. Now we need to evolve». (Mauro, 28/05/2023).
Evidently, the initial conditions that spurred the protest were now absent. The Committee, though, was able to recognize the change and seemed to adapt to it. When the goals change, the ways to achieve them also change. There's more: as Small claimed (2004, op. cit.) a strong social capital within a neighbourhood is not a guarantee that it would create dialogue bridges with other neighbourhoods, nor that those who inhabit it are looking for external contacts. As Small recounts, there are too many variables that could influence an external opening or its opposite reaction. Actually, the presence within a territory of a functional service infrastructure could even favour a decrease in the external mobility of the neighbourhood. This could be applied, in some aspects, also for the Rione Sanità, for example in how leisure is structured or in expanding one's friends and relatives networks; activism, though, doesn't seem to be affected by it, which, according to the words quoted before, seems to know clearly how important it is to network outside of the Rione's borders:

> «joining different realities through the fighting. I think it could be a strategy, I see it as a strategy to band together a little, and then to protest on a more general level against the Region. Otherwise, Francè, if we are still here asking for the opening of the clinic we miss the point. This is something we do because we are from Sanità, because we are the San Gennaro, whatever, but we are not doing anything more than what we could do. And what we could be for others, because, actually, we are a model also for others». (Luca, 04/05/2023)

This bottom-up capacity of organization and communication, though, clashes with the state's incapability of intercepting and gathering these issues. This happened not only between public administration and citizens/territory, but also among the different levels of public administration. In fact, when asked about what information the Region provided on how the Community Hospital project for San Gennaro is supposed to unfold, the President of the Third Municipality answered: «No, we read it and studied it according to the protocols, which are… let's say, public» (Fabio, 10/06/2023).
The fieldwork revealed another evidence, with the Region and the ASL never formally having an official discussion with the territory. Up until that moment, in fact, the members of the Committee managed to gather information through informal connections with the ASL or regional managers. Suddenly, finding information became harder. In the weeks that followed this paper, specifically on 19th of January 2024, the regional councilwoman Maria Muscarà, during a Question Time at the Region, called out the Heritage Councillor Antonio Marchiello, asking him updates on the San Gennaro. She specifically asked: when are the works on the Hospital and Community House supposed to end, and if it was possible to appoint a liaison who could keep the territory and the other stakeholders (the unions, for example) updated on the developments occurring within the structure. The councillor answered to the first question by saying that the works will be completed in July (to everyone's surprise, since up until that point there wasn't even a starting date for them). As for the second question, no answer was provided, confirming the regional approach of closure to dialogue.
Meanwhile, in the following days the offices of the San Gennaro Committee received an eviction order, as the rooms had to be renovated. The news reached the Committee President through secondary channels. Despite the fact that the Committee had been a recognized association for quite some time, communication happened informally through third parties. As of today, no one in the Hospital knows if the Committee will receive new offices.
Actually, one could say that these very shortcomings, which have always been present, are the fuel that gives energy to the protest platform, and they could have even been what has made

the territorial social capital so strong, since when the public service is absent the only possibility comes from resilience and mutual aid strategies.
In fact, during the years, the role of the Committee developed by taking up new forms, that go beyond the usual protest:

> «now, you should know that in here we have sheltered homeless people, listening centre, workshops, meetings, even prevention meetings. We did so many things (…) since this is also an info point, a meeting point, the STP ambulatory, reception, the medical part in the upper part, but here we also do daily reception, Agit is supposed to come now, the mediator. We could say that the fight is beginning. A smart thing we are starting to do… the institutional part, we're trying to set up meetings». (Mauro, 28/05/2023)

This has been confirmed also by the fieldwork. The Committee, in an informal way, carries out information and sensibilization activities in and out of the hospital. In the stalls outside of the hospital it often happened that people received assistance, people who asked for help on various issues related to public healthcare. The Committee headquarters, today, is the reception point for the ENI-STP clinic for migrants, proving once again how it is possible to offer formal and institutional services within an officially non-recognized occupational framework. Another example: the same activists who led the Committee in defence of the Hospital, along with some residents, have also created the Committee in defence of the San Gennaro Park, by talking with other territorial realities and involving other residents in the protest for the reopening of the green area, which is still closed as of today.
The Committee, though, also fulfils another important role for the territory, as well as for public administration: the controller role, and, due to the lack of communication within the ranks of public administration, it often is the Committee itself that mediates among ASL, Region and Municipality. In fact, the President of the Municipality stated:

> «The San Gennaro, according to what the ASL programme is saying, should become a Community House, and a lot of money has been allocated. The works, of course, start and end at intervals, stuff like that. There never was a clear state of the art about what is going to happen in that hospital. The fact of the matter is that, thanks to them (the Committee) we are vigilant, we are present, meaning that we are able to know, to understand every structural movement happening in that hospital». (Fabio, 10/06/2023)

The Ministerial Decree 77/2022 explicitly outlines an integration between social and healthcare work within community facilities. Specifically, there is an attitude towards dialogue and openness with the local Third Sector realities, such as APS and Non-Profit Organisations, so that they can be an active part of the design and planning of policies for healthcare promotion, but also for supporting the patients during the illness stages. Indeed, their involvement is an added value, since they can be the bearer of a territory's needs and act as an echo chamber for its issues. Ingrosso (2023, op. cit. p. 35), though, gives the following warning:

> «In a socially and culturally fragmented scenario there are some shared transversal attractors that can unite local textures around symbolically defined interests: health – considered as the capability of taking care of the most relevant personal and collective needs (like during the pandemic) and also as safety and environmental liveability – can be one of the most relevant aggregators, a symbolic medium, on which the networks and the local areas can be mended and regenerated. This is why the Community House should become one of the symbolic-aggregative epicentres of an area or neighbourhood-sized community. This focused regeneration of community networks should move through three main guidelines: the institutional and participative one, the cultural and creative one, and the solidarity and trust-based one. In other words, obtaining the commitment of the representative institutions is important, along with civic participation, developing of an activity of symbolic and artistic aggregating elaboration, ending up with a structural involvement of the organized solidarity of the third sector.

> The latter can allocate its resources in local projects, in community building and engagement, and on ethical investment in the area, increasing the social and community trust rate; it could also take part in the governance and co-planning of the CdC. The Decree, currently, is too generic on how this dialogue is supposed to take place»

The first motion, then, is to regain the centrality of local healthcare facilities, not just as physical infrastructures, but also on a conceptual level. Health must be considered as a common good, with a One Health[17]view: involving in the analysis of individual and collective health the contextual social determinants and considering health not as the absence of illness, but as a psycho-physical and social state of well-being (Ottawa Charter, 1986), where a big part is played also by environmental factors, such as the air quality, life and work environments, mental health, etc. Furthermore, reconnecting to Ingrosso's definition, a «health community» is not made by simply promoting health activities, but rather by having a constant, horizontal and efficient dialogue between the territory and the socio-healthcare facilities of the territory. The risk is turning the Community Houses and Community Hospitals into mere alternative names for outpatient clinics, where the citizen is a user/consumer, but where decisions are firmly in the hands of powers external to the territories (which, as we saw, are often considered hostile toward the territory itself), in a vertical hierarchical structure.
Said shift in approaching health by the National Health Service is also carried forward confidently by society players. Paolo Fierro of Medicina Democratica (which, as mentioned above, have been pushing for a long time for an approach toward territorial healthcare that includes spaces such as Community Houses), claims:

> «Health House should be the core of this new kind of territorial organisation. Health House, with active participation from committees, family associations, of the ill, etcetera etcetera, but also from intellectuals, researchers, etc. What the task should be… yes, I want to outline the ideal thing… that the demands and the needs of the population are acquired with this participation form and the suggestions by this territorial entity, so that the healthcare facility can outline a project (…) a project which then has to set as its goal the reduction of the avoidable mortality in that territory, the reduction of the causes that provoke a specific type of, let's say, unexpected deaths and so forth, prevention, healthcare education, etcetera etcetera (…). And this idea means that the population is closely cooperating with healthcare workers, primary care physicians in the first place, but also laboratory technicians, nurses, neighbourhood nurses, social workers and so forth». (Paolo, 16/12/2023)

The territorial social capital created by the San Gennaro events should be reinvested and revalued by the NHS. In fact, while the Ministerial Decree 77 is considering a participative form to the governance of the so-called community facilities, where local stakeholders are present from the planning stage of the actions to be implemented, in reality there is only a generic reminder to this participative form. Considering that, so far, the Region and the ASL management have ignored every possibility of talking with the territories, it is only logical to foresee that the recommendations of the Decree will remain unimplemented. Yet, as we have seen, the social capital carried out by activism in neighbourhoods like the Rione Sanità could become an asset, since throughout the years it acted as an echo chamber for the territory, not just by considering its needs, but also for communication with the citizens about possible healthcare promotion activities, and even as communicative mediums for the different ranks of public administration.
The way with which the health system is envisioned has to change, taking precedence even over its processes. As mentioned already, the new Ministerial Decree proposes a change in the care approach and the communication mode with the territory, but this can be implemented efficiently only by considering the whole territory as a care community. This can be achieved only by involving every local stakeholder in an integrated development plan. In this sense, what has been said so far helps to outline which territorial assets can be involved. The Rione Sanità, then, could

17 https://www.iss.it/one-health.

become a reproducible model. The social capital present in the neighbourhood is a system that was able to answer to the inadequacies of the public one, implementing resistance strategies, of mutual aid, but also political claims, when it was necessary to do so. Said asset, then, is already acting as a care community, parallel to the State, sometimes even substituting[1] or going against it. In its attempt to support the Ministerial Decree 77 along its restructuring development, public administration (meaning, specifically, the ASL, the Municipality, and the Region; each according to its jurisdiction levels) could gather together these local forces mentioned insofar and implement them in an institutional course, so that they can identify the needs, explicit or not, of the population to provide actually efficient services; and to give value to what is already present in terms of social capital. It should be said, lastly, that the network of players of the Third Sector or private citizens with good organisational skills already present in the territory could benefit from being part of an institutional course, where they could count on the aid of professionals and the coordination with public services, which often are already counting on the support of the social capital assets, but without a well-defined plan, nor a common vision. Naturally, in this possible care community, the added value offered by the Ministerial Decree 77/2022 is not just the formal acknowledgement of the care community itself, but also the intent expressed in the Decree to involve the final users, whether they be ill or healthy, not only as users of the services, but finally as players with their own agency, manifesting needs and opinions.

Conclusions

As a conclusion of this paper, it should prove useful to recap what has been said insofar and draw some considerations, starting with the main objective this work had. As such, presenting the complex framework, which has issues to address and assets to valorise, is instrumental toward explaining to the reader how the new restructuring territorial healthcare plan (which, to tell the truth, is already tackling this factor in its goals) promoted by Ministerial Decree 77/2022 could benefit from involving the territorial players.

The creation of the social capital of Rione Sanità could be traced back to a series of concurring factors intertwined with each other: the narrow alleyways and the small spaces of many residences, especially of the so-called 'bassi[2]', have allowed the contamination between public and private, fostering more or less deep relationships among residents – the alleyways of Naples, specifically the ones of Rione Sanità, can be fully considered as the «contact spaces» Agier (2016, pp.85-89) speaks about, narrow streets traditionally present in the South of the World, but also in other parts of the Globe, whose forced promiscuity between public space and domestic areas, and the narrowness itself, favour and/or strengthen thick relationships – the strong presence of the Third Sector, especially of Catholic origin, and a history of worker's struggle events. Additionally, there is also the severe scarcity of public services, such as socio-healthcare facilities, public green areas, etc., to which the territory could answer, thanks to the assets it possesses mentioned before, with mutual-aid strategies and, when necessary, by protesting. This scarcity, in turn, contributes to nourish the social capital present and is also nourished by it, in a process of mutual interaction.

While it surely cannot be claimed that the social capital of Rione Sanità could be considered as a miraculous cure-all, it's undeniable that said asset could be promoted by the State on every level and, as specifically pointed out by this paper, by the NHS, to increase the efficiency and the efficacy of public action on the territory. This is because social realities, such as the San Gennaro

1 Due to not being relevant for this paper, many networks haven't been mentioned, such as the Rete Educativa (Educational Network) which involves schools and other educational centres; parishes, cooperatives, associations supporting families and kids, etc., which all participate in creating an informal care community.

2 Traditional Napolitan residences on the ground floor of buildings, directly on the street. They are usually very small and unhealthy spaces, destined to the lower classes of the population.

Committee, can carry the requests of the territory, acting as a medium for sensibilisation activities, health promotion, catalysing energies for other territory-related social matters, and also acting as controllers for the public activities of the State.
What has been presented so far opens possible and potentially original elements of consideration on themes related to the territory itself. Indeed, it represents an exceedingly complex social context, where several topics unfold and intertwine, in a constant dialogue among each other and which should deserve further attention. Topics such as the ongoing gentrification process, which presents itself as an issue for the working class and the immigrants residing in the neighbourhood, but also the presence of a popular culture, championed by those who were born in the neighbourhood, with events, cults and rituals of a more or less religious nature, more or less accepted by the Church; but also music, street-art, and theatre, which unavoidably have to interact with the forms and the cultural codices of the new residents. It can also be a contribution to a broader theory on social capital related to an urban periphery. As Small (2004, op. cit.) had already pointed out, it's wrong to consider peripheries as places without resources, thick social relationships and cultural vivacity. The Rione Sanità, in this sense, is a kaleidoscope of different motions coming from below and choices sent from above which clash in the local arena, often cutting across the borders of the Rione and reaching other urban contexts. In essence, the reality is complex, far from the bidimensional accounts often reported by journalistic investigations. The ethnographic survey and the qualitative analysis can assist, in this case, in untying the knots and the opaqueness of a complex reality, highlighting what causes the weaknesses, the factors that spark the protests, the assets the territory utilizes according to the moment, by also providing a tool to improve the efficiency of interventions of local stakeholders and public administration alike. It would certainly prove useful, for the possible development of this analysis, to have updated quantitative data on the socio-economic status of the neighbourhood, keeping in mind that the ones provided by the official channels are already quite a few years old. So, the qualitative method employed here should be integrated with quantitative techniques, in order for said data to be built autonomously.
This research has surely suffered from objective constraints, unconnected to the researcher's will, mostly related to being unable to obtain the point of view of the public administration. The analysis of the official documentation produced by Region and ASL can surely provide an idea on the political and administrative public choices; but it would also have been useful to know about the considerations, the willingness and the actions of the single individuals composing the administrative apparatus who, often, as the active observation work highlighted, can influence some communicative and organisational choices rather than others. Additionally, it should be surely mentioned how the researcher's role caused some difficulties, as already mentioned in the methodology paragraph; while it didn't hinder the research so far, it still needs to be recorded, so that anything that this paper has said can be read by taking into account this non-secondary aspect.
Lastly, the hope is that this work could represent a starting point for the decision makers, which could rethink the healthcare safeguard and local healthcare, by considering the contextual features, weaknesses and strengths, and taking advantage of the endogenous resources to improve the impact of the choices taken, in order to develop a care community that can engage with every social player, both public and private, not just for the promotion and assistance but also for the medium-long term planning, where one's health is conceived as a complex and all-encompassing state to respect in any scenario, where sickness is an integral part, not an exception to answer to only in the moment in which it manifests itself (Antonovsky, 1996, op. cit.).

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